
Resilience 101

Understanding and Optimizing
Your Stress System
After Deployment



Instructions for Facilitators

Pamela Woll, MA, CADP
Human Priorities

Contents

What is <i>Resilience 101</i> ?	2
What does it cover?	3
Ways of using <i>Resilience 101</i>	4
Preparation for civilians	6
More about these materials	7
What's next?	8
About the Author.....	8

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)

What is *Resilience 101*?

Resilience 101: Understanding and Optimizing Your Stress System After Deployment has been developed to combat two of the biggest challenges that veterans and Service Members face if they have moderate or severe post-deployment stress effects:

- A powerful sense of shame and self-stigma concerning combat and operational stress injuries
- An often paralyzing lack of hope for their own recovery, mixed with a lack of confidence in the prospect of undergoing therapy

Many courageous, intelligent, resourceful people have died because they needed more help in overcoming those two challenges.

Resilience 101 takes a very small slice of the homecoming experience—just the two challenges mentioned above—explores possible solutions in depth, and provides resources and an invitation to learn more. It's a set of materials (Instructions for Facilitators, Workbook, and Slides) designed to help returning veterans and Service Members:

- Understand the physical “engine” that drives post-deployment stress effects, so their thoughts and feelings will make sense to them and they can stop feeling “crazy”
- De-stigmatize those effects, to reduce their sense of shame and make it easier to seek and accept help
- Learn skills that will help them increase their sense of psychological safety and improve their ability to regulate their stress systems
- Increase their sense of hope and confidence about the process of recovery and re-balancing
- Become more comfortable with the idea of seeking help, and more knowledgeable about the kinds of help that are available

Resilience 101 is a 53-page workbook (with self-study questions for reflection or discussion) designed to serve two main purposes:

- As a workbook that veterans/Service Members can use alone (as a self-study guide), with other veterans, in individual therapy, or in group therapy
- As a content study guide for therapists, trainers, and peer mentors who plan to teach veterans and/or Service Members about: 1) their stress systems and 2) the concepts and skills of balance and resilience (in individual therapy, veteran-specific group therapy, classroom settings, or mentoring sessions)

Resilience 101 can be downloaded for free from:

<http://www.attcnetwork.org/learn/topics/veterans/resilience101.asp>

What does it cover?

Chapter One: Getting Started	1
1A: What's this workbook about?.....	2
1B: Doesn't military training teach resilience?	3
1C: What's in this workbook?.....	4
Tool: Matching "Resilience 101" With Your Goals	5
Chapter 2: A Few Resilience Skills	6
2A: What's resilience?	7
Tool: Examples of Resilience Traits and Skills.....	8
2B: What does your body need?.....	9
Tool: Getting Your Body in Balance.....	10
2C: How do you deal with adrenaline overload?	11
Tool: The Virtual Tranquilizer® for Returning Veterans.....	12
2D: How do you deal with thoughts and feelings?	13
Tool: Grounding	14
Tool: Mindfulness	15
2E: What do you do with memories?	16
Tool: Managing Triggers	17
Tool: Triggers vs. Resilience Skills	18
Tool: The Strong Container.....	19
Tool: Remembering Success.....	20
2F: How do mission and purpose fit into all this?	21
Tool: Appreciation	23
2G: What kinds of help and support are available back home?	25
Tool: Letting Civilians In.....	26
Tool: Help and Training in Managing Stress Reactions.....	27
Tool: Changing the Way Your Body Processes Memories.....	28
Tool: Questions for Therapists or Referral Sources	29
Chapter 3: Understanding Post-Deployment Stress Effects	30
3A: What are post-deployment stress effects?	31
Tool: Myths vs. Truths About Post-Deployment Stress Effects	32
3B: Why different effects for different people?.....	34
3C: How do people react to these effects?	35
3D: What's the major force behind all this?	36
3E: Whose survival are we talking about?	37
3F: Why does memory play tricks on people?	38
Tool: The Power of Common Responses to Operational Stress.....	39
and Suggestions for Getting Back in Balance	

Chapter 4: Understanding The Stress System	40
4A: What's the autonomic nervous system?	41
4B: How does the stress system work toward balance?	42
Tool: The Stress System in Action.....	43
4C: How does the stress system react to threat?	44
4D: What chemicals does the stress system use?	45
Tool: The Human Chemistry Set.....	46
4E: What happens to these chemicals when the threat is over?	47
4F: How are the body and brain trying to re-balance after extreme stress?	48
 Letter to the Reader	 49
 Information and Help	 50

Ways of Using *Resilience 101*

Resilience 101 was designed to be flexible enough to use in a number of ways, and in a number of settings.

In Assessment or Treatment Priming

There's strong anecdotal evidence that stigma and shame tempt many veterans and Service Members to minimize their symptoms in assessment processes and reject or postpone treatment for their post-deployment stress effects.

