

## **Self-Care for Leaders & Tools to Help Their Troops**

It is common for wartime military officers to shoulder responsibilities for situations that go beyond their control to manage. When military leaders face the reality of not being able to prevent suffering, pain and/or death amongst the ranks they command, emotional stress can result. Unwarranted guilt or shame for the inability to prevent that pain and grief can make leaders feel as though they failed the troops who trusted their leadership skills.

There is an old saying, “we can’t let ‘em see us sweat”, and stressed military officers can assume this posture to maintain a sense of imperviousness around the troops. When they do, their own psychological difficulties heighten and the stress can manifest through many symptoms.

Typically, the first thing a leader may do is shut down and attempt to stuff the experiences, hoping the feelings will just go away and they can get on with their jobs. However, by trying to sweep it away stress reactions only get worse. The question remains, “who” does the person-on-top-of-the-totem-pole confide in when it begins to interfere with normal daily life?

This is where peer interaction and debriefing becomes vital. Talking to one another, plus being honest with thoughts and feelings, is a good first step. Secondly, working with a “safe” person, and then learning how to reciprocate by being a listening ear for a peer.

### ***Normalization***

It is important to fully understand that there are many circumstances in which we have little control, and these circumstances arise frequently while engaged in a war zone. This is why it is imperative to understand what “normal responses” to uncontrollable or abnormal circumstances may be; these responses provide us with defenses against acute and debilitating reactions when direct control is not possible. In war it is difficult (nearly impossible) to control pain, fear, grief, death, and the myriad of other human reactions in the experience. Leaders should fully understand that it is normal not to be able to control these things—and to have these feelings. What is happening is not out of the ordinary for returnees from a war zone.

Resolving post-combat trauma is similar to the loss of a loved one. It involves moving in stages through a grief process and can look like this: (1) The impact phase encompasses the initial shock of the incident—numbness, or denial and anger at oneself, and/or at the overall conflict, may ensue; (2) a bargaining process in which basic values are sorted out and self-doubt emerges; (3) heightened anxiety, coupled with a need to isolate, or may be a time that one is compelled to engage in high risk behaviors which potentially could be life threatening; (3) feeling blue and depressed (hopeless/helpless) can set in, and eventually (4) it is to be hoped, that acceptance of your experience and the confidence to regulate your reactions and emotions may result.

Understanding the above points by military leaders is the first step in taking care of themselves.

The following is a self-care checklist to assist military leaders in taking positive steps to a healthy re-entry from a combat zone.

### **Self-care checklist:**

Limit exposure to traumatic information (which includes watching the news)  
Debrief with peer or professional  
Plenty of sleep and rest  
Diet (3 meals a day – especially breakfast – Reduce sugar, processed white flour and animal fats)  
PT (Physical exercise is crucial in reducing the effects of stress)  
Decrease other unhealthy behaviors  
Limit alcohol, caffeine, nicotine, and illegal substances  
Get addictions under control  
Engage in healthy, pleasurable activities  
Write about the feelings and reactions to your experiences  
Read  
Play/listen to music  
Family activities  
Engage in hobbies  
Focus outside one's self and give back to the community  
Spiritual fulfillment through prayer, meditation, church attendance/fellowship, etc.  
Do not begin projects that you cannot complete satisfactorily – Do not over obligate  
Pace yourself to allow an even flow of demands. Have a daily schedule and “to do” list to help you stay organized. Set reasonable boundaries for yourself.  
Learn to recognize the physical signs of stress and the behaviors associated with your reaction to things that happen in ordinary life situations.

### ***Tools to Assist the Troops***

#### **Group debrief/support:**

Not enough can be said for the therapeutic values of group discussions about a common experience. By re-visiting and discovering core issues surrounding common experiences veterans of the Vietnam War were the first to find the importance of “talking it out” in rap groups. Robert Jay Lifton, a psychiatrist and researcher internationally known for his work with survivors of the atomic bomb at Hiroshima and victims of the Nazi holocaust, says, “It is important to emphasize that the veterans themselves initiated the groups.” However, over the years it has been found that group therapy led by a mental health professional (or clergy) is more effective because they understand the emotionally impacting issues that arise and can offer educational direction to provide for positive life changes.

Clearly the issues and events of war deepen with isolation and silence, therefore it is very important to provide a forum for returning troops to “air” things out. Group processing provides healing and restoration of inner peace through a common effort and trust.

### **Group structure:**

As the group members convene for the first meeting it is important to create “ground rules” that everyone can agree on. It is the first step in building an honest \*community, and if these rules are *not* agreed upon by everyone involved it cannot exist.

\*A community in this sense is the gathering of people coming together to accept each other and work out issues for a better life. When greater trust, sensitivity, acceptance, intimacy, and better communication skills are developed, and practiced, there is a foundation for community.

An \*\*example of these group rules are:

1. Each member attends on their own volition (this cannot be mandatory), and they reserve the choice to discontinue at anytime. (It is the facilitator’s responsibility to follow-up with any group member who decides to leave.)
2. Confidentiality is critical. What is shared in the group stays in the group, although lessons learned are sometimes important to share with loved ones and significant outside parties, but identities should never be disclosed.
3. Everyone must be on time. Latecomers break the flow and attenuate the trust of the group.
4. One person speaks at a time. Respect each other’s communication.
5. No “grandstanding”. Pet issues (political, religious, etc.) to sway others’ opinions are not allowed.
6. Every member commits to strive for self-improvement.

\*\*These are only sample rules that have been successfully used before. They can be modified to suit the make-up of each particular group.

### **The Group Meeting:**

Who facilitates? To create the safest environment possible, and to ensure freedom of expression, the confidentiality of a chaplain or chaplaincy staff member is the preferred facilitator for these group meetings.

Below is a sample blueprint for a successful group meeting.

### **Check-In:**

At the beginning of the meeting each member is given an opportunity to check in with the group. (A short and concise description of how you are presently feeling.) This is merely a *check-in* and not a time to go into long, drawn out explanations, complaints, etc. That can come later after everyone has had a chance to check-in. The facilitator begins the group with one person and goes through these steps:

1. How are you feeling? (What was your best experience last week?) (What was your worst?)
2. What good coping have you done since the last group meeting?
3. Any self-medication (drugs or alcohol)
4. What unsafe behavior have you participated in? (i.e. high risk activities)
5. How are your military experiences impinging on your present life circumstances?
6. What commitment can you make today that will help you work through the negative impact of your experiences? (i.e. "I will replace negative thoughts with positive thoughts as often as possible.")

### **Check-Out:**

At the end of each session, the facilitator once again gives members an opportunity to sum up their session.

1. Name one thing you got out of today's group session. What is your closing feeling?
2. What is your new commitment to work on before the next session?
3. Declare what positive action you will take if you have a problem before the next group session. (i.e. "I will call or talk with \_\_\_\_\_ to process the experience.")

### **Core Concepts to Focus on in the Group:**

- Stay safe
- Respect yourself and others
- Use positive coping—not substances—to escape pain
- Make the present and future better than the past
- Learn to trust
- Take care of your body
- Get help from safe people
- Never, never, never give up.