

# Leadership Behaviors in War and Disasters for Civilian and Military Populations to Foster Action, Sustainment, and Recovery

Joshua Morganstein, M.D.

Captain, U.S. Public Health Service

Deputy Director, Center for the Study of Traumatic Stress

Professor & Vice Chair, Department of Psychiatry

School of Medicine, Uniformed Services University

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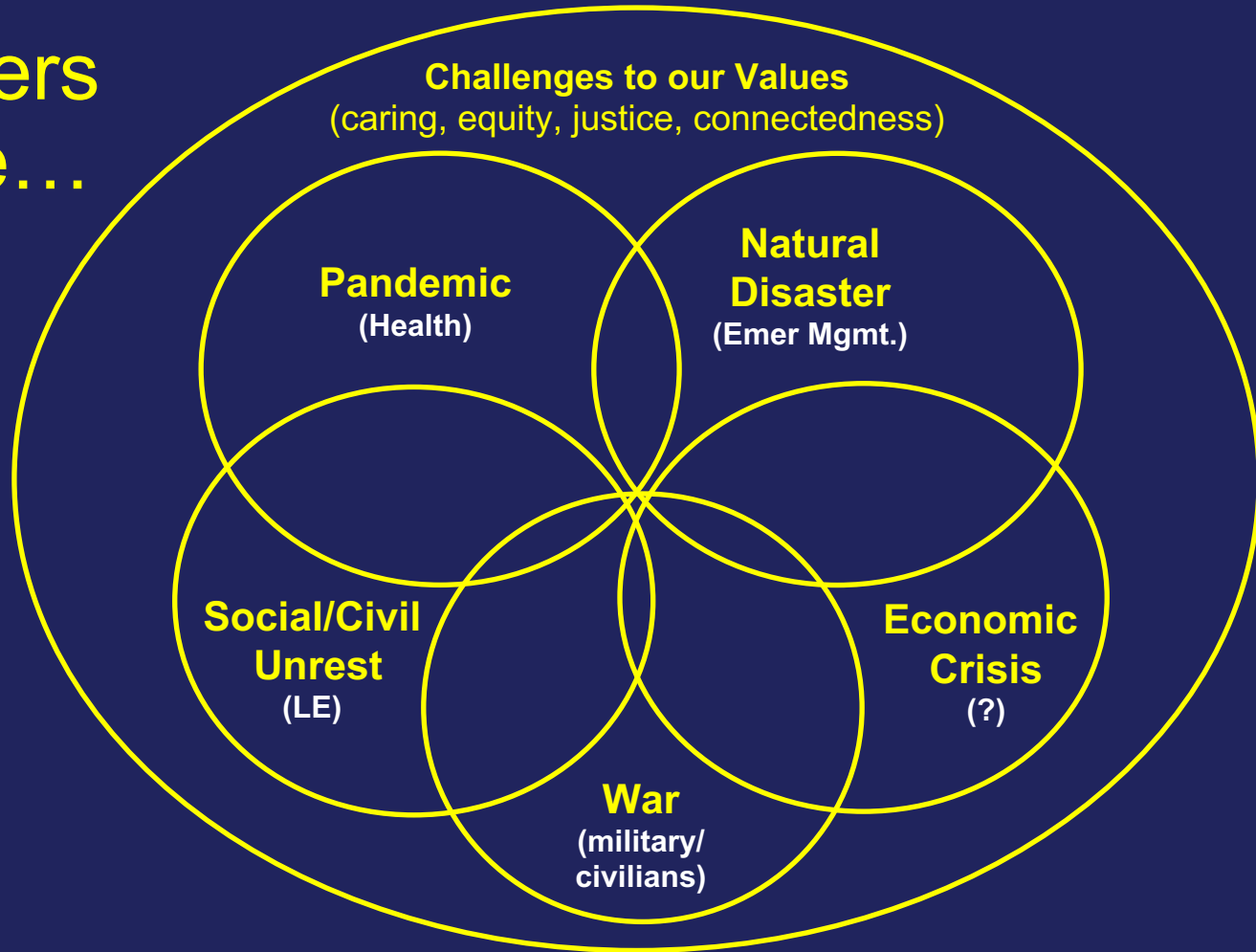
# ASPECTS OF THE DISASTER ENVIRONMENT TO GUIDE LEADERSHIP DECISION- MAKING AND BEHAVIORS

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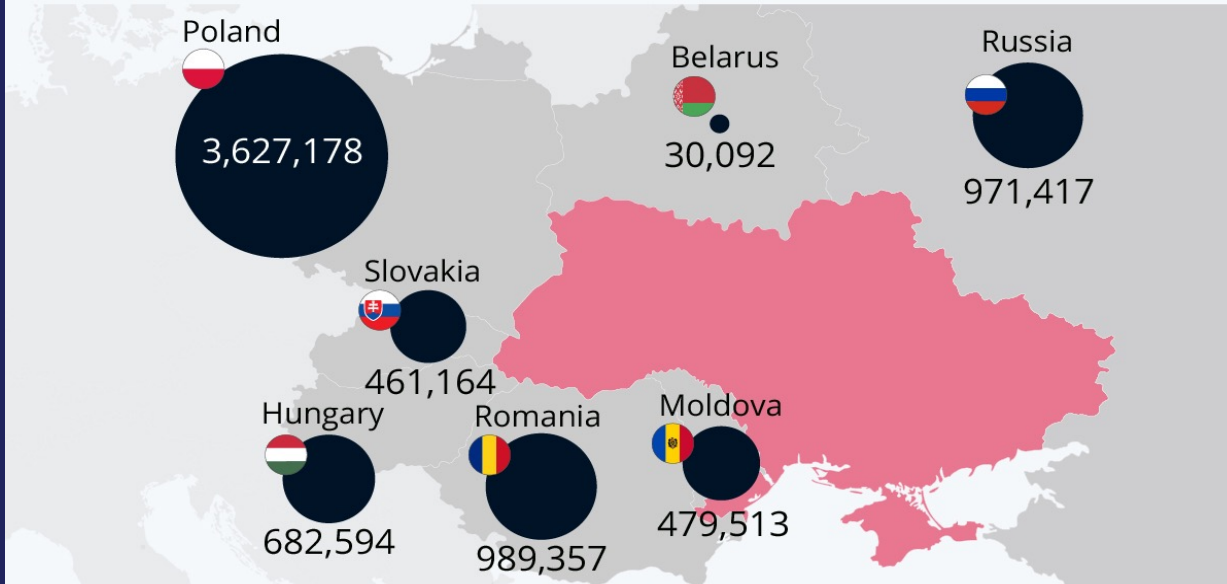
# Disasters Collide...



