

Finding Balance

Understanding the Effects of Stress
On Service Members, Veterans
and Families

Former title: Resilience 101



Guide for Military Families

Pamela Woll, MA, CADP
Human Priorities
<http://xrl.us/humanpriorities>



Finding Balance

Table of Contents

Quick Survey Before You Start	ii
A Tool to Start Off With: Grounding.....	iii

Sections:

1. This Workbook	1-1
2. Resilience	2-1
3. The Body Under Stress.....	3-1
4. Overwatch and the Survival Brain.....	4-1
5. The Human Chemistry Set.....	5-1
6. What Happens to Memories?.....	6-1
7. Deployment Stress Effects.....	7-1
8. The Underlying Power	8-1
9. Thoughts and Feelings	9-1
10. Relationships	10-1
11. Mission and Purpose	11-1
12. Training, Help, and Support	12-1
One More Survey	X

Appendices:

A. Acknowledgments.....	A-1
B. Tips for Getting Better Sleep	B-1
C. More About the Brain	C-1
D. Web Sites With Information, Help, and Support	D-1

Cover Photo: National Guard SSG Joel Dalton cradles his seven-week old daughter Camden before boarding a plane to deploy to Iraq from Pope Air Force Base, N.C., on Oct. 6, 2004. Dalton serves with the 105th Military Police Battalion, North Carolina National Guard. DoD photo by TSgt. Brian Christiansen, U.S. Air Force. (Released)

Quick Survey Before You Start

It might be helpful to start by looking at where you are right now. Here are a few questions:

1. On a scale of 0 to 10, how much do you believe the following? "In general, people who have **more** mental or moral strength are more likely to come back from the war zone with **less** severe reactions to deployment stress." (0=not at all true; 10=very true).

0 1 2 3 4 5 6 7 8 9 10

1. On a scale of 0 to 10, how well prepared are you (or were you) to deal with the stress of your loved one's deployment? (0 = not at all prepared, 10 = very well prepared)

0 1 2 3 4 5 6 7 8 9 10

2. On a scale of 0 to 10, how well prepared are you (or were you) to deal with the stress of your loved one's homecoming from the war? (0 = not at all prepared, 10 = very well prepared)

0 1 2 3 4 5 6 7 8 9 10

3. On a scale of 0 to 10, how easy is it for you to control your body's reactions to stress? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

4. On a scale of 0 to 10, how easy is it for you to control your mind's reactions to stress? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

5. Why did you pick up this workbook?

6. What would you most like to get out of using this workbook?

A Tool to Start Off With: Grounding

**Adapted from a workshop by Dr. Laurie Leitch and Elaine Miller-Karas, LCSW
Trauma Resource Institute**

Grounding is one way of making sure you're in the "here and now," so you can keep troubling thoughts, feelings, memories, anxiety, etc. from taking over your head. It's a good skill to learn, practice, and get used to doing, because it can give you more overall control over your stress system. You can practice grounding when you're alone and doing nothing else, and then use the same skills and techniques later when you're in tense situations. No one will notice, except you might get more calm. Here are some possible steps:

1. Get comfortable in your chair, with both feet on the floor. (If you're standing, you can stand with your back to a wall, a strong tree, etc.) You can keep your eyes open and rest them someplace neutral, if you like.
2. Notice the support that the back of the chair (or the wall, or whatever) is giving your back. Keep feeling that support, and notice any physical sensations it gives you.
3. Notice your feet, connecting with the ground. Notice any sensations about that.
4. Push a little bit with your feet against the ground, and notice what happens in your body when you feel that extra contact. Now relax your legs.
5. Check in with your breath, without changing the way you're breathing or making an effort to breathe a certain way. Just notice your breath, and follow it as it goes in and out. When you pay attention to it, does it get deeper or more shallow? Notice any physical sensations as you breathe.
6. If you notice any places in your body that may be feeling tense, just shift your attention to someplace else in your body that's feeling less tense, or even someplace that's feeling calm and relaxed.
7. Just connect with that calm place for a while, feeling it in your body. Remember it, so you can go back there at times when your stress system starts to overreact. If that place in your body still feels calm when your stress reactions start to rise, that might be a good place to remember and focus your attention on.
8. Let your attention drift like a very slow wave, down from the top of your head, all the way down, past your back, sensing into the support of the chair (or the wall, tree, etc.), all the way down to your feet connected to the ground.
9. When you're ready, turn your attention to the room or the scene around you. Notice the people (if there are any), the furniture, the walls, the trees, the ground, etc. You might ask yourself to name ten objects that you can see around you. What do you notice in your body when you notice what's around you?

The more you practice this, the more you can use it when you're under heavy stress.



Finding Balance

1. This Workbook

If you love a service member or veteran who's showing the effects of war-zone stress, you have at least two good reasons to learn all you can about these effects: your loved one and yourself.

Most people who have been to war show some signs of the heavy stress, threat, loss, and inner conflict they've experienced. These effects run on a continuum, from mild and temporary effects to serious disorders in need of medical treatment—and many points in between. At the mild end of the continuum are things like a case of the “jitters” that goes away over time, or a short-lived tendency to get annoyed over little things or to feel distant and shut down. At the high end are stress illnesses like posttraumatic stress disorder (PTSD), other anxiety disorders, and depression.

People who have been under other kinds of heavy stress and threat—including things like waiting at home for loved one to return from war, learning about the dangers they've been in, and coping with the challenges involved when they return from deployment or prepare for the next deployment—can also have heavy stress reactions.

When they get home, many service members and veterans are afraid their stress effects might be signs of weakness, cowardice, or being “crazy.” They may **feel** crazy, and the people around them might even wonder if that's the case. Friends and family members might find themselves “walking on eggshells” and/or resenting the way their loved ones are acting—and might even feel guilty or crazy for feeling the way they feel.

The *Finding Balance* series of materials is designed to answer that question—“Am I crazy?” or “Is my loved one crazy?”—with a resounding “no!” It focuses on two things:

1. Explaining the physical roots of deployment stress effects, so people will understand why these really are normal reactions to the experience of war
2. Building the resilience skills that can help people have milder effects, overcome these effects, and work around any challenges that remain

The body is definitely not the only place where we experience stress and threat—we also experience it in our beliefs, thoughts, feelings, relationships, and spirits—but the body is a very important place, and very central to the experience of stress. Many of the effects of stress and trauma are “stored” in the body. The chemicals the body naturally uses to respond to these experiences often drive the **intensity** of our effects in many other areas of life.

The Stress of Homecoming

If life were fair, returning warriors and their loved ones would always be rewarded with peace and happiness and prosperity. Instead, they often get a whole lot of complications.

Homecoming itself can be very stressful. Everybody has changed during deployment—at war and at home. Your loved one might feel isolated, separate, and alienated from family, friends, neighbors, and co-workers who haven't deployed. Just when people need support the most, they might not be able to accept it. And the many expectations of our loved ones that built up during deployment—on both sides—often don't come true after their return.



Family members and close friends have also been under heavy stress, including that constant undercurrent of worry, carrying the family burdens without a partner, loneliness, frustration, financial stress, and the loss of loved ones. There's the stress of having the service member or veteran come back changed, withdrawn, intense, shut down, difficult to understand, and/or reluctant or unable to communicate about important things. There's also the stress of wanting to do it perfectly but not knowing what to say—and what not to say. And in many cases there's the added stress of waiting and preparing for the next deployment.

Even though the family member's experience was very different from the service member's experience, the human body reacts to stress and threat in many of the same ways, in the war zone, at work, at school, at home—or in rush hour traffic. It's useful for friends and family to understand how stress works in the body, both to understand their own experience and to understand part of what's going on in their loved ones. It's helpful to learn how to get your own body under better control, and how to support your loved one in his or her efforts to do the same. That's what these materials are designed to do. If your loved one is using the service members' and veterans' version, you can decide if you want to talk to one another about the things you're learning.

Finding Balance has 12 sections. The version of the workbook for service members and veterans is structured the same way, with many of the same ideas and exercises.

Section		Purpose—Check here if you might want to try this section:
1	This Workbook	Learn about this guide and some reasons/options for using it <input type="checkbox"/>
2	Resilience	Understand and identify your own resilience <input type="checkbox"/>
3	The body under stress	See how resilience and stress play out in the human stress system—a combination of organs, chemicals, and processes that keep us functioning under stress and threat <input type="checkbox"/>
4	Overwatch and the survival brain	Understand your (and your loved one's) experience a little better by learning about how the survival brain and the higher brain get involved in our natural reactions to stress and threat <input type="checkbox"/>
5	The human chemistry set	Identify the natural chemicals that add intensity to people's reactions to stress and threat, and to the extreme reactions to everyday life that many people have after deployment <input type="checkbox"/>
6	What happens to memories?	Understand why people sometimes don't remember important details of memories linked with intense stress and threat—and why some memories or feelings seem to jump out at them out of nowhere <input type="checkbox"/>
7	Deployment stress effects	Understand the range of effects that different people might have, and relate these effects to the human stress system's natural reactions to extreme stress and threat <input type="checkbox"/>
8	The underlying power	Look at the role of the human survival instinct in giving us intense reactions to stress and threat—and reactions after the stress and threat are over <input type="checkbox"/>
9	Thoughts and feelings	Find ways of regulating and getting perspective on some of the thoughts and feelings that might be getting in your way <input type="checkbox"/>
10	Relationships	Understand how stress reactions can affect relationships, and a few ways of getting your relationships back in balance <input type="checkbox"/>
11	Mission and purpose	Appreciate the strength of your sense of mission and purpose, and think about ways in which it can help you get your stress system back in balance <input type="checkbox"/>
12	Training, help, and support	Find out what might be involved in getting more information, skill training, support, counseling, or medical help, and what might be involved if your loved one gets help <input type="checkbox"/>

How to use the Finding Balance Workbooks

Each *Finding Balance* workbook has pages of text and questions mixed in with “tools.” The tools include some question-and-answer worksheets and some descriptions of resilience skills you and your loved one can practice. In the Appendices at the end, there’s also a list of web sites, a little more information about the brain (for those who like brains), some tips for getting better sleep, and a section acknowledging some of the people who have given their support and encouragement to these efforts.

You can use it alone, with your loved one back from deployment (who can use the service member/veteran version), with a friend, with a coach or mentor, in a discussion group, in a training program, or in group or individual counseling. It’s set up in short sections—four pages each—one for each of the 12 topics mentioned on the previous page. You can follow the sections in order if you want to, but you don’t have to.



One way to use this guide might be to follow your own interest: Try looking at the list of sections—or flipping through the workbook—and picking the section your “gut” says you’d like to look at right now. Then that section might raise your interest in one or more of the other sections, so you can try one of those next. If you’re working with a partner, in a group, or with a mentor, trainer, or counselor, you can negotiate the order in which you tackle the 12 topic sections—or just figure it out as you go along.

The information in each of these sections is closely related to the information in all the others. So from time to time you’ll see a note that says there’s more information on that subject in another section. This makes it possible to keep each section short and avoid a lot of repetition, but still give you as much flexibility as possible.

Finding Balance doesn’t cover the whole subject of deployment- or homecoming-related stress. There are many wonderful resources out there that go into a lot greater depth. This guide is just a quick introduction to the way the body works under heavy stress, and a few of the many ways of bringing the body’s stress reactions under better control.

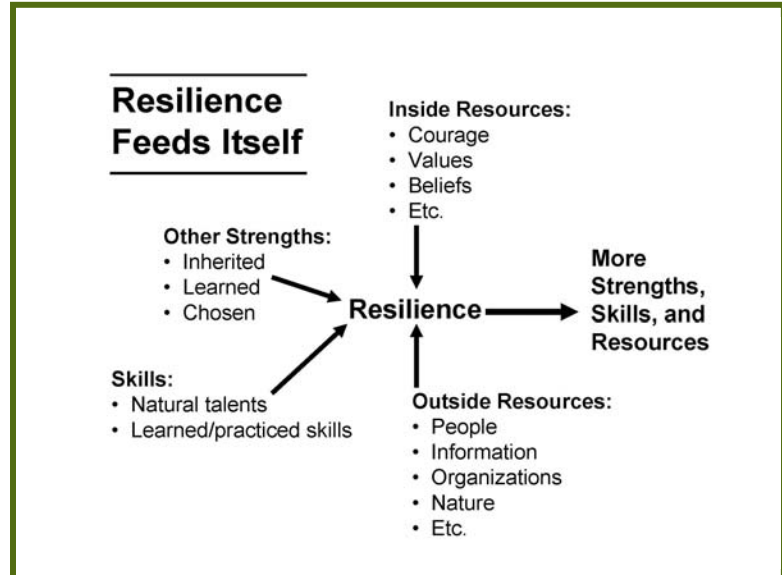


Finding Balance

2. Resilience

One common definition of “resilience” is the ability to meet challenges and bounce back or re-balance during or after difficult experiences. Resilience may not be the best word for it, but it’s the best word we have so far. If you’re not sure how resilience is different from strengths, skills, or resources, don’t worry. It’s more important to have it than to know exactly what to call it. This diagram shows how it relates to a variety of strengths:

Everybody has resilience. We all have strengths, skills, and resources in many areas of life—body, brain, thoughts, feelings, family, friends, values, beliefs, education, training, work, finances, sports, creativity, spirituality, even goofing off. These all add to our resilience, and the fact that we have resilience—that we’re able to live through difficult things and learn from them—helps build our strengths, skills, and resources even more. Resilience feeds itself.



Some people have an easy time finding and believing in their resilience, and others have it harder. This can sometimes be traced back to people’s experience, but often it can’t. Two people can lead very similar lives, but one ends up feeling strong and confident and the other has a lot of self-doubt. Is it genetics? Is it free choice? Something somebody said or did to them when they were young? Divine intervention? Who knows? It’s different from person to person.

On a scale of 0 to 10, how easy is it for you to think of ways in which you might be resilient? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 to 10, how easy is it for you to **believe** in your own resilience? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

What are some ways in which you already think of yourself as resilient?

People who don't know their own resilience often have just as much of it as people who are aware of their resilience. They tend to discount the courage they show every day. In tough times, just getting out of bed, stepping through the door, and showing up for a difficult task can be a sign of great strength and courage.

When your stress system is out of balance, you have more challenges to manage and overcome—on many levels of life—and you might have less confidence in your resilience. The changes in your stress system have probably ramped up the chemicals that mess with your confidence and tamped down the chemicals that would otherwise add to your confidence. (More about the chemicals in Section 5.)

Resilience Traits and Skills

You might think of resilience as including a number of traits (things about you and who you are) and skills that keep you in balance and make it possible for you to meet challenges and bounce back, and to return to balance after difficult times. The Armed Forces have been focusing a lot on resilience, both for service members and for families. You might have heard a lot of different ways of defining resilience. You can always pick the one that works best for you. Or if you're tired of that word, you can substitute a different word that works better for you.

Throughout *Finding Balance* you'll find descriptions of what we call "resilience skills." These aren't the only skills that build resilience. They're just a few of the many skills that can help you and your loved one balance your stress systems and work on developing even more resilience.

Tool: Examples of Resilience Traits and Skills

This page and the next give you a few examples of resilience traits and skills, and a chance to look at these and other traits and skills in your life. To make it convenient for people who have been using the Army's Comprehensive Soldier Fitness program for soldiers, family members, and DA civilians, these strengths are organized in the same five dimensions of strength (physical, emotional, social, family, and spiritual).