- What if they received a one-hour general orientation to the stress system and the skills of resilience **before** assessment? With a better understanding of the physical nature of these effects, and a stronger sense of hope and empowerment, might they be more likely to answer assessment questions honestly?
- What if veterans who chose not to engage in treatment were given the option of enrolling in resilience training—for example, a four-or-five-session classroom-based course, with each session covering some key skills and concepts from *Resilience 101*? Might this training raise their awareness that they aren't the only ones experiencing these effects, make the prospect of treatment less intimidating, and give them some skills to prevent negative consequences while they're in the decision-making process?
- What if those who had no interest in classes or therapy were offered copies of a pocket-sized booklet (e.g., the author's free, downloadable *Finding Balance After the War Zone* booklet for veterans and Service Members) and a *Resilience 101* self-study workbook that they could use (alone or with peers) if and when they were ready?

Experts on the needs and preferences of veterans and Service Members consistently say that many are reluctant to engage in treatment, fearing both a long time commitment and the possible intensity of the therapeutic process. The consensus is that a training and performance-optimization format is much more acceptable to many veterans and service members—at least in the early stages—and much more compatible with the military culture. *Resilience 101* takes this kind of approach. It also provides information about the major trauma-focused therapeutic approaches and encouragement to consider seeking appropriate help.

For People Awaiting Treatment Services

Even when services are readily available, there can still be the often-lengthy lengthy process of scheduling tests, refining diagnoses, determining exactly which services are needed, and navigating referrals to specialists. A classroom training might be a cost-effective way of providing some immediate help and fostering camaraderie and mutual support among peers.

For People Whose Only Treatment is Medication

If medication is the only treatment available in a particularly remote area, it is essential to provide some sort of skill-based assistance. If no individual therapy is available, a classroom training might be cost-effective. If classroom training is out of the question, provision of the workbook would at least be one way of introducing the skill-building and self-help process.

As a Psychoeducation Tool Within Treatment

These materials offer a framework, general information about the stress system and resilience, and more information and guidance on skills that veterans and Service Members can develop and use—both in the therapeutic process and on their own. They might be used in individual or veteran-specific group sessions, or in psychoeducation classes, with the “What do you think?” question boxes used to prompt discussion.

There are four chapters. After a brief introductory chapter comes a long chapter on resilience skills, with several “tool” pages outlining specific skills and their uses in balancing the stress system. This is followed by two shorter chapters designed to make the human stress system and post-deployment stress effects more understandable, and therefore less stigmatizing.

The length of time required to use these materials will depend on the length of time available to devote to them. They might be used for:

- A one-session general overview
- A four-to-six-session training, focusing on key resilience skills
- Several sessions that include training in all the skills described in the workbook
- Supplementation of the skills taught in the treatment approach used in your facility

As a Tool for Peer Mentors or Peer-Led Rap or Recovery Groups

Since these materials are presented in an informational rather than a therapeutic format, they wouldn't require the presence of a therapist. What they would do is:

- Steer the discussion away from an exclusive focus on war memories and traumatic material
- Introduce an understanding of the stress system and provide motivation to learn and practice the skills of resilience
- Provide concrete examples of things they can do right away.

And as mentioned before, the materials also put in several subtle “plugs” for the idea of receiving appropriate professional help.

Preparation for Civilians

For the civilian preparing to work with veterans challenged by post-deployment stress effects, the central thing to remember is that you are preparing to work with a very different and clearly defined culture, one of which many civilians have little or no knowledge or experience.

Only someone who has lived in the presence of war can truly understand the experience of war. But each of us has had difficult and intense life experiences that can inform and deepen our understanding of trauma and healing and our ability to respond effectively. So although there will be many times when only someone who has “been there” can fill the need, there is still a significant role for well prepared civilian clinicians in this effort.

Any civilian who wants to provide therapy or training for veterans or Service Members first needs solid training in, and study of:

- The nature of resilience
- The nature of trauma
- The military culture
- The experience of war
- The experience of our current wars
- Implications for the therapeutic relationship
- Skills of self-care that will make the process of providing help safer and more effective

Without that knowledge and those skills, even the most skillful and compassionate helper can:

- At best, scare the veteran away (and leave him/her less likely to seek help in the future)
- At worst, inflict unintended psychological damage

It's important to be open and curious about the individual veteran and his or her experiences and realities, abandoning any stereotypes and assumptions. Also essential is an understanding of the facilitator's own experience of trauma, and progress and stability in the conscious process of addressing and resolving any issues attached to that realm of experience. This can allow the facilitator to connect with the veteran on the level of common human experience—and still stay away from any assumption that their experiences are equivalent, or even similar.