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# 6.8 Million Seeking Refuge from Russia's Invasion

Number of Ukrainian war refugees crossing into neighboring countries\*



<https://www.statista.com/chart/26960/number-of-ukrainian-refugees-by-target-country/>

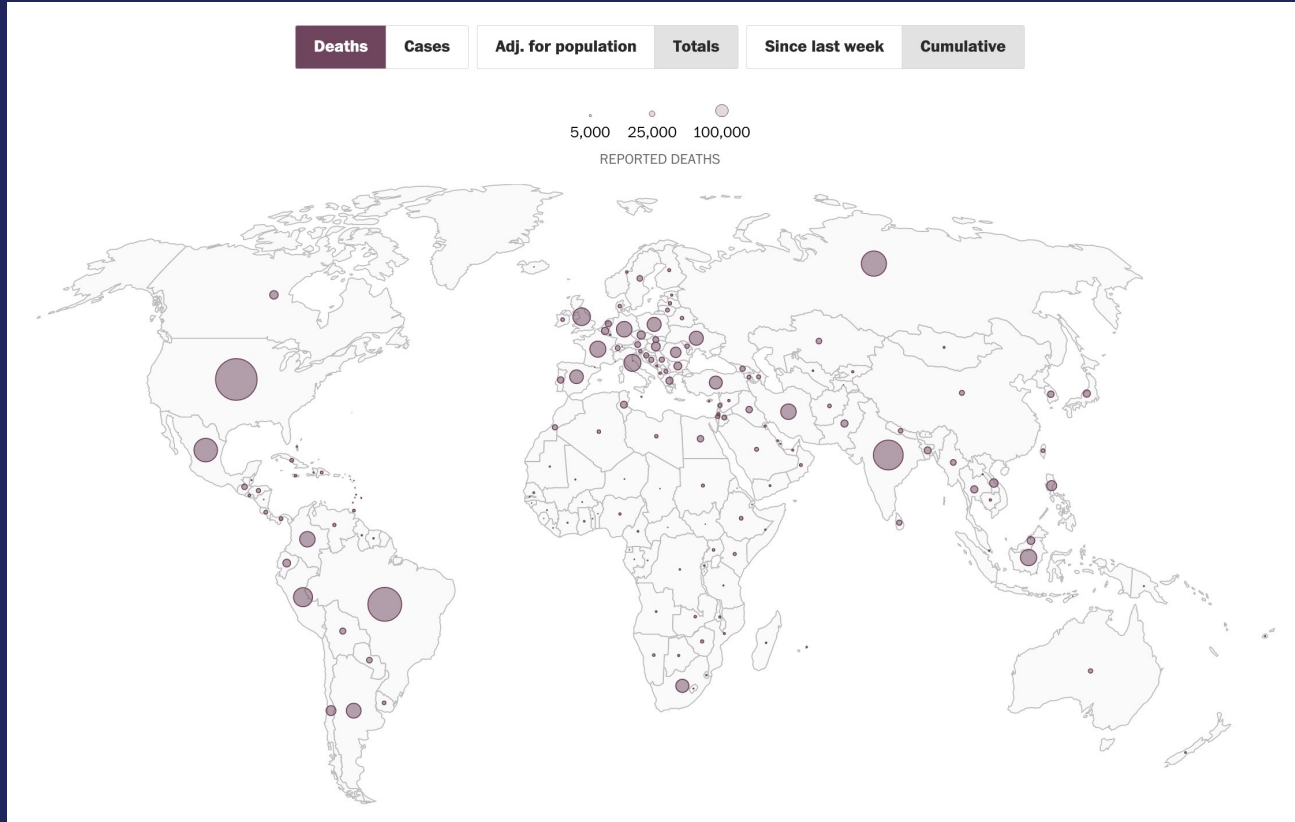
\* Data extracted on June 2, 12 PM CET. Accumulated number higher than total due to border crossings between countries.

