



Welcome to Fort Bliss Texas!



Soldier Support Handbook

DEVELOPED BY WBAMC INPATIENT
BEHAVIORAL HEALTH UNIT -
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How to Use this Handbook

This handbook is intended to be used by leaders as a supplement to support soldiers identified as needing behavioral health care.

- If a soldier **is considered** as being at risk of harm to her/himself or others, please escort that soldier to their assigned behavioral health clinic (reference page 36) or to the nearest emergency department. If emergency care is needed, call *911*.
- If a soldier **is not considered** as being at risk of harm to her/himself or others, please provide this handbook to the soldier and review its contents with her/him, in anticipation of the soldier attending a behavioral health outpatient appointment in the near future.

Welcome!

The Behavioral Health team at Fort Bliss is here for you!

The Behavioral Health Team at Fort Bliss is available to assist your needs. Please do not hesitate to voice your concerns and requests during this time.

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*“Your present circumstances do not determine where you can go; they merely determine where you start.” – Nido Qubein*

*“Do not confuse my bad days as a sign of weakness. Those are actually the days I am fighting my hardest.”*

*“Don’t make a permanent decision for your temporary emotion.”*

*“Take the first step in healing. You don't have to see the whole staircase, just take the first step.”*

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OUR MISSION

To provide world class acute behavioral health care using a variety of treatments and therapies facilitated by a multidisciplinary health team.

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### **OUR VISION**

To bear the standard for exceptional behavioral health care for all of our branches of service.

## Behavioral Health Resources... at your fingertips

Are you...

- feeling stressed or overwhelmed or unsettled?
- having difficulty sleeping or concentrating?
- in BH care (or made an appointment) but it has been delayed?

If so, here are some virtual resources that may be helpful.

### Free Smart Phone Apps:



**Breathe2Relax:** Practice the right way to breathe to decrease stress and calm your body's "fight or flight" response.



**Mood Coach:** Track and boost your mood through participation in positive activities.



**CBT-I Coach:** Learn ways to improve your sleep habits.



**Mindfulness Coach:** Learn and practice mindfully focusing attention.



**Moving Forward:** Learn new ways to solve problems and overcome life's challenges.



**PTSD Coach:** Learn about post-traumatic stress symptoms and ways to manage them.



**Virtual Hope Box:** Create a personalized "box" full of photos, music, games, and reminders of what's most important to you, for times you feel like you're in crisis mode.

### Websites:

**Real Warriors:** [www.realwarriors.net](http://www.realwarriors.net)

- Online collection of information and resources for things like anger, stress, sleep, and relationships

**CDC's webpage on Stress & Coping during COVID-19:** <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

**Family Support:** <https://www.pdhealth.mil/resource-center/military-family-support>

- Links to tons of other sites/services such as Military OneSource and Army FRG (Virtual Family Readiness Group)



# ≡ MY FEELINGS CHART ≡

TODAY I AM FEELING: \_\_\_\_\_



HAPPY



INTERESTED



PROUD



HOPEFUL



PLAYFUL



SAD



LONELY



ASHAMED



BORED



IGNORED

@journey\_to\_wellness\_



FEAR



ANXIOUS



WORRIED



OVERWHELMED



REJECTED



DISAPPOINTED



AVOIDANT



JUDGEMENTAL



HESITANT



LOATHING



ANGRY



FRUSTRATED



IRRITATED



SARCASTIC



DEVASTATED

Identifying and talking about how you feel can be difficult... but even more so when you are stressed! If you are having trouble finding the words describing how you feel, try using the above chart for help.

# Daily Self-Inventory

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**My current mood is:** \_\_\_\_\_

*e.g. (Happy, Confident, Optimistic, Laidback, Bored, Angry, Sad, Silly, Stressed, Tired, Suspicious, Confused, Depressed).*

**My goal for my mood today is:** \_\_\_\_\_

*e.g. (To be happier than I am right now, to feel less tired, less stressed, more optimistic)*

**My overall goal for today is:** \_\_\_\_\_

**Last night I slept:** (I'm well rested!) (only a few wake ups) (restlessly) (frequent wake ups) (difficulty falling asleep) (difficulty staying asleep) (other \_\_\_\_\_).

**My sleep goal for tonight is to:** (go to bed early) (sleep well rested) (use relaxation techniques to help myself to sleep) (ask for a sleep aid) (practice good sleep hygiene) (continue good sleep hygiene) (other \_\_\_\_\_).

**I (am) (am not) currently having thoughts of harming myself/suicide.**

**I (am) (am not) currently having thoughts of harming others/homicidal thoughts.**

**I (will) (will not) notify my healthcare team immediately when I am having safety/risk concerns.**





# Dealing with Isolation

## Challenges of Isolation

- Loss of routine
- Away from social support
- Uncertainty
- Lack of control
- Spending more time in a stressful home environment

## Psychological Effects

- Loss of purpose & belonging
- Family stress
- Health-related worries
- Anger, frustration
- Physical signs of stress (exhaustion, tense muscles)
- Boredom
- Depression, hopelessness
- Suicidal thoughts & behaviors
- Increased alcohol/drug use

## What can you do about it?

- Daily routines
- Contact friends & family regularly
- Seek the facts, but limit time spent ruminating on unpleasant news
- Work on personal/professional goals
- Exercise (try new workouts, do PT challenges with friends)
- Find ways to laugh (movies, TV, memes)
- Relaxation exercises (diaphragmatic breathing, progressive muscle relaxation)



*Download the “COVID Coach” app for more tips on coping with isolation. This is free and available for both Apple and Android phones.*

# Signs of Stress

1. Frequent headaches
2. Gritting, grinding teeth or jaw clenching
3. Stuttering or stammering
4. Tremors, trembling lips and hands
5. Aches and pains or muscle tension
6. Light headedness, dizziness, faintness
7. Ringing or buzzing sounds in ears
8. Frequent blushing or sweating
9. Cold or sweaty hands or feet
10. Dry mouth, swallowing difficulties
11. Frequent illness
12. Rashes, itching, hives or “goose bumps”
13. Unexplained allergy attacks
14. Heartburn, stomach pain, nausea
15. Excessive belching or flatulence
16. Constipation, diarrhea
17. Sudden panic attacks
18. Chest pain, palpitations
19. Low libido (decreased desire for sex)
20. Excessive worry, guilt, or nervousness
21. Increased anger, frustration, or hostility
22. Frequent or wild mood swings
23. Significant change in appetite
24. Insomnia or disturbing dreams
25. Poor concentration, racing thoughts
26. Trouble learning new information
27. Forgetfulness or disorganization
28. Difficulty making decisions
29. Feeling easily overwhelmed
30. Frequent crying or suicidal thoughts
31. Feelings of loneliness or worthlessness
32. Decreased attention to personal appearance
33. Fidgeting
34. Increased clumsiness
35. Obsessive thoughts or behaviors
36. Decreased productivity
37. Unintended significant change in weight
38. Impulsive or explosive behavior
39. Poor/difficulty with communication
40. Isolation
41. Fatigue

# Five Strategies for Staying Mentally Tough:

## S.T.E.E.L.

**S – Stick to the facts.** The rumor mill can increase stress for you and your family members. Sometimes we might “catastrophize,” meaning we focus on the worst-case scenarios. Before getting caught up in the negative, check your sources and look for the most up-to-date information.

**T – Take care of your body.** Exercise. Get a full night’s sleep. Eat healthy. Avoid alcohol and drugs. Meditate. Take slow, deep breaths to calm your body’s stress response (aka the “fight or flight” response). Do things you enjoy!

**E – Eyes on the target.** With so much out of our control, we need to focus on the mission and what is within our control. This also means limiting our exposure to the endless stream of news coverage and social media. Check in on family members and get important news updates, but don’t get distracted from what’s right in front of you.