Beyond this tool, you might want to start and keep a Resilience Journal. That could be as simple as a pocket-sized notebook that you carry with you. Then, whenever you think of it, you can write down resilience traits or skills you've noticed in yourself, or things you've said or done that have shown strength and/or resilience.

What are some resilience traits and skills that you have?	Are these things you've always had? How have you worked on them?	How do you know you have these resilience traits and skills?
Physical: <input type="checkbox"/> Physical strength <input type="checkbox"/> Physical flexibility <input type="checkbox"/> Stamina <input type="checkbox"/> Speed <input type="checkbox"/> Ability to rest and relax <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Emotional: <input type="checkbox"/> Creativity <input type="checkbox"/> Courage to face your fears <input type="checkbox"/> Insight into yourself <input type="checkbox"/> Intuition about people, events <input type="checkbox"/> Empathy for others' pain <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

What are some resilience traits and skills that you have?	Are these things you've always had? How have you worked on them?	How do you know you have these resilience traits and skills?
<p>Social:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Having friends you trust <input type="checkbox"/> People who are there for you <input type="checkbox"/> Being there for others <input type="checkbox"/> Being at ease with people <input type="checkbox"/> Putting others at ease <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accepting family members <input type="checkbox"/> Being considerate of family <input type="checkbox"/> Being comfortable with family <input type="checkbox"/> Working through problems <input type="checkbox"/> Having fun together <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Spiritual:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sense of mission/purpose <input type="checkbox"/> Selfless service <input type="checkbox"/> Honesty, integrity, honor <input type="checkbox"/> Forgiveness (self and others) <input type="checkbox"/> Spiritual faith and discipline <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



Finding Balance

3. The Body Under Stress

Sometimes the best way to understand that an experience really **is** normal and natural is to know a little about how it works—the science underneath it. In the case of the human stress system, this can also be a good way to start learning how to make it do what you want it to do.

The **stress system's** official name is the “autonomic nervous system,” and it has two arms:

- The **fast system** (whose official name is the sympathetic¹ nervous system) rules our “fight or flight” responses
- The **slow system** (whose official name is the parasympathetic nervous system) is in charge of slowing us down and returning to balance—“rest and reset”

The stress system uses several brain areas and organs in the body to trigger or pump out the chemicals it needs to respond to stress and threat, and to keep the body and brain in balance. (More about the brain in Section 4 and Appendix C. More about the chemicals in Section 5.) When you think about the brain's role in our stress responses, it's helpful to divide the important parts of the brain into two main “brains”:

- The **survival brain** that triggers responses for dealing with threat—often using the fast-system, fight-or-flight chemicals (like adrenaline)
- The **higher brain** that calms us down—often using the slow-system rest-and reset chemicals—and helps us think about options and choose our reactions

¹ You won't have to remember the technical names “sympathetic” and “parasympathetic,” but if you want to, you can keep them straight by remembering that the sympathetic system is **sympathetic** to your need to fight back or escape danger—or by thinking of the parasympathetic system as a **parachute**, because it brings you down gradually.

Keeping in Balance

If the stress system's first job is to keep us alive, its second job is to keep itself—and us—in balance. Many of its functions are organized around balance, including:

- The fact that the stress system has two opposite arms (the fast system and the slow system) that can balance one another out, the way your arms would balance your body if you were walking along a narrow board
- The “feedback loops” that run between the fight-or-flight chemicals and the rest-and-reset chemicals (with high levels of one chemical designed to trigger the opposite chemical, which then tells the first chemical to slow down)
- The fact that several parts of the higher brain know how to “talk to” the survival brain and provide more information, so the survival brain can calm down

Think of the way we grow strong muscles—by stressing them, then resting them, over and over again. In the same way, our stress systems are designed to go back and forth between stress and calm, between the fast system and the slow system. It's often this back-and-forth motion that helps us grow resilient stress systems, so we can handle stress and return to balance quickly. Many people who have strong resilience skills have learned them all through their lives, often by going back and forth between times of higher and lower stress, and between times of mild or moderate threat and safety.

Think of a situation where you've gone back and forth between times of mild or moderate **physical** stress and times of rest. What were the effects on you?

Think of a situation where you've gone back and forth between times of mild or moderate **mental or emotional** stress and times of rest. How did that affect you?

What could you change in your life or your actions today to build in more balance, more of a “swing” back and forth between mild or moderate stress and rest?

When Things Go Out of Balance

When there's only mild or moderate stress or threat—and it doesn't last too long—the fast system and the slow system play well together. That's what our bodies were designed to do. But if the threat is extreme or long lasting, the survival brain often takes over and refuses to listen to anyone else. It blows through all the feedback loops that are supposed to keep things in balance. It just wants to keep pumping adrenaline and other fight-or-flight chemicals, and store intense memories of threat and pain, so it can pull them out later and warn you if the danger seems to be returning. Your survival brain just wants to protect you, and this is the only way it knows how to do that.

Meanwhile, the slow-down system just wants to send out chemicals that will shut you down, numb you out, and keep you from thinking about or remembering what's happening. If they build up over time, some of these chemicals can be cause as many problems as the speed-up chemicals sent out by the fast system.

As it's used here, the word “threat” doesn't have to mean a threat to physical safety. It might mean a threat to a loved one, your freedom, your sense of hope, honor, financial well being, etc. And if you're around somebody else whose stress system is working overtime, it will ramp up your stress system, too.

What if the threat is extreme, but the situation doesn't give you a chance to react in the fight-or-flight way your survival brain wants you to react? When the situation adds that element of helplessness, the speed-up and slow-down systems can both go into overdrive at once. You can also experience a “freeze response,” an ancient survival reaction that all but shuts down several body systems. The freeze might not last too long, if you're well trained in responding under pressure. But some experts believe that even a brief freeze experience can leave a lot of tension behind in your body that can cause problems later if you don't stretch it out or let it “shake itself out” naturally.²

Even one threatening event—like a car crash—can put anybody's stress system in overdrive and affect the way it works for a long time. If the threat happens over and over for months or years, as it often does in the war zone, it's no wonder many people's stress systems go out of balance. There can be a whole range of reactions, from mild to serious. One way of looking at this range is the Combat and Operational Stress Control model developed by the Marine Corps and Navy, which teaches about:

- The Green “Ready” Zone—Handling stress well
- The Yellow “Reacting” Zone—Mild stress reactions, temporary and reversible
- Orange “Injured” Zone—More serious and longer-lasting distress or loss of functioning that needs help, and might need professional help

² Peter Levine (*Waking the Tiger: Healing Trauma*) has written some good books about the freeze response and ways of dealing with it, and many of the “gurus” in the trauma field admire his work.

- The Red “Ill” Zone—Clinical illnesses like depression or PTSD (posttraumatic stress disorder) that need professional help.

What does your body need?

No matter which areas of life they affect, deployment stress effects get their intensity from your physical stress system. Here are a few things that can help the body:

- **Breathing:** Most of the oxygen your brain needs for clear thinking comes from the bottom of the lungs, but most people—especially under stress—breathe very shallowly. It’s important to take slow, deep breaths, feel the air going in and out, and notice what’s going on in your body. And smoking definitely robs you of oxygen.

What could you do differently here? _____

- **Sleep:** Sleep problems can come from depression, anxiety, or nightmares—things you might need extra help (like a doctor or a counselor) to deal with. But they can also come from some of the things you put in your body—like caffeine (coffee, cola, chocolate, energy drinks), sugar (candy, cookies, soda/pop), alcohol, street drugs, or over- or under-use of medications. For many service members and veterans, caffeine may be the biggest source of insomnia. It’s a powerful drug. Sleep problems can also come from habits like having lively discussions right before bedtime; watching TV in bed; or using TV, X-Box, computer, or other electronic devices late at night. (Appendix B has some tips for getting better sleep.)

What could you do differently here? _____

- **Healthy food, not overdoing alcohol or caffeine:** What you eat, how often you eat, and how much you eat can have powerful effects on the amount of fuel and oxygen that get to your body and brain. Too much sugar, too much alcohol or caffeine, too little protein, too much or too little food, going too long between meals, or eating too close to bedtime can all set your stress system on edge, raise your levels of stress chemicals, and make it harder to think clearly and solve problems.

What could you do differently here? _____

- **Exercise:** Almost any exercise—fast or slow—is great for the stress system. Fast exercises (like running or sports) give you strength and energy, burn the adrenaline and other chemicals that make you anxious, turn on the calming chemicals, and increase your stamina. Slow exercises (like Tai Chi or yoga) can calm you down and give you a physical sense of balance. Side-to-side exercises (like walking, dancing) might help the different parts of your brain communicate better. Repetitive exercises soothe the primitive parts of your brain. Team sports that make you think and work with others can help you balance your body, brain, and relationships.

What could you do differently here? _____



Finding Balance

4. Overwatch and the Survival Brain

Why think about the brain? Like learning about the body's stress system, it can help you understand that what happens to people under and after stress really does make sense. It can also make you a little better at questioning your own thoughts and getting perspective on things like anger, anxiety, guilt, shame, and a sense of hopelessness. When you get to know which part of the brain is talking to you—and what its “agenda” is—you have a little better idea of whether or not to believe everything it's telling you.

It would be great if there were one or two “bad” parts of the brain that cause all the problems. We could just figure out which wire we need to snip to disconnect them, and everything would be fine. But the truth is that:

1. Many different areas of the brain are involved in the way we handle stress, our experience of threat and safety, the thoughts and feelings we have, and the way we interpret the people and events around us.
2. Many brain areas are involved in more than one important task, and many important tasks need the efforts of multiple brain areas.
3. Most of the brain areas do some things that make life easier or more pleasant, and some things that make life harder or more unpleasant.

If we divide it up in general terms, the brain makes more sense. When it comes to the way we process stress and threat (to ourselves, others, important ideals, etc.), it's helpful to group some of the more important parts of the brain into two groups:

- The **survival brain**, made up of parts that are most often linked to the fast system, fight-or-flight chemicals and reactions
- The **higher brain**, made up of parts that are more often linked to the slow system, rest-and-reset chemicals and reactions

Of course, these are not their official names.³ But to make sense of this information, it's often helpful to use metaphors or images from everyday life—like describing the survival brain as a watchdog or an alarm system, and the higher brain as a wise teacher.

Finding Balance for service members and veterans describes these two “brains” as two units, one on patrol in a valley, and the other positioned on high ground, providing the surveillance and backup function that the military calls “overwatch.”⁴ This might also be a helpful way for you to think about the brain, especially if your service member or veteran is also studying these materials and wants to talk to you about it. If the military example doesn't work for you, you might instead think of a parent watching over a child.

The Survival Brain

The survival brain's main job is to keep us safe and alive. It's like the unit on patrol, moving across dangerous ground in the valley. Its position doesn't give it a very good perspective on the area, so danger might be around any corner. The survival brain also receives information about the immediate situation very quickly, but that information is primitive and incomplete. Sometimes it looks like there's a threat when there's not.

What are three situations in your life **today** that sometimes seem threatening—to your safety, your well being, or your dignity—even when there's really no threat?

In an ambush, this unit's job is to respond automatically, without thinking, returning fire as quickly as possible. In the case of the survival brain, this means triggering fight-or-flight chemicals at high levels that put the body and brain on “overdrive.”

Describe one time in the past week when it seemed like your survival brain was making split-second decisions and overreacting based on incomplete information:

What were some of the consequences of this reaction?

³ Appendix C, “More About the Brain,” combines a lot of the information in this section with the technical names and functions of the main brain areas involved in stress and threat.

⁴ In military lingo, the overwatch unit is one that stands guard from a distance, with better perspective, to provide more information and support for the unit on patrol.

The Higher Brain

The higher brain is like the parent watching the child or the unit providing overwatch for the survival brain. It's positioned on higher ground, with a better view of what's going on all around, and what's far ahead. Of course, the one disadvantage of this position is that, from this distance, the overwatch unit may not know about the attack until it's already underway. The unit in the valley knows right away, and responds right away.

Like the overwatch unit, the higher brain has a much better perspective than the survival brain, and it receives much more sophisticated information about the situation at hand. If it's a false alarm, the higher brain can see that the survival brain is overreacting. It can send out signals, triggering chemicals that will calm the survival brain down, slow down the body's reactions, and help you think more clearly. Then it gets to work looking at the most important facts about the situation, your options, possible consequences, moral concerns, and steps you might take to meet the challenges at hand.

Describe one time in the past week when—in spite of some stress—you were able to calm down enough to see the situation clearly, see more than one option, predict the consequences of those options, weigh them carefully, and make a plan. What was that experience like? What were the results?

One problem is that the higher brain also receives its more sophisticated information much more slowly. In case of an ambush, if the unit in the valley waited to return fire until the overwatch had spotted the enemy and radioed instructions, it would wait too long and increase the danger. It's the same way with the survival brain: In case of real physical danger, we can't afford to wait for the higher brain to figure out the situation.

Another problem is that the survival brain's automatic, extreme response works well in a high-threat environment, but not so well in a low-threat environment. When the survival brain has gotten used to real danger, it's very hard for it to remember how to slow down and wait for information from the higher brain. The chemical reactions can go off automatically—and cause problems—even when there's no real physical threat.

That's where you come in. If you've been living under high levels of stress, you may have been spending a lot of time operating out of your survival brain. But even if the stress is still high, it's time to learn to spend more time operating out of your higher brain—unless there's a physical threat. The tool on the next page breaks down some skills of overwatch and asks you to use them on a situation in your present life.

Tool: Practicing Overwatch

Please try this process out on a situation in your present life that's bothering you:

Gathering Information: In overwatch, you collect a lot of information—what's around you right now, the history of the situation, your knowledge of the people involved, what your "gut" says. In your situation, what kinds of information do you still need to look at?

Observing Yourself: In overwatch, you still experience your life, but you also stand back and notice your experience without judging it. You're still having your thoughts, feelings, and actions, but you're also standing back as a compassionate but objective observer. How would you describe yourself, and your experience, in this situation?

Calming the Survival Brain: in overwatch, one of your jobs is to keep yourself calm and in control of your reactions. What can you tell yourself to help you calm down?

Looking at Options: In overwatch, you can look at many options and their possible consequences. What are three options in this situation, and possible consequences?

Options	Possible Consequences

Making a Plan: In overwatch, you get systematic about problem solving, making plans that reflect all the thought processes described on this page. On a separate piece of paper, you might try writing out some steps you can take to meet the challenges involved in this situation. For each step, look at options and possible consequences.



Finding Balance

5. The Human Chemistry Set

If they did a scan of your brain, they wouldn't find any thoughts in there, or feelings, or memories. What they would find is evidence of electrical activity, energy moving between the **neurons**, or nerve cells. That electricity would be riding on the backs of several chemicals, chemicals that the neurons would be shooting to one another, passing from each one to the next like a football or a hot potato.

Because of these chemicals, you'd have thoughts and feelings and memories. Your heart would keep beating, your lungs would keep pumping, and you'd be able to tell when something itched and reach up to scratch it.

