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The Army Health Promotion Program

Fit to Win— STRESS MANAGEMENT

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SUMMARY of CHANGE

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Fit to Win-STRESS MANAGEMENT

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The Army Health Promotion Program

Fit to Win—STRESS MANAGEMENT

By Order of the Secretary of the Army:

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I. Purpose

This stress management module is intended to provide general guidance regarding implementation, administration and evaluation of the stress management Initiatives at the installation level. The module should be adapted to meet the local community needs. The specific materials within this module are intended for use by non-medical personnel. Medical resources are listed for use when treatment interventions are appropriate.

II. Applicability

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

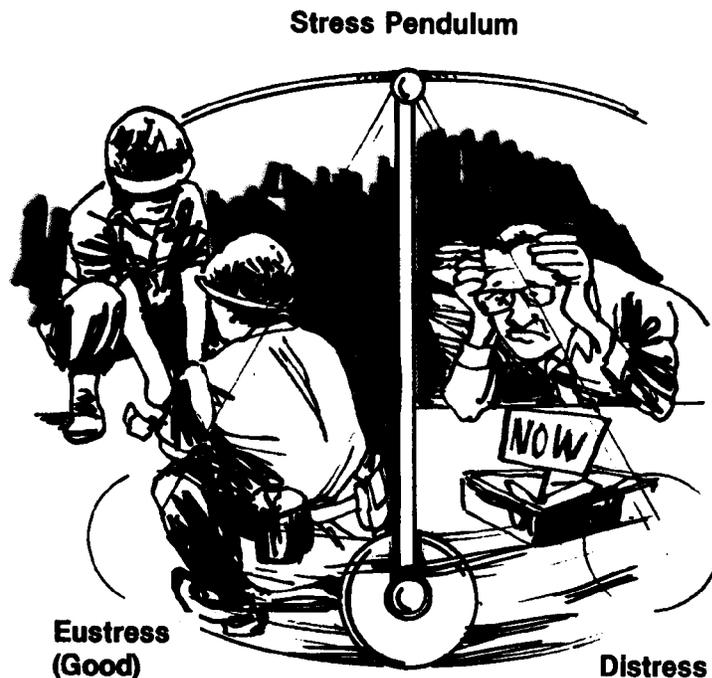


Figure A.

III. Background

a. Stress has been defined as how the body and mind responds to different demands, real or perceived, from the environment or from within. Many demands produce stress: threats, job requirements, illness, and family problems are demands which commonly stimulate a stress reaction in the body. Joyous and beneficial events can produce the same. Stress is an individual phenomenon. What is stressful to one person, may not be stressful to another. "Bad stress" or distress occurs when stress becomes too intense, prolonged or frustrating. It is important that persons are able to identify early signs of distress and are able to adjust to them. Stress may result in physical problems such as headaches, fatigue, high blood pressure, ulcers, low back pain, and heart disease. It should be noted that self-inflicted violence is a growing problem for adolescent, young soldiers and family members. Poor coping skills and stressful work and home environments are definitely contributors to this problem area. Most of us can do something about stress by first identifying what stressors are in *our* lives. Following identification of a stressor, a successful strategy to combat it is often easier, and within reach).

b. Stress is a necessary and inevitable part of Army life, but this is not all bad. Eustress or “good” stress can help an individual to be prepared for action. Having some stress can keep us more alert and ready to respond in time of crisis.

c. Stress is experienced at all levels of the organization and is inherent in the social milieu and structure of unit training, the military family, and the military community at large. Adaptation to stress is also a basic and necessary function of unit readiness and operational effectiveness. Many means of coping and managing stress are beneficial especially when the response results in improved individual performance, healthy lifestyles and organizational effectiveness. There also exists many destructive responses such as excessive alcohol use, drugs, violence, reckless behavior and depression.

d. Combat readiness should be the ultimate goal of all peacetime health promotion activities In the Army. Teaching soldiers and their families how to cope successfully with high levels of stress that they will have to deal with in wartime is crucial. This training should teach successful coping and build confidence. Soldiers need to have successful experiences as part of a competent and caring Army team which will be a vital part of his wartime support system in coping with high stress situations.