**E – Engage with friends and family.** Make time to connect with people you care about. Text or call them to check in and share your concerns. Set up video group chats. Watch a movie at the same time and talk about it. Team up virtually in a video game.

**L – Let others know if you need help.** If stress gets in the way of your daily activities, call or walk in to any Fort Bliss Behavioral Health Clinic. If you’re already in Behavioral Health treatment, continue following your provider’s treatment recommendations and let your provider know if you have new or worsening symptoms. If you have thoughts of harming yourself or others, call 911 or the National Crisis Line (1-800-273-TALK), or go to WBAMC’s Emergency Department.

***Support each other and stay flexible***

# Strategies for Healthy Sleep

*After any sleep disruption, it may be time for a reset!*



*Restful sleep is one of the most important tools to boost psychological, cognitive, and immune system functioning. Improve your sleep with these healthy sleep tips.*

1. Keep a regular sleep schedule. Go to bed at the same time and wake up at the same time, *regardless of how much sleep you get*. On days off, pick a wake time consistent with your typical daily schedule to make for an easier transition when it's time to go back to work (e.g., 0500).
2. Create a bedtime routine to “wind down.” Take a shower, read a book, listen to a sleepcast or guided meditation or progressive muscle relaxation (all available on YouTube).
3. Only use the bed for sleep and intimacy. Avoid working on the computer or watching TV while in bed.
4. If you don’t fall asleep within 30 minutes, get out of bed and do something relaxing. Keep lights dim and do not use electronics. Return to bed when sleepy.
5. Create a healthy sleep environment: dark, quiet, and a cool but comfortable temperature.
6. Limit caffeine intake to mornings and keep at less than 400mg/day (about 4 cups of coffee or 2 energy drinks).
7. Avoid naps. Naps make it harder to sleep the next night. If you *must* nap, limit to 20 minutes (preferably in the morning).
8. Avoid exercising within 4 hours of bedtime.
9. Avoid alcohol, heavy meals, and significant liquid consumption before bed. Alcohol disrupts restorative stages of sleep.
10. Talk to your health care provider before taking OTC medications or supplements for sleep. Take all medications as prescribed.
11. Download the “CBT-I Coach” app on your phone for more information on healthy sleep strategies.

# Insomnia: Getting to the Root of the Problem

| What causes insomnia?                                                                                                                                                                                                                                             | Results of insomnia                                                                                                                                                                                                                                | What maintains insomnia?                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- Acute (recent/new) stress</li> <li>- LOSS (death, separation, divorce, etc.)</li> <li>- Medical problems</li> <li>- Work problems</li> <li>- Family problems</li> <li>- Irregular sleep schedule (shift work)</li> </ul> | <ul style="list-style-type: none"> <li>- Physiological arousal (body wakes up)</li> <li>- Worrisome thinking</li> <li>- Anxiety</li> <li>- Depression</li> <li>- Family conflict</li> <li>- Work problems</li> <li>- Loss of motivation</li> </ul> | <ul style="list-style-type: none"> <li>- Poor sleeping habits</li> <li>- Faulty assumptions about sleep</li> <li>- Sleeping pills</li> <li>- Myths about duration of sleep</li> <li>- Daytime napping</li> <li>- Excess time in bed</li> <li>- Performance anxiety</li> <li>- Medications for health problems</li> </ul> |

How can you improve you sleep? **Change your sleep behavior!**

## ***Guidelines for Improving Your Sleep***

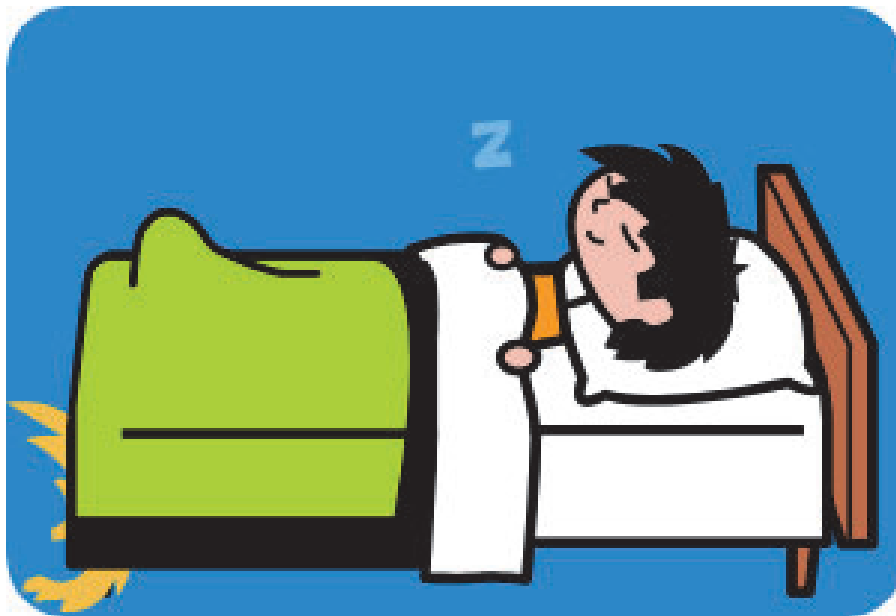
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1. **ONLY GO TO BED WHEN YOU ARE SLEEPY:** When you go to bed too early, it only gives you more time to become frustrated. Individuals often ponder the events of the day, plan the next day's schedule, or worry about their inability to fall to sleep. These behaviors are incompatible with sleep and tend to cause or worsen insomnia. You should therefore delay your bedtime until you are sleepy. This means you may go to bed later than your scheduled bedtime! Additionally, stick to your scheduled rising time, regardless of the time you go to bed.
  
2. **GET OUT OF BED IF YOU CAN'T FALL ASLEEP (OR CAN'T GO BACK TO SLEEP) WITHIN 15 MINUTES:** When you recognize that you've become a clock-watcher, get out of bed. Remember, the goal is to fall to sleep quickly. Return to bed only when you are sleepy. The goal is for you to reconnect your bed with sleeping rather than frustration. You will have to repeat this step as often as necessary.
  
3. **BEDROOM IS FOR SLEEP AND SEX ONLY:** The purpose of this guideline is to associate your bedroom with sleep rather than wakefulness. Just as you may associate the kitchen with hunger, this guideline will help you associate sleep and pleasure with your bedroom. Follow this rule both during the day and at night. DO NOT watch TV, listen to the radio, eat, or read in bed.



