



**Welcome to Korea!**



**Behavioral Health Handbook**



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

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**Area I – Casey, Hovey, Stanley, Jackson**  
Camp Casey Behavioral Health: 737-3708/3711

**Area III – Camp Humphreys**  
BDAACH OP Behavioral Health: 737-5668  
Pacific Guardian Behavioral Health: 737-5791  
Warrior Behavioral Health: 737-5177

**Area IV – Daegu, Henry, Walker, Carroll**

Walker [Daegu, Henry] Behavioral Health: 737-4784  
Carroll Behavioral Health: 737-4236

## **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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## **VISION**

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

# Socially Distanced Behavioral Health Resources

Are you...

- in quarantine or isolation and feeling... well... isolated?
- 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 for you!

## Free Smart Phone Apps



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



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



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



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



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



**PTSD Coach:** Learn about post-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>

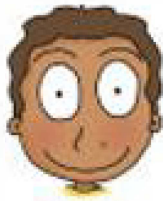
**Family Support:** <https://www.pdhealth.mil/resource-center/military-family-support>

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



# MY FEELINGS CHART

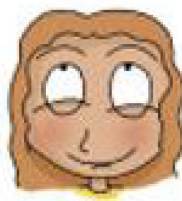
TODAY I AM FEELING: \_\_\_\_\_



HAPPY



INTERESTED



PROUD



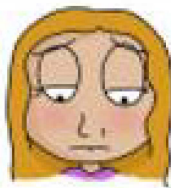
HOPÉFUL



PLAYFUL



SAD



LONELY



ASHAMED



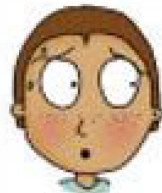
BORED



IGNORED



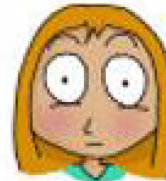
FEAR



ANXIOUS



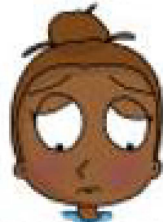
WORRIED



OVERWHELMED



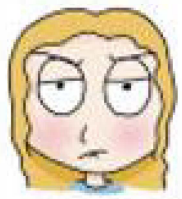
REJECTED



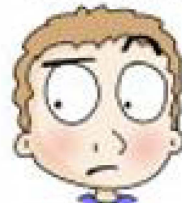
DISAPPOINTED



AVOIDANT



JUDGEMENTAL



HESITANT



LOATHING



ANGRY



FRUSTRATED



IRRITATED



SARCASTIC



DEVASTATED

@journey-to-wellness

# 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 to:

\_\_\_\_\_  
\_\_\_\_\_  
**Last night I slept:** (well rested) (only a few wake ups) (restlessly) (with frequent wake ups) (unable to fall asleep) (unable to stay 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.





## **41 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 (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. Decrease in 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

## **Stress Management Tips**

- Utilize social support provided by friends, family, or community organizations.
- Daily Positive Journaling – Identify three positive experiences each day to write about.
- Practice Relaxation Skills (*see next page*):
  - Deep Breathing, Visualization / Guided Imagery, Meditation
- Time Management:
  - Use a to-do list or appointment book
  - Prioritize your tasks
  - Break large tasks into smaller pieces
  - Limit Distractions - If you can't limit your distractions, get away from them. Set boundaries between work and play. Everyone is different — make the changes you need to focus.
  - Give yourself time between tasks – For example, if you have an appointment, try and arrive 15 minutes early so you have time to decompress.
- Self-Care – means taking care of yourself, but also making time to do things you enjoy.
- **Let yourself be less than perfect.**

# **STEEL Strategies for Staying Mentally Tough During Adjustment Periods**

**S – Stick to what you know.** Anticipation of stressful experiences can increase tension and strain 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, rely on factual evidence, bring yourself to the present, and foster a sense of mutual support with family and friends.