Source: UNHCR

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# COVID-19 Global Deaths (Jul 22, 2022)



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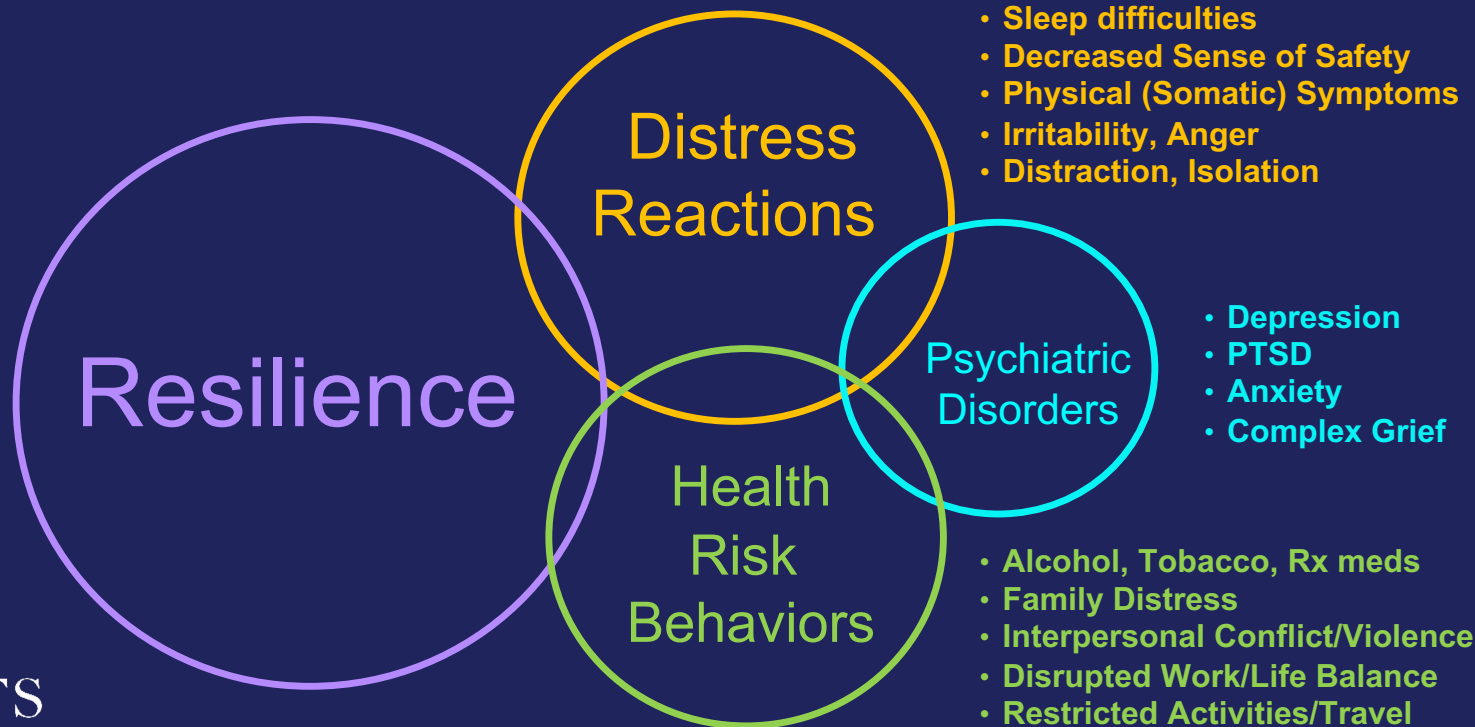
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[https://www.washingtonpost.com/graphics/2020/world/mapping-spread-new-coronavirus/?no\\_nav=true&p9w22b2p=b2p22p9w00098](https://www.washingtonpost.com/graphics/2020/world/mapping-spread-new-coronavirus/?no_nav=true&p9w22b2p=b2p22p9w00098)

# Dimensions of Disasters – War & Pandemics

DIMENSION	WAR	PANDEMIC
Altered sense of safety	++++	++++
Local & National fear	+++	+++
Prolonged stress	++++	++++
Consequences over time	++++	++++
Community disruptions	+++	+++
Overwhelm health systems	++++	++++
Death	++++	++++
National bereavement	++++	+++
Impact societal infrastructure	++++	++
Intentional	++++	-
Opponent is visible	++++	-
Unpredictable	+	+++
Institutional trust loss	-	++++

# Psychological & Behavioral Responses to War & Disasters



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Adapted from: Ursano, R., Fullerton, C., Weisaeth, L., & Raphael, B. (2017). Individual and Community Responses to Disasters. In R. Ursano, C. Fullerton, L. Weisaeth, & B. Raphael (Eds.), *Textbook of Disaster Psychiatry* (pp. 1-26). Cambridge: Cambridge University Press.