4. **NO CAFFEINE**: Avoid caffeine 6-8 hours before bedtime. Caffeine disturbs sleep, even for people who do not think they experience a stimulation effect. Individuals with insomnia are often more sensitive to mild stimulants than normal sleepers.
5. **AVOID NICOTINE**: Avoid nicotine at least two hours before bedtime. Nicotine is a stimulant. It is a myth that smoking helps you “relax.” As nicotine builds in the system it produces an effect similar to caffeine. DO NOT smoke to get yourself back to sleep.
6. **AVOID ALCOHOL**: Avoid alcohol after dinner. Alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented, often leading to waking up or restlessness during the night. Alcohol is a poor sleep aid and should not be used as such!
7. **LIMIT SLEEPING PILLS**: Sleep medications are only temporarily effective. Scientists have shown that sleep medications lose their effectiveness in about 2 - 4 weeks when taken regularly. Over time, sleeping pills actually make sleep problems worse! When sleeping pills have been used for a long period, withdrawal from the medication can lead to an insomnia rebound. After long-term use, many individuals incorrectly conclude that they “need” sleeping pills in order to sleep normally.
8. **REGULAR EXERCISE**: Preferably 40 minutes each day. Exercise in the late afternoon or early evening can aid sleep (in some people), although the positive effect may take several weeks to become noticeable. Do not exercise within 2 hours of bedtime because it may elevate your nervous system activity and interfere with falling asleep.
9. **BEDROOM ENVIRONMENT**: Moderate temperature, quiet, dark and comfortable. Extremes of heat or cold can disrupt sleep. Noises can be masked with background white noise (such as the noise of a fan) or with earplugs. Bedrooms may be darkened with black-out shades or sleep masks can be worn. Position clocks out-of-sight since clock-watching can increase worry about the effects of lack of sleep. Be sure your mattress is not too soft or too firm and that your pillow is the right height and firmness.
10. **EATING**: Avoid the following foods at bedtime: high fiber foods (peanuts, beans, raw fruits and vegetables) and high-fat foods. Be especially careful to avoid heavy meals and spices in the evening. Avoid snacks in the middle of the night. However, a light bedtime snack can promote sleep.
11. **AVOID NAPS**: The sleep you obtain during the day takes away from sleep needed at night resulting in lighter, more restless sleep, difficulty falling asleep, or early morning awakening. If you must nap, keep it brief, and try to schedule it before 1500. It is best to set an alarm to ensure you don't sleep more than 15-30 minutes.

12. **UNWIND:** Allow at least an hour before bedtime to wind down. The brain is not a light switch that you can instantly turn on and off. Take a hot bath, read a novel, or have a pleasant talk with your spouse or kids. Find what works for you and make it your routine before bed. Be sure not to struggle with a problem, get into an argument before bed, or anything else that increases your body's arousal.
13. **NO SCREENS BEFORE BED:** Some may feel TV makes them sleep, but these should be avoided for 1-2 hours before bed because the "blue light" from screens is activating to the brain. Screens include cell phones. However, many phones have a "night mode" (Android) or "night shift" (iPhone) setting that decreases blue light.
14. **REGULAR SLEEP SCHEDULE:** Spending excessive time in bed has two unfortunate consequences: (1) it associates your bedroom with alertness and frustration and (2) sleep can actually become shallower. Surprisingly, it is very important that you cut down your sleep time in order to improve sleep! Set the alarm clock and get out of bed at the same time each morning (weekdays and weekends) regardless of your bedtime or the amount of sleep you obtained on the previous night. You probably will be tempted to stay in bed if you did not sleep well but try to maintain your new schedule. This guideline is designed to regulate your internal biological clock and reset your sleep-wake rhythm.



***If usually takes 2-3 months for a sleep problem to get totally better, but most people see improvements within 2-3 weeks if they consistently follow the guidelines.***





## *In this together:* Communication Strategies For You and Your Family

COVID-19 may have had you spending more time with your spouse/partner or other family members. Feeling cooped up together might raise tensions. Here are tips to communicate better:

### Stay Connected

- Establish household **routines**.
- Plan **positive activities** together.
- **Show interest** in their concerns, and **share** your own concerns.

- Create this plan when calm/relaxed.
- Agree on **code or signal**. Use it when **starting** to get angry.
- Decide **duration** (e.g., 30 minutes). Set a **timer**.
- Choose **where to meet** afterward, with **no distractions**.

### Agree on a Time-Out Plan

### Time-Out Ground Rules

- **No phones, TV, computers, electronics, sleeping, alcohol.**
- **Slow down your breathing.**
- Put yourself in their shoes. **Consider all possible ways** of looking at the problem.
- **Plan** what to say.

- **Listen.** Make **eye contact**. Face them. Show you **care**.
- Change “Me vs. You” into “Us vs. The Problem.” **Face the Problem together** so you both win.
- **Be specific** about what is bothering you.
- **Don’t blame.** Stay away from “always,” “never,” or “should.”
- Stay in the **here and now**. Don’t bring up the past.

### Come Back Together



# BARRIERS TO EFFECTIVE COMMUNICATION

- 1. Poor Listening Skills:** Good listening skills are critical to effective communication. They help us better understand the information other people are trying to convey, improve rapport with others, and improve problem solving skills.
- 2. Language Barriers:** Barriers can be as basic as communicating with someone who doesn't speak the same language or as complex as incorrectly interpreting the words used. Other factors can include poor use of language by the communicator (e.g., using words incorrectly, poor grammar), a lack of understanding of the language or context (e.g., a non-technical person trying to communicate about a technical issue), jargon, or vague word choice.
- 3. Emotional Barriers:** There is a greater potential for misunderstanding when emotions are high. For example, a sender who is upset or angry may not be able to effectively communicate feelings and ideas. A receiver in a similar high emotional state may ignore or distort the sender's message.
- 4. Environmental Barriers:** Examples of variables which may distract include physical environment characteristics (lighting, noise, comfort) and a number of other factors including interruptions, talking too softly, or physical distance or obstacle between sender and recipient.
- 5. Timing Barriers:** The timing of a communication can affect ability to be understood. There may not be enough time to communicate the message. It may be too early or too late in the day to give the communication full attention.
- 6. Perceptual Barriers:** Each person experiences events—including communications—in a way that is unique to individual. Variables include age, education, gender, social and economic status, cultural background, religion, and political beliefs. All can alter perceptions and create barriers to communication.
- 7. Filtering:** Think of the child's game of telephone, where a message is passed from one person to another. In most cases, the final message is very different from originally sent. That is filtering. Filtering occurs in a variety of ways that can be a barrier to effective communication. For example, filtering occurs when a roommate takes a phone message.

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# MAINTAINING HEALTHY RELATIONSHIPS

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*\*Note: In addition to spouses/partners, these tips can also apply to roommates or friends that you live with.*

- **Validate emotions about current times and encourage patience**
  - Don't be afraid to identify emotions you may be experiencing and encourage the other person to do the same.
- **Communicate needs and schedule**
  - Let them know when you may need more support (e.g., with childcare, pet care, household tasks) in order to complete work assignments, engage in hobbies, etc.
  - Be open to supporting them when they need the same from you.
  - Talk about when you want to come together during the day and when you might want to do something independently.
- **Relationship success has to do with our expectations**
  - Be compassionate with yourself and your partner or roommate.
  - Due to significant adjustment in daily routines and increased amount of time being spent together, it would be helpful to downgrade expectations.
- **Find things to connect on**
  - Pick your favorite shows or movies to watch together and pick a certain night to watch them.
  - Cook a meal together... maybe get creative with things that are available to you without shopping for them.
  - Show interest their hobbies by inquiring about what they are reading, watching, and doing.
- **Be intentional about doing the things that you both enjoy**
  - This could be together or separately.
  - Support them in their personal hobbies by giving time and space when needed.
- **Recognize potentially unhealthy behaviors or patterns**
  - Disagreements are normal and expected.
  - The same rules of fair fighting apply now more than ever.
  - Watch out for: contempt, stonewalling, criticism, and defensiveness.

## \* 5 Rules to Fair Fighting

1. Define the issue
  - Be specific and stick to the point
  - Use "I" statement to express your perspective
2. Choose the time and place
  - A time when you can focus on the conversation
  - A place you both feel safe and secure
  - When both parties are not under the influence of a substance
3. Listen
  - Take turns when speaking
  - Give the other person space even when you disagree
4. Avoid bringing up the past or "stockpiling"
  - This does nothing to resolve the issue at hand
5. Use a time-out when needed
  - Take the time you need to calm down if things get too intense. You can always come back to it later!

