NAVY SEAL FOUNDATION

# IMPACT FORUM 2022

## STREAMLINING COLLABORATIVE EFFORTS BY ADVANCING EVIDENCE-INFORMED PRACTICES

The Navy SEAL Foundation hosted the 2022 Impact Forum in San Diego. This gathering of great minds creates a space for the military, academic, nonprofit, and veteran communities to come together around the mission of Whole Warrior Health. We found these insights inspiring, hopeful and motivating as we continue our mission to support NSW warriors and their families.


# TEN TAKEAWAYS ON WHOLE WARRIOR HEALTH


**Like a beach ball, trauma keeps popping up at unexpected and inopportune times. We shove it away as a coping mechanism.**

In the aftermath of two decades of trauma from war and deployments, Naval Special Warfare operators have been shoving away feelings and emotions that often arise at unexpected and inopportune times. When not addressed or treated, issues around trauma, PTSD, suicide, and substance use and misuse impact our warriors and their families.

### BE PROACTIVE VS. REACTIVE IN SELF-CARE

### PRACTICE SELF-COMPASSION TO MOVE FORWARD

### PRIORITIZE MEANINGFUL CONNECTIONS

### COMMUNITY IS A CRUCIAL SUPPORT SYSTEM

### MAKE EVIDENCE-BASED DECISIONS

### TAKE A WARRIOR APPROACH TO ALCOHOL

### APPROACH LIFE WITH A GROWTH MINDSET

### HAVE AWARENESS FOR ACTIVE DUTY & VETERANS

### PROVIDE SELF-MANAGEMENT TOOLS TO OPERATORS

### PRIORITIZE YOUR WELL-BEING

# BE PROACTIVE VS. REACTIVE IN SELF-CARE

Dr. Laurie Santos from Yale University addressed the science of well-being. She outlined how the Naval Special Warfare community is dialed in on how to **optimize human performance**. However, we have room to grow when it comes to self-care and the overall well-being of our special operators.

## CHANGE YOUR THOUGHTS (IT'S CALLED EMOTIONAL RESILIENCE)

- Fight your inner critic (stop the negative self-talk).
- Motivate yourself with self-compassion (be nice to yourself and seek to understand why you react the way you do, taking note that suffering and failure are part of the human experience).
- Try "distanced self-talk" by journaling in the third person. Switching pronouns can produce better results.


## CHANGE YOUR FEELINGS (EMOTIONS)

- Emotions are important signals and we can't just shut them off.
- Learn to ride the wave of emotions and recognize them. Don't suppress them; express them!
- Regulate emotions by engaging the parasympathetic brain. Turn fight or flight into rest and digest. Breathe!
- Be proactive to protect your well-being.

**Emotions**
**+ Engagement**
**+ Relationships**
**+ Meaning**
**+ Accomplishments**

**HUMAN PERFORMANCE**

## CHANGE YOUR BEHAVIOR (HOW YOU REACT)

- Get the right dose of social connection.
- Love your work by focusing on experiences that make you feel alive.
- Invest in more leisure and fun by making your rest productive

> *Simple things make a big difference.*

Dr. Kelly Graling reminds us that the skills needed for combat don't relate well to caring and repairing relationships. Unique stressors in the military include trauma, TBI, PTSD, deployments, and being an at-home caregiver. Mindfulness is a way out of cognitive rigidity and an avenue to self-compassion.

## SHARE YOUR STORY AND ADVOCATE FOR YOURSELF

# PRACTICE SELF-COMPASSION TO MOVE FORWARD

Mindful self-compassion encourages us to change the volume of our thoughts and create a process to move along and not get stuck. Dr. Lauren Brenner of Home Base, a Massachusetts General Hospital and & Red Sox Foundation Program reminds us how we must **be mindful** (I'm at a point of pain) and **exercise self-kindness** (treat yourself kindly in actions and talk) while also **recognizing common humanity** (that experiences are normal, and someone can relate).

**Learn to be with your emotions** instead of avoiding or dismissing them. When we slow down, we can understand what emotions do for us. Mindfulness empowers us to respond instead of reacting to situations, thoughts, and memories.

**Crisis in the family** leads to an urge to push away or avoid. Often, our military families experience several of these major life experiences at the same time.