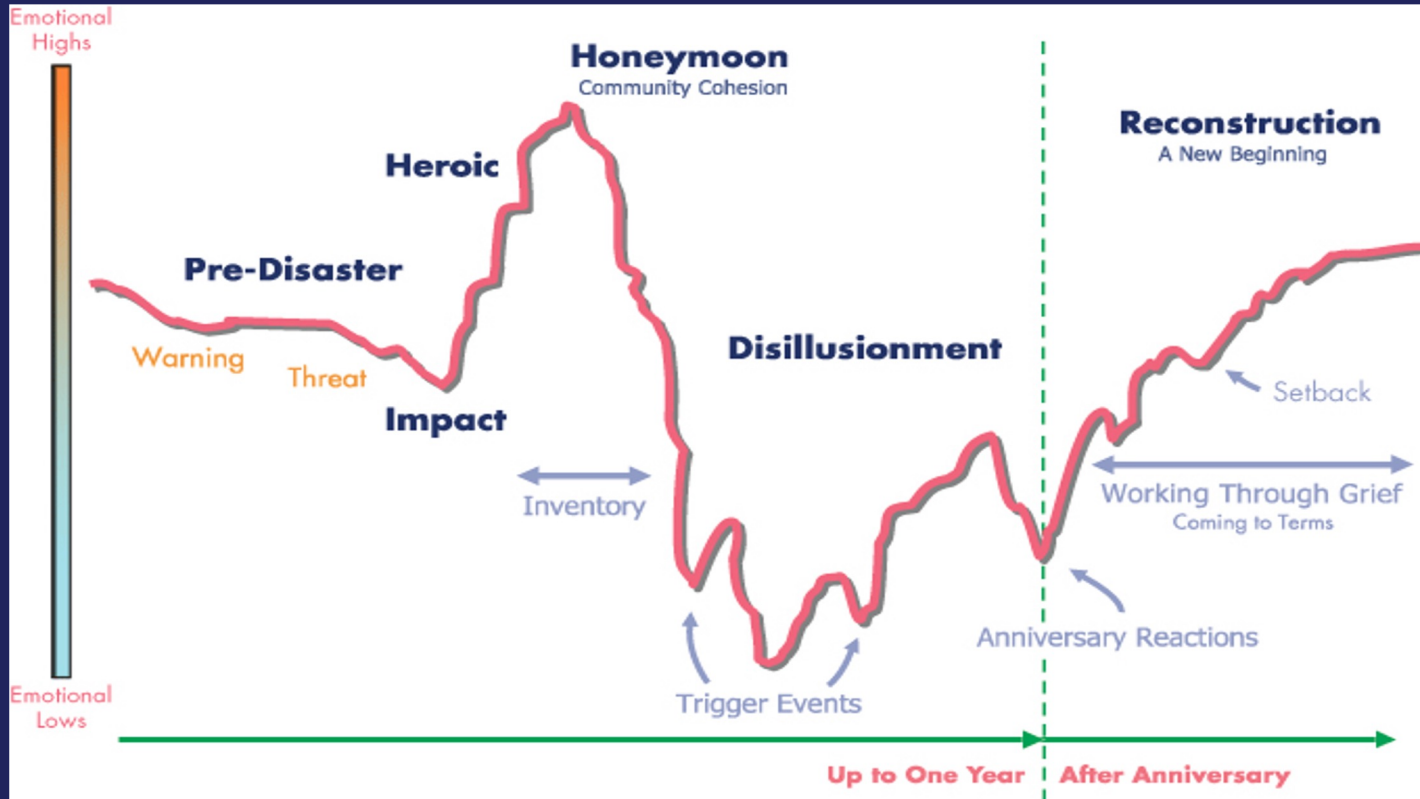


# Stress Continuum

READY	REACTING	INJURED	ILL
<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>• Adaptive coping</li> <li>• Effective functioning</li> <li>• Well-being</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>• In control</li> <li>• Calm and steady</li> <li>• Getting the job done</li> <li>• Playing</li> <li>• Sense of humor</li> <li>• Sleeping enough</li> <li>• Ethical and moral behavior</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>• Mild and transient distress or loss of function</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>• Anxious</li> <li>• Irritable, angry</li> <li>• Worrying</li> <li>• Cutting corners</li> <li>• Poor sleep</li> <li>• Poor mental focus</li> <li>• Social isolation</li> <li>• Too loud and hyperactive</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>• More severe and persistent distress or loss of function</li> </ul> <p><b>TYPES</b></p> <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Fatigue</li> <li>• Grief</li> <li>• Moral injury</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>• Loss of control</li> <li>• Can't sleep</li> <li>• Panic or rage</li> <li>• Apathy</li> <li>• Shame or guilt</li> </ul>	<p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>• Clinical mental disorders</li> <li>• Unhealed stress injuries</li> </ul> <p><b>TYPES</b></p> <ul style="list-style-type: none"> <li>• PTSD</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Substance abuse</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>• Symptoms persist &gt; 60 days after return from deployment</li> </ul>
Self Help	 <p>Leadership/Organizational Support Peer Support</p>		Screening/Referral



# Psychological & Behavioral Community Phases



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DeWolfe, D. J., & Nordboe, D. J. (Eds.). (2000). Training manual for mental health and human service workers in major disasters (2nd ed.). SAMHSA: SAMHSA.

# Who is at Risk?



# LEADERSHIP BEHAVIORS TO FOSTER ACTION, SUSTAINMENT & RECOVERY

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# Psychological First Aid (PFA)

## ***Five Essential Elements:***

Safety

Calming

Self/Community Efficacy

Connectedness

Hope/Optimism

- Analogous to “First Aid”
- Population-based “framework”
- “Do no harm” approach
- Resilience-focused
- NOT a cure/tx for illness
- MAY mitigate illness/dz

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Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283–315– discussion 316–69.

# Leadership Through Walking Around

- Walk around, be present, listen to concerns
- Engage in protective leadership behaviors
- Make time for “face-to-face” activities
- Enhance communication and connection
- Facilitate team building activities
- Pandemic/other factors caused leaders to “hunker down”... creates challenges

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# Crisis Leadership Behaviors

- Communicate Effectively
- Encourage Self-Care
- Promote Cohesion
- Support Emotion Regulation
- Foster Purpose
- Facilitate Help-Seeking
- Encourage Growth
- Promote Reintegration
- Address Grief
- Sustain Morale

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Harms, P. D., Credé, M., Tynan, M., Leon, M., & Jeung, W. (2017). Leadership and stress: A meta-analytic review. *The leadership quarterly*, 28(1), 178-194.