There are many chemicals running around in our heads. But when it comes to the way the human brain and body handle resilience, stress, threat (to ourselves, others, important values and principles, etc.), moods, emotions, pleasure, pain, and motivation, there are a few chemicals that are particularly important. That's what this section is about. It's helpful to think of the stress system chemicals in three categories:

- Fast-system, "fight-or-flight" chemicals that speed you up
- Slow-system, "rest and reset" chemicals that slow you down
- Slow-system chemicals that ease your pain

Different people's bodies pump out different amounts of these chemicals under stress and threat. There are many reasons for these differences, for example:

- Genetic factors might lead your body to make more or less of a chemical
- A particular chemical might have helped you survive or succeed earlier in your life, so your body learned to pump out a lot of it
- The food you eat, the things you drink, or the drugs or medications you take might make your body pump more or less of certain chemicals

Fast-System Chemicals That Speed You Up

If you've ever been in danger, you already know what these chemicals are like—the racing heartbeat, the pounding of blood in your head, the ramped-up physical strength, the overwhelming urge to take physical action. The most important of these chemicals is **adrenaline**. Just enough of this chemical makes you alert, confident, and decisive. Too much, and you get something they call **adrenaline overload** (see Page 5-4). You lose touch with your higher, more rational brain, and you tend to make decisions that can backfire on you. And it's contagious: Just being around someone else who's in adrenaline overload can put **you** in adrenaline overload.

Got Adrenaline?

You can figure out if you get a lot of adrenaline under stress or threat by checking the boxes below. Most of the time when I'm under stress or threat:

- | | |
|--|--|
| <input type="checkbox"/> I feel decisive | <input type="checkbox"/> I lose my appetite |
| <input type="checkbox"/> I have a burst of energy | <input type="checkbox"/> I feel impatient |
| <input type="checkbox"/> I might feel angry or scared | <input type="checkbox"/> It's hard to put things into words |
| <input type="checkbox"/> I make some unwise decisions | <input type="checkbox"/> My head gets hot or my face turns red |
| <input type="checkbox"/> I feel a tightness in my chest or my throat | <input type="checkbox"/> A vein sticks out on my forehead |
| <input type="checkbox"/> The heat starts to rise in my body | <input type="checkbox"/> My jaw muscles get tense and tight |
| <input type="checkbox"/> My heart starts to beat faster | <input type="checkbox"/> My head starts hurting |
| <input type="checkbox"/> My body gets stiff | <input type="checkbox"/> I hear a pounding in my ears |
| <input type="checkbox"/> My hands close up in fists | <input type="checkbox"/> I get a prickly feeling on my skin |
| <input type="checkbox"/> My shoulders and arms get tense | <input type="checkbox"/> I have a metallic taste in my mouth |

When a service member gets back from the war zone, his or her body might be so used to pumping out a lot of adrenaline that it keeps overloading over little things—or over nothing. Adrenaline overload might keep people from sleeping, spark rage or panic, tell them to do risky things, or give them the jitters or the shakes. Or their bodies may have pumped so much adrenaline that the “pump” is worn out and they can't find any energy, excitement, or motivation to do anything. The adrenaline rush is addictive, and we all need enough adrenaline to keep going. So whether people have too much or too little adrenaline, they may be drinking too much caffeine—which makes many things worse—and they might get cravings for danger and drugs that will speed them up.

Another speed-up chemical is **dopamine**. Dopamine makes you think quickly, feel confident, and feel good. Dopamine is the main pleasure chemical, something many drugs give you (and at lower levels, so do things like gambling, sex, smoking, eating—especially chocolate—spending money, etc.). After the war zone, people's bodies might miss the dopamine, so they may feel a lack of pleasure and get powerful cravings for alcohol or drugs, and/or urges to overdo the other activities that give them pleasure.

Slow-System Chemicals That Slow You Down

A couple of these chemicals are the most important. **Cortisol** can slow down your stress system, but it can also make you anxious. Cortisol helps protect you during the first half hour of a crisis, but after that, having a lot of cortisol isn't good for your brain or your body—and it stays there a long time. Some people tend to eat more, and weigh more. Long-term stress or not getting enough sleep can give you too much cortisol.

If your body has reacted to stress and threat by pumping too much cortisol, you may feel both tired and anxious, shut down and distant from others, and more vulnerable to depression (feeling helpless and hopeless; aches and pains that don't make sense; not wanting to do anything except lie in bed or on the couch, stare into space, eat too much, drink too much alcohol or caffeine, or use drugs that will pep you up). Cortisol can also weaken your immune system, so you're more likely to get sick.

Too Much Cortisol?

You can see if you get a lot of cortisol under stress or threat—and it continues to hang on afterwards—by checking the boxes below. Most of the time when I've been under stress or threat:

- | | |
|---|--|
| <input type="checkbox"/> I feel cold | <input type="checkbox"/> I don't remember things as well |
| <input type="checkbox"/> I feel numb or kind of "dead" inside | <input type="checkbox"/> I get sick more easily |
| <input type="checkbox"/> I feel tired and don't want to move | <input type="checkbox"/> I feel really, really hungry |
| <input type="checkbox"/> I feel tense and out of sorts | <input type="checkbox"/> I gain more weight, especially belly fat |
| <input type="checkbox"/> I feel depressed | <input type="checkbox"/> I'm restless, and I have trouble sleeping |

Serotonin is another important slow-system chemical, helping you feel calm, think of solutions, cooperate with others, and resist cravings and urges that would get you in trouble. Serotonin also helps protect service members from deployment stress effects. But for some people, high stress and threat can hurt the body's ability to make and use serotonin. People often come back from deployment with much lower levels of serotonin. This raises the risk of anxiety and depression; makes it harder to deal with people; and makes it harder to resist cravings for cigarettes, alcohol, drugs, etc.

Slow-System Chemicals That Ease the Pain

The most common of these chemicals are the **endorphins**, some of the body's natural pain relievers. When you're in pain, your body sends endorphins to your brain. It makes you less aware of the pain and helps you feel detached or separate from the situation. If a service member's body reacted to the stress of war by pumping out a lot of pain-killing endorphins, he or she might miss those endorphins back home. People can have trouble feeling pleasure and tolerating pain, have cravings for alcohol or drugs, or have a higher risk of getting dependent on prescription pain killers.

Tool: Dealing With Adrenaline Overload

Taken from the work of Andra Medea (*Conflict Unraveled* and *The Virtual Tranquilizer*)⁵

First, notice if you have adrenaline overload:

- **Watch for physical symptoms first:** Pounding head, racing heart, short breath, sweaty palms, dry mouth, heat rising in the body, tense muscles and jaw, etc. Make a list of your personal signs. Check the list when you're under stress. Checking the list is more important than yelling at someone.
- **Watch for mental symptoms:** Losing touch with the higher brain. Jumbled thoughts; circular thinking; or an inability to see options, remember time sequence, or handle math. Also watch for sudden loss of ability to speak clearly, and for a tendency to believe things without questioning them.

Next, burn up the adrenaline by using your large muscles: Many non-destructive activities can do this. Which of these things might you do if the situation allowed?

- Go for a run or a fast walk—outside if you can, or inside if you can't go out.
- Run up or down the stairs.
- Open a window and push sideways on the frames.
- Close the door and do fast exercises (jumping jacks, etc. are good).
- Breathe slowly and deeply (the lungs are large muscles, too).
- If you're stuck in a meeting, use isometrics: If you're sitting at a heavy table that you're sure you can't lift, put your hands underneath it and push up (without anyone noticing), as if you're trying to lift it. Or "try" to pick up your chair—while you're sitting in it. Nobody will know what you're doing.

Reverse whatever your body is doing: If your breathing goes short, make yourself breathe deeply and slowly. If your fists are clenched, open your hands and stretch your fingers. If you're hunched over, sit back. If your shoulders are scrunched up, lower them.

Focus on specifics: List the facts one by one, then read them back, to keep your mind focused. Slow the pace. List events in the order in which they happened. This helps your brain get back to normal.

If you can't break free of adrenaline overload at the time: Recognize that you can't think very well and stop arguing. State clearly that you'd like to talk later, then leave and re-group—but don't storm out of the room, because that makes things worse. Try again after you've repeated the steps shown above.

Prepare in advance: If you're going into a tough situation, practice taking yourself out of adrenaline overload. Practice first when you're just a little overloaded, and keep practicing until you can bring down high levels of adrenaline. (At the Deployment Health Clinical Center they call this a "mental rehearsal" or a "fire drill.") You can develop a resistance to adrenaline overload, or train yourself to snap out of it.

If someone else is on adrenaline overload:

- **First bring down your own adrenaline levels:** Until you do, you'll keep triggering the other person's adrenaline overload.
- **Speak in quiet, soft tones, in the lower registers of your voice:** It can help calm other people down, and help you calm down, too. High, shrill voices raise people's adrenaline.
- **Watch your body language:** Avoid gestures and facial expressions that look threatening, anxious, or submissive. Try to look calm and dignified.

⁵ From *Conflict Unraveled: Fixing Problems at Work and in Families*, by Andra Medea. Also, there's a sample of her Virtual Tranquilizer ® for Returning Vets at <http://www.conflictunraveled.com/vets.html>



Finding Balance

6. What Happens to Memories?

For some it seems like a source of relief, and for others a source of worry or frustration, or even shame. But sometimes people who have been through intense experiences of pain or threat can't remember important details of those experiences later. This can be troubling, especially if people also remember some of the details—usually the most uncomfortable ones—intensely.

Has your service member or veteran had any of these memory-related challenges?

- Trouble remembering important details of an experience of heavy stress or threat
- Sudden and powerful memories of things he or she didn't remember happening
- Flashbacks (sights, sounds, smells, physical sensations, or emotions from the past, feeling like they're happening **right now**)
- Frequent or intense nightmares
- Night terrors (waking up suddenly, shaking, sweating, rapid heartbeat, etc.)

It's not just people who have been to war. Many people who have been in disasters or attacked in their homes or communities have the same confusing effects. Even many women who have been through the intense pain of childbirth say they can't remember the pain later. This all makes perfect sense, but only if you know how the brain works.

The most important thing to know is that each of us has two separate memory systems, one ruled by the higher brain, and one ruled by the survival brain.

It's your higher brain's job to make sure you remember everything you need to lead a productive and successful life. And it's your survival brain's job to make sure you can remember, recognize, and respond immediately to every experience associated with your survival.

So each of those “brains” has organized its own memory system:

1. Organized by parts of the higher brain, our **conscious memory system** makes and stores the kinds of memories that help us live our everyday lives and carry out tasks: facts, figures, maps, people we know, things that have happened in our lives or other people’s lives, etc. You might think of this as a place where the memories are laid out on an open bookshelf, so you can find them easily.
2. Our **unconscious memory system** stores memories related to survival: emotions (pleasant and unpleasant), pain, pleasure, threats, things to be avoided, things to be desired, etc. You might think of these memories as being kept hidden in locked drawers. Your survival brain holds the key, and takes these memory fragments out when it thinks that’s necessary for your survival. And when it takes these memories out, it puts them **right in your face**.

When Memories Do Strange Things

When people are under threat, the stress system pumps out combinations of chemicals that can shut off the parts of the brain that record conscious memory, leaving “holes” in their memory. It’s not that people have “blocked out” the memories because they’re too painful. It’s that they never recorded and stored them in the first place. (This sometimes happens if people have high levels of a combination of stress chemicals.)

But even if the conscious memory system stops storing memories for a while, the unconscious memory system is still working overtime, making intense, realistic memory fragments of pain and threat. Then it can pull out those memories later, often when something reminds it of those events: Fireworks might sound like gunfire. Trash by the side of a road might look like an IED. Feeling anger, pain, or anxiety might remind the survival brain of what it felt like to be under attack. Flashbacks and nightmares are two of the many ways the survival brain chooses to bring up its intense memories.

When these powerful memories are triggered, the body responds with a rush of adrenaline designed to give people the strength to fight off an attack or escape the danger. If the adrenaline doesn’t get burned off in physical action, it builds up in the body and brain, leading to “adrenaline overload.” (More on adrenaline in Section 5.)

When people find themselves “shutting down” or “numbing out” a lot, it might be partly the body responding with those numbing chemicals. But it might also be the only way the body knows to avoid emotions or memories that might trigger adrenaline overload.

The sights, sounds, smells, and experiences in the present that remind the survival brain of danger are often called “triggers.” It’s not just people who have been to war who have triggers: We all have them. The tools on the next two pages can help you understand and identify your own triggers and make a plan for dealing with them.

Tool: Managing Triggers

If you thought of your stress system as a grill full of charcoal soaked in lighter fluid, your triggers would be the matches that can set it on fire. Triggers might include:

- **Sights, sounds, smells, activities, emotions, or body sensations** that remind your brain of unconscious, survival-based memories, triggering intense memories, feelings—or in extreme cases, flashbacks. What are some common triggers for you?

- **Anything that would ordinarily bother you or stress you out:** This could be anything from an argument with your spouse to some stranger saying something that sounds insulting. What are some things that usually bother you or stress you out?

- **Closeness or intimacy with other people:** No matter how strong or independent you are, being close to other people raises feelings—positive ones and negative ones. For anyone who has been through extreme stress, **any** kind of feeling can trigger stress reactions. Having a loved one at war can make it even more complicated, because it affects people in so many ways. The people you love most can be your greatest triggers for pain, anger, and anxiety, and it can sometimes feel like it's their fault—and even feel like they're doing it on purpose. Who in your life today seems to be a trigger for you?

You might avoid many of the challenges that some people under heavy stress experience—trouble at home, at work, with friends, with alcohol or drugs, with finances—if you:

1. **Become aware of your triggers:** You can start this by carrying a pocket notebook around and writing down everything that triggers a stress reaction. You can choose whether and when you want to learn more about a trigger—where it came from, why it's so intense, etc. This might be part of a counseling process, if that's a resource you choose to use. But you don't have always to understand a trigger in order to manage it. How might you use overwatch (Section 4) to help you manage your triggers?

2. **Make a list of your triggers:** Read the list often enough that the triggers are no longer surprising. Carry the list with you, so when your stress system “goes off” you can look at your list and see what might have triggered it.
3. **Don't blame the trigger:** The trigger is not the problem. The fact that your stress system is out of balance is the problem, but there are many solutions to that.
4. **Make a plan:** You can use the form on the next page to list some of the resilience skills you'll use to deal with your stress reactions.

Tool: Triggers vs. Resilience Skills

Adapted from the work of Marsha Linehan, PhD
University of Washington

Here's a tool that might help you think about and make a plan for dealing with some of your triggers.

Trigger	How you feel around this trigger	Your usual reaction	Some consequences of reacting this way	Resilience skills that might help	A more helpful reaction



Finding Balance

7. Deployment Stress Effects

The effects of war on service members' and veterans' stress systems can be mild, moderate, or intense. They can start right away or wait months or years before causing problems. They can range from something as mild as a bad temper or jumpiness to PTSD, depression, or an overwhelming urge to numb out on alcohol or drugs.

None of these effects are signs that the service member or veteran is weak, cowardly, or “crazy.” They’re signs that his or her stress and survival system has been doing its job—maybe a little too well. But all these deployment stress effects are normal reactions to intense stress. The experience of war may be different from all other experiences, but the human stress system is the same no matter where the body goes.

And—this is important—in most cases these effects can and do get better. People learn to get back in balance, to re-regulate systems that have gone out of whack. Stress injuries can heal—sometimes with scars, sometimes stronger than before. But resilience works, and resilience is not just for people who have never known trauma.