IV. Goals

- By 1990, 75% of the Total Army will be able to identify agencies that are available to assist them in coping with stress.
- All installations will develop a published list of local community mutual support or self-help groups and disseminate this information to all units. This information must be provided at every installation during inprocessing procedures.
- On an annual basis, stress management presentations will be conducted at the worksite.
- Military and civilian personnel will understand the elements of lifestyle that may contribute to reducing stress that can be self-initiated.
- All unit commanders will understand the principles of FM 26-2, Management of Stress in Army Operations, and develop plans to implement them.

V. Responsibilities

a. **Commanders** at all levels are responsible for the Health Promotion Program implementation and accomplishment of objectives including evaluation of the program and its impact within their organizations.

b. A **Program Coordinator** will be selected by the installation commander and will identify issues that impact on the health promotion program, act as liaison with civilian resources, assure that the program is integrated in the overall health promotion, program and coordinate assessment and evaluation efforts.

c. **Commander, Medical Treatment Facility**, will monitor the health and aggregate lifestyle health risks in the command, provide technical consultation regarding education, information and intervention programs, and operate select health promotion activities requiring medical supervision.

d. **G1 or Deputy of Personnel/Community Activities (DPCA)** will serve as a co-chairperson on the Health Promotion Council and integrate health promotion activities in the training schedule.

e. **G3 or Deputy of Personnel Training (DPT)** will serve as a member of the Health Promotion Council and integrate health promotion activities in the training schedule.

f. **Staff Judge Advocate** will provide advice and assistance regarding the legal ramifications of the health promotion program policy and procedures.

g. **Civilian Personnel Officer** will provide representation on the Health Promotion Council and assure that local programs take into consideration the needs of the civilian work force.

h. **Specific agencies** such as Army Community Service (ACS), Morale Support Activities (MSA) and Public Affairs Office (PAO) should be involved in the implementation of the Stress Management Module on the post.

i. **Higher level interventions** should be conducted by qualified health care professionals such as a physician and/or psychiatrist, social worker, clinical psychologist, occupational therapist, community health nurse, or health educator with appropriate training and experience.

VI. Module Elements.

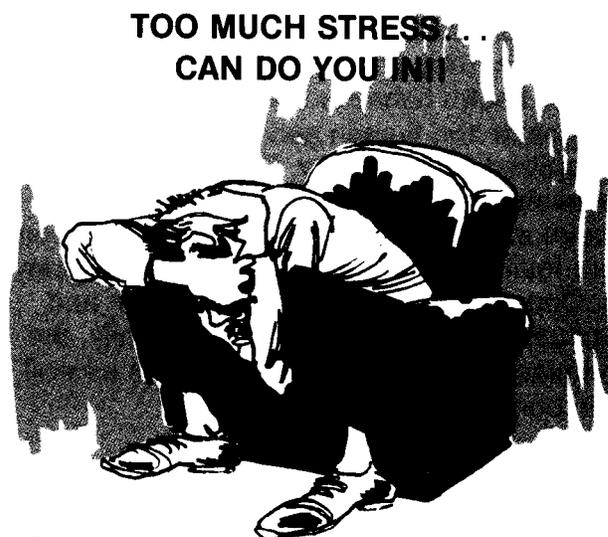
This module is comprised of the following areas: Needs Assessment; Information; Education/Intervention Strategies; Evaluation. Figure 1 depicts three different and increasing levels of support for the Stress Management Module based on installation resources (Level one, Level two, and Level three). Level one is designed as a minimum program that includes placement of pamphlets/brochures/posters around the military community, making sure that welcome packets are provided to all new members and ensuring sponsorship of new arrivals. Level two includes level one plus community education classes (learning new skills and activities) and the use of radio/TV spots. Level three includes level one and level two plus specific intervention programs conducted by qualified health care professionals. (See Figure 1). Additional details on these levels are found in the Annexes.

a. *Needs Assessment*

(1) *Objective.* To determine the significant stressors that are effecting the Army post community, the adequacy of supporting measures, target populations and level of approach.