# Communication Tips for Getting Comfortable with Uncomfortable Conversations

## The 5 R's



- **Reflect** on your motivation for the conversation: Is it to learn more about your peers/Soldiers? To learn more about yourself? To be a part of change and growth? Reflect on the values you bring to the table!
- **Release** all prior assumptions. This doesn't mean your personal experiences aren't valid, but it **does** mean that they cannot possibly give the complete view of big-picture, complex, historic issues that extend beyond any one individual.
- **Respect** other perspectives. Do more listening than speaking. Convey respect actively:
  - Body language: Sitting still, making eye contact, facing the other person.
  - Attention: Set aside plenty of time. Focus on what the person is saying rather than what you will say next.
  - Ask questions: Do more *asking* than *telling*.
  - Summarize: Restate main points of what was said, in your own words, to make sure you understand.
- **Research** what you don't know or agree with. When confronted with information that doesn't fit with our perspective, we tend to ignore or fight against it. Instead, take time to research it. Ask the other person if there are good resources you can read on your own to better understand that perspective.
- **Relearn** from a new perspective. Be comfortable with changing your mind in light of new learning.

# SUPPORTING CHILDREN

## DURING TIMES OF INCREASED STRESS

Children will respond in similar fashion as adults to periods of increased stress (e.g., the recent/ongoing COVID-19 pandemic). Schools and parents' workplaces gone have gone remote (perhaps both to the family dining table), and children are all of the sudden detached from their very crucial social and peer support systems during a foundational and formative period in their lives. Below are tips to support children during the current coronavirus crisis.

### Keep routines in place

The American Academy of Pediatrics recommends keeping children on a consistent daily schedule will provide them with a sense of predictability. Predictability eases and reduces emotions such as anxiety and worry.

- If an hour-by-hour schedule is not practical for your family, make sure they have a predictable daily routine, for example:
  - Wake up and breakfast
  - Get dressed / morning hygiene
  - School
  - Lunch time
  - Outside time (e.g., jumping on trampoline, riding bikes)
  - Free time (e.g., games, reading, playing an instrument)
  - Homework/chores (prior to screen time!)
  - 30 minutes (max) of TV/screen time
  - Dinner
  - Family time (e.g., TV, games, short walk)
  - Get ready for bed (brush teeth, toilet, pajamas)
  - Read/sing songs with kids
  - Bedtime (ensure this is consistent)

### Talk to your children about their emotions

- Normalize their emotions and concerns, i.e., *"It's perfectly normal to be worried right now."*
- Keep children in the loop about topics of concern (e.g., COVID-19, current events) but use simple and age appropriate dialogue and information.

*If social, peer, familial, and other ongoing stressors are causing anxiety and uncertainty among adults, consider how troubling these concerns may be for children.*

# COPING SKILLS FOR ANXIETY


1. Square breathing<sup>1</sup>
2. Schedule time for yourself
3. Grounding exercises<sup>2</sup>
4. Get enough sleep
5. Therapeutic journal writing (see page 24)
6. Use a relaxation app (see page 2)
7. Do an activity: dance, gardening, etc.
8. Take a quick walk or exercise
9. Practice yoga or meditation
10. Stand up and stretch
11. Listen to music
12. Take a time-out
13. Slowly count to ten (or 100)
14. Use positive self-talk
15. Say something kind to yourself
16. Talk to an old soldier
17. Close your eyes and relax
18. Say, "I can do this"
19. Visualize your favorite place
20. Think of something happy
21. Think of a pet or person you love
22. Eat a healthy snack or drink tea
23. Draw a picture or color
24. Use a stress ball or chew gum
25. Look at pictures of a happy memory
26. Make a gratitude list
27. List your positive qualities
28. Learn a new language<sup>3</sup>
29. Learn tai chi
30. Repetitive prayer
31. Do something kind
32. Do something you love
33. Reach out to someone every single day, even if it's just to check in with them
34. Drive home a different way
35. Read a good book (e.g., *Catch-22* or *Man's Search for Meaning*)
36. Make a list of goals for the future
37. Compliment yourself
38. Learn/play an instrument
39. Write a beautifully scripted letter to someone you care about
40. Visualize a stop sign
41. Smile at others and yourself
42. Visit a "rage room"
43. Plan a trip to somewhere you've never been, even if you don't have the means to travel there
44. Use a positive "I" statement
45. Hit a punching bag
46. Identify your emotions
47. Aromatherapy
48. Express your feelings to someone
49. Make a schedule
50. List 10 positives about you
51. Ask yourself, "What do I need right now?"
52. Volunteer at the Human Society
53. Make a list of possible choices, along with likely positives/negatives of each
54. Organize something
55. Play a card game
56. For a weekend activity: Write activities on separate pieces of paper, fold them up, put them in a bowl, and draw one out
57. Listen to nature sounds
58. Hike in the mountains with a friend
59. Call an old friend
60. Start a podcast
61. Fix something that was broken
62. Detail your car
63. Learn how to cook something new and invite a friend over for dinner

## Notes:

1. <https://time.com/4316151/breathing-technique-navy-seal-calm-focused>
2. <https://www.healthline.com/health/grounding-techniques>
3. <https://www.duolingo.com/>



# What is Depression?

|  Symptoms of a Depressive Episode |                              |                                            |                             |
|--------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|-----------------------------|
| depressed mood                                                                                                     | loss of interest or pleasure | significant weight change                  | diminished concentration    |
| sleep difficulties                                                                                                 | fatigue nearly every day     | feelings of worthlessness                  | recurring thoughts of death |
| Symptoms must cause significant distress.                                                                          |                              | Symptoms must last for at least two weeks. |                             |

## Demographics

- Women are 2x more likely to develop depression.
- About 1 in 10 people will experience depression during their lifetime.
- Most people experience their first depressive episode between ages 20 and 30.

## Risks for Depression

- Family history of depression or similar disorders.
- Poverty, unemployment, social isolation, and other stressful life events.
- Regular drug and alcohol use.

## Psychotherapy

(Cognitive Behavioral Therapy)

CBT works by changing self-defeating thoughts and behaviors.

CBT has been found to be equally, if not more effective than medicine in many cases.

CBT is the most researched form of psychotherapy for depression.

## Medication

(Selective Serotonin Reuptake Inhibitors)

SSRIs increase the level of serotonin (a chemical related to depression) in the brain.

Studies suggest that SSRIs are the most effective when used to treat severe depression.

SSRIs don't work overnight—it might take up to 6 weeks before they reach their full effect.

A combination of both psychotherapy and medication has been found to be the most effective treatment for depression.

## Other Facts

- Over ½ of those diagnosed with depression also suffer from anxiety.
- 60% of those who commit suicide suffer from depression or a related mood disorder.
- Physical exercise has been found to have a significant antidepressant effect.
- Depressive episodes also occur during bipolar disorder alongside manic episodes.



# CHALLENGE YOUR COGNITIVE DISTORTIONS!

Cognitive distortions are habitual ways of thinking that are often inaccurate and negatively biased. Cognitive distortions usually develop over time in response to adverse events. EVERYONE has cognitive distortions, but they don't have to rule your life! What are your cognitive distortions and how can you push back against them?

**Filtering:** Refers to only absorbing the negative details and magnify them. Positive information are ignored or “filtered” out. A person may pick out a single, unpleasant detail and dwell on it exclusively so that their vision of reality becomes darkened or distorted.

**Polarized Thinking (“Black or White Thinking”):** Facts are either “black-or-white.” We have to be perfect or we’re a failure — there is no middle ground. People or situations are placed in “either/or” categories not allowing for the complexity of most people and situations.

**Overgeneralization:** General conclusion is made based on a single incident or a single piece of evidence. If something bad happens only once, we expect it to happen over and over again. A person may see a single, unpleasant event as part of a never-ending pattern of defeat.