- Infidelity
- Substance abuse
- Physical violence
- Relationship cut-off

> *PTSD disrupts life. It is the disorder of nonrecovery from trauma. Most get better. Some get stuck. 18 vets die by suicide each day.*
>
> - Dr. Debra Kaysen, Stanford University

## RED FLAG EVENTS FOR PTSD INCLUDE:

- Chronic exposure/quick turn time between missions
- Moral injury
- Intrusion and the ability to compartmentalize
- Avoidance and social fears with situations and conversations
- Survivor's guilt
- Highly activating
- Need for control, trust, and safety
- Adrenaline-seeking behavior
- Hypervigilance
- Hyperarousal
- Intrusion

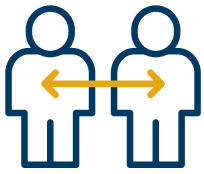
**Moral Injury** is the conflict between beliefs and actions (what you did). It produces guilt, shame, and betrayal.

Dr. Debra Kaysen used the analogy of the Japanese art of Kintsugi, the art of putting broken pottery pieces back together with gold. It's built around the concept that by embracing flaws and imperfections, you can create something stronger and more beautiful.

When broken, it is repaired with gold. The vessel never goes back to where it was but is functional and beautiful in its own way.

- What event haunts you? What's driving the symptoms?
- What event do you most try to push away into memories? Nightmares?
- What event do you hope you can overcome?

## WE CAN DO HARD THINGS



# PRIORITIZE MEANINGFUL CONNECTIONS

Connection is strong when operators are in the Teams, but that connection doesn't always translate to the family. To operate at the highest level, SEALs are trained to "eat the pain" and "push through adversity." This may be detrimental outside the wire and negatively impact connections outside of work. Often those closest to us bear the brunt of disconnection.

Dr. Kelly Graling with Cognitive & Behavioral Consultants helps people with **Relationship Repair.**

She says Dialectical Behavior Therapy (DBT) provides an opportunity where both parties can be right and both statements can be true. It's an evidence-based approach that:

- Targets emotion
- Uses dialectical thinking which allows holistic understanding and is a "way through" by acknowledging both views
- Introduces interpersonal communication skills
- Provides validation

> *"The grey is what makes it interesting.*
>
> - Dr. Kelly Graling

It requires dialectical thinking. It takes us from *I am a bad person* to *I did a bad thing*.

- It's not black/white or right/wrong
- Two opposing views can both be true
- It's how we evolve over time
- Both/and rather than either/or

If both parties want to repair, we can move forward in stages (1st apology; 2nd change behavior so it won't happen again)

Understanding is when we have an accurate expression and then validation of that expression. We get STUCK between inaccurate expression and invalidation.

## VALIDATION

| WHAT IT IS | WHAT IT IS NOT |
|---|---|
| **CONFIRMS/VERIFIES** | *Problem-solving (which makes it hard to slow down, as we want to get to a solution)* |
| **LETS THEM KNOW YOU GET IT** | *Agreement* |
| **STRENGTHENS RELATIONSHIPS** | *About being right (let it go!)* |
| **SHOWS YOU CARE** | *Judgmental (validate the valid, can't validate the invalid)* |

**These phrases can help you** see the other person's perspective. You can always validate emotions.

- I see your perspective.
- Let me see if I understand...
- That's hard.
- I get it.

## ASKING FOR HELP IS COMPLICATED.

# COMMUNITY IS A CRUCIAL SUPPORT SYSTEM

The importance of community is in the fabric of being a Navy SEAL when it comes training, mission prep, and execution. Experts are looking at how a strong support community impacts the health of our warriors from learning to find happiness and dealing with the trauma of war, to determining if psychedelics have the research to support the promise. There is a lot to unpack, and a real community of support is a critical component in doing that.