Birkeland, M. S., Nielsen, M. B., Knardahl, S., & Heir, T. (2016). Time-lagged relationships between leadership behaviors and psychological distress after a workplace terrorist attack. *International Archives of Occupational and Environmental Health*, 89(4), 689–697.

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# Communicate Effectively

- Build trust, cohesion, morale
- Facilitate risk / threat perception
- Influence behaviors & recovery
- Say what you know and don't know
- Early, honest, often
- Mission, goals, objectives
- Anticipate, clarify, normalize
- Rituals & symbols

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Eyre, A. (1999). In remembrance: post-disaster rituals and symbols. *Australian Journal of Emergency Management*, (Spring), 23–29.

Reynolds, B. S., & Seeger, M. (2012). Crisis and Emergency Risk Communication. Centers for Disease Control and Prevention.

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### COMMANDERS' GUIDE TO RISK COMMUNICATION IN THE FACE OF EMERGING MILITARY THREATS

War creates many psychological stressors. Some are known and understood, allowing for preparation and training. As military conflicts evolve, novel mechanisms of killing and disruption, both in peacetime and war, increase fear and uncertainty and can significantly diminish readiness. Historically, the introduction of new weapons into warfare, such as the Gatling gun or chemical agents, increased the stress burden on service members.

Service members can be best prepared through training, protective gear, education, and effective ongoing risk communication.

the battlefield causing distress. Service members can be best prepared through training, protective gear, education, and effective ongoing risk communication. Risk communication is a critical tool for optimizing the psychological and behavioral response of an organization or community. For military leaders, risk communication involves sharing information about operational risks, the consequences, actions, the risk, operational consequences on the battlefield, and evolving risk.

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### LEADERSHIP COMMUNICATION: Anticipating and Responding to Stressful Events

"When people are stressed and upset, they want to know that you care before they care what you know"  
— Will Rogers

**Background**  
How leaders behave and communicate during stressful situations, such as the response to a disaster event, can make significant differences in how people respond and react. It may also influence whether leadership is strengthened or diminished. This communication can take many forms, including written messages, formal and informal talks, and ritual development and participation.

**The Leader**  
Strong leaders know and care about their people. Caring is demonstrated in everyday activities and interactions and can be especially powerful at key times. Optimally, leaders also know the characteristics of their people, what they have experienced, the nature of the work they do, and how they best respond to leaders' efforts. Effective leaders capitalize on this informed compassion during events when people may be especially vulnerable or needing of support and reassurance.

**Vulnerability**  
Vulnerability is a function of many internal and external factors. Strong leaders are continuously vigilant in identifying factors that have the potential to negatively affect people (such as place or events that remind people of loss or trauma). They are also aware of those factors that can reduce vulnerability (such as health status, peer and leadership support, and a healthy organizational culture).

**Message Development**  
There are many factors to consider in optimizing communications in times of increased or high stress. Many of these principles, like the ones presented here, derive from the field of risk and crisis communication. Additionally, how you deliver your message will often have simple, and repeated.

■ Under stress, people focus on negatives more than positives, so positive messages should outnumber negative messages, ideally 3:1.

■ Don't be afraid to say "I don't know." Make sure to commit to finding out and following up.

■ A helpful and valuable model is Compassion, Connection, Optimism (CCO). Compassion (statement demonstrating that you care/empathize with the intended audience), Connection (statement demonstrating commitment to helping/supporting/solving), Optimism (statement indicating a positive view of the future).


■ People are most likely to remember things they have heard in a specific order, based on primacy and recency: first, last, middle. Your most important message goes first and next most important goes last. Prioritize messages this way to enhance understanding.

**Further Resources**  
Covello V.T. Best practices in public health risk and crisis communication. *J Health Commun.* 2003;8(Suppl. 1):5–8.  
Substance Abuse and Mental Health Services Administration (SAMHSA). Communicating in a Crisis: Risk Communications Conference for Public Officials. Department of Health and Human Services Web site. <https://www.samhsa.gov/press/communicating-crisis-risk-communication-guidelines-public-officials/page/1941-01-005>. Published 2019.  
Vineburgh N, Urwin R, Hamada D, Fullerton C. Public health communication for disaster planning and response. *Int J Public Heal.* 2006;5(3):292–301.



# Encourage Self-Care

- Personal needs
  - Sleep, food, water
- Family needs
  - Safety, clothing, shelter
- Stress management
  - Media exposure, calming
- Peer support

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**OPTIMIZING SLEEP IN AN OPERATIONAL ENVIRONMENT: A GUIDE FOR SERVICE MEMBERS**

During deployment, service members are often required to be alert and functional for irregular or long periods of time under demanding circumstances. However, more than half of deployed service members suffer from chronic sleep restriction. Service members who do not get sufficient sleep report higher

rates of accidents and errors that affect their missions. Sleep is a tool that you can utilize to maximize your physical performance. While deployed, your ability to manage your sleep may be more limited. However, you should work with the factors under your control and get back to better sleep habits when able.