**Jumping to Conclusions:** Making definitive conclusions of how others are feeling or what they are thinking without them telling us. The idea we are able to determine how people are feeling toward us. For example, a person may conclude that someone is reacting negatively toward them but doesn't bother to find out if they are correct. Another example is a person may anticipate that things will turn out badly and will feel convinced that their prediction is already an established fact.

**Catastrophizing (“Magnifying or Minimizing”):** We expect disaster to strike, no matter what. We hear about a problem and use *what if* questions (e.g., “What if tragedy strikes?” “What if it happens to me?”). For example, a person might exaggerate the importance of insignificant events (such as their mistake, or someone else's achievement). Or they may inappropriately shrink the magnitude of significant events until they appear tiny (for example, a person's own desirable qualities or someone else's imperfections).

**Personalization:** An individual believes that everything others do or say is some kind of direct reaction to the individual. Individuals compare self to others trying to determine who is smarter, better looking, etc. A person engaging in personalization may also see themselves as the cause of some unhealthy external event that they were not responsible for. For example, “We were late to the dinner party and caused the hostess to overcook the meal. If I had only pushed my husband to leave on time, this wouldn't have happened.”

**Control Fallacies:** If we feel *externally controlled*, we see ourselves as helpless a victim of fate. For example, “I can't help it if the quality of the work is poor, my boss demanded I work overtime on it.” The fallacy of *internal control* has us assuming responsibility for the pain and happiness of everyone around us. For example, “Why aren't you happy? Is it because of something I did?”

**Fallacy of Fairness:** We feel resentful because we think we know what is fair, but other people won't agree with us. As our parents tell us when we're growing up and something doesn't go our way, "Life isn't always fair." People who go through life applying a measuring ruler against every situation judging its "fairness" will often feel badly and negative because of it. Because life isn't "fair" — things will not always work out in your favor, even when you think they should.

**Blaming:** We hold other people responsible for our pain, or take the other track and blame ourselves for every problem. For example, "Stop making me feel bad about myself!" Nobody can "make" us feel any particular way — only we have control over our own emotions and emotional reactions.

**"Shoulds":** We have a list of ironclad rules about how others and we should behave. People who break the rules make us angry, and we feel guilty when we violate these rules. A person may often believe they are trying to motivate themselves with "**should**" and "**shouldn'ts**", as if they have to be punished before they can do anything. For example, "I really should exercise. I shouldn't be so lazy." "**Musts**" and "**oughts**" are also offenders. The emotional consequence is guilt. When a person directs *should statements* toward others, they often feel anger, frustration and resentment.

**Emotional Reasoning:** We believe that what we feel must be true automatically. If we feel stupid and boring, then we must be stupid and boring. You assume that your unhealthy emotions reflect the way things really are — "I feel it, therefore it must be true."

**Fallacy of Change:** We expect that other people will change to suit us if we just pressure or cajole them enough. We may feel the need to change people because our hopes for happiness seem to depend entirely on them.

**Global Labeling:** We generalize one or two qualities into a negative global judgment. These are extreme forms of generalizing, and are also referred to as "labeling" and "mislabeling." Instead of describing an error in context of a specific situation, a person will attach an unhealthy label to themselves. For example, they may say, "I'm a loser" in a situation where they failed at a specific task. When someone else's behavior rubs a person the wrong way, they may attach an unhealthy label to him, such as "He's a real jerk." Mislabeling involves describing an event with language that is highly colored and emotionally loaded. For example, instead of saying someone drops her children off at daycare every day, a person who is mislabeling might say that "she abandons her children to strangers."

**Always Being Right:** We are continually on trial to prove that our opinions and actions are correct. Being wrong is unthinkable and we will go to any length to demonstrate our rightness. For example, "I don't care how badly arguing with me makes you feel, I'm going to win this argument no matter what because I'm right." Being right often is more important than the feelings of others around a person who engages in this cognitive distortion, even loved ones.

**Heaven's Reward Fallacy:** We expect our sacrifice and self-denial to pay off, as if someone is keeping score. We feel bitter when the reward doesn't come.

**MY SAFETY PLAN** Name: \_\_\_\_\_

**\*Symptoms, stressors or warning signs that I might have:**

**Symptoms:** Sweating; hurting self; running; not taking care of self; become isolative/withdrawn; crying; threatening; pain; uncooperative; throwing objects; breathing hard; pacing; being rude; swearing/yelling; clenching teeth/fists; suspicious; not talking; demanding; not eating/drinking; repetitive motions

**Triggers/stressors:** Being touched; yelling/loud noises; contact with a person who is upsetting; being restrained; being threatened; called names/being made fun of; physical force; being forced to do something; someone talking to me when I am upset; security in uniform; being isolated; someone lying about my behavior; someone getting in my space.

Others not listed: \_\_\_\_\_

**\*Personal coping strategies: things I can do to try to feel better:**

Listen to music; wrap up in a blanket; write in a journal; be in a dark room; take a shower; deep breathing exercises; think about my good qualities; voluntary time out; a pat on the back; exercise; stretching; call a friend/family member; hugging a stuffed animal; talk with peer/staff on unit; take a walk with staff; contact a chaplain; imagery; cards/board game; read a book; drink a beverage; watch TV; listening to others; crafts/puzzles/art; sit in a quiet place; prayer/meditation; medication.

Others not listed: \_\_\_\_\_

**\*Places I can go for assistance and support to feel safe:**

\_\_\_\_\_  
\_\_\_\_\_

**\*People who I can get in contact with and will ask for help to resolve anger, grief, depression, anxiety, or stressful situations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Steps I can take to make my home/life SAFE (i.e., coping skills):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# INTRODUCTION TO THERAPEUTIC JOURNAL WRITING

The act of writing things down often relieves tension and brings about clarity or awareness. Difference between keeping a journal (or diary) and therapeutic journal writing is the focus on internal experiences, thoughts, and feelings rather than documenting the day's events. According to the Center for Journal Therapy, therapeutic journal writing is the "the purpose and intentional use of reflective writing to further mental, physical, emotional, and spiritual health and wellness."

Therapeutic journal writing uses writing prompts and exercises to facilitate reflection and introspection. Exercises and prompts act as guides for development of awareness and processing of an individual's inner and outer conflicts. Therapeutic journal writing can assist in the treatment of numerous mental health conditions: PTSD, anxiety, depression, obsessive-compulsive behaviors, grief and loss, substance abuse, eating disorders. Therapeutic journal writing can improve skills to improve issues with communication, interpersonal relationships, and low self-esteem. Additional benefit is improved physical health. Research suggests "writing about emotions and stress can boost immune functioning" plus improve overall physical health.

Therapeutic journal writings can serve as a record of change and progression toward goals. Progression toward goals and improvement in mental health can seem like spinning wheels or seem like it's moving at a snail's pace. Consider the growth of a pet. It is difficult to notice the growth of a puppy from day to day but when reviewing photographs, the changeover months or years can be dramatic. It's difficult to notice changes in ourselves as we progress on a daily basis. When writing, keep every entry. Later, review journal entries and note the change over time.

## **A few tips for therapeutic journal writing:**

- ❖ Time yourself – can avoid "writer's block" and increase awareness of relevant unconscious material
- ❖ Write without judgement – attempt to quiet the inner critic; do not edit, allowing entries to be messy, grammatically incorrect, or fragmented
- ❖ Honor yourself – be honest and non-judgmental about thoughts, feelings, and experiences

The staff of Brian D. Allgood Army Community Hospital, Inpatient Behavioral Health Unit prepared this workbook to assist you on developing your own format for daily therapeutic journal writing. There are pages in the back of this handbook to begin your journal. If you run out of room in this book you may request an additional journal to continue your hard work.