## THE SENSE OF URGENCY IS EVIDENT.

**We lost 7,052 TROOPS in post-9/11 war operations.**

**We have lost 30,177 TO SUICIDE.**

Watson Institute for International and Public Affairs, Brown University

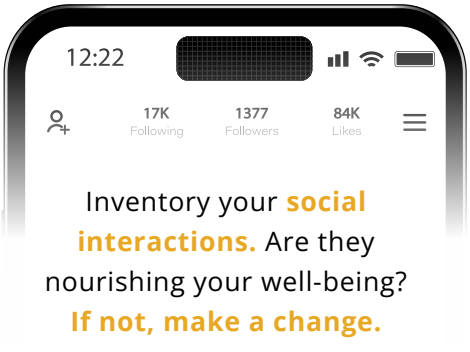
## LIFE SOMETIMES CONFLICTS WITH THE WARRIOR CULTURE

*Strategies that work well in a war zone don't work well at home. This leads to emotional numbing and emotional avoidance.*

- Fearlessness (needed in battle, not at home)
- If you do something long enough, you get the opposite response (fear = excitement, pleasure, enjoyable)
- Loss of natural barrier of fear and anxiety
- Emotions undermine optimal performance (at work)

> *There is no quick fix. These things take time.They require planning and patience.*

> *Life is messy because we care about each other. We need to talk about it!*




## SOCIAL MEDIA CAN MASK ITSELF AS MEANINGFUL

It's easy to get sucked into "fake fun" if real fun is missing. Dr. Laurie Santos suggests the following strategy when you find yourself scrolling endlessly through your feed: (1) what for? (2) why now? (3) what else?

Then ask, *"How is the current strategy working for you?"*

**If it's not working, make a change.**

## THE MEDIAN DELAY FROM SYMPTOMS TO TREATMENT = 11 YEARS.

# MAKE EVIDENCE-BASED DECISIONS

Dr. Lauren Brenner from Home Base shared how her team takes a **multidisciplinary approach to help warriors** who are experiencing symptoms of Post-Traumatic Stress (PTS) as well as those who are experiencing symptoms of Traumatic Brain Injury (TBI). An evidence-based, comprehensive evaluation including cognitive, emotional/behavioral, and physical disturbances.

## THERE IS NO QUICK FIX

There are many **barriers to care** that keep operators and veterans alike from getting the help they need and deserve. These include stigma, someone else is worse than me, lack of trust in the provider, time is limited (3-4 months of treatment is a long time), and an operator's demeanor of being rigid or aloof can get in the way. Many are looking for a quick fix, and don't think providers understand. Dr. Brenner recommends providers do the following to **build a bridge with the patient:**

- Treat them as human. This included developing trust by being a person first, and then a provider.
- Provide psychoeducation and truly understand the why and the what.
- Be honest about your limitations and work to coach them along the way.
- Be flexible and provide patient-centered care.
- Communicate the bigger picture and connections between their physical, emotional, and mental health.

> *"We're not there yet. We have a lot of work still to do.*
>
> - Dr. Sharmin Ghaznavi

**Speaking of evidence-based decisions**, there is **much hype around psychedelics**. Some believe this treatment to be their last hope and testimonials within the community are powerful. What we don't yet know is how long the benefits last and what downside or risk exists. But we do know **psychedelics are very powerful on the brain**. Academic circles believe we have an **ethical mandate to deflate the hype bubble** for psychedelics. Dr. Sharmin Ghaznavi of Massachusetts General Hospital's Center for Neuroscience for Psychedelics sees real potential, but we are in the early days of research. Her team takes a scientific, evidence-based approach. She says the greatest challenge with clinical trials is that it is near impossible to produce a placebo in psychedelics. Dr. Ghaznavi's take is this:

- Patients are not going to escape therapy doing this stuff.
- It is a lot of work and a lot of therapy.
- It takes skilled clinicians in a controlled environment to sit and go through the trip, sometimes 6-8 hours.
- They are not always fun trips. The patient must prepare to trust, sit, and go through the experience.

She believes psychedelics are **worth continuing to explore**. However, she says **we need studies that last longer**, and the jury is still out on the effectiveness of psychedelics. Early studies show sustained improvements in anxiety and depression (Psilocybin Assisted Psychotherapy, COMPASS), as well as a significant reduction in heavy drinking and the # of drinks/day.

The work is promising, but we need to continue research. Ibogaine for opioid dependency has no control studies and no data. It's been shown to help some people. But who? How? At what risk?