**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.** If things seem out of your control, try to focus on your life goals and what you find meaningful. This also means limiting our exposure to the stream of negative information that may be inundating our lives. Check in on family members and get important news updates, but don’t get distracted from what’s right in front of you. Find fulfillment in your life.

**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 Camp Humphrey's 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 BDAACH’s Emergency Department.

Support each other and stay flexible.  
For the most up to date information, consult the CDC website.



# Healthy Sleep

After disrupted travel, it may be time to reset your sleep!



***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*. Pick a wake time consistent with your normal work schedule to make for an easier transition back to normal 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 min, 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 cool but comfortable temperature.
6. Limit caffeine intake to the morning and <400mg.
7. Avoid naps. Naps make it harder to sleep the next night. If you must nap, limit to 20min in the morning.
8. Do not exercise 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.



# Sleep Hygiene

**Insomnia** is a common sleep disorder that can make it hard to fall asleep, hard to stay asleep, or cause you to wake up too early and not be able to get back to sleep. You might even still feel tired when you wake up. Insomnia can not only deplete your energy level and mood but also your health, work performance, and quality of life.

Throughout their lives, many adults experience short-term (acute) insomnia, which lasts for days or weeks. These short-term experiences are usually the result of stress or a traumatic event. But some people have long-term (chronic) insomnia that lasts for a month or longer. Insomnia may be the primary problem, or it may be associated with other medical conditions or medications.

The consequences of poor sleep are vast. Brain functioning slows down, memory is faulty, the frequency of accidents increases, stress rises, and there are a number of associated health issues such as weight gain and increased blood pressure.

**You don't have to put up with sleepless nights!** Simple changes in your daily habits **and** SLEEP BEHAVIOR can often help.

**It 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 below:**

**Set a Schedule:** Establish a regular sleep schedule every day of the week. Don't sleep in more than an hour, even on your days off. 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.

**Don't Force Yourself to Sleep:** If you haven't fallen asleep after 20 minutes, get up and do something calming. Read a book, draw, or write in a journal. Avoid computer, TV, and phone screens, or anything else that's stimulating and could lead to becoming more awake. 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.

**Avoid Caffeine:** Caffeine can stay in your system for up to 12 hours, so it is wise to restrict 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.

**Avoid Nicotine:** Avoid nicotine at least 2 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.

**Avoid Alcohol:** Avoid alcohol after dinner. Alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented. Alcohol is a poor sleep aid and should not be used as such.

**Avoid Napping:** Napping during the day will make sleep more difficult at night. Naps that are over an hour long, or those that are later in the day, are especially harmful to sleep hygiene. If you must nap, keep it brief, and try to schedule it before 3:00 pm. It is best to set an alarm to ensure you don't sleep more than 15-30 minutes. Use your bed only for sleep: If your body learns to associate your bed with sleep, you'll start to feel tired as soon as you lie down. Using your phone, watching TV, or doing other waking activities in bed can have the opposite effect, causing you to become more alert. Just as you may associate the kitchen with hunger, this guideline will help you associate sleep with your bedroom. Follow this rule both during the day and at night.

**Regular Exercise:** Exercising in the late afternoon or early evening, preferably for 40 minutes each day, can aid sleep, 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.

**Eat Well:**

- Foods that contain dairy, added sugar, and gluten can cause inflammation and be disruptive to the digestive system which may cause a person to wake up repeatedly at night.
- Stimulating food and beverages like caffeine and added sugar consumed late in the day or right before bedtime can confuse the body's digestive system and make it difficult to fall asleep.

**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. A light bedtime snack can promote sleep.

**Sleep in a Comfortable Environment:** It's important to sleep in an area that's adequately quiet, comfortable, and dark. Try using an eye mask, ear plugs, fans, or white noise if necessary. 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.

**Unwind and Unplug:** 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 book, or have a pleasant talk with your family or friend. Find what works for you and make it your routine before bed.