**Service members who do not get sufficient sleep report higher rates of accidents and errors that affect their missions. Sleep is a tool that you can utilize to maximize your physical performance.**

- **Remember the SLANT acronym when selecting a sleep location.**
  - » **Surface:** Select a soft surface
  - » **Light:** Limit light exposure in your sleep environment with shades and eye masks
  - » **Air Quality:** Avoid exposure to air contaminants that pollute sleep environment
  - » **Noise:** Consider using white noise machines and limit exposure to loud noises
  - » **Temperature:** Obtain air conditioning or heating to keep the ambient temperature between 65-67°F
- **Upon waking, get at least 15-60 minutes of bright light.** Use natural sunlight or any bright or blue-enriched light source (e.g., light box, bright indoor lights) to signal to your biological clock that it's time to start the day.
- **Exercise closer to wake-time to signal daytime and improve sleep quality.** Avoid intense exercise close to bedtime and when you are sick.
- **Take naps and consider "banking" your sleep.** Even short naps (< 20 minutes) can improve alertness, performance, and memory. Taking caffeine immediately prior to a short nap can help boost performance and decrease grogginess. Longer naps (> 60 minutes) or extending sleep can make up for lost sleep or prepare you for anticipated sleep loss with a difficult shift. Naps are best 7-9 hours before bed.
- **Use caffeine judiciously.** Caffeine is the most commonly used stimulant drug. It can help keep you awake when tired, but those effects remain for hours and can interfere with your ability to fall asleep. Under continuous operations, taking up to 200mg of caffeine every 6 hours can help maintain performance. Limit caffeine within 6 hours of your desired bedtime. Also, caffeine may become less effective if used frequently, which means you may require more caffeine for the same effect.
- **Limit alcohol before bed.** It may be sedating at first, but it disrupts your sleep quality.
- **Keep a regular sleep and wake time schedule.** This will help keep your sleep and circadian systems in sync and minimize physiological "jet-lag." Doing this on your days off is helpful.
- **Create a regular bedtime routine consisting of quiet activities.** This can include taking a warm shower, reading, and brushing your teeth. Ending the night with a relaxing activity will help get your mind and body ready for sleep.
- **Limit alerting activities close to bedtime.** Light (including mobile device and TV screens), caffeine, exercise, and work should be limited. Also, avoid eating processed or sugary foods prior to bedtime.
- **Use caution when operating a vehicle at the end of a nighttime shift.** If you are feeling sleepy, pull over and take a nap. Opening the windows or playing loud music will not help reduce the risk of crashing.

**Additional resources:**  
*Glickman Lab*  
<https://medschool.usuhs.edu/psy/research/glickman-lab>  
*Walter Reed Army Institute of Research*  
[https://www.certra.army.mil/sites/default/files/2020-04/COVID-19\\_Leader\\_Sleep\\_Checklist\\_WRAIR.pdf](https://www.certra.army.mil/sites/default/files/2020-04/COVID-19_Leader_Sleep_Checklist_WRAIR.pdf)

# Promote Cohesion

SOCIAL	TASK	COLLECTIVE
Encourage proximity for team member interactions	Communicate (mission, goals, objectives, schedules)	Explain and model pride in being a member of the unit
Practice inclusiveness; discourage "out groups"	Train... And train some more... to build confidence in team capability	Highlight successes to enhance sense of pride
Resolve conflict to show team strength	Establish incentives and rewards to encourage pursuit of goals	Conduct tough training (team does what others shy away from)
Know challenges of your people & share your own	Provide guidance on achieving goals and feedback on progress	Foster friendly competition between team elements
Encourage knowing & caring for people & their families	Cross-train on tasks to enhance shared understanding / confidence	Build group identity with mottos and symbols

Adapted from: <https://juniorofficer.army.mil/16-ways-effective-leaders-build-cohesive-teams-in-the-army/>

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Anderson, L., Campbell-Sills, L., Ursano, R. J., Kessler, R. C., Sun, X., Heeringa, S. G., . . . Stein, M. B. (2019). Prospective associations of perceived unit cohesion with postdeployment mental health outcomes. *Depression and Anxiety*, 89, 81-11.

Reed-Fitzke, K., & Lucier-Greer, M. (2020). The Buffering Effect of Relationships on Combat Exposure, Military Performance, and Mental Health of U.S. Military Soldiers: A Vantage Point for CFTs. *J Marital Fam Ther*, 46(2), 321-336.

# Support Emotion Regulation

- Anger is common - adaptive vs problematic
- Sadness, boredom, shame, grief
- Contagion and impact on morale / cohesion
- Breathing, grounding for intense emotions
- Focus & regulate to enhance performance
  - Acceptance – what can you control?
  - Perspective – will it matter 1 wk / mon / yr?
  - Compartmentalize – “Put it away”

# Foster Purpose

- Fosters meaning & understanding of individual/shared sacrifices
- Connect the present to the future
- New York National Guard (4k) following COVID-19 missions
  - Leaders reminding people of the purpose of their work a/w:
    - **Better health**
    - **Better mental health**
    - **Greater unit cohesion**

PRE-ACTIVATION	
<b>S</b> ELLECT Be alert to those who may “carry in” additional stress to the activation: <ul style="list-style-type: none"><li>■ COVID history (self/family sick, someone close died)</li><li>■ Concerns about civilian job</li><li>■ Financial difficulties</li><li>■ New unit members</li></ul>	<b>T</b> RAIN <ul style="list-style-type: none"><li>■ Provide info on activation tasks and duration</li><li>■ Remind about strategies to reduce stress (e.g., regular sleep, hydration, exercise)</li><li>■ Prepare for working in PPE</li><li>■ Make time to integrate non-intact unit members</li></ul>
DURING ACTIVATION	
<b>A</b> SSIST <ul style="list-style-type: none"><li>■ Walk around and talk with team members</li><li>■ Be alert to high stress assignments</li><li>■ Remind people their good work is valuable</li><li>■ Encourage team members to support each other</li><li>■ Facilitate exercise to reduce stress</li></ul>	<ul style="list-style-type: none"><li>■ Help new unit members feel connected</li></ul>
POST-ACTIVATION	
	<b>R</b> ESET <ul style="list-style-type: none"><li>■ Discuss and share accomplishments</li><li>■ Make time for team support</li><li>■ Complete the PDHA &amp; PDHRA</li><li>■ Help people reconnect with family</li></ul>

<https://www.cstsonline.org/education-and-training/health-campaigns/leader-support-for-service-members-working-during-covid-19>

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Trachik, B., Tucker, R. P., Ganulin, M. L., Merrill, J. C., LoPresti, M. L., Cabrera, O. A., & Dretsch, M. N. (2019). Leader provided purpose: Military leadership behavior and its association with suicidal ideation. *Psychiatry Research*, 112722.