There are questions about patient support, after-care, and the impact on multiple symptoms. Dr. Ghaznavi says, "It is a last resort and doesn't work for everyone. I worry about that patient." Psychedelics could be powerful tools or cause great harm. In summary, researchers hope to determine which conditions are helped by what compounds.

**GIVEN HOW POWERFUL THESE DRUGS ARE, WE SHOULD BE THOUGHTFUL WITH HOW WE USE THEM.**

# TAKE A WARRIOR APPROACH TO ALCOHOL

Dr. Tom Horvath with the Practical Recovery Psychology Group gave an insightful talk about looking at substance use and misuse differently. The self-empowering warrior mindset is the opposite of the powerless mindset of some alcohol treatment options. He points out that the AA doctrine is a powerless mindset (*I am powerless in all aspects of life. Life is what happens to me.*) Both mutual help groups and self-guided treatment options work. He emphasizes that AA helps different people in different ways, and there are multiple pathways. Find yours!

His research suggests **there is not one road to recovery**. He points out that the military is a drinking culture, and indeed, much of the connection within the Naval Special Warfare community happens after hours over a shared beverage. Alcohol helps us cope with pain, reduces tension, and leads to bonding when going from high to low stress.

Dr. Horvath suggests we need to change our approach towards alcohol use and misuse from **an on/off switch to a dimmer switch**. He shared that in the psychoactive experience, ***the dose is the poison***. With psychoactive substances, it comes down to three factors:

- **Substance**: Which one? How much? What's the administration method?
- **(Mind)set**: What's the intention - to relax or to get wasted? Do you need it or deserve it?
- **Setting**: Where are you consuming the substance -at a bar, at mass or at an event?

By balancing short- and long-term goals, **a warrior mindset can lead to positive, adaptive behaviors**. We must understand the situation (*What happened to you?*). Focusing on addiction is <u>not</u> helpful (it doesn't matter because many have multiple "problems"). By determining the client's threshold, we can train them to **self-manage the situation**. The progression looks like this:

**Acknowledge self-efficacy** → **Make the change** → **Identify motivations** → **Learn to control situations / manage the environment** → **Identify underlying issues** → **Manage cravings** → **Live a balanced lifestyle**

## SELF-MANAGEMENT & ALCOHOL

We train operators to manage themselves on the job. Why can't we also teach them to manage themselves outside of work as it relates to alcohol consumption? Dr. Horvath suggests moderation training. Perhaps we can train operators to create norms around military moderation. How would a warrior approach these problems? Changing the norms may be useful in order to maximize the benefits of alcohol and minimize the costs and risks. He proposes the following:

- Understand moderation, harm reduction, and choices.
- Client effort is important to success.
- Collaboration is critical.
- Peers create mutual help groups for NSW operators and veterans so they can help each other and hold each other accountable. This could be done between different commands via video conferencing.
- Expect to lose some.

# APPROACH LIFE WITH A GROWTH MINDSET

Those who have **earned a place in the Naval Special Warfare community** more than likely **have done so with a growth mindset** (*it is possible to learn*) rather than a fixed mindset (I am only so smart). They are used to pushing themselves and the mindset is predictive as stress is enhanced. Dr. Horvath suggests a warrior might approach addiction problems the same way he approaches his work as an operator.

- I accept complete ownership of the mission.
- I push beyond limits.
- I am prepared for anything.
- I put my life on the line for those I serve.

When we experience early trauma, we learn how to not be vulnerable again. Yet vulnerability is part of being human. Collectively, we need to not fuel the shame and stigma but instead recognize current limitations on emotional pain.

**Hope is a skill.** Emotional stamina can be developed. It's not the distress, but how you manage it.

- What does it say about you?
- What did you learn about yourself?
- What does it say about your ability to manage your feelings?
- What does it say about your ability to solve problems on your own?