Some may feel that watching TV or scrolling through social media on their phone makes them sleep, but electronic screens should be avoided for 1-2 hours before bed because the "blue light" from these screens is activating to the brain.

**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.







# Quarantined Together: **Communication Strategies For You and Your Family**

COVID-19 may have 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 how they're being impacted by COVID-19, 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 min). 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**





# Communication

## **Barriers to Effective Communication**

**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.

**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.

**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.

**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.

**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.

**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, or political beliefs. All can alter perceptions and create barriers to communication.

**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.

## **Tips for Improved Communication**

Make sure the other person is paying attention.

Be organized.

Use "I" statements

Speak so that the listener will understand.

Encourage open-ended conversation.

Be open to feedback.

Be specific and objective.

Be positive

Respond not react.

Ask for a summary.

Try to resolve a conflict, not win it.

Compromise when needed.

# Maintaining Healthy Relationships

\*These tips can apply to spouses, partners and 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 (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 getting 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 time out when needed

- Take the time you need to calm down if things get too intense and come back to it later

# Communication Tips for Getting Comfortable with Uncomfortable Conversations



## The 5 R's

- **Reflect** on your motivation for the conversation: To learn more about your peers/Soldiers? Learn more about yourself? 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, it means that they cannot possibly give the complete view of big-picture, complex, historic issues that extend beyond individuals.
- **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.

# Coping Skills

When used properly, **Coping Skills** can reduce the symptoms of depression, anxiety, stress, and improve well-being. Depending on the coping skill, they can be used during a difficult moment to alleviate negative thoughts, or on a daily basis to gradually improve mood.

**Coping** - To invest one's own conscious effort, to solve personal problems, in order to try to minimize or tolerate stress and conflict.

**Adaptive Coping** – Reacting to a stressful situation in a *healthy* manner.

**Maladaptive Coping** – Reacting to a stressful situation in an *unhealthy* manner. Can diminish symptoms of stress, but not address the problem.

Examples of Maladaptive Coping:

- Drinking
- Emotional numbing
- Gambling
- Unhealthy social isolation
- Escape/Avoidance
- Intrusive thoughts (aka Cognitive Distortions)
- Procrastination
- Risk Taking Behavior

**Define coping in your own words:**

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**What coping skills have you used while on the ward and/or in the past?**

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**What coping skills will you use when you leave the ward?**

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**What did you take from the Coping Skills Group that you feel will be helpful to you?**

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## **Deep Breathing**

1. Sit back in a comfortable position. You can close your eyes, but it isn't necessary. TIP: When learning to use deep breathing, try placing one hand on your abdomen so you can feel it rise and fall with each breath. This will get you in the habit of taking large breaths, filling your lungs.
2. Breathe in slowly through your nose. Time the inhalation to last 4 seconds. It's fine to go even slower, if you prefer.
3. Hold the air within your lungs, but not to the point of strain. 4 seconds is a good target to aim for.
4. Pucker your lips, and slowly exhale through your mouth. Time the exhalation to last 6 seconds. TIP: For practice, try exhaling through a straw. This will get you in the habit of exhaling slowly.
5. Repeat the breathing cycle for at least 2 minutes. Practice for 5 to 10 minutes for greater benefits.

## **Visualization**

1. Sit back or lie down in a comfortable position. You'll get the best results if you close your eyes for this technique, but you don't have to.
2. Think of a place that's calming to you. Some ideas are a warm beach, a secluded mountaintop, or a cozy coffee shop.
3. Begin to imagine your chosen scene. Don't just think about it in passing—really imagine the scene. Imagine what you would see, hear, smell, feel, and taste. For example, if you choose a beach, imagine the way the sand feels between your toes, the sound of waves crashing on the shore, and the smell of salty air.
4. Set a timer for 5-10 minutes and allow yourself to get lost in the scene. Remember that this time is about your relaxation and nothing else.