***Decisions are the basis for change!*** Good luck in your journey towards self-awareness and in your stay on the unit.

## Example Journaling Prompts and Exercises

*Sometimes we have difficulty deciding what to write. Here are example prompts and exercises to help get started.*

### **Prompts:**

1. How am I feeling? How do I want to be feeling? What is holding me back?
2. What do I want to learn about myself?
3. What would I never change about myself?
4. What relationships matter the most to me? How can I maintain and improve them?
5. How have I changed and/or grown in the last year?
6. What is one thing I can do to improve myself today? This week? This month? This year?
7. Write about someone whose life you have changed for the better. Explore how you can use that experience to help others.
8. When was a time I felt content or happy? Explore the memory. What about the situation made me content or happy? How can I regain that feeling?
9. How do I handle rejection/fear/grief/other negative emotions? How can I be more prepared for those times in the future?
10. What is one accomplishment I am proud of and what did I do to get there? How can I use those skills in accomplishing other goals?
11. What memory do I cherish the most? How did that time impact my life?
12. Who is someone I can confide in and trust? How can you be as understanding toward yourself as that person is to you?
13. What do I uniquely offer to this world? How can I use this to improve your surroundings?

### **Exercises:**

1. **Stream of Consciousness Journaling:** Write whatever comes to mind even if what comes to mind is "I can't think of anything."
2. **Letter writing:** Write a letter to someone about issues you are experiencing.
3. **Sentence stems:** open-ended sentence stems to complete ("I am most worried about..." or "I have trouble sleeping when..." or "My happiest memory is...")
4. **Journaling with photographs:** looking at a photo, ask questions. "What do I feel looking at these photos? What do I want to say to the people in these photos (including me)?"
5. **List of 100:** make list and then review for repetition of certain items or themes (...makes me sad/happy OR reasons to wake up in morning, memories you cherish, etc.)













# DoD and VA Mobile Apps

# Support for Service Members and Their Families



## BREATHE2RELAX



Manage stress and anxiety with deep-breathing exercises.

- Stabilize your moods and control your anger.
- Interrupt your body's fight-or-flight instinct and activate its relaxation response.



## TACTICAL BREATHER



Learn breathing techniques to control heart rate, emotions and concentration.

- Maintain focus during stressful situations.
- Play interactive games and perform helpful exercises.



## VIRTUAL HOPE BOX



Collect and store meaningful items that give you comfort and hope.

- Download supportive photos, videos, messages, quotes and music.
- Create coping cards for stressful times.
- Distract yourself with games and exercises.



## T2 MOOD TRACKER



Monitor your emotional health and see how it affects your life.

- Track your moods and behaviors over time.
- Use a graph to help identify trends and triggers.



## THE BIG MOVING ADVENTURE\*



Prepare your young child for a move.

- Help them create a Muppet® friend to share their feelings about moving.
- Teach them how to say goodbye to people, places and things.
- Explore the new home together and encourage them to meet new friends.



## BREATHE, THINK, DO WITH SESAME\*



Teach your child to problem-solve.

- Help a cute monster calm down and deal with emotions.
- Discover new ways to figure out daily challenges.



## SESAME STREET FOR MILITARY FAMILIES\*



Explore military life with your preschool child along with the Muppet® characters.

- Help them understand and talk about their feelings.
- Teach them about military life events like relocating, deploying and coming home.
- Watch videos and download activities together.



## PARENTING2GO\*\*



Strengthen family relationships.

- Improve your parenting skills.
- Reconnect with your family.
- Get support for dealing with stress.

\* Developed by Defense Health Agency Connected Health with Sesame Workshop.  
 \*\* Developed by Defense Health Agency Connected Health with the Department of Veterans Affairs.  
 \*\*\* Developed by the Department of Veterans Affairs.

# DoD and VA Mobile Apps

# Support for Service Members and Their Families



## **LIFEARMOR**

Discover 16 psychological health issues common in the military.

- Find out more about topics like PTSD, anger and depression.
- Take self-assessments.
- Learn healthy coping skills.



## **PTSD COACH\*\***

Identify and understand PTSD symptoms.

- Take a self-assessment.
- Learn about the effects of trauma.
- Develop coping strategies.
- Find resources for support.



## **MINDFULNESS COACH\*\***

Learn nine different forms of mindfulness meditation.

- Steer your mind away from distressing thoughts.
- Use to help deal with anxiety, stress and chronic pain.
- Track your progress and set reminders.



## **CONCUSSION COACH\*\***

Identify and manage concussion symptoms.

- Take a self-assessment.
- Use exercises and coping tools.
- Find resources for support.



## **PTSD FAMILY COACH\*\***

Helps family members understand what their loved one with PTSD is experiencing.

- Take a self-assessment.
- Learn how to manage stress and the effects of trauma.
- Find resources to better support a loved one.



## **STAY QUIT COACH\*\***

Get support for quitting smoking and preventing relapse.

- Create a customized plan and track your results.
- Access tools to cope with triggers.
- Learn to manage relapses.



## **VETCHANGE\*\*\***

Manage your drinking habits and PTSD symptoms.

- Set goals and create your own self-management plan.
- Track how much you drink and chart your progress.
- Learn tools to manage urges to drink.



: Available on iOS.



: Available on Android.

\* Developed by Defense Health Agency Connected Health with Sesame Workshop.  
 \*\* Developed by Defense Health Agency Connected Health with the Department of Veterans Affairs.

\*\*\* Developed by the Department of Veterans Affairs.





# BEHAVIORAL HEALTH RESOURCES

## MINISTRY AND PASTORAL CARE ON CALL

**DUTY HOURS:**  
915-742-5055

**AFTER HOURS:**  
915-838-4892

## MILITARY FAMILY LIFE COUNSELORS (MFLCS)

MFLCS can assist with non-  
medical counseling:

- Reunion adjustment
- Fear, grief, and loss
- Deployment and separation

For additional information  
call the following  
counselors for assistance:

- 915-777-5495
- 915-867-1389
- 915-313-1952
- 915-873-1862
- 915-316-4910

Confidential, free session,  
with no medical charting.

## Embedded Behavioral Health Clinics

### **Mendoza BH Clinic**

11335 SSG Sims St; Tel: 915-742-1022\*\*\*  
WBAMC Military now seen here\*\*\*

### **West Bliss BH Clinic**

1026 Chaffee Rd; Tel: 915-742-4781/3361

### **1/1 EBH Clinic**

21035 Steel Rain Rd; Tel: 915-742-9326/9327

### **2/1 EBH Clinic**

20225 Old Ironsides Ave; Tel:  
915-742-1782/1696

### **3/1 EBH Clinic**

20415 Gulf Victory Rd; Tel: 915-744-1499

### **Family Advocacy Clinic:**

2485 Hinman Rd; Tel: 915-742-2800

## Child and Family BH Services

2497 Carrington Rd; Tel: 915-742-  
1615

Child and Family Behavioral  
Health Services: Available face-  
to-face at and virtually at 2497  
Carrington Rd  
Tel: 915-742-1615

Substance Use Disorder Clinical  
Care Services: Available in  
each respective clinic.