There are many different kinds of deployment stress effects. Here are just a few of the most common examples. You can check the effects below that you’ve noticed in your loved one, and add any others that aren’t mentioned. People might:

- Feel too many things all at once—or not be able to feel anything at all
- Feel really bored and out of touch with civilian life, and long for that chemical “rush” of battle
- Have strong urges to do risky things—like driving too fast, running up credit cards, getting in fights—just to be able to feel something besides numb
- Not be able to remember important things that happened—or not be able to shut off the bad memories
- Suddenly feel exactly like they’re **right there** under fire, even halfway around the world from the war zone

- Feel that rush of memory and panic just because of a loud noise, or a sight, sound, smell, or feeling that reminded them of life in the war zone
- Have unexplained stomachaches, headaches, or pains in other parts of the body, even if they weren't injured in those areas
- Have the shakes, or find their fists clenching as if they had a mind of their own
- Have trouble getting to sleep or staying asleep—or trouble getting out of bed at all
- Feel a need to be busy and doing things all the time—or feel paralyzed
- Lose all patience with people back home, especially in the family or at work
- Feel panic, anger, or rage at little mistakes they've made—or small things that you or others do
- See people or situations as threatening or insulting when they're really not, and feel their bodies and brains reacting as they would under attack
- Have a hard time thinking of different choices they might have and weighing the possible consequences of each choice
- Feel intensely guilty about people they killed, dangerous people they didn't kill, people they couldn't save, or the fact that they survived and can still feel happiness
- Feel a deep sense of shame about themselves and their roles in the war
- Feel overwhelmed by the losses they experienced and witnessed in the war zone
- Feel cut off and separate from anyone who hasn't seen combat, including loved ones back at home
- Find themselves judging people who seem overly concerned with trivial things
- Find themselves trying to escape or numb these feelings by drinking too much, driving too fast, getting into risky situations, using drugs, gambling, blowing all the money, having sex with the wrong people, getting into fights, etc.
- _____
- _____

Different people have different effects, in part because they're living in different bodies, with different genetic makeup and basic brain chemistry. They've had different training and experiences—before, during, and after military service—and developed different dreams, values, beliefs, relationships, spiritual resources, and coping skills.

Deployment stress effects can also trigger reactions on many “layers” of being a human being—thoughts, feelings, relationships, family, social, religious/spiritual, etc. it's easy to think that deployment stress effects are—at their roots—emotional problems, relationship problems, family problems, substance abuse problems, spiritual problems, etc. But often the difference between a difficult life challenge (like we all have) and a big problem is the extra intensity brought on by a stress system that's out of balance.

When people learn and practice resilience skills, they can bring their stress systems back into balance. And if they also need medical help and/or counseling, these skills can put them in a better position to make the most of it. (More about help in Section 12)

Tool: Myths vs. Truths About Deployment Stress Effects

Myths	Truths
<p>People who have deployment stress effects are “crazy,” weak, cowardly, or “defective.” (False!)</p>	<p>Deployment stress effects are rooted in the body’s normal and powerful responses to high stress, intense experiences, and the threat of injury or death. These are physical effects—driven by the stress system—that naturally spill over into many aspects of life. They’re not signs of weakness, cowardice, or being “crazy” or “defective”—even if they sometimes feel that way. They’re signs of the body’s power to respond to extreme threat and keep warriors functioning, fighting, and saving lives.</p>
<p>All deployment stress effects are mental illnesses. (False!)</p>	<p>Deployment stress effects are driven by changes in stress system functioning caused by exposure to intense stress and threat. These reactions help people survive and function in the war zone but don’t work well at home. Effects range from mild embodied stress, to stress injuries, to stress illnesses like posttraumatic stress disorder (PTSD) and depression. Most effects are not illnesses, though people sometimes become more vulnerable to other conditions because of the effects of war-zone stress. These conditions can include diseases of the stomach or intestines, immune system conditions like fibromyalgia or chronic fatigue syndrome, and other conditions. PTSD is an illness rooted in injuries to the stress system, results of the natural and understandable ways in which the body, mind, and spirit adapt to extreme stress and threat.</p>
<p>Deployment stress effects are always permanently disabling. (False!)</p>	<p>Most people have milder or more temporary effects that aren’t at all disabling. They work through them. If they don’t already have strong resilience skills, they learn these skills or get help or training from others. Other veterans or service members who have been there and overcome these effects are often very powerful resources. A much smaller percentage of service members and veterans have stronger stress effects that can get in the way of their ability to do one or more of the things it takes to adapt to life at home or in the garrison. But that doesn’t mean these disabilities are permanent. There are ways of overcoming even very powerful effects, though it might not seem that way at first. And if they experience any longer-lasting challenges, resilience skills are among the many ways of working around these challenges and not letting them get in the way.</p>
<p>All deployment stress effects are PTSD. If a service member or veteran has problems, it must be PTSD. And if there’s no PTSD, there are no problems. (False!)</p>	<p>There’s a whole range of deployment stress effects, from mild challenges to very difficult problems. There are also many different directions these effects can take. For example, they can speed people up, slow them down, do both at the same time, or mess with memories—or any combination of these.</p>

Myths	Truths
<p>Only people in direct combat roles have deployment stress effects. (False!)</p>	<p>Everyone who spends time in a war zone is under threat, and their stress systems can react in powerful ways that can have powerful effects. In a threat environment, the fact that people's roles don't include fighting won't keep their stress systems from doing what stress systems are built to do.</p>
<p>The only thing they can really do for deployment stress effects is dope people up on a bunch of medications. (False!)</p>	<p>Some of these effects—like extreme anxiety—may need medicine to stabilize them, but once people are stable, a doctor can move them on to the next phase of balancing their stress systems. In many cases things like anxiety, depression, or rage can last longer, so doctors might prescribe medicine to manage them. The most important thing is to be a well informed consumer of medical services, and to have people who can give feedback on any side effects the service member or veteran may have. It's helpful to keep track of the effects of medications, learn about possible side effects, report any side effects, and negotiate with the doctor for a medication change if the side effects are unacceptable. A second opinion is also an option. (More on getting training, help, and support in Section 12)</p>
<p>In counseling for deployment stress effects, the counselors will make people talk about their deepest feelings, keep them in therapy forever, and generally make them weaker and less able to fulfill their roles as service members and/or productive citizens. (False!)</p>	<p>There are many kinds of counseling to choose from, and many are focused on skill training, managing stress effects, and using sensations in the body to help people learn to balance their stress systems. Some counseling approaches are supported by the research, some still need to be tested more but are already helping people, and some haven't shown much promise. So it's important to be an informed consumer here, too. (More on getting training, help, and support in Section 12.)</p>

Remember: Deployment stress effects are normal, resilience works, and hope is real.

- If people's thoughts are scrambled, they can't sleep, they have nightmares, their feelings or actions seem "out of whack," or they're losing it over little things, they might sometimes wonder if they're "going crazy." **They're not.**
- If the body is experiencing reactions that feel like fear, service members or veterans might be tempted to think they're being cowardly or weak. **They're not.**
- If people can't remember information about important experiences—or intense memories come crashing in out of nowhere—they might sometimes feel like they've lost all hope of controlling their minds and memories. **They haven't.**
- If they have intense urges to drink or use drugs, they might be afraid drinking or drugging is the only way they can ever feel normal or okay. **It's not.**
- If they're experiencing some of these things with no relief, they—and even you—might feel as if nothing can bring them back in balance. **They're wrong. There are definitely good ways of getting back in balance.**



Finding Balance

8. The Underlying Power

The major force behind war-zone stress reactions is the same as the major force behind many of our most powerful experiences—the human instinct to survive and preserve our species.

The chemical forces that fuel these reactions are very primitive. We're animals. Our bodies haven't changed much since we lived in caves and the only threats we had were physical and temporary—like other animals coming into our caves to kill us or steal our food. Seeing the threat, we'd be filled with adrenaline. Fighting the threat, we'd burn off the adrenaline. Our threats are different now, but our bodies are pretty much the same.

These changes are automatic. We don't choose them. They're built to be far more powerful than our will, because the survival of our species depends on how well they work in all of us. We may be able to control our behavior in crisis situations, but our bodies are still going to do what bodies do under extreme stress.

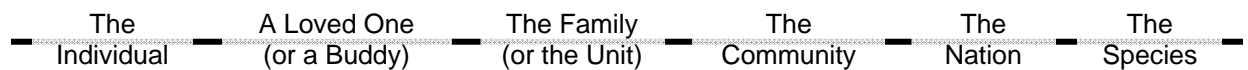
The survival instinct is not just the thing that makes us fight back or run away when somebody's threatening us. It's also the unconscious force behind things like:

- Sexual desire for an attractive potential mate (keeping the species going)
- The urge to protect children (protecting the next generation)
- Acts of heroism and endurance (protecting our fellow human beings)
- The drive to get ahead in the world (having enough resources to survive)
- Generosity toward people who are less fortunate (making sure others have enough resources to survive)
- The desire to serve our community, our state, or our country (defending the pack)
- The first responder's dedication to the well being of the community (protecting those with less strength)
- The service member's dedication to his or her country and comrades in arms (defending one another, the pack, and the forces that defend the pack)

It's all about keeping us—all of us—going. Our species is wired to survive, and the stress system is an important part of that "wiring." So the body's survival-level reactions don't just happen when we ourselves are threatened or harmed. This may be why things that happen to other people—even people we don't know or think we identify with—can have such powerful effects on us. Even a threat to the values and principles that support the survival of the species—things like love, honor, morality, dignity, sense of mission, sense of meaning, or belief in a higher power—can trigger these reactions.

If the survival instinct applies to the survival of more than just the individual, what are some the people, values, principles, etc. that are most important to you?

You can look at it as if the survival instinct were laid out on a long line. For people at home—or for people at war—this might include survival of:



We all move back and forth on that line all the time, depending on what happens, what's needed, and what's important to us. Sometimes we're called on to support or protect ourselves, and sometimes to support or protect others—or just worry about them.

Effects on the Stress System

If the survival instinct were there only to protect your own survival, it would be a lot simpler. You might never have had the courage to love someone who went to war, because it would have been a lot safer to love only safe people. But if we're built to support the survival of the species as a whole, that often means putting our own well being aside to support and protect others. That's why the military mission is so powerful for service members, because it taps into their instinct to protect their country and preserve their society—and the safety of their families and friends.

How would you describe your own instinct to protect others—in your family, your work, your community, your country, your culture, and/or people in general?

Three examples of situations in which this larger survival instinct might trigger high stress for service members:

- When they're unable to protect their buddies, their unit, or their families at home, this may activate the instinct for survival of loved ones and the community.
- Exposure to the aftermath of fatal attacks may activate the instinct for survival of the species, even if the service member didn't know the people who were killed.
- The act of wounding or killing another human being can have powerful effects on the stress system, even if that act is absolutely necessary. The warfighter's instinct to save lives within his or her unit may prevail, but the body's urge to protect the species may intensify any moral conflicts in the mind and spirit.

These are all ancient, powerful, instinctive drives, hooked into powerful, automatic stress systems. Military training can teach people what to do and give them strength to keep moving or stand and fight, but it can't wipe out instincts and automatic physical processes that have been around as long as human beings have walked the earth.

When your loved one is at war or having a hard time at home, your survival instinct will also add to your stress reactions. You have an instinct to protect your family and friends, and that instinct can scream at you when your loved ones' safety is out of your control. Look at the resilience skills and traits you checked/listed on Page 2-3. How can or do you use some of these to handle your concern for the well being of others?

Beyond Physical Safety and Survival at War

The human being lives on many levels, from the most basic chemicals in the body to the indescribable and unquantifiable thing that is the human spirit—and all points in between. Everything that happens to us happens on all those levels at once. Even at war, people make choices that affect the kinds of reactions they have, there and at home. But the force that drives the intensity of these reactions is physical, rooted in a body that's hard-wired to try to keep them—and their species—alive. That force is a sign of each individual's amazing strength, as a member of an amazing species.

The chart on the next page looks at some of the effects of war-zone stress on the whole human being. On a number of levels (the body, the brain, thoughts, feelings, etc.), this chart lists some common responses in the war zone, the power of these responses, the possible impact after deployment, and suggestions for getting back in balance.

The Power of Common Responses—and Suggestions for Getting Back in Balance

	1. Common Responses in the War Zone	2. Power of These Responses	3. Possible Impact Afterwards	4. Suggestions for Restoring Balance
The Body	Powerful chemicals go into “overdrive”—heart racing, “super-human” strength; if helpless, go into “freeze” responses, tensing protective front core muscles.	In combat, speed and strength help you feel confident, react quickly and decisively, fight, save lives, escape harm. “Freezing” can save lives.	After these chemicals go into overdrive, the body has some unfinished business. It may be shaky, “jumpy,” or very tired or weak (feeling “paralyzed”) for a while.	Use Grounding and techniques for adrenaline overload. Exercises to relax and release energy. Good diet (whether or not you feel hungry), rest, exercise, vitamins and minerals, and medical care to help the body handle stress and learn to make stress chemicals again. Patience with the time it takes the body to “normalize.”
	In constant threat, these systems can stay on overdrive for a long time.	You can stay ready for battle at all times, for long periods of time.	Constant stress makes the body jumpy, weak, vulnerable to chronic illness.	
The Brain	Some chemicals speed up thoughts, raise feelings of alarm and fear.	Speedy thoughts help you take action. Alarm and fear help you judge threat.	“Speedy” chemicals cause jittery nerves, anger, feeling threatened, sleep trouble.	Understand that these are normal chemical reactions to sometimes unimaginable events. Use Grounding, overwatch, Mindfulness skills to be an observer of your own reactions. Watch your reactions to things that seem like threats or insults, and question whether they really are, or if it's just your brain chemicals talking. Avoid alcohol, drugs, and caffeine, and get medical advice if you think you might need help. Get help for depression and any other reactions that last more than a month.
	Some chemicals calm you down, help you control your actions/reactions; keep your moods stable, even in unstable situations like combat.	These calming chemicals help you think more clearly, make better decisions, react in more effective ways, cooperate better, be a better leader.	Calming chemicals can “wear out” after they've been needed too much, causing anxiety, depression, urges to drink or use drugs, higher risk of getting addicted.	
	Some chemicals relieve pain and sometimes help you forget what you experienced under intense stress.	Pain relief during the crisis—and forgetting the pain afterwards—helps you keep going in spite of the pain.	You might lose important memories later, or memories might “come at you out of nowhere,” even long after combat is over.	
Thoughts	“This isn't happening. It isn't so bad.”	Makes it easier to cope and function.	You might neglect signs you need help.	Find people you can trust, and confide in them. Question the thoughts that sound self-critical or self-destructive. Balance helping others with getting the support or professional help you need. Let trust grow back slowly. Question blame, and put it in context. Talk about responsibility.
	“I'm strong; other people need me.”	Brings more hope, courage, action.	You might see needs as weaknesses.	
	“I can't trust anyone outside the Unit.”	Helps you spot danger and react to it.	You might not trust anyone outside Unit.	
	“This is all happening for a reason.”	Helps you accept pain and move on.	You might blame yourself or others.	
Feelings	Not feeling emotions (numbing them).	Less pain/fear, more decisive action.	You might not grieve important losses.	Practice noticing what you feel, putting a name to it, and feeling whatever it is. Use skills like overwatch and Mindfulness to help you notice and manage your feelings. Let the grieving happen in whatever form or timetable it seems to want to take. Remember: It takes great courage to feel.
	Feeling only “safe” emotions (anger).	Helps you focus on fighting and winning.	You might take feelings for weakness.	
	“Projecting” your feelings onto others.	Helps you not notice/feel your feelings.	You might resent, damage relationships.	
	Giving in to just feeling overwhelmed.	Lets people know you need help.	You might ignore real strength/courage.	
The Spirit	Connecting with your spiritual beliefs.	Strength in safety, connection, meaning.	You might reject others' help or beliefs.	Know that there's plenty of room for your beliefs, others' beliefs, and human help. Use questioning to strengthen your beliefs and get closer to what you really believe. Balance acceptance of yourself and others with the need for action. Find mission and purpose, even after you've returned home.
	Questioning or rejecting your beliefs.	Helps explain painful and unfair things.	You might lose connection, meaning.	
	Finding new spiritual feelings/beliefs.	Brings in new spiritual strength/hope.	You might lose beliefs when crisis is over.	
	Accepting and transcending events.	More clarity, calm, sense of purpose.	You might accept things you should change.	
The Unit	Military discipline, high expectations.	Standards promote strength, discipline	You might be ashamed of reactions to stress.	Know that it's not weak or disloyal to get help for your body's and brain's reactions to war-zone stress. Make and keep deep friendships with others who have served.
	Staying alert for danger at all times.	You're ready to react to any emergency.	Toll on body and brain (see above).	
	Sense of unity within the Unit.	Cooperation saves lives, wins battles.	You might feel lost/alone after deployment.	
Home	Keeping in contact from the war zone.	Sense of connection brings strength.	Stronger feelings of stress, loss, missing them.	Accept that you've changed, and those at home have changed, too. Learn who you all are now. Use resources for re-learning trust, fun, romance, communication, and relationships.
	Not talking about bad experiences.	Protects loved ones from pain and fear.	You might feel disconnected from home.	
	Remembering your home as ideal.	Reminds you what you're fighting for.	Nobody can live up to an ideal in real life.	