## **Meditation**

1. Find a comfortable place to sit, with few distractions. If you are sitting on the floor, cross your legs. If you're in a chair, place your feet on the ground. Sit in an upright, but comfortable position.
2. Turn your attention toward your breathing. Try to notice everything about it, from the feeling as it travels through your nose or mouth, to the sensation of it filling your lungs. Notice how it feels when you exhale and the air slowly returns to the atmosphere.
3. When your thoughts start to wander—which they eventually will—simply acknowledge that this has happened, and turn your focus back to your breathing. It's natural that your thoughts will wander, and it might take a moment before you catch yourself.
4. Set a timer, and practice! 5 minutes is a good starting point, but aim for longer practice sessions as you progress.

# Depression

When depression depletes your confidence and/or motivation, it can lead you to isolate or do the bare minimum. As a result, everyday tasks like work and relationships start to fall by the wayside. Eventually, this behavior creates new problems, which cause stress and can make your depression worse, perpetuating an ongoing, worsening cycle.

## 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 1/3 of those diagnosed with depression also suffer from anxiety.
- Physical exercise has been found to have a significant antidepressant effect.
- 60% of those who die by suicide suffer from depression or a related mood disorder.
- Depressive episodes also occur during bipolar disorder alongside manic episodes.

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# Cognitive Reconstruction

Stress, anxiety, and depression are caused by our thoughts about a situation, not by the actual situation. Your level (or lack) of stress about a situation may be different from someone else's simply from you thinking about it differently than they do.

Most of the time the thoughts you are having that cause stress are irrational or farfetched, but you still react to them as if they are factual.

**Cognitive Restructuring** is the therapeutic process of identifying and challenging negative and irrational thoughts. These sort of thoughts are called *cognitive distortions*.

## Cognitive Distortions

Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.

**Magnification and Minimization:** Exaggerating or minimizing the importance of events. One might believe their own achievements are unimportant, or that their mistakes are excessively important.

**Catastrophizing:** Seeing only the worst possible outcomes of a situation.

**Oversgeneralization:** Making broad interpretations from a single or few events. "I felt awkward during my job interview. I am *always* so awkward."

**Magical Thinking:** The belief that acts will influence unrelated situations. "I am a good person—bad things shouldn't happen to me."

**Personalization:** The belief that one is responsible for events outside of their own control. "My mom is always upset. She would be fine if I did more to help her."

**Jumping to Conclusions:** Interpreting the meaning of a situation with little or no evidence.

**Mind Reading:** Interpreting the thoughts and beliefs of others without adequate evidence. "She would not go on a date with me. She probably thinks I'm ugly."

**Fortune Telling:** The expectation that a situation will turn out badly without adequate evidence.

**Emotional Reasoning:** The assumption that emotions reflect the way things really are. "I feel like a bad friend, therefore I must be a bad friend."

**Disqualifying the Positive:** Recognizing only the negative aspects of a situation while ignoring the positive. One might receive many compliments on an evaluation, but focus on the single piece of negative feedback.

**"Should" Statements:** The belief that things should be a certain way. "I should always be friendly."

**All-or-Nothing Thinking:** Thinking in absolutes such as "always", "never", or "every". "I *never* do a good enough job on anything."

# The Cognitive Model

## Practice Sheet

### Situation

Something happens. This step covers only the *facts* of what happened, without any interpretation.

|  |
|--|
|  |
|  |



### Thought

Using thought, you interpret the situation. These interpretations are not always accurate. There are many ways to think about the same situation.

| My Actual Thought |
|-------------------|
|                   |
|                   |
|                   |
|                   |

| Alternate Thought |
|-------------------|
|                   |
|                   |
|                   |
|                   |



### Feeling

You experience emotions based upon your thoughts about the situation.

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### Behavior

You respond to the situation based upon your thoughts and feelings.