**Building emotional stamina is more important than physical stamina, never separate.**

**Pain is a natural part of life. Build emotional self-management skills. Build a life worth living.**

Challenge: **SEALs are taught pain tolerance and toughness**. The ability to push through pain helped them become a SEAL. Later, we tie that ability to push through physical pain to emotional pain. Being sensitive does not translate with this community. It says weak, fragile, and susceptible. We as providers **need to not pathologize it**. Rather, they should recognize this as a **normal trauma response.**

## HEALING THE RELATIONSHIPS - MUST COMMIT TO CHANGE, AND FOLLOW THROUGH

- Be interactively together (fully engaged and interacting)
- Repair happens when we have Relational Mindfulness (we observe/describe/participate).
- Be passively together (in the same space)
- Be actively together (movie)

## DON'T WAIT! BE PART OF THE RESEARCH

There is curiosity about cancer rates in active duty and veterans, especially within SOCOM

- When is it preventable (toxic exposures)?
- When is it treatable (care)?

> *We need to get comfortable with the uncomfortable.*
>
> – Dr. Kelly Graling

**Resources:**

- PTSD.va.gov/apps/ptsdactionline/default.htlm
- Which treatments are for me? Ptsd.va.gov/apps/decisionaid/compare.aspx

# HAVE AWARENESS FOR ACTIVE DUTY & VETERANS

Dr. M. David Rudd from the University of Memphis states much of what we do around suicide prevention and awareness is not based on clinical science. He says we need to see it not as mental illness, but rather as individual capacity to manage emotional distress. It is the **result of individual pain and suffering**. How we define and understand it fuels the stigma, and stigma is a powerful narrative. We need to **get comfortable being explicit** and putting it on the table.

## ASKING FOR HELP IS COMPLICATED!

- Be aware of our own risk
- Acknowledge vulnerability
- Recognize you can't do it alone
- Verbalize distress

> ***Strategic inconvenience*** *creates time so we can down regulate. And then we need to LEARN FROM IT. It comes down to* ***responsibly owning a weapon.***
>
> - Dr. M. David Rudd

| EMOTIONAL PAIN EXPRESSES ITSELF BY: | EMOTIONAL PAIN TRANSLATES TO FEELING: |
|---|---|
| Feeling inadequate | I am unlovable (damaged, a failure) |
| Ideal vs. actual self-image | I am unbearable (overwhelmed, unmanageable) |
| Self-disappointment | I am unsolvable (there is no other solution) |
| Psychologically broken | |
| Associate with guilt, anguish, fear | |

## WE MUST CREATE EMOTIONAL FLUENCY IN THE WAY WE TALK ABOUT SUICIDE.

| CHANGE FROM THIS | TO THIS |
|---|---|
| *What makes you vulnerable or sensitive?* | *What creates a challenge for you?* |
| *What gets you upset?* | *What triggers a reaction from you?* |
| *What trauma triggers you?* | *What will you do to manage the triggers?* |
| *Don't take patients to ED (reinforces you are sick).* | *Change the narrative, what we communicate, & where we start.* |

## SIX THINGS YOU SHOULD DO FOR CLIENTS STRUGGLING WITH SUICIDE

1. Use a non-punitive model to explain/understand suicide and reduce shame.
2. Discuss treatment hesitancy.
3. Use adherence to protocol/treatment to target myths about treatment and barriers to treatment.
4. Utilize safety planning/crisis response planning for proactive management of suicidal crises.
5. Develop individual emotional management skills.
6. Use "lethal means" counseling (strategic inconvenience creates time) to reduce access to identified methods.

## PROACTIVE STRATEGIES TO ADHERE TO TREATMENT

If they are considering suicide, they must be all in for treatment. We can work with the person who wants to live!

- Write it down. Thoughts must be retrievable.
- Encouraging phone calls work.
- Create a Crisis Response Plan which is personalized, accessible, and includes tools (what I do when I'm upset), identifies warning signs, and reduces access to legal means (this is a commitment to living).
- Build a Survival Kit that includes Reasons for Living (things that make you feel better, pictures on your phone, go through items before you need them, must be positive reminders)!


## SERVICE-CONNECTED CANCERS "INVISIBLE WOUNDS"

We need to check biomarkers and ensure our Battle Book for Care allows for the best treatments.

# PROVIDE SELF-MANAGEMENT TOOLS TO OPERATORS

**Unpacking is good for the brain. Perhaps the new normal is to unpack the facts & feelings of the mission.**

We need to **learn to unpack thoughts, emotions, and experiences** in the **right places** with the **right people.** The mantra that many are struggling but nobody is saying anything leads to avoidance in the long term. Reassessing what the community expects of its warriors regarding mental health and well-being may be a step in the right direction.