This page reprinted from *Finding Balance After the War Zone: Considerations in the Treatment of Post-Deployment Stress Effects* (Woll, 2008).



Finding Balance

9. Thoughts and Feelings

Most humans have trouble with thoughts and feelings, because we're too close to them. They're happening in our own heads, in our own bodies, and it's hard to get perspective on them.

If you're trying to untie a knot, you're not going to put your face right there over the knot. You'd have to cross your eyes just to see it, and pull it apart with your teeth. You're more likely to get a little distance, so you can see what's really going on and use your hands to untie it.

But with thoughts and feelings that trouble us, we often try to deal with them by analyzing them, obsessing about them, thinking about them non-stop, and taking them very seriously. Or we might run the other way—ignoring, avoiding, and denying them until they blow up in our faces. But very few of us have been trained to keep our thoughts and feelings at just the right distance.

If your stress system has been affected by a loved one's deployment or post-deployment stress effects, there are often a few extra layers of complication. Your thoughts (and his or her thoughts) can be jumbled, scattered, and confused. Even positive feelings can trigger stress reactions. It can actually seem like your feelings are threats to your survival and your thoughts are the only weapons you have to defend yourself. Here are some questions to ask yourself when you run into this turbulence:

1. What's going on in my head right now?
2. Is the way I'm thinking or feeling right now really going to help me survive, succeed, be happy, or fulfill my mission or purpose in life?
3. What's the next right thing I can do right now, and what can I do to focus on that next right thing instead of all this stuff that's going on in my head?
4. Who can I talk to who would understand and help me get back on track?

Several resilience skills involve using your mind to manage your thoughts and feelings and bring your stress system back in balance. You can:

- **Practice being in the “here-and-now”:** This skill can be challenging at first, especially if you’re grieving the past or worried about the future. One way is to notice things in the present—your breathing, sensations in your body, people and things around you, etc. (One quick exercise is “Grounding,” Page iii.)

How could this skill be useful to you? _____

- **Practice physical and mental overwatch:** Most people are so lost in our own experience—our thoughts, feelings, body sensations, and opinions—that we almost think we **are** those thoughts, feelings, sensations, and opinions. It’s important to practice providing overwatch of your own minute-to-minute experience. Don’t try to avoid having the experience, but while you’re having it, also watch it and notice things about it. (More on overwatch in Section 4)

How could this skill be useful to you? _____

- **Identify and manage triggers:** When your stress system is out of balance, even ordinary things—and well meaning people—can trigger intense stress reactions, from intense memories to intense pain, anger, fear, or guilt. It’s important to learn what kinds of things trigger your stress reactions, so you can make a plan for coping with them. (More on triggers in Section 6)

How could this skill be useful to you? _____

- **Question things:** The more often we think a thought, the more it gets “burned” into the brain. Many people get used to thinking negative thoughts over and over, and it gets harder and harder to keep these thoughts from triggering stress chemicals. Some of our most upsetting thoughts aren’t true, or haven’t happened. One way to keep thoughts from running you over is to question them: “How do I know this is true?” “Is this something I **really** believe in the present? Was it just true in the past? Is it something that might not even happen?”

How could this skill be useful to you? _____

Tool: Being Mindful—Noticing Without Judging

As you learn and practice overwatch on your experiences, thoughts, and feelings, it's helpful to take advantage of an old and well practiced technique for doing this. The idea of being mindful has been around more than 2,500 years, originally as a Buddhist meditation practice called Mindfulness. But lately many Western teachers, doctors, counselors, and people of all occupations have also been using it, to calm down and learn to think more effectively.⁶ It's a good skill to combine with the other skills described in this workbook.

You don't have to be a Buddhist or “into meditation” to practice being mindful. You don't have to sit still, cross your legs, or breathe a certain way. It helps if you breathe slowly and deeply, but you don't have to. And you can be mindful anywhere—at work, driving, walking, waiting for appointments, watching TV, with friends or family, etc. You can practice being mindful no matter what else you're doing. Nobody will even know you're doing it.

Being mindful is about getting a little relief from that constant “mind chatter”—that jumble of thoughts, feelings, and memories that most people have bouncing around in our heads. It's not about controlling the mind chatter or shutting it down. It's about getting a little distance from it. People who practice being mindful understand that you can't make the mind chatter go away. But what you can do is focus your attention on what's happening right now—where you are, what's happening around you, how your body feels, etc. (the kinds of things you noticed in the Grounding exercise). That way, instead of focusing on the mind chatter, you can just be aware of it—watch it as it goes by. **And practice watching it without judging yourself or others.**

That's why mindfulness can be a good technique for practicing overwatch. You're watching your experience from a little higher ground, a little more distance, a little better perspective. Thoughts may be happening inside your head, but your thoughts are not who you are. And because you're not so caught up in your thoughts, your feelings don't get so intense either.

You might think of your thoughts, feelings, urges, and memories as clouds floating over your head, or cars rolling past you on the highway below. You notice them, but they don't have to move you around or make you lose your balance. You're still in the same place, watching them. Your thoughts, feelings, urges, and memories are like those clouds or cars. They're moving past you, but you're still grounded in the here-and-now.

You can also train yourself to remember to be more mindful in everyday life. You can decide that certain things are going to remind you to be more mindful—like red lights in traffic, sidewalks, fences, etc. After a while, your mind really can get quieter. You can get calmer and start thinking more clearly. Mindfulness actually helps “grow” the higher parts of your brain that help balance and strengthen your stress system.

⁶ There are many books, etc. on Mindfulness. One good place to start is with a well known American author and expert on the subject, Jon Kabat-Zinn.

Tool: Remembering Success

Inspired by a suggestion from Desert Storm Veteran Steve Robinson

This skill isn't just about the way the world defines "success"—achievements that others might think are important. This is also about remembering things like:

- **Peak experiences:** These may be times when you've felt happy, free, triumphant, successful, inspired, creative, alive, connected, "in the zone"—any or all of these things. These experiences are important, because they help you explore and believe in the best in you.
- **Times when you've overcome adversity:** These experiences show how strong you are, show you how to handle stress, and remind you that you can handle stress successfully. They can increase your sense of hope and confidence.
- **Times when your mind has been opened:** Sometimes your greatest triumphs might include conquering the way you've always thought about someone or something. When you end up liking, admiring, or respecting a person, an idea, or an experience that you judged negatively in the past, your world gets a little bigger and a little more comfortable, with more possibilities.

Make a list of 7 experiences of success below, then picture each one and hold it in your mind:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____



Finding Balance

10. Relationships

In the realm of the human stress system, human contact makes a lot of difference. It starts when babies are just building their stress systems. Researchers have found that:

- Loving face-to-face contact between a baby and a caregiver can actually strengthen and “grow” the parts of the higher brain that help us regulate our stress systems.
- Babies learn how to handle stress and threat by watching the way their caregivers handle these experiences.

Even when we’re adults, the quality of our relationships—in the family, with friends and lovers, at work, in the community, etc.—can have a big effect on our ability to handle stress and return to balance later. Just as strong, positive bonds within the unit can be a powerful source of resilience for service members in the war zone, so can a strong and positive support network make you more resilient back home—especially if that network includes others who have been through similar experiences.

How would you describe your strongest positive relationship(s)?

When people return from deployment, their relationships with other service members or veterans are often strong sources of resilience. Family members sometimes wonder why these relationships can seem stronger than their own relationships with their loved ones. But connecting with others who have fought in the same wars can be a powerful way of getting through the challenges of homecoming. Encouraging these relationships can be good for all concerned. There are Vet Centers, veterans’ service organizations, web sites and chat rooms focused on connecting veterans and service members.

Long-Distance Love

For service members who are married or in other romantic relationships with people back home, the availability of instant communication through cell phones, texting, blackberries, webcams, etc. has done some interesting things to war-zone stress. It's made it easier to communicate about safety, but it's also made it easier to communicate about everything else—including all the big and little problems at home that the service member can't do anything about. This increases his or her level of stress and distraction, and it doesn't do much for the quality of the relationship, either.

Most married service members are well aware of the stress their spouses experience at home, where so much of the family focus is on the service member, but so much of the stress is on the spouse. As important as this knowledge is, it also adds to the service member's stress—so everybody's worried about everyone else.



Apart from making sure each one has a good support system and sound techniques for preparing for deployment and homecoming, there may be no way to fix this hard reality of wartime service. But it's important to keep remembering that this much concern must reflect a lot of love, and that love may be our most important resilience skill.

Keeping the Romance

1. Have both partners do a sort of “triage” on communication. Before you write or text your partner about a problem, ask yourself:
 - Is this something he or she needs to know?
 - Is this something he or she can do anything about?
 - Is this something that will raise his or her stress level?
 - Is there someone else who'd be a good person to take this problem to instead?
2. Write love letters. Pretend you're back in World War II—where there were no cell phones—and these letters are precious, reserved for messages of love, desire, and commitment. Even if you have to send them via email or text, try making the words count. And once a month, you might dress up and go out for a “date” with the deployed service member. Sit at a table in a nice restaurant and write a letter from the heart.

Together Again for the First Time

Much has been written about the stress that expectations can put on service members, families, and close friends or lovers during deployment—and on relationships after deployment. No one can live up to the idealized people we create in our heads when we miss them and worry about them from a great distance. But there’s an old saying, “Expectations are premeditated resentments.” It’s easy to let expectations turn into disappointments, and to let disappointments turn into hurt and anger.

Once the “honeymoon” stage of homecoming is over, people are often not at their best for a while. People change during deployment—people at war, and the people at home. Everyone has been under intense stress, and the many adjustments in homecoming are also stressful. It’s normal and common for people to feel “shut down” for a while after they return from deployment at war, to have a hard time communicating with those they love, to be completely exhausted, and to have a hard time controlling their stress reactions. These realities can fall far below the expectations the family might have.

One helpful thing to do with our expectations of a loved one is to get a little distance from these expectations. Each partner might make out a chart with the columns shown below—being careful not to tell their partner about any expectations that would hurt their feelings or bruise their egos (like, “I expected you to be smarter and better looking!”).

What disappointment am I having?	What expectation did I have that wasn’t met?	How am I making this about me?	What would I learn if I made it <u>not about me</u> ?
Sample: I haven’t seen my husband in a year, and now he doesn’t seem to want to be with me.	I thought it would be very romantic, and we’d make love a lot and talk about our love for one another.	I’m wondering whether he still loves and desires me, or if I’ve lost my place in his life.	He’s been under intense stress, and he can’t help shutting down. Just love him and give him time.

The Open Heart

At war, warfighters' whole bodies and minds organize themselves around keeping it together, keeping on functioning, staying alive, saving the lives of their comrades, and fulfilling the mission. After returning home, your loved one might seem like a fist that's been clenched for so long it doesn't know how to open—or been punching so long it doesn't know how to stop.

Many returning veterans and transitioning service members find it hard to talk to civilians—even those they're close to—about their war-zone experiences. They might say (or think to themselves) that you couldn't possibly understand what they've experienced in country—and they're right. The experience of war is like no other.

And there you are, wanting to be the best friend, lover, mother, father, source of support possible. What if you say the wrong thing—or don't say the right thing? What if your own frustration spills out? What if you're afraid for—or afraid of—him or her? What if your loved one won't open up at all—or tells you stories you can't stand to hear?

What are some of your biggest questions or concerns?

Of course, the answers to these questions depend a lot on who you are—and who he or she is. If you've been through deployment and homecoming before, you know how difficult and complicated some of these questions can be. Nobody handles it perfectly, and even the best solutions are nowhere near easy. But here are some suggestions:

1. Remember that you don't have to understand what deployment is really like. You just have to accept the fact that you don't understand—and respect how much your loved one has experienced that you haven't experienced.
2. When you see signs of deployment stress effects, remember that you also have a stress system, and sometimes yours gets activated, too. Your loved one may or may not need professional help—and you may provide the best motivation to get help—but what's happening is a very human thing, and an understandable thing.
3. If you listen—really listen, with an open heart—that may be the most healing thing you can do—for your loved one and your relationship. Often people feel they have to comment on what they hear, or say things to make the other person feel better. But sometimes it's better just to listen and bear witness to someone else's experience.
4. If people want to tell you stories of their experiences at war, but you can't listen to those stories without getting too upset, you can tell them that beforehand, in a loving and respectful way that makes it clear that you're not judging them or their actions, or pushing them away. You just can't handle certain kinds of information right now.



Finding Balance

11. Mission and Purpose

For many transitioning service members and returning veterans, the greatest challenge in returning home is the loss of the clear and powerful sense of mission and purpose they experienced during deployment. There are many reasons people want to return to deployment, but this is one of the most powerful ones: They want to recover that clarity and singleness of purpose.

No matter how much stress and threat may have been connected with the mission in the war zone, that same sense of mission probably played a powerful protective role. Back home, reviving their sense of mission and purpose—in whatever form it might take now—can be a very important resource in helping people balance their stress systems.

Mission and purpose are equally important for loved ones at home. We all need a sense of purpose. It's not enough just to survive, or to fulfill our responsibilities just because they're there. We need to figure out why we're doing it, what it all means, and what we were born for—and nobody else can figure that out for us.

Higher Connections

Whoever you are, whatever your age or experience, there are probably higher or deeper kinds of connection that are important to you.

- You may have been raised in a religious faith that follows you still
- You may have a strong sense of connection to nature, or to humanity as a whole
- You may practice a spiritual discipline that adds depth and dimension to your life
- Your work or family might tap into and fulfill your sense of mission and purpose
- You may have values or principles or people you live for—and would be willing to die for
- Your love of country and your sense of honor and loyalty may be a powerful force

If any of these statements fit you, you may already be calling on these resources to help you keep your life and your stress system in balance. These connections use your higher brain, and the more we use a part of the brain, the stronger it gets. It's important to recognize these connections, see their value, and—as much as you can—connect with others who share your commitment. Connecting with people on a purpose level will deepen and strengthen your relationships—and your sense of mission and purpose.