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## SAFETY PLAN FOR \_\_\_\_\_

### 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 chaplain; imagery; cards/board game; read a book; drink a beverage; watch TV; listening to others; crats/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 (in Korea) who I can get in contact with and will ask or help to resolve, anger, grief, depression, anxiety, or stressful situations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Available resources and contact numbers:

National Suicide Prevention Lifeline: DSN 737-4673 • COMMERCIAL 05033-37-4673

National Sexual Assault Hotline: 1-800-222-1222

National Domestic Violence Hotline: DSN 315-736-5997 ([www.thehotline.org](http://www.thehotline.org))

Emergency Medical System (EMS): 911 or 031-690-7911

BDAACH Behavioral Health Outpatient Clinic: DSN 737-5668 • COMMERCIAL 05033-37-5668

BDAACH Emergency Room: DSN 737-5545 • COMMERCIAL 05033-37-5545

BDAACH SUDCC (Substance Use Disorder Clinic Care): DSN 737-2129 • COMMERCIAL 05033-37-2129

# **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.)

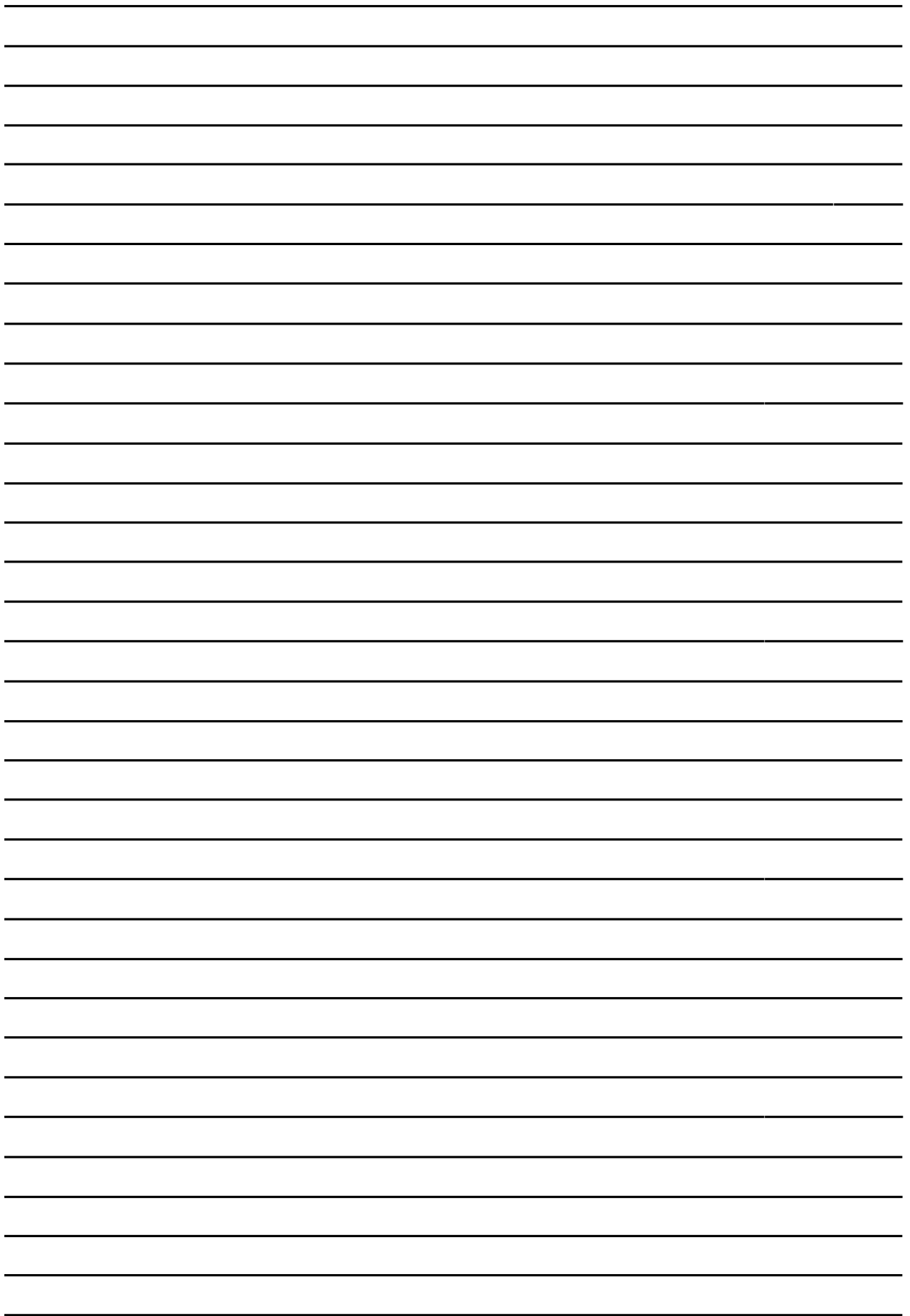
### **Make a list of topics to discuss with the treatment team:**