## CRISIS RESPONSE

### **ON POST**

Military Police  
Call 915-744-2115  
Non-Emergency 915-744-9311

**ON or OFF POST** Call 911

**National Suicide Hotline** Call 988

**Military One Source** 800-342-9647

### **Crisis Online Chat:**

[www.veteranscrisisline.net/get-help/chat](http://www.veteranscrisisline.net/get-help/chat)

### **Medical Emergencies:**

Report to Emergency Room  
18511 Highlander Medics St  
Fort Bliss, TX 79918  
915-742-5149

### **Tips for success:**

- Contact clinics directly
- Book appointments beforehand
- Get directions

## **Behavioral Health Consultants:**

BHCs are behavioral health  
specialists collocated with your  
PCM. BHCS are currently located  
within the following clinics:

### **WBAMC Internal Medicine Clinic: -**

Lauren Gibson, LCSW  
(915) 569-4348/1060

Stephanie Baca, RN  
(915) 569-4348/0403

### **Mendoza Soldier Family Care Center:**

Justin Kepple, PhD  
(915) 742-1107

## STRESS AND ANGER MANAGEMENT – IN PERSON CLASSES

### **Army Community Services**

Tel: 915-568-9129  
[Bliss.armymwr.com](http://Bliss.armymwr.com) search  
"FAP" to register on line for  
virtual classes





# CIVILIAN BEHAVIORAL HEALTH RECOURSES



**CRISIS RESPONSE**  
**ON POST**

- Military Police Call 915-744-1237
- Non-Emergency 915-744-2115  
ON or OFF POST  
Call 911
- **Suicide & Crisis Line**  
Call 988
- Military One Source  
800-342-9647
- Crisis Online Chat:  
www.veteranscrisisline.net/get-help/chat
- Medical Emergencies: Report to  
Emergency @WBAMC 915-742-5149 or  
local ER/ED's on the economy

**Employee Assistance  
Coordinator**  
**Army Substance Abuse  
Program (ASAP)**  
(915)568-6025  
Tammy Herrera

Bldg 629, Taylor Rd., Fort Bliss Texas 79916  
[tammy.l.herrera.civ@army.mil](mailto:tammy.l.herrera.civ@army.mil)

She can assist with helping you  
build referrals for BH resources  
utilizing your current insurance.

**Substance Abuse**  
(915)-242-0555

Emergence Health Network is dedicated to assisting individuals in our community who are dealing with substance misuse and addiction problems. EHN offers a variety of programs to help our clients achieve long-term recovery. Through the EHN Substance Use Disorder (SUD) Treatment Programs clients (adults and youth) receive treatment based on their individual needs. Treatment is provided in a confidential environment by a Licensed Chemical Dependency Counselor and can involve supported employment, assistance from EHN's Community Health Workers and help from Peer Support Specialists who have lived experience with mental illness and/or substance use disorders.

**Crisis Counseling Program**  
(915) 779-1800

Emergence Health Network: 1-877-562-6467 or 915-779-1800  
<https://emergencehealthnetwork.org/mental-health/>

Emergence Health Network (EHN) and its dedicated staff are committed to assisting El Paso's most vulnerable citizens, the residents with mental illness, intellectual developmental disabilities (IDD) and/or substance use disorders. At EHN, we help individuals and their families find the resources and treatments needed to improve their quality of life and function as independently as possible.

- EHN Crisis Hotline: 915-779-1800
- Toll-Free Crisis Hotline: 1-877-562-6467
- Suicide & Crisis Lifeline: 988





- <https://emergencehealthnetwork.org/men-tal-health/>
- <https://suicidepreventionlifeline.org/>

POC: Mary Gaukler Giannavola  
(915) 892-7963  
[mary.m.gauklergiannavola.civ@mail.mil](mailto:mary.m.gauklergiannavola.civ@mail.mil)

# "Where Can I Get Outpatient Behavioral Health Treatment?"

Updated: FEB 2022

*Your assigned outpatient Behavioral Care Clinic depends on which unit you are attached to. If your outpatient clinic is closed, go directly to the nearest Emergency Room.*

| <b>1/1 EBH</b><br>BLDG 21035 Steel Rain Rd<br>Reception: 742-9326                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2/1 EBH</b><br>BLDG 20225 Old Ironsides Ave<br>Reception: 742-1782/1696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3/1 EBH</b><br>BLDG 20415 Gulf Victory Rd<br>Reception: 744-1499                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Mendoza BH</b><br>BLDG 11335 SSG Sims Rd<br>Reception: 742-1022/4604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>West Bliss BH</b><br>BLDG 1025/1026 Chaffee Rd<br>Reception: 742-4781/3361                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 1-36 IN<br><br>2-37 AR<br><br>4-70 AR<br><br>6-1 CAV<br><br>2-3 FA<br><br>501st BSB<br><br>16th BEB<br><br>DIVARTY<br>HHB<br>24th PCH<br>B/26<br>208th Signal<br>86th ESB                                                                                                                                                                                                                                                                                                 | 1-6 IN<br><br>1-35 AR<br><br>1-37 AR<br><br>1-1 CAV<br><br>4-27 FA<br><br>47th BSB<br><br>40th BEB<br><br>WSMR<br>- for med mgmt. only | 4-6 IN<br><br>1-67 AR<br><br>1-77 AR<br><br>2-13 CAV<br><br>4-1 FA<br><br>123rd BSB<br><br>2 BEB<br> | <br>1AD CAB<br><br>204th MI<br><br>USASMA<br><br>1AD HHBN<br><br>JTJFN<br><br>741st EOD &<br>734th EOD<br><br>22nd CBRN<br><br>7th ASOS<br>Weather DET<br><br>1AD SBDE<br> | 11th ADA<br><br>32nd AAMDC<br><br>528th HC<br><br>93rd MP BN<br><br>5th AR<br><br>Garrison<br><br>Fort Bliss NCO<br>ACADEMY<br><br>WBAMC<br><br>-- SRU<br><br>-- DENTAC<br> |
| <p><b>Child and Family Behavioral Health Services</b><br/>                     OIC: MAJ Nathan Low<br/> <a href="mailto:Nathan.L.Low@mail.mil">Nathan.L.Low@mail.mil</a><br/>                     Front Desk: 915-742- 1615</p> <p><b>Inpatient BH (Rio Vista)</b><br/>                     OIC: MAJ Juan Tellez<br/> <a href="mailto:juan.f.tellez2.mil@mail.mil">juan.f.tellez2.mil@mail.mil</a><br/>                     Rio Vista contact<br/>                     915-487-4300</p> <p><b>Partial Hospitalization Intensive Outpatient (PH-IOP)</b><br/>                     OIC: Bambi Depew<br/> <a href="mailto:elizabeth.depew2.civ@mail.mil">elizabeth.depew2.civ@mail.mil</a><br/>                     Front desk: 915-742-3519</p> <p><b>Addictions Medicine Intensive Outpatient (AM-IOP)</b><br/>                     OIC: Gisela Carter<br/> <a href="mailto:gisela.j.carter.civ@mail.mil">gisela.j.carter.civ@mail.mil</a><br/>                     Front desk: 915-742-4545</p> <p><b>Family Advocacy Program (FAP)</b><br/>                     915-742-2800</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>° All others not already assigned an EBH<br/>                     ° Transitional &amp; temporary</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>37</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



## Restrictions and changes since/ during COVID-19

Please:

- Continue to wear a mask when coming in to hospital and clinics.
- Maintain social distancing.
- Be patient as we ensure everyone's safety.

## Classes and Briefings Available

*\*Classes custom tailored to your needs.*

- Leadership Sessions
- Anger Management
- Resiliency
- Sleep Hygiene
- Coping Skills
- Substance Use
- Communication Skills
- Suicide Prevention
- Smoking Cessation
- Civilian/Support Staff Resources



## Warning Signs of Stress Reactions

- Change in behavior/personality (not just seeming depressed a change in their norm)
- Fatigue, insomnia, low energy
- Increased use of substances (smoking, drinking etc.)
- Easily angered, increased recklessness
- Lack of interest in usually enjoyable things
- Headaches
- Stomach issues.
- Withdrawing

## Warning Signs of Suicidality

- Change in behavior/ personality (not just seeming depressed a change in their norm)
- Sudden calmness (they have made a decision)
- Easily angered, increased recklessness
- Fatigue, insomnia, low energy
- Increased use of substances
- Withdrawing
- Mood swings



*The signs above are **NOT** all-inclusive... people have different reactions.*

**\*\*\***The signs for Suicidality and Stress are very similar, making problem difficult to discern. **\*\*\***

Best to address as **SOON** as possible!