What are some of the higher kinds of connection that are important to you?

- Religious faith _____
- Connection to nature _____
- Connection to humankind _____
- Spiritual discipline _____
- Work and/or family _____
- Values _____
- Principles _____
- People _____
- Love of country _____
- Sense of mission _____
- _____
- _____

Your Ongoing Mission

This is not just a platitude: Whoever you are, whatever you have to offer, there's something important in you. It's worth all the work, all the skill building, all the re-balancing. You have a mission to carry out. It may not be the same as other people's, but it's yours. You might not know what it is for a while, but it will wait until you're ready.

So many warriors have fought and fallen to save all of our lives, we owe it to them to live with as much purpose as possible. It can be an upward spiral: Focusing on mission and purpose can help you balance your stress system, and getting your stress system in balance can make you more effective at finding and carrying out your mission. How would you describe your mission right now, at this point in your life?

Tool: Dealing With the Things You Can't Control

When you're learning about and carrying out your mission and purpose, one of your biggest challenges may be the fact that human power is limited. Unfair things happen. Horrible things happen. It may be your fault, it may be somebody else's fault, or it may be nobody's fault. There are—and always will be—important things you can't control.

If you're having a hard time dealing with that, it can throw off the balance between yourself and the world, and your stress system will carry much of the burden. If you have a lot of anger, resentment, guilt, shame, anxiety, hopelessness, etc., it can get in the way of your ability to see, believe in, and carry out your mission.

So how do you deal with that? Sometimes it starts with just knowing which things you can change or control and which ones you can't. So a question for you: Which realities in your present life (in yourself, other people, events, etc.) can you change or fix, and which ones are beyond your power to change or fix? (Hint: If it's other people, they usually fall into the "beyond your power" category.)

Can change or fix: _____

Can't change or fix: _____

Sometimes it seems like accepting the reality of the things we can't change might be a betrayal of ourselves, our values or principles, our mission, or people we care about. Of course, if you keep fighting that reality, it won't make things any better, and it will get in the way of your higher brain—and you need your higher brain to fulfill your mission.

What parts of your present reality might you be fighting these days?

If you were to stop fighting the realities you don't have the power to change—and work on accepting and dealing with life on life's terms—what could you do instead to honor yourself, your values, your principles, your mission, and the people you care about?

Tool: Appreciation

Appreciation is a powerful tool for balancing your stress system. You might think of it as appreciation, or as gratitude (gratitude is basically appreciation combined with the feeling or belief that the person or thing you appreciate is also a gift to you). When some things are wrong in your life, it's important not to forget all the important people and things that are **right** in your life. Appreciation and gratitude:

- Strengthen the higher brain areas that help regulate the stress system
- Give the survival brain something positive to chew on, to distract it from its preoccupation with pain and danger
- Give you hope—not false hope, but a general feeling of hope (appreciation and gratitude are to the past and present what hope is to the future, so they make it easier to hope)
- Give you a clearer sense of mission and purpose, by highlighting your values

Here's a useful skill to practice regularly, whether or not you feel like looking for things you appreciate. The times when you really don't feel grateful or appreciative will often be the times when you get the most out of this exercise. **Below, write down as many people or things as you can think of that you appreciate.**

Comfort (physical, emotional): _____

Strength: _____

Security: _____

Belonging: _____

Pleasure: _____

Interest: _____

Fun: _____

Humor: _____

Calm: _____

Excitement: _____

Fulfillment: _____

Joy: _____

Beauty: _____

Love: _____

People: _____

Mission: _____

What else? _____



Finding Balance

12. Training, Help, and Support

If the effects of war-zone stress—or stress at home—are causing challenges for service members, veterans, friends, or family members, they might need something beyond resilience skills and support. But many people aren't sure what's involved in getting professional help. And many service members say they don't want help that's going to take a long time or ask them to dig deep into their memories or their feelings.

You might think of the help that's available in five basic types: 1) help and training in managing triggers and stress reactions, 2) help from medications, 3) help in changing the way the brain processes memories, 4) help in dealing with risky or harmful use of alcohol or drugs, and 5) traditional therapy, with the therapist listening and providing feedback. The last of these is well known, so this section will focus on the first four.

Help and Training in Managing Stress Reactions

The first type of help—in managing triggers and reactions—is really more training than therapy. It doesn't require that people re-live the past or talk about their feelings, and they can start in small, manageable ways. For example:

- Service members, veterans, or family members who have dealt successfully with these stress effects can describe what has helped them and offer support.
- Many kinds of skill-based therapies train people in the skills they need to balance and regulate their stress systems. Many skills can be taught in a few sessions.
- There are also body-based approaches. There are “somatosensory” approaches that build awareness of body sensations and use that awareness to teach people to balance their stress systems. Some approaches use tapping techniques to bring calm. Though many of these approaches haven't yet been researched fully, some research is underway, and some of them have helped many people.

- Many service members and veterans are finding help from practitioners of alternative therapies such as acupuncture, acupressure, and massage therapy. These are being used in some military hospitals, like the program at Fort Bliss and the Deployment Health Clinical Center housed at Walter Reed. Any technique that helps people learn to manage their stress systems can be helpful.

Managing Stress Reactions With Help From Medications

Many people with post-deployment stress effects receive short- or long-term prescriptions. The right medication can help stabilize their stress chemicals—though **it's not a substitute for practicing resilience skills and learning to manage the stress system.** Here are notes on just a few of the many medications prescribed:

- The most common and best-researched medicines for war-zone stress reactions are the antidepressants that make the chemical serotonin (See Section 5) more available. People don't have to be depressed for these medications to help.
- There are alpha blockers and beta blockers (heart medications) that can help block the immediate effects of adrenaline on the body, without many side effects.
- If other medications aren't working, some doctors may add drugs like anticonvulsants or the newer ("atypical") antipsychotics to increase their effects. Some of these—especially the antipsychotics—can have difficult side effects.
- To bring down extreme stress reactions quickly, a doctor might prescribe the temporary use of a benzodiazepine sedative. Benzos are addictive, so for people who have problems with alcohol or drugs, they're not a good idea. Used regularly, these drugs can make some stress reactions worse. So if the doctor insists on prescribing regular use of benzos, please get a second opinion.

Help in Changing The Way the Body Processes Memories

People can learn to manage and cope with triggers, stress reactions, and troubling memories, but that won't "neutralize" them. The fact that the body has two separate memory systems can cause complications after experiences of extreme stress, threat, loss, and conflict. (More about memory systems in Section 6)

When people have intrusive memories, flashbacks, intense nightmares, or night terrors, they often need professional help to deal with the way the brain and body process memories. The good news is that there are effective ways of changing the brain's and body's relationship to memories, and these approaches are well supported by the research. The unwelcome news is that these kinds of therapies often involve bringing up memories and feelings that many service members and veterans aren't ready to deal with right away. Here are a couple of approaches:

- The research supports a process called Eye Movement Desensitization and Reprocessing (EMDR), which uses both thoughts and easy physical techniques to lower the intensity of reactions to memories and/or present-day experiences. Sometimes EMDR involves bringing up and “neutralizing” difficult memories, but sometimes it can be effective just working with images or body sensations in the present. Sometimes people see positive results in a short time.
- The research also supports the use of exposure therapies, in which a therapist walks people through difficult memories while helping them regulate their stress systems. Examples include some cognitive-behavioral therapies, gradual exposure, and prolonged exposure therapy (don’t try this unless you have strong skills for regulating your stress reactions). Some approaches include homework, in which people think and write about difficult memories between sessions.

These approaches fit in with what we know about the stress system: It grows stronger by going back and forth between high and low stress—by experiencing threat in an atmosphere of safety. Done safely by therapists who are well trained, experienced, and careful—when people are willing and able to work to regulate their stress responses—these approaches can help cut the ties between memories and stress reactions.

But when people are thinking about trying an approach that works with stressful memories, they need to remember: These approaches can be like a roller coaster ride—at best, a controlled roller coaster ride. Before that process starts, a little self-questioning is in order:

1. Am I ready to deal with these memories? What might happen if I don’t?
2. How are my skills at bringing my stress system down? Am I willing to use them?
3. What do I know about the therapist’s training and skills in this approach?

Help With Risky or Harmful Use of Alcohol or Drugs

There are many approaches that can help people deal with these challenges. A few:

- Motivational Interviewing, to help people find and strengthen their own motivation and preparation to cut down or quit drinking or using drugs
- Cognitive/behavioral skill training to help people get better at reducing or coping with urges to use, choosing not to pick up a drink/drug, or staying away from temptation
- Spiritual approaches (some based on 12-Step groups like Alcoholics Anonymous or Narcotics Anonymous) that use social support, moral repair, and a higher power
- Faith-based approaches rooted in the beliefs of a particular religion (but make sure these faith leaders are also certified to work with alcohol, drugs, and addiction)
- Medications that can help you reduce cravings and/or withdrawal symptoms

If you choose the approaches that seem to make the most sense to you, and sound like they might work, they’re more likely to work for you.

Tool: Questions for Therapists, Doctors, or Referral Sources

Here are a few important questions about some of the medical or counseling services available for the effects of heavy stress and trauma (with or without alcohol-or-drug-related problems):

General questions:

- What kinds of help or services are available for me here?
 - Skill training using: _____
 - Medication
 - EMDR (Eye Movement Desensitization and Reprocessing)
 - Exposure therapy: Gradual Prolonged
 - Motivational Interviewing
 - Substance-related treatment using: _____
 - Other: _____
- What kinds of services would you recommend for me? _____
- Why do you recommend this for me? _____

If a doctor prescribes medication:

- What's the name of the medication? _____
- What condition(s) is it for? _____
- What type of medication is it? _____
- How can it help me? _____
- What are the most likely side effects? _____
- Are there any danger signs I should look out for? _____
- Why is this the best medication for me? _____

If the provider recommends exposure therapy:

- What kinds of training and coaching will I receive—before the exposure starts—in ways of bringing down my stress reactions? _____
- Will the exposure to stressful memories be gradual enough to give me a chance to regulate my stress system? Yes No
- Will the therapist:
 - Take me into and out of stressful thoughts and memories, or
 - Ask me to stay with a memory until it becomes very uncomfortable?
- What kinds of signals can we set up so that I can let the therapist know if I start to shut down, move toward adrenaline overload, or get cravings for alcohol or drugs?

- If I give those signals, how will the therapist work with me to lower my stress level so I won't start shutting down, going into adrenaline overload, or getting cravings?

One More Survey

To help us make these materials better, please answer these questions after you've finished using Finding Balance. Some of the questions were on the first survey. You can answer them differently if your answers have changed:

1. On a scale of 0 to 10, how much do you believe the following? "In general, people who have **more** mental or moral strength are more likely to come back from the war zone with **less** severe reactions to deployment stress." (0=not at all true; 10=very true).

0 1 2 3 4 5 6 7 8 9 10

2. On a scale of 0 to 10, how well prepared are you to deal with the stress of your loved one's deployment? (0 = not at all prepared, 10 = very well prepared)

0 1 2 3 4 5 6 7 8 9 10

3. On a scale of 0 to 10, how well prepared are you to deal with the stress of your loved one's homecoming from the war? (0 = not at all prepared, 10 = very well prepared)

0 1 2 3 4 5 6 7 8 9 10

4. On a scale of 0 to 10, how easy is it for you to control your body's reactions to stress? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

5. On a scale of 0 to 10, how easy is it for you to control your mind's reactions to stress? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

6. On a scale of 0 to 10, how easy is it to use Finding Balance? (0 = very hard, 10 = very easy)

0 1 2 3 4 5 6 7 8 9 10

7. On a scale of 0 to 10, how helpful is Finding Balance? (0 = not helpful, 10 = very helpful)

0 1 2 3 4 5 6 7 8 9 10

8. What did you like best about Finding Balance?

9. What did you like least about Finding Balance?



Appendix A:

Acknowledgments

Service Members, Veterans, and their Families

Since this will be a very long acknowledgments section, let's start with the most important: To the men, women, and families who have served our country, and those who continue to serve, please accept my deepest gratitude for your courage, your sacrifice, your dedication, and your inspiration.

Special thanks to the men and women who have taken the time to tell me about their experiences and listen to my spiel about the stress system, especially the 11 courageous women who participated in the January, 2011 Spouses/Significant Others' Group at the Deployment Health Clinical Center at Walter Reed. Their words inspired about six more sections for future versions of these workbooks.

Reviewers

Sincere thanks go to all the people who have read review drafts of the materials in this series (first called *Resilience 101*, now called *Finding Balance*) and responded with generous encouragement, including Brian Bardsley, Terry Boyd, Heath Dolen, Dr. Jacque Elder, Erika Elvander, Teri Figiel, Jeffrey W. Hall (MAJ USA), Sherie Hall, Angela Bowman Halvorson (MAJ USA), Sallyann Holzgreffe, Ken Ireland (CAPT USN), Dr. Leonard Jason, Sally Lipscomb, Linda Manthey, Stephanie Moles, Laura Naylor, Dr. Christiane C. O'Hara, Drew Palmiter, Pat Poertner, Cynthia Reinbach, Nancy Rosenshine, Mary Ellen Salzano, Albert Schafer, Dr. Patrick Sculley (MAJ GEN USA Ret), Dr. Emily Simerly, Dr. Amy Stevens, Dr. Barbara Van Dahlen, and Dr. Jessica Wolfe.

I also extend special gratitude to the following particularly dedicated reviewers:

- Victoria Bruner, who has read every version I've produced, provided detailed and thoughtful feedback and encouragement every time, and believed in this work so strongly that I can't help but believe
- Elizabeth Hudson, Andra Medea, Dr. John Mundt, Drew Palmiter, Dr. Randi Tolliver, and Dr. Pam Waters, each of whom submitted detailed, encouraging, and very helpful reviews of that tentative first version
- Basil Whiting, Jr. and Celia Straus, whose encouragement and enthusiasm for this work kept me going during an early and difficult phase in the evolution of this work
- Dr. Karen Berte of the Milwaukee VA, and the collaborative group from Louisville, Kentucky—LeAnn Bruce from Fort Knox and Brian Woodring and Robyn Caple from The Brook-DuPont—whose plans to use these materials in their work with service members and veterans helped inspire the modular format and structure of the current workbooks.
- Rosemary Bell, David Folkes, Joan Ferdinand Keleher, the late Patrick J. Keleher, Jr., Mark Sanders, and William L. White, who for many years have been some of my most consistent sources of wisdom and guidance on this and many other subjects

Pioneers

Because these materials for and about service members and veterans are available for free download—and people often pass them to one another by email—we have no way of knowing how many individuals, organizations, agencies, or installations have used all or part of these works, or in what ways. The decision to make them freely available to anyone who might need them comes at the price of not knowing what their impact might be.

However, I do know that Dr. Karen Berte, Victoria Bruner, Tammie Ervin, Dr. Kelly Forsys, Dr. Shari Harwell, Kelli Johnson, Chaplain Juliana Leshner, David Lybarger, Steve Manire, Michael McFarland, Samantha Olive-Ghorashi, and Cody Stagner were among the first to begin using *Resilience 101* in their work with service members and veterans. Use of these materials by the Kentucky partners mentioned before—LeAnn Bruce, Robyn Caple, Brian Woodring, and their colleagues—was very much a result of the kind efforts of my colleagues at the Mid-Atlantic Addiction Technology Transfer Center, Sallyann Holzgreffe and Dr. Paula Horvatich, who printed a large batch of *Resilience 101* and *Finding Balance After the War Zone* materials, and their partner Heath Dolen, who arranged to have these materials made available to all service providers at a multi-state event in Kentucky.