- Mood/Feelings/Emotion/Disposition.
- Do you understand what lead you to the point of being hospitalized?
- Name one personal strength that can help you.
- Name one personality trait you'd like to improve.
- A goal you have while you're here.
- What's the next step after you leave?
- Existing or changing of physiological issues (i.e. Sleep, Appetite, and Pain).
- Issues that need to be addressed in your personal life (i.e. financial, legal, housing).
- Do you have any questions, comments, or concerns about your medications?
- Who is in your support network?
- Do you feel that you are ready to discharge?
- What advice would you give to your younger self?
- Don't forget to ask about your status.

***"This pouring thoughts out on paper has relieved me.  
I feel better and full of confidence and resolution." – Diet Eman***







# 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.

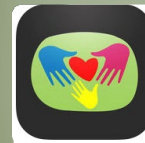


### SESAME STREET FOR MILITARY FAMILIES



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.

# 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 rel

## CAMP HUMPHREYS

### **Warrior BH (WBH)**

BLDG 7315 (7th and Indian Head)  
DSN: 737-5177 Cell: 0503-337-5117  
2ID Sustainment and Rotational Units

### **Pacific Guardian BH (PG)**

BLDG 1073 (Across from Hospital);  
DSN: 737-5791 Cell: 0503-337-5791 Service  
to 2CAB, 1SIG

### **BDAACH Multi-D OBH:**

Brian D. Allgood Army Community Hospital  
BLDG 3031, 5th Floor;  
DSN: 737-5668 Cell: 0503-337-5668  
All other operational units, CS dependents  
(Space A)

### **Intensive Outpatient Program:**

BLDG 370  
DSN: 737-5813 Cell: 0503-337-5813

### **Family Advocacy Program:**

BLDG 370  
DSN: 737-5799 Cell: 0603-337-5799

## CAMP CASEY

BLDG 802, 4th Floor;  
DSN: 737-3708 Cell: 0503-337-3708

## CAMP WALKER

BLDG 226 (TMC);  
DSN: 737-4817/4784 Cell: 0503-337-4817

## CAMP CARROL

BLDG 180 (TMC);  
DSN: 737-4236 Cell: 0503-337-4236

\*Child and Family Behavioral Health Services are  
available face-to-face at BDAACH, and  
virtually in Area IV\*

## SUDCC

Area III: BDAACH BLDG 3031, 5th Floor  
DSN: 737-5668 Cell: 0503-337-5668  
Area IV: BLDG 226  
DSN: 737-4784 Cell: 0503-337-4784  
Area I: BLDG 802  
DSN: 737-3708 Cell: 0503-337-3708

# CRISIS RESPONSE

## **On Post**

Call DSN 911 or cell 031-690-7911

Medical emergencies:

Report Emergency Room at BDAACH BLDG 3030

## **Off Post Emergencies**

Call 119

## **Korea-Wide Suicide Crisis Lifeline**

(for USFK)

DSN 118 or Cell 080-8555-118

## **Suicide Hotline**

### **(Military & Veteran)**

050-3337-4673 (Press 1)

1-800-273-8255 (Press 1)

## **Crisis online chat:**

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

## **TO CALL A DSN LINE**

05033 + last 6 digits of DSN number

## **UNIT MINISTRY TEAMS ON CALL**

|                     |               |
|---------------------|---------------|
| Camp Humphreys:     | 010-9496-7445 |
| Camp Casey/Yongsan: | 010-3100-3906 |
| Daegu:              | 010-9374-9917 |

## **MILITARY FAMILY LIFE COUNSELORS**

### **(MFLCs)**

|                 |               |
|-----------------|---------------|
| Rotational:     | 010-5813-6076 |
| 1ST SIG:        | 010-5681-5304 |
| 2CAB:           | 010-8307-7320 |
| 2ID Rotational: | 010-2496-6179 |
| 501st MI:       | 010-8324-7215 |
| 65th MED BDE:   | 010-8407-4975 |
| 35th ADA:       | 010-2414-1857 |
| CYS:            | 010-4455-2120 |
| DODEA:          | 010-3981-4175 |
| 94th MP:        | 010-7462-9928 |
| 8th Army:       | 010-5782-4219 |

# BEHAVIORAL HEALTH

## **Operational Stress Resources for Commanders and Unit Leaders**



## **BRIAN D. ALLGOOD ARMY COMMUNITY HOSPITAL BEHAVIORAL HEALTH**

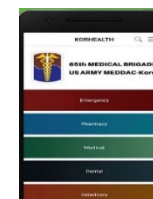
Installation Director Psychological Health  
(IDPH): DSN: 737-5668

BH Service Line NCOIC: DSN: 737-5668



## **65TH MEDICAL BRIGADE CLINICAL OPERATIONS BEHAVIORAL HEALTH TEAM**

CLINOPS Senior BH Tech: DSN: 737-2184



**KORHEALTH  
NOW AVAILABLE!!**

- ✓ Book appointments
- ✓ Get directions
- ✓ Access Medical Records





## Available Classes & Briefings

Leadership Sessions  
Anger Management  
Resiliency  
Sleep Hygiene Coping  
Skills Substance Use  
UMT Support  
Communication Skills  
Suicide Prevention  
Smoking Cessation



Civilian/ Support Staff Resources

*\*Classes custom tailored to your needs.*

## 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 agitated (anger)/Recklessness
  - Lack of Interest in usually enjoyable things
- Headaches
- Stomach issues
- Withdrawing

## Warning Signs of Suicidality

- Change in behavior/personality
- Sudden calmness (as if they have made a decision)
- Easily agitated (anger)/recklessness
- Fatigue, Insomnia, Low Energy
- Increased use of substances
- Withdrawing
- Mood Swings
- Giving away possessions

*The statements above are **NOT** all inclusive, people have different reactions.*

**The signs for Suicidality and Stress are very similar, making them 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:

- TeleHealth Appointments
- Walk-In Emergency Services

# Creating Hope Through Action

Support is within Reach 24/7



If you or someone you know needs support now,  
Call or text any of the Lifelines below:

Talk with us.