# Facilitate Help-Seeking

- Normalize emotions
- Encourage getting help early
- Remove barriers to care
- Avoid perceived punishment
- Get help/support for yourself
- Leverage family/peer support


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McGuffin, J. J., Riggs, S. A., Raiche, E. M., & Romero, D. H. (2021). Military and Veteran help-seeking behaviors: Role of mental health stigma and leadership. *Military Psychology*, 33(5), 332-340.

Hom, M. A., Stanley, I. H., Schneider, M. E., & Joiner, T. E. (2017). A systematic review of help-seeking and mental health service utilization among military service members. *Clinical Psychology Review*, 53, 59-78.

**COURAGE TO CARE**

A Health Campaign of Uniformed Services University, [www.usuhs.edu](http://www.usuhs.edu), and the Center for the Study of Traumatic Stress, Bethesda, Maryland, [www.CSTSonline.org](http://www.CSTSonline.org)

## HOW CAN I GET A SERVICE MEMBER TO SEEK HELP?

### Talking Points for Loved Ones

Loved ones play a key role in encouraging service members to seek help for health problems. It is often a close family member who is the first to notice changes in their loved one's behavior or appearance. These changes may signal a physical or mental health problem, or both.

There has been an increase in psychological and medical disorders since the start of OEF and OIF. Many service members, some subjected to multiple deployments and combat exposure, have returned with post traumatic stress disorder (PTSD), depression, and drug and alcohol misuse. The number of suicides of current and former service members has increased in recent years. Physical injuries include traumatic brain injury (TBI), burns, amputations, and multi-trauma wounds.

Loved ones play a key role in encouraging service members to seek help for health problems.

Service members are often reluctant to seek out healthcare services, especially for emotional problems and depressive symptoms. As a result, many are living with serious health issues that affect their well-being and the well-being of their families and children.

Talking to a loved one about seeking help isn't always easy. *How do you talk to someone about changes in their behavior (anger, withdrawal, or risky behaviors such as reckless driving and alcohol and drug misuse), and how do you get them to seek professional help?*

This *Courage to Care* provides tips on talking to your loved one using three approaches that may help service members view health seeking in a more favorable light.

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When talking to your loved one about seeking help, emphasize:

**1. The Role of Outside Events**

When talking to your loved one about seeking help, point to the *outside factors* that may have contributed to what you are seeing or to your loved one's symptoms. Service members may be more willing to acknowledge a problem in terms of outside events rather than as an illness.

**Talking Point**

*"I've noticed that you are not yourself lately. You are more irritable, withdrawn, and seem sad a lot of the time. Given what you have been through — multiple deployments, combat stress, and adjusting to being back, it's understandable, but the kids and I are concerned, and we want you to feel better."*

**2. Help Seeking as a Strength**

Many service members are concerned that seeking help means they are weak or dependent, and they worry "what will others think of me?" Talk about seeking help as a sign of superior judgment, good decision-making, and involving collaboration.

**Talking Point**

*"This has lasted a long time — restless sleep, jumpiness, anger. Seeing someone at the clinic would be a good idea and probably the best thing you can do at this time. I know you and the doctor can work together to help you feel better."*

**3. One's Obligation to Stay Healthy**

Duty is part of military life and culture. Discuss health seeking as fulfilling one's duty to self and important people in the service member's life — family, children, and comrades.

**Talking Point**

*A spouse or partner might state: "I know that you are 'getting by,' but by getting help, you can be doing that much better! By taking care of yourself, you are taking care of our family. We both have a duty to stay healthy for each other, for our work, and, importantly, for our children."*

*Continued*

# Address Grief

- Communicate openly & regularly
- Be visible and present
- Encourage working together
- Anticipate and acknowledge grief
- Honor losses; make meaning
- Look to the future
- Encourage finding a “new normal”



Scene at Dover Air Force Base, Delaware, after military plane crash at Gander, Newfoundland


IMAGE: <https://history.amedd.army.mil/booksdocs/historyofusarmy/msc/page374.jpg>

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Wright, K. S., Sparacino, L., Bartone, P., Cervantes, R. A., Jr, & Ingraham, L. H. (1987). *The human response to the Gander military air disaster: A summary report* (p. 60). Defense Technical Information Center.

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### GRIEF LEADERSHIP: LEADERSHIP IN THE WAKE OF TRAGEDY

In a world where we learn about traumatic events quickly and suddenly through television, social media, or newspaper coverage, many people can be suddenly and deeply affected by grief over the loss of loved ones, friends, or relatives. Leaders play critical roles in the recovery of communities and individuals after disasters. Leaders have not understood the present emotions and needs of their community and identify the way forward. They communicate and reflect the community's feelings and shared experience in order to lead the community into recovery.