In addition, I am very grateful to know that training professionals are beginning to use these materials in their online courses or training programs. So far, I have received word that Monte Bryant, Dr. William A. Cook, William MacDonald, Dr. Philip Metres Jr., and Al Richards, are all using some of my materials on this subject, and they have my gratitude. Special thanks also to Angela Bowman Halvorson (MAJ USA), my partner in many presentations on this topic for treatment professionals, for her belief in these materials and her efforts to see this information disseminated. I am very grateful to all these dedicated people, and to all others who are putting these resources to work.

Mentors and Guides

If there's anything I'm sure of, it's that I have a lifetime's worth of things to learn about resilience, stress, trauma, the brain, the military culture, military families, the experience of war, the range of combat and operational stress effects, the experience of homecoming and reintegration, and the places where these all come together. I've needed a lot of guidance and support to step into these welcoming but sometimes confusing worlds with the respect and precision they deserve. So over the years I've approached a number of people for guidance and mentorship, and they have given generously of their time, wisdom, knowledge, and encouragement.

There are some whom I've called on many times over many years, beginning with my first and longest-standing mentor, William L. White, whose faithful adherence to his professional standards—and determination to follow his passion and conviction, however far ahead of his time they might take him—have slowly carved out a place where he can have profound and lasting effects on the health and well being of people on a massive scale, and for generations to come.

Other long-time mentors who have been irreplaceable in my life and work include Loretta Albright, Rosemary Bell, David Folkes, Steven Guerra, Rev. Thomas and Colleen Henry, Dr. Leonard Jason, Joan Ferdinand Keleher, the late Patrick J. Keleher, Jr., Andra Medea, Nancy Phillips, Dr. Joseph D. Rosenfeld, Nancy Rosenshine, Mark Sanders, and JoAnne Wolfson. Special thanks also to the late Thomas R. Johnson, who inspired my early interest in trauma and taught me much about honor, courage, and other values that are so central to the military culture.

Since I have directed my primary focus toward resilience, stress, and trauma, with an emphasis on the needs of service members, veterans, and their families, I have begun to cultivate guidance and mentorship relationships within the communities organized to address these challenges. Here I have found welcome, wisdom, encouragement, openness, and willingness to be of service. My deepest thanks here go to Victoria Bruner, who has been my strongest champion and encourager, and whose dedication to her work with service members and their families is exceeded only by her love for them. Special thanks also go to Dr. Patrick Sculley (MAJ GEN USA Ret), who despite

his high rank attended my first tentative “Resilience 101” presentation at the 2009 Force Health Protection conference, sat and talked to me for 20 minutes afterwards, and continues to read the drafts I send him and respond to my emails with grace and generosity of spirit.

A number of other experts in this world have graciously allowed me to tap their wisdom and guidance, including Dr. Karen Berte, Dennis Dix (1st LT USA), Donna Doolin, Dr. Michael P. Flaherty, Denise Gordon (LTC USA), Lia Gaty, Jeffrey W. Hall (MAJ USA), Sherie Hall, Angela Bowman Halvorson (MAJ USA), Gil Hoel, Elizabeth Hudson, Ken Ireland (CAPT USN), Dr. Ernest Kurtz, Allison Lighthall, Sally Lipscomb, Ilona Meagher, Dr. Philip Metres Jr., Dr. William P. Nash (CAPT MC USMC), Cathy Nugent, Dr. Christiane C. O’Hara, Janice Postlewaite, Steve Robinson, Dr. Raymond Monsour Scurfield, Dr. Amy Stevens, and Basil Whiting, Jr. Special thanks to Dennis Dix (1st LT USA), who thought of using overwatch as a metaphor for monitoring stress reactions, and Jeffrey W. Hall (MAJ USA) for helping me expand on this concept. All these dedicated souls have made the world better for many service members, veterans, and families, and my world is also better for their willingness and their welcome.

Opportunities

This work would not be possible without the many people who have helped me learn more about resilience, stress, trauma, and the needs of service members and veterans by offering consulting opportunities to write and publish additional materials and design and deliver presentations on these subjects, often as part of collaborative processes.

First I must thank the small but mighty staff of the Great Lakes Addiction Technology Transfer Center (ATTC) at Jane Addams College of Social Work, University of Illinois at Chicago, my longest-time client and university family. Under the leadership of Executive Director Loretta Albright, Principal Investigator Dr. Larry Bennett, and Co-Principal Investigator Dr. Nathan Linsk, these dedicated professionals have been patient and made many sacrifices to accommodate my shift from full-time to as-needed status, and from a focus on addiction to a focus on resilience, trauma, and the needs of service members and veterans. Along with the Center’s leadership, top staff members Tiffany Kilpatrick, Monica Velasquez, and Alejandra Nallely Suarez also have my deep gratitude and loyalty. Thanks go as well to the National ATTC Network as a whole, and to its sponsors at the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT), in particular CSAT Director Dr. H. Westley Clark, current Project Officer Donna Doolin, and past Project Officer Cathy Nugent.

A number of other individuals have also offered opportunities through their organizations and agencies, and each one has helped me learn, grow, and keep going in this work. My thanks in particular to Dr. Ijeoma Achara, Dennis Ailes, Bruce

Angleman, Dr. Joan Beder, Kelli Bettenhausen, Dr. Robert Birnbaum, Victoria Bruner, John Chapin, Rebecca Cohen, Angela Cornelius Dawson, Trina Diedrich, Elliott Driscoll, Kim Eithun, Brad DeCamp, Scott DuBois, Craig Finger, Erin Fridley, Dr. Carol Glazer, Shell Gross, Oren Hammes, Jessica Hayes, Sara Moscato Howe, Bill Johnson, Randi Johnson, Laurie Krom, Keith Lang, Robyn Leary Mancini, Pam Mauro, Jessica Miller, Melanie Ogelton, Phil Orrick, Dr. Dean Rueckert, Onaje Salim, Mary Ellen Salzano, Wayne Sorensen, Dr. Richard Spence, Ann Stark, Celia Straus, Adreana Tartt, Dr. Randi Tolliver, Dr. Joseph Troiani, Dawn Tyus, Dr. Barbara Van Dahlen, William L. White, Basil Whiting, Jr., Diana Williams, Quinetta Womack, and Rev. Vonshurii Wrighten. And special thanks to Bill Hanyzewski of Lithographic Communications for supporting these efforts by printing the first batch of “Quick Guide” booklets at a deep discount.

Expert Sources

Although I chose not to pepper the *Resilience 101/Finding Balance* materials with footnotes, please know that most of their content is distilled from conversations with individual veterans, and with information I’ve gathered from the books, articles, and lectures of many people. The following are by no means my only favorite experts on this subject, but each one has contributed much to this work, including:

- Dr. David Baldwin, whose Trauma Information Pages (www.trauma-pages.org) make articles and other resources by some of the best trauma experts available to anyone who looks for them
- Dr. John Briere, whose ideas on the body’s natural attempts to heal itself after extreme stress have enhanced the strength orientation of my work, and whose early encouragement made a huge difference to me
- Cathleen Brooks, who first introduced me to the pivotal importance of stress and trauma and the power of early intervention in countering post-trauma effects
- Victoria Bruner, whose work with the Deployment Health Clinical Center at Walter Reed has become a model for an integrated body/brain/mind approach to the treatment of post-deployment stress and traumatic brain injury
- Dr. Charles Engel (COL USA), whose varied and wide-reaching work for the Army and Department of Defense has done so much to help the military culture understand combat and operational stress and address it in effective, respectful ways
- Dr. Judith Herman, whose early work on trauma and recovery helped light the way for all of us
- Dr. Charles Hoge (COL USA Ret), whose research and writings have helped us understand the profound effects of stigma directed toward people with combat/operational and post-deployment stress effects, has informed our

responses to these challenges, and has done much to help carry the message about the body's involvement in combat/operational stress effects

- Dr. Jon Kabat-Zinn, whose instruction in Mindfulness has given us a great gift
- Drs. Joseph LeDoux, Bruce Perry, Allan Schore, and Bessel van der Kolk, whose work has greatly increased our understanding of the development of the stress system and the role of the brain in responses to stress and trauma
- Peter Levine, whose insights into the freeze response and somatic approaches have broken important ground
- Alison Lighthall, whose insights into the military culture and the needs of veterans have helped educate the civilian culture, and whose encouragement has meant much to me
- Andra Medea, whose ground-breaking work on adrenaline overload, the Virtual Tranquilizer®, the Conflict Continuum, etc. are helping many people and will help many more
- Elaine Miller-Karas and Dr. Laurie Leitch, whose encouragement and gentle, practical somatic approaches in the Trauma Resiliency Model have added much to this work
- Dr. William P. Nash (CAPT MC USMC), whose work for the Navy and Marine Corps on Combat and Operational Stress Control has lit the way for our future efforts, and whose work on moral injury has provided a great deal of interest and inspiration for me
- Dr. Robert Scaer, whose excellent work on somatic aspects of trauma and dissociation have done much to help me prepare for this work
- Dr. Dan Siegel, whose ability to blend neuroscience and mindfulness has been a source of interest and inspiration
- Dr. Raymond Monsour Scurfield and Dr. Jonathan Shay, whose encouragement, dedicated service, and excellent books have been of great help in this journey
- William L. White, whose relentless emphasis on strength, resilience, and recovery have (I hope) changed my approach forever

Of course, as we acknowledge these and other expert sources, it is even more necessary to acknowledge the fact that the truest experts on this subject are the men and women who have served our country in harm's way, and the family members who have loved, supported, worried about, rejoiced with, and grieved for them. This includes, not only those who have served in the current conflicts, but also those whose experiences during and after past wars have taught us so much about the ways in which we need to improve our responses to deployment-related stress effects.

Additional Sources of Encouragement and Networking

Given the daunting nature of self-publication, I've needed—and continue to need—the eyes, hands, and hearts of many people to give me feedback after presentations, look at these developing materials and tell me if I'm on the right track, provide information and suggestions, send electronic files around to people they know, and generally help me not be alone in this process.

In addition to the many sources of encouragement already mentioned in this section, the following people all have my gratitude: Susan Anderson, Melinda Artz, Cynthia Bell, Dr. Mark Bates, Levi Bellovics (SSG USA), Linda Bilunka, Mark Blackwell, Terry Boyd, Brian Bardsley, John Bryant, Dr. Shannon Burns, Jessa Carlstrom, Jim Clarke, Susan Clemons, Tom Cox, Bob Curry, Joyce Devaurs, Dr. Ronald Diamond, Ann McLaughlin Dodelin, Donna (mother of a soldier), Dr. Eduardo Duran, Dr. Jacque Elder, Mark Fackler, Beth Fraster, Kellie Gage, Brenda Gearhart (CDR USA), Terence T. Gorski, Dr. Laura Grandin, Lisa Mary Gregoire, Terrie Hampel, Elizabeth Hawkins, Wayne H. Hoffman (CH BRIG GEN USA Ret), Dr. Charles Hoge (COL USA Ret), Nancy Holden, Mimi Hyde, Paige Jenkins, Kelli M. Johnson, Ronald Jacob, J.D. Kammes, Dr. Richard Kearney, Mark Ketcham, Joan King, Misha King, Dr. Harold Kudler, Dorian LeBeau, Dr. Janet Lenard, Dr. Steve Lewis (LTC USA), CAPT Lori Laraway, Dr. Tanya Lowe, Christi Lubi, Dr. Curtis Lucas, Stephanie Moles, Stacia Marcellin, Peter McCall, Margaret McCluskey, Mary McNaught, Martha Miller, Lisa Shockley Moery, Dan Naylor, Jewel Neely, dave neilsen, Ruby Neville, Dr. Gene Oulvey, Peter Palanca, Matt Ping, COL Kathy Platoni, Pat Poertner, Georg-Andreas Pogany, Ron Pritchard, Cynthia Rasmussen, Armando Reyes, MAJ Dejuana Riat, Rafael Rivera, Dr. Roberto Riveras, Peggy Robertson-Miller, Mike Robirds, Doris Rogers, Lisa Rosenthal, Kimtoya Sam, Albert Schafer, Mary Ann Seaton, Puspita Sen, Donna Silker, James Sizemore (CH MAJ USA), Jill Storms, Brian Sugden, Nancy Swindel, Dan Taslitz, Dr. Johnnie Tillman, Mike Tingue, Jim Van Hecke, Dr. Jerry Wesch, Rita White, Marie Whitson, Tina Leanne Williams, Jessica Wolfe, Nikki Wooten, Jan Wrolstad, Karen Yanklowitz, and Michele Zousmer.

Of course, my closest sources of inspiration and encouragement have been the members of my immediate family: My mother and best friend, Marion O'Malley Woll, who taught me how to love beauty and use words precisely; my late father, Robert Woll, who served in the Navy during World War II and passed on to me his fascination with science; my sister, Judith Swanson, who taught me how to solve problems and brought me into the world of the imagination; my brother-in-law, James C. Swanson, who served in the Army in Vietnam and taught me about persistence in following our dreams; and my beautiful niece Elaine Swanson Pinta and her husband Mike Pinta, who give me hope that there is love, loyalty, and kindness in our future. Each of these wonderful people has been a living embodiment of the reality of resilience, the healing power of love and humor, and the triumph of the human spirit.



Appendix B:

Tips for Getting Better Sleep

From *Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families*

Armstrong, Best, and Domenici, 2006.

To make this useful, you can check the entries below that you already do, and circle the ones you might be willing to try.

- Maintain a regular sleep schedule
- Have a comfortable sleep environment
- Use the bed only for sleep or sex
- Have a wind-down routine before you go to bed
- Don't have food or drinks with caffeine (e.g., coffee, sodas, chocolate) within six hours of bedtime
- Don't use alcohol or drugs to help you fall asleep
- Don't have regular or extended use of over-the-counter or prescribed sleep aids
- Get regular exercise
- Stay active
- Avoid heavy food before bed
- Quit smoking or chewing tobacco
- Avoid or limit naps during the day
- Don't watch the clock as you try to fall asleep
- Get up if you can't sleep
- Try not to worry at bedtime (make a worry list for tomorrow)
- Make sleep a top priority
- Include your partner in this process
- Talk to a doctor
- Talk to a therapist



Appendix C:

More About the Brain

Note: This Appendix presents the basic information from Section 4, “Overwatch and the Survival Brain, with a little more information about the areas of the brain we’re talking about in that Section. Although most people would rather avoid information about the brain—and tend to stop reading if they run into it—a few people can’t get enough. So if you’re one of the few, this might be enough to get you started.

Why think about the brain? Like learning about the body’s stress system, it can help you understand why your experiences really do make sense. It can also make you a little better at questioning your own thoughts and getting perspective on things like anger, anxiety, guilt, shame, and a sense of hopelessness. When you get to know which part of the brain is talking to you—and what its “agenda” is—you have a little better idea of whether or not to believe everything it’s telling you.