Many excellent books, articles, and training programs exist that can give you an introduction to the body of information you'll need to absorb. As a start, the author offers her own manual, *Finding Balance After the War Zone: Considerations in the Treatment of Post-Deployment Stress Effects* (with a long list of other resources). That manual, and a short (20-page) pocket booklet for veterans and Service Members, are both available for free download from the national web site of the Addiction Technology Transfer Centers, if you use this link:

<http://www.attcnetwork.org/learn/topics/veterans/docs/FindingBalance.pdf>

More about these materials

The *Resilience 101* workbook is written in a casual, colloquial style, but it has been developed very carefully and deliberately. The author is an unabashed fan of the many experts who write and speak in the field of trauma and the realm of the returning veteran. Just about everything in *Resilience 101* has come from these people, who have given their time, efforts, and expertise with great dedication. These experts have expressed—and have shown amazing consensus concerning—a number of major considerations for providing safe and effective information and assistance to people returning from the war zone. These considerations have absolutely guided the development of *Resilience 101*:

- Veterans and Service Members are often very wary of therapeutic processes. Their perceptions of these processes include the assumption that they'll be asked to do many things that are frightening, painful, and frowned upon within the military culture (like talking about their feelings—or having feelings at all—and dwelling on painful memories). But they are interested in training, and a “performance optimization” model is compatible with the military culture. So this is the model that has been used here.
- These are smart people, including far higher percentages of high school graduates than in the general population. They are also acutely aware of the civilian stereotypes that often dismiss them as uneducated and unintelligent. So, though the *Resilience 101* workbook has been written in a casual and colloquial style, and it is a sort of primer on the stress system and the concept of resilience, it has not been “dumbed down.” It assumes intelligence on the part of the reader.
- Veterans and Service Members with challenging post-deployment stress effects are often afraid that their symptoms mean they are “crazy,” weak, or cowardly. They need language that is absolutely value-neutral, non-stigmatizing, and non-pathologizing. So, for example, *Resilience 101* uses the terms “threat” or “intense experiences” instead of “trauma.” The major focus is on the stress system, with frequent attention to the fact that this system is the physical “engine” that drives post-deployment stress effects. Rather than the term “recovery,” the author uses terms such as “getting your stress system back in balance.” There is no hint of the term “victim,” or even of the term “survivor.”
- There is a dangerous tendency to think of all post-deployment stress effects as PTSD (posttraumatic stress disorder) and to set up a paradigm in which people either have PTSD or don't need any help at all. This denies the entire continuum on which post-deployment stress effects are arranged, and the wide variety of types of effects that we see. So in *Resilience 101*, the author uses the inclusive term “post-deployment stress effects,” makes it clear that there's a wide range of types and intensity of effects, and takes several opportunities to give examples of the range of effects.
- Terms such as “warrior” or “hero” are often better left to the discretion and interpretation of people who have been there. In most cases more neutral terms such as “service members,” “veterans,” and “buddies” are used in these materials.

What's next?

The author plans to create a set of slides that trainers can use for classroom introductions to this workbook. She is also looking for funding for a web-based version of these materials—one version for therapists and trainers, and another for veterans and Service Members. Also, as soon as possible, the author hopes to get a chance to customize a version of these materials for members of military families, an “executive summary” version for the commanding officers who have such strong influence over their subordinates’ perception of their post-deployment effects, and another version for civilians who have lived through trauma.

About the author

Pamela Woll, MA, CADP is a Chicago-based consultant in writing, training, and instructional development, and a partner and consultant to the Great Lakes Addiction Technology Transfer Center (ATTC). Pam has been writing books and manuals in addiction treatment, prevention, mental health, and other human service fields since 1989, on topics including stigma reduction, strength-based treatment, resiliency, trauma, depression, cultural competence, addicted families, violence, and disaster human services.

Since 2002, Pam has been developing and increasing her focus on trauma, with a special concentration on veterans since 2007. She is the author of the *Finding Balance After the War Zone* series of materials for and about returning veterans, co-published by the Great Lakes ATTC and her own organization, Human Priorities.

Pam is also the author of many manuals, curricula, and booklets written for a variety of organizations, including *Healing the Stigma of Addiction: A Guide for Treatment Professionals*, published by the Great Lakes ATTC; *Healing the Stigma of Depression: A Guide for Helping Professionals*, published by the Midwest AIDS Training and Education Center and the Great Lakes ATTC; and the self-help booklet, *How to Get the Piranhas Out of Your Head* and the accompanying *Piranha Workbook* and *Piranha Leader's Guide*, published by Human Priorities. Her other works include the co-authorship of two books, one with William L. White and one with Terence T. Gorski.

Pam is fascinated with everything about resilience, trauma, the effects of trauma, and the recovery process. She is also determined to do whatever she can to affirm the strength, dignity, courage, and viability of people who live with and overcome the effects of trauma, substance use disorders, and mental illness. The stigma is destructive, irrational, and unnecessary. If we work together, we can replace it with clear understanding and acceptance.