Dr. Laurie Santos reinforced that individuals can study, train, and monitor well-being, plus identify skills they want to develop. Naval Special Warfare command can **incorporate mental health self-management skills** and tactics into NSW training and **ensure mental health tools are part of the SEAL pack.**

We can better prepare our active-duty warriors by incorporating mental health into training, so they are well-prepared when they need to access services and strategies to cope with challenges.

We need **Emotional Regulation Skills** because emotions love themselves!

| EMOTION | URGE | OPPOSITE ACTION |
|---|---|---|
| **FEAR** | Avoid | Approach |
| **SAD** | Withdraw | Get active |
| **ANGER** | Attack | Gently avoid, be a little nice |

**We debrief the mission.**

**Why don't we debrief the emotions of the mission?**

DBT-informed treatment can be adapted as a preventative approach. There is an opportunity to teach DBT within the NSW community to our warriors, leaders, and their families. We need to share with them:

› Why it works › What the Research says › Skills they can apply or a Toolbox they can access

## THE GOAL IS TO INCREASE EMOTIONAL SELF-MANAGEMENT

This allows us to build bandwidth and creates a critical opportunity to address:

› Guilt (I'm upset over something I've done)
› Shame (I'm upset over who I am)
› Unresolved grief (learning vs. earning guilt or shame)
› Forgiveness (let go, learn, understand what is toxic to your experience, drill down)
› Teach emotional regulation
› Recovery
› Sleep hygiene
› Anger management

## SIMPLE MODEL (SHARED BY DR. M, DAVID RUDD)

1. Being Human. We are defined by our experiences and those are important, significant events.

2. Triggers activate symptoms, what is the motivation for those triggers?

3. Reasons for Dying (Avoidance). Why do we feel unlovable, unbearable, 'broken'?

4. Physical Reaction. Acknowledge how your body responds when in this state.

5. Coping Behaviors. Learn to cope.

# PRIORITIZE YOUR WELL-BEING

**REST MORE.**

**EXPERIENCE MORE FUN.**

With the intensity of Naval Special Warfare, it would be advantageous to prioritize well-being throughout the career of a special operator. Rest more. Experience more fun. When we take a hard look at combat, are we missing critical features around well-being? Can we instill more skills in our warriors so they are better prepared when they transition?

Those in NSW are good at avoiding emotions. In fact, **many will do anything to avoid or block feelings.** Those who avoid well, get PTSD. We need to teach our warriors to stop avoiding and start sitting with their emotions.

We need DATA through clinical trials to determine what works and what doesn't work, as well as what is effective with which populations. PTSD is the result of being stuck between beliefs and our experience of trauma.


## COGNITIVE PROCESSING THERAPY (CPT) HELPS PEOPLE LEARN.

Learning changes the brain. **It's like yoga for your brain.** It promotes flexibility, less rigidity, and growth. We also need to increase access to care as most aren't getting it or completing it.

| | |
|---|---|
| **CHALLENGE: THE DROPOUT RATE** | Many who start treatment don't complete it. |
| **SOLUTION: TAILORED DOSING** | *Consider **flexibility with the # of sessions** (dose).*<br>***Reduce # of sessions** if they are getting better.*<br>***Massing may decrease the dropout rate** and may be a better fit for the client's schedule. This allows us to be more efficient and effective.* |

## TREATMENT OPTIONS AND WHAT WE KNOW

- CBT (Cognitive Behavioral Therapy) -- people get a lot better with treatment.
- EMDR & WET (Written Exposure Therapy) both produce great results.
- Longer treatments = smaller effects
- Effects last, and most get better
- We still don't know what works best and what doesn't work for a given population.
- We need to explore how to close the treatment/engagement gap and increase access to get folks into care.*

*A **hopeful tactic** is to **focus outreach and advertising on the symptoms** of PTSD rather than on PTSD itself.

Dr. Debra Kaysen of Stanford University says a promising innovation is WET (Written Exposure Therapy). It's done in five sessions of 60 minutes each.

- Spend 30 minutes writing (handwritten, distance exposure (past tense), done in session and no homework)
- Read and provide feedback on writings
- Leave writings with the therapist