It would be great if there were one or two “bad” parts of the brain that cause all the problems. We could just figure out which wire we need to snip to disconnect them, and everything would be fine. But the truth is that:

- Many different areas of the brain are involved in the way we handle stress, our experience of threat and safety, the thoughts and feelings we have, and the way we interpret the people and events around us.
- Many brain areas are involved in more than one important task, and many important tasks need the efforts of multiple brain areas.
- Most of the brain areas do some things that make life easier or more pleasant, and some things that make life harder or more unpleasant.
- Our knowledge of the brain is still very incomplete. Much of what we know comes from animal studies, chronicling the results of injuries in various parts of the brain, and scans that measure electrical activity and growth in the brain.

If we divide it up in general terms, the brain makes more sense. When it comes to the way we process stress and threat (to ourselves, others, important ideals, etc.), it's helpful to group some of the more important parts of the brain into two groups:

- The **survival brain**, made up of parts that are most often linked to the fast system, fight-or-flight chemicals and reactions
- The **higher brain**, made up of parts that are more often linked to the slow system, rest-and-reset chemicals and reactions

Of course, these are not their official names. But to learn and make use of this information, it's often more helpful to use metaphors or images from everyday life—like describing the survival brain as a watchdog or an alarm system.

In a military example, you might think of these two “brains” as two units, one on patrol in a valley, and the other positioned on high ground, providing overwatch. We'll use this idea to make sense of the information about the survival brain and the higher brain.

The Main Players

You may be familiar with the model that divides the brain into the **brain stem** (the oldest in terms of our evolution, concerned mostly with the body), the **limbic system** in the center of the brain (a little younger, concerned mostly with emotions and motivation), and the **cerebral cortex** (the most recent to develop, the “thinking brain” that wraps around the other “brains” and does much more sophisticated processing than they do. And, of course, the brain is divided into two halves or **hemispheres**. Most of the processing of stress reactions takes place in the right hemisphere.

- The most important part of the higher brain to in processing stress and threat is the front part of the cerebral cortex (the **prefrontal cortex**), and particularly the **medial** (middle) part of the prefrontal cortex, including a portion right behind the eye called the **orbitofrontal cortex**.
- Some other parts—including the **insular cortex** and limbic structures like the **hippocampus** and the **anterior** (front) **cingulate**—also get involved in the higher brain functions.
- And most of the survival brain's tasks are carried out by the **amygdala** in the limbic system, but the insular cortex gets involved here, too.
- The functions that the survival brain and the higher brain set in motion are supplied by the **hypothalamus** (the brain's pharmacist), the **pituitary gland** (a messenger for the hypothalamus), and the **adrenal glands** (near the kidneys, where they make two of the main stress chemicals, **adrenaline** and **cortisol**). These three structures make up something called the **HPA Axis** (hypothalamic-pituitary-adrenal axis).

The Survival Brain

The survival brain's main job is to keep us safe and alive. It's like the unit on patrol, moving across dangerous ground in the valley. Its position doesn't give it a very good perspective on the area, so the enemy might be around any corner. It also receives information about the immediate situation very quickly, but its information is primitive and incomplete. Sometimes it looks like there's a threat when there's not.

The main player in this unit would be the **amygdala**, the structure most in charge of responding to threat and processing, recording, and remembering positive and negative emotions. It makes sense to couple survival with positive and negative emotions because, in general, things that promote survival often make us feel good in the long run, and things that threaten our survival often cause us pain. Sensing threat, the amygdala orders adrenaline from the HPA axis, and the amygdala is prepared to keep pushing for more adrenaline, even if the others tell it to stop.

Another important character here—the one most involved in determining level of threat—would be the **insular cortex**, a structure that collects and interprets information from many senses. The insular cortex is a big player in our decisions about what is threatening and what is not, what we crave, and what we're disgusted with. This part helps us figure out what we consider friendly and a part of us, and what we consider foreign and dangerous. It also works with the higher brain, and is a major player in our ability to have empathy for others.

In an ambush, this unit's job is to respond automatically, without thinking, returning fire as quickly as possible, and with as much force as possible. In the case of the survival brain, this means triggering fight-or-flight chemicals at high levels that put the body and brain on "overdrive."

The Higher Brain

The higher brain is like the unit providing overwatch for the survival brain. It's positioned on higher ground, with a better view of what's going on all around, and what's far ahead. Of course, the one disadvantage in this position is that, from this distance, the overwatch unit may not know about the attack until it's already underway. The unit in the valley knows right away, and responds right away.

The leader of the higher brain's unit would be the **prefrontal cortex**, particularly the middle part of the prefrontal cortex on the right-hand side. This part does a very sophisticated assessment of threat, and sends calming chemical messages to the survival brain (the amygdala) if the threat isn't as great as we think and the amygdala is overreacting. The prefrontal cortex looks at all the options we have, predicts their consequences, looks at the moral factors involved, makes decisions, and works out a plan for proceeding.

Like the overwatch unit, the higher brain has a much better perspective and receives much more sophisticated information about the situation at hand than the survival brain. If it's a false alarm, the higher brain can see that the survival brain is overreacting. It can send out signals, triggering chemicals that will calm the survival brain down, slow down the body's reactions, and help you think more clearly. Then it gets to work looking at the most important facts about the situation, your options, possible consequences, moral concerns, and steps you might take to meet the challenges at hand.

A lot of the information about the real level of threat comes from the **hippocampus**, the limbic structure in charge of providing more accurate information about what's really going on (based on historical details remembered from our past) and "ordering" from the HPA axis some of the slow-system chemicals (like cortisol) that will slow us down.

The higher brain also includes the **anterior cingulate**, the limbic structure in charge of monitoring the human situation, looking for errors, telling the amygdala when it thinks the amygdala is overreacting, and asking the prefrontal cortex for help when the amygdala refuses to listen.

One problem is that the higher brain also receives its more sophisticated information much more slowly. In case of an ambush, if the unit in the valley waited to return fire until the overwatch had spotted the enemy and radioed instructions, there would be a lot more danger. It's the same way with the survival brain: In case of real physical danger, it can't afford to wait for the higher brain to figure out the situation.

Another problem is that the survival brain's automatic, extreme response works well in a high-threat environment, but not so well in a low-threat environment. When the survival brain has gotten used to real danger, it's very hard for it to remember how to slow down and wait for information from the higher brain. The chemical reactions can go out automatically—and cause problems—even when there's no real physical threat.

That's where you come in. If you've been living in a high-threat environment, you've had no good choice but to operate out of your survival brain, and actually identify with the survival brain. Now it's time to learn to operate out of the higher brain—unless there's a physical threat—and identify with the higher brain.

There's a process called **neuroplasticity**, which means the brain can change the way it processes information, and in some cases re-wire itself. If someone loses function in one part of the brain, another part might step in to do it. When we learn a lot, they say our brains become more **plastic**—they grow stronger and work better. And when we use a function more—spend more time in the higher brain, for example—that function grows stronger. So practicing overwatch can make your brain better at regulating your stress reactions.



Appendix D

Web Sites With Information, Help, and Support

Note: Many of the resources in this very brief and incomplete listing are reprinted from Ray Scurfield's "War Trauma Resources," a large and considerate guide to web sites and other sources of help, support, and information. Ray Scurfield, DSW, LCSW is a Professor of Social Work at the University of Southern Mississippi Gulf Coast and author of the *Vietnam Trilogy*. You can get the current version of "War Trauma Resources" by going to Ray's web site, <http://www.usm.edu/socialwork/scurfield/index.php>, and clicking on its link at the bottom of the page.

Veterans for America has developed *The American Veterans' and ServiceMembers' Survival Guide*, a comprehensive resource for veterans and Service Members seeking to understand and navigate the services available to them. You can find it at: <http://www.nvlsp.org/images/Survival%20Guide-102309.pdf>

4MilitaryFamilies.com

<http://www.4militaryfamilies.com/about.htm>

4 Simple Strategies for Coping With Less Sleep at Work

Tips for employees with sleep problems, available at

<http://www.businessinsurance.com/video/2008/?t=7060511001>

After Deployment (lots of interactive web self-help tools)

<http://www.afterdeployment.org>

America Supports You 9Lists non-profit groups devoted to helping service men and women)

<http://www.americasupportsyou.mil/AmericaSupportsYou/index.aspx>

American Veterans With Brain Injuries

<http://www.avbi.org/>

The American Veterans and Servicemembers Survival Guide

Now accessible from the Veterans legal Services program web site,

<http://www.nvlsp.org/>

exact URL: <http://www.nvlsp.org/images/Survival%20Guide-102309.pdf>

ArtReach Foundation (art therapy for children affected by war and disaster)

info@artreachfoundation.org

Also has a new project for veterans at <http://www.artreachprojectamerica.com/>

AW2 Resources

Links to many resources for warriors and families, available at

<http://www.aw2.army.mil/resources/index.html>

Battlemind Training web site

www.battlemind.org

Books for Military Children

<http://www.military.com/opinion/0,15202,121091,00.html>

Brain Injury Association of USA

www.biausa.org

Books for Soldiers

www.booksforsoldiers.com

Cell Phones for Soldiers

www.cellphonesforsoldiers.com

Combat and Operational Stress Control (resources on the COSC model)

<http://www.usmc-mccs.org/cosc/>

Community of Veterans (now Iraq and Afghanistan Veterans of America)

<http://iava.org/>

The Coming Home Project

<http://www.cominghomeproject.net/cominghome/>

Defense Centers of Excellence (800) 510-7897

<http://www.dcoe.health.mil/>

Deployed Military Family Support

(<http://www.dtra.mil/be/deployed/index.cfm>)

DHCC Guide for Servicemembers and Families to www.PDHealth.mil

Tells what's in the various sections of this site, at

http://www.pdhealth.mil/downloads/Non-Provider_Guide_to_PDHealth_5Jan06.pdf

Employer Support of the Guard & Reserve

www.esgr.org

Fallen Patriot Fund

www.fallenpatriotfund.org

Family Caregivers

www.familycaregiving101.org/index.cfm

Families

Resources and information for families, at <http://www.realwarriors.net/family>

Federal Benefits for Veterans, Dependents and Survivors

Information on policies covering a wide variety of benefits, available at

http://www1.va.gov/opa/publications/benefits_book/federal_benefits.pdf

Fisher House

www.fisherhouse.org

For families

Resources for families at <http://www.dcoe.health.mil/ForFamilies.aspx>

Give an Hour (network offering free mental health services to veterans and families)

<http://www.giveanhour.org>

GI Bill information

www.mygibill.org

Guidelines for Veterans' Partners and Relatives

Tips for families, friends, co-workers, etc., available at

<http://www.usm.edu/socialwork/scurfield/index.php> (link is near the bottom of the page)

Hand 2 Hand Contact (a number of great resources for veterans, families, etc.)
[hand2hand contact.org](http://hand2handcontact.org)

Healing Combat Trauma
<http://www.healingcombattrauma.com/>

Hooah4Health
www.hooah4health.com

How to Apply for GI Bill Benefits
Has links to apply for benefits online or apply for benefits using a hard-copy form, at
http://www.gibill.va.gov/gi_bill_info/how_to_apply.htm

Iraq and Afghanistan Veterans of America
Advocacy news and online community
<http://iava.org>

Lawyers Serving Warriors
Free legal representation in disability, discharge, and veterans benefits for OIF/OEF
Service Members and veterans, at <http://www.lawyerservingwarriors.com/>

Marine Corps Key Volunteer Networks
www.usmc.mccs.org

Military Homefront (for troops and their families, from the Department of Defense)
<http://www.militaryhomefront.dod.mil/>

Military Mental Health
www.militarymentalhealth.org

Military OneSource (lots of materials, services, referrals)
<http://www.militaryonesource.com>

Military Wives Network
www.MilitaryWives.com

Military Writers Society of America
www.militarywriters.com

MyVetWork
www.myvetwork.com

Military Family Resource Institute

Resources for service members, veterans, and families at <http://www.mfri.purdue.edu/>

National Center for PTSD (lots of resources from the Department of Veterans Affairs)
<http://www.ncptsd.va.gov/ncmain/veterans/>

National Coalition for Homeless Veterans (NCHV)
<http://www.nchv.org/about.cfm>

National Military Family Association
www.nmfa.org

National Organization on Disability (lots of resources)
<http://nod.org>

National Resource Directory
List of organizations, links, and other resources, at
http://www.nationalresourcedirectory.gov/employment/employer_resources/laws_and_regulations

Notalone.com
Has some programs, services, reintegration insights
www.notalone.com

One Freedom (training and resources for veterans)
www.onefreedom.org

Operation Home Front
At www.operationhomefront.net

Operation Vets
<http://www.operationvets.com/>

Our Military Kids
<http://www.ourmilitarykids.org/>

Patriot Outreach
www.patriotoutreach.org

Project America (new project of ArtReach Foundation in Atlanta, GA)
<http://www.artreachprojectamerica.com/>

PTSD Anonymous (12-step approach)

www.ptsdanonymous.org

Real Warriors (lots of resilience information/resources for Service Members and veterans)

<http://www.realwarriors.net/>

Red Cross

www.redcross.org

Resources for Military Children Affected by Deployment

<http://www.armymwr.com/cys-images/Deployment%20A%20Compendium%20of%20Resources.pdf>

Resources for U.S. Troops and veterans, their families, and those who provide services to them

<http://kspope.com/torvic/war.php>

Resources for Veterans and the General Public

Links, information, and resources available at <http://www.ptsd.va.gov/public/index.asp>

Semper Fi Fund

www.semperfund.org

STOMP Specialized Training of Military Parents

<http://www.stompproject.org/>

Student Veterans of America

<http://www.studentveterans.org/>

Military family resources from the Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov/MilitaryFamilies/>

TRICARE Behavioral Health Care Services

Basic information on TRICARE coverage, etc. with contact information for regional and national resources, http://www.tricare.mil/MentalHealth/PDFs/BHC_Flyer_L.pdf

VA Benefits for Servicemembers

In question-and-answer format, at

<http://webcache.googleusercontent.com/search?q=cache:rntdN4JLYFoJ:www.vba.va.gov/VBA/benefits/factsheets/general/servicemembers.doc+%22VA+Benefits+for+service+members%22&cd=1&hl=en&ct=clnk&gl=us>

VA Suicide Prevention Hotline.
Toll-free number, 1-800-273-8255

VA Veteran Recovery
www.veteranrecovery.med.va.gov

Vet Centers (community based, informal, run by the VA)
<http://www.vetcenter.va.gov/>

Veterans Benefits Timetable
Information for veterans recently separated from active service, available at
<http://www.vba.va.gov/pubs/forms/VBA-21-0501-ARE.pdf>

Veterans for America
www.veteransforamerica.org

Veterans Legal Assistance
www.nvlsp.org

Vets4Vets (support and training for vets, by vets)
<http://www.vets4vets.us/>

Vietnam Veterans of America
<http://www.vva.org/>

War Trauma Resources (comprehensive collection) on Ray Scurfield's site
<http://www.usm.edu/socialwork/scurfield/index.php> (scroll to the last link on the page)

Wounded Warrior News
Links to articles and resources on www.military.com/wounded-warriors

Wounded Warrior Resources:

- Air Force: <http://www.woundedwarrior.af.mil/>
- Army: <http://www.aw2.army.mil/index.html>
- Marines: <http://www.woundedwarriorregiment.org/Military>
- Navy: <http://www.med.navy.mil/Pages/WoundedWarrior.aspx>

Your TRICARE Benefits Explained
Basic information, at <http://www.military.com/benefits/tricare/understanding-your-tricare-benefits>