## Available Services

### Commanders:

- Consultation with BH Providers
- Command directed evaluations
- Unit needs assessments
- Executive/leader resilience
- Assistance with resources

### Units:

- Classes and services tailored to meet specific needs
- Services conducted in unit's area of operations
- Classes and briefings for juniors, leaders, and families
- Substance use guidance
- Collaboration with unit's MRT

### Individuals:

- Tele-health appointments
- Walk-in emergency services



## Resources to Contact in a Crisis:

### **National Suicide Prevention Lifeline:**

1-800-273-8255  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### **National Sexual Assault Hotline:**

1-800-656-4673  
[www.rainn.org](http://www.rainn.org)

### **National Domestic Violence Hotline:**

1-800-799-7233  
[www.thehotline.org](http://www.thehotline.org)

### **Honor and Courage Hotline (24 hours):**

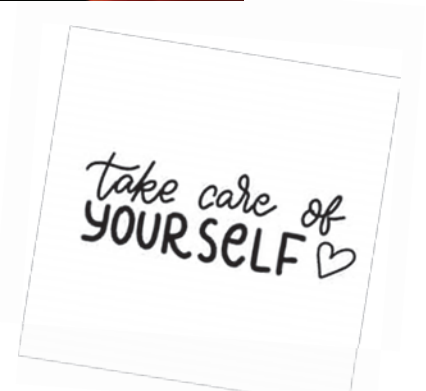
267-210-6956  
[www.operationward57.org](http://www.operationward57.org)

### **Childhelp: National Child Abuse Hotline**

1-800-422-4453  
[www.childhelp.org](http://www.childhelp.org)



# Army Strong



## Domestic Violence Resources

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### **The Battered Women's Justice Project**

1-800-903-0111, ext. 1  
[www.bwjp.org](http://www.bwjp.org)

### **Futures without Violence**

415-678-5500 TTY: 800-595-4889  
[www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)

### **National Center on Domestic and Sexual Violence**

512-407-9020  
[www.ncdsv.org](http://www.ncdsv.org)

### **National Coalition against Domestic Violence**

303-839-1852  
[www.ncadv.org](http://www.ncadv.org)

### **National Domestic Violence Hotline**

800-799-SAFE (7233) TTY: 800-787-3224  
[www.thehotline.org](http://www.thehotline.org)

### **National Network to End Domestic Violence**

202-543-5566  
[www.nnedv.org](http://www.nnedv.org)

### **National Resource Center on Domestic Violence**

800-537-2238  
[www.nrcdv.org](http://www.nrcdv.org)

### **American Institute on Domestic Violence**

928-453-9015  
[www.aidv-usa.com](http://www.aidv-usa.com)

## Sexual Violence Resources

### **End Violence Against Women International**

509-684-9800  
[www.evawintl.org](http://www.evawintl.org)

### **Male Survivor**

800-738-4181  
[www.malesurvivor.org](http://www.malesurvivor.org)

### **National Sexual Violence Resource Center**

717-909-0710  
[www.nsvrc.org](http://www.nsvrc.org)

### **Rape Abuse & Incest National Network (RAINN)**

800-656-HOPE  
[www.rainn.org/](http://www.rainn.org/)

### **Speaking Out About Rape (SOAR)**

407-898-0693  
[www.soar99.org](http://www.soar99.org)

### **Victim Rights Law Center**

[www.victimrights.org](http://www.victimrights.org)

### **Violence Against Women Online Resources**

[www.vaw.umn.edu/](http://www.vaw.umn.edu/)

## Stalking Resources

### **The National Center on Protection Orders and Full Faith & Credit, Battered Women's Justice Project**

1-800-903-0111, ext. 2  
[www.fullfaithandcredit.org](http://www.fullfaithandcredit.org)

### **Stalking Resource Center, National Center for Victims of Crime**

1-800-FYI-CALL (394-2255), TTY: 1-800-211-7996  
[www.victimsofcrime.org/our-programs/stalking-resource-center](http://www.victimsofcrime.org/our-programs/stalking-resource-center)

## Teen Dating Violence Resources

### **Love Is Respect: National Teen Dating Abuse Helpline**

1-866-331-9474, TTY: 866-331-8453  
[www.loveisrespect.org](http://www.loveisrespect.org)

## Other Helpful Resources

### **Occupational Safety & Health Administration (OSHA)**

[www.osha.gov/SLTC/workplaceviolence](http://www.osha.gov/SLTC/workplaceviolence)

### **Military One Source**

Military One Source is an online and telephone based resource that offers confidential help 24 hours a day, from around the world. Mental health and survivor support are offered, and they also offer financial counseling, free tax returns, legal consultation, and help navigating the military lifestyle. All services are free of charge for military members and their families.

1-800-342-9647  
[www.militaryonesource.mil](http://www.militaryonesource.mil)

### **Traumatic Brain Injury**

- Defense and Veterans Brain Injury Center created the A Head for the Future initiative to raise awareness and lower the risk of concussion. The campaign offers information about the signs, symptoms, and treatment of brain injuries and educates service members and veterans about how to prevent them.
- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury provides information and resources about psychological health, post-traumatic stress disorder, or PTSD, and traumatic brain injury.
- Veterans Affairs Polytrauma/Traumatic Brain Injury (TBI) System of Care is an integrated network of specialized rehabilitation programs dedicated to serving veterans and service members with both combat and civilian related TBI and polytrauma.

### **Mental Health Conditions**

- The National Institute of Mental Health (NIMH) provides information on a variety of mental health topics and list current clinical trials that allow persons to access treatment for free
  - (866) 615-6464.



## **Substance use disorders**

- Free counseling services for alcohol and substance use disorders are available through the installation to service members and their family members.
- Contact your branch substance use disorder prevention program: Army Substance Abuse Program, Marine Corps Substance Abuse Program, Navy Alcohol and Drug Abuse Prevention, and Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program.
- Substance Abuse and Mental Health Services Administration National Mental Health Information Center provides referrals to outpatient, inpatient and residential treatment facilities, including affordable mental health services.

## **Deployment Health Clinical Center**

- The Department of Defense Psychological Health Center of Excellence website provides a list of resources for service members and their families and a link to the Department of Defense Mental Health Self-Assessment Program (alcohol and mental health screening).
  - [www.pdhealth.mil/](http://www.pdhealth.mil/)

## **U.S. Department of Veterans Affairs Mental Health Resources**

- The Department of Veteran Affairs website offers a broad range of information about mental health and treatment options as well as a VA facilities locator.
  - [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)

## **National Center for Post-Traumatic Stress Disorder**

- The Department of Veteran Affairs's National Center for Post-Traumatic Stress Disorder website also offers a broad range of information specific to post-traumatic stress disorder and treatment options.
  - (802) 296-6300
  - [www.ptsd.va.gov](http://www.ptsd.va.gov)

## **Moving Forward**

- Moving Forward is a free, on-line educational and life coaching program that teaches problem-solving skills to help you to better handle life's challenges. It is designed to be especially helpful for veterans, service members and their families.
  - [www.veterantraining.va.gov/movingforward](http://www.veterantraining.va.gov/movingforward)

## **Online Screening Tools**

- Free, confidential, online screenings for anxiety, depression, mood disorders, PTSD and other conditions are available at Mental Health America's screening service.
  - [www.mhascreening.org](http://www.mhascreening.org)

**Be well.**