Understanding how people react to tragic events and the roles leaders play in recovery is critical to effective leadership. In the aftermath of traumatic events, many children and their parents, even those not living in close proximity to the events, want to hear guidance from their community's leaders. In this acute phase, leaders must attend to many responsibilities, including effective communication to people who have questions, are seeking reassurance, and want to take action.

As shock and horror turn to sorrow and mourning, leaders are responsible for identifying the timing of when a community is ready for the next step forward and how best to speak the language of each community to help individuals, families, and care providers.

**Leaders play critical roles in the recovery of communities and individuals after disasters.**

- **Avoidance of activities that are reminders of the event**  
For some people, grief can be delayed. For others grief may not ever be evident.

**Communicate Effectively with Your Community**

Worry and distress can spread within and among communities, resulting in rumors and distortions of the facts of the event. Therefore, special attention should be given to optimizing communication with members of your community and with those outside of your community. Formal and informal leaders can be role models for the importance of sharing grief, communicating hope, identifying facts, managing rumors, and providing support to others as needs change over time.

**Immediate Responses**

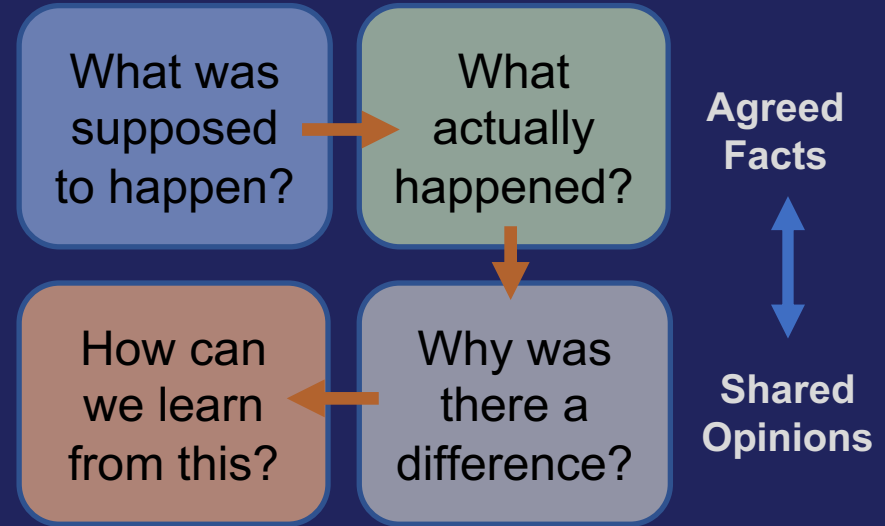
- **Be visible** – Make public announcements and appearances  
By providing useful and accurate information, leaders can re-establish a sense of safety and enhance the community's trust in leadership.
- **Provide accurate, timely information on what is known, what is not known, and when more information will be communicated**  
Press briefings, use of social media, and community meetings can reassure families and dispel rumors. Always say when more information will be available.
- **Understand that people process information differently in high-stress situations**  
Keep messages as simple as possible, repeat frequently, and emphasize positive messages (people tend to focus on negative information when stressed).
- **Use multiple channels of communication**  
People seek information from multiple sources depending on culture, ethnicity, geographic community composition, and history. TV, newspapers, radio, ministers, teachers, firefighters, and local places of gathering (e.g. post office, grocery, and PTCA) provide channels for communication.

*Continued*

# Encourage Growth

- Culture of Learning
- What has been gained
- Soldiers 4 mon post-combat deployment w/ growth-focused leaders reported:
  - Lower PTSD and depression
  - Higher unit cohesion, organizational support

## AFTER ACTION REVIEW



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Wood, M. D., Walker, T., Adler, A. B., & Crouch, C. L. (2020). Post-traumatic growth leadership: mitigating stress in a high-risk occupation. *Occupational Health Science*, 1-20.

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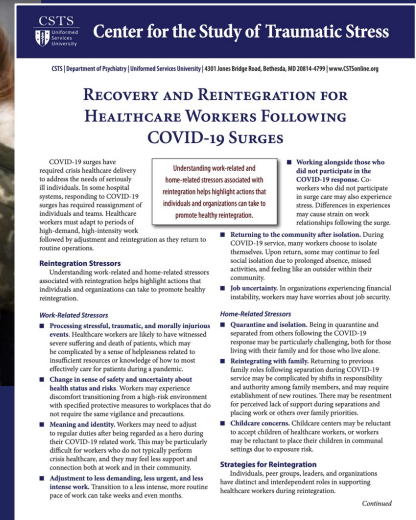


# Promote Reintegration

- Transition from prolonged high stress back to “normal life”
- Loss of meaning and purpose
- Tight knit teams dissolve
- Lack of a shared experience
- Others don’t understand
- Usual “problems” seem trivial
- Family expectations collide



IMAGE: <https://www.newagebd.net/print/article/164281>



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*“Confident and positive state of mind and persistent motivation to engage in the shared purpose of the group, especially during challenging conditions.”*

# Sustain Morale

## 8 Factors Influencing Morale

- Cohesion
- Esprit de corps
- Leadership
- Shared purpose/goal
- Resilience
- Preparedness & training
- Discipline
- Working conditions

## Negative Impact on Morale

- Poor communication, rumors
- Mission uncertainty/confusion
- Inadequate supplies
- Disrespect / harassment / racism
- Unresolved interpersonal conflict
- Substance abuse
- Lack of exercise / boredom
- Defeat in combat

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# Stockdale Paradox

“You must never confuse faith that you will prevail in the end – which you can never afford to lose – with the discipline to confront the most brutal facts of your current reality, whatever they might be.”

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# Thank You

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