There is hope



On Post Emergency: **911**

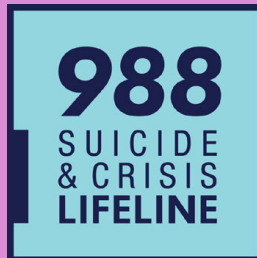
Off Post Emergency: **0503-355-7911**

## Suicide & Crisis Lifelines

From DSN: **988**

Toll free: **0808-555-118**

Online: **988Lifeline.org**



KATUSA: **1303**

Korean Nationals: **1393**

## LGBTQ+ Trevor Project Lifeline:

**1-866-488-7386**

**<https://www.thetrevorproject.org/get-help/>**

**Trans Lifeline: 1-877-565-8860**

**<https://translifeline.org/>**

## USAG-H BH Clinics

### Warrior BH (WBH)

*2nd Infantry Division (2ID) and Rotational Units*

BLDG 7315 (7th and Indian Head)

DSN: 737-5177 COMM: 0503-337-5177

### Pacific Guardian Clinic

*2nd Combat Aviation BDE (2CAB), 1st Signal BDE*

BLDG 1073

DSN: 737-5791 COMM: 0503-337-5791

### Brian D. Allgood Army Community Hospital (BDAACH)

*All other operational units & CS Dependents*

BLDG 3031, 5th Floor

DSN: 737-5668 COMM: 0503-337-5668

\* For information on your (MFLCs), please contact ACS at: **DSN: 757-2363/0503-357-2363**

\* For information on off-post MH services, please contact the EAP at **DSN: 755-1086/0503-355-1086**





# *in*Transition

COACHING • CONNECTING • EMPOWERING

Free, voluntary, and confidential program to support all active-duty service members, National Guard members, reservists, veterans, and retirees as they transition between mental health care systems. No exclusions.



**inTransition Program**  
**CONUS: 800-424-7877**  
**OCONUS: 800-748-81111**

**Available 24/7 at:**  
**<https://health.mil/inTransition>**

# Crisis Resources

**National Suicide Prevention Lifeline:**

1-800-273-8255

<https://suicidepreventionlifeline.org/>

**National Sexual Assault Hotline:**

1-800-656-4673

<https://www.rainn.org/>

**USFK Suicide Crisis Intervention Life Line:**

DSN: 118

Commercial: 0808-555-118

**National Domestic Violence Hotline:**

1-800-799-7233

<https://www.thehotline.org>

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

1-267-210-6956 (call or text)

Email: [honor@operationward57.org](mailto:honor@operationward57.org)

**Childhelp: National Child Abuse Hotline**

1- 800-422-4453

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

# Domestic/Sexual Violence Resources

**Asian and Pacific Islander Institute on**

**Domestic Violence**

Phone: 415-568-3315

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

**Futures without Violence**

Phone: 415-678-5500 TTY: 800-595-4889

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

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

Phone: 512-407-9020

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

**National Coalition Against Domestic**  
**Violence**

Phone: 303-839-1852

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

**National Domestic Violence Hotline**

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

**National Network to End Domestic Violence**

Phone: 202-543-5566

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

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

Phone: 800-537-2238

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

**American Institute on Domestic Violence**

Phone: 928-453-9015

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

**End Violence Against Women International**

Phone: 509-684-9800

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

**National Sexual Violence Resource Center**

Phone: 717-909-0710

<http://www.nsvrc.org>



**Victim Connect Resource Center**

Phone: 855-484-2846

<https://victimconnect.org/>

**Male Survivor**

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

**Love Is Respect**

Phone: 866-331-9474

Text: LOVEIS to 22522

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

**National Center for Victims of Crime**

Phone: 202-467-8700

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

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

Phone: 800-656-HOPE

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

RAINN also has an app available in the App Store and on Google Play.



**Occupational Safety & Health Administration (OSHA) – Workplace Violence**

[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 counselling, free tax returns, legal consultation, and help navigating the military lifestyle. All services are free of charge for military members and their families.

Phone: 800-342-9647

[www.militaryonesource.mil/](http://www.militaryonesource.mil/)

**Psychological Health Center of Excellence**

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).

<https://www.pdhealth.mil/>

**U.S. Department of Veterans Affairs - National Center for PTSD**

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.

Phone: 800-273-8255.

<https://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.

<https://www.veterantraining.va.gov/movingforward/>

Moving Forward also has an App available in the App Store and on Google Play.

**Be Well.**