(2) *Strategy.* Suggested guidelines for community and individual needs assessment for stress management are included in Annex A. Various components of a needs assessment should include:

- Health Risk Appraisals which screen for individuals who are experiencing distress. These questions may serve as a basis to further assess one's lifestyle and methods of coping with stress.
- Community assessments should include a variety of resources that include interviews, questionnaires, available reports and statistics that may indicate the major stressors of a particular community. Triangulation (3 or more resources) of data is a useful tool for determining the "needs" of the community.
- Evaluation results of current stress management programs need to be included in any needs assessment for the community.



B. Overview

Figure B.

b. Overview

(1) *Approach*

• Self-help approaches, group interventions, community Involvement and one-to-one counseling all make up a comprehensive stress intervention when combined with an aggressive education and mass media information campaign.

(2) *Access and Publicity* • Reasonable access to stress management services should be available and widely publicized throughout the post community. Interventions may be located on the installation or within the civilian community.

(3) *Strategy (Self-Help Programs)* • Information on regional and national self-help groups are listed under separate cover, (e.g. Parents Without Partners, Widowed Persons Etc.).

- The training videotapes, from the Academy of Health Sciences and the Soldier Support Center provide excellent guidance pertinent to a wide variety of personnel (List of References, Army Publications, Annex F).
- Medically monitored self-help programs can be designed specifically for high risk groups identified by health care

personnel and when appropriate, formal group programs requiring medical protocols for implementation can be developed.

(4) Education

- The purpose of health education is to raise the level of health knowledge, skill and practice among the Army population to such a point that positive health behavior becomes the norm and that health and human services are accessible and utilized appropriately. Through such a mechanism the soldier and his family can acquire effective coping strategies and become more resilient to the inevitable stress of Army life. Opportunities for stress prevention and management exist in the unit, the family, the workplace, and inprocessing stations as well as in community housing areas.

(5) Environmental/Organizational Influences

- The unit and work environments can be evaluated and improved. Job assignments can be better tailored to individual interest and capabilities. Stress for individuals and groups often can be reduced through helping networks, neighborhoods and Army community and social service agencies. Adequate day care programs can go a long way in reducing stressful pressures on the single parent family or the working spouse. Strengthening neighborhood networks can help Army families gain a sense of control over their lives, reduce alienation, improve the capacity to solve problems and maintain the motivation to overcome problems common to military families. The sponsorship program can be strengthened to decrease stressors associated with PCS moves.

(6) Evaluation

Strategy

- **Questionnaires/Surveys**

Questionnaires, personal interviews and/or telephone surveys for follow-up on any individuals involved in formal class counseling or treatment are all methods of evaluation. Primary focus should be on how individuals have changed to cope with their stressors.

c. Information

(1) *Objective.* To heighten awareness of both positive and negative components of stress and provide basic information to hasten the “teachable moment” critical to behavioral change.

(2) *Strategy.* Annex B, Level One Stress Management Program.

- Disseminate information regarding the nature of health risks resulting from stress and the immediate benefits of proper coping techniques. Brochures published by the National Institute of Mental Health are provided under separate cover.
- Promote distribution of information relevant to specific population groups such as: supervisors, individuals at high risk for cardiovascular, disease, and isolated soldiers. (Annex E, Combat Stress Control)
- Utilize slogans and posters from Annex B. Disseminate program posters, news briefs, and service announcements at least quarterly.
- Utilize public service announcements on closed circuit TV and radio (Annex C, program Level 2). Work with Armed Forces Network (AFN) and with local papers.
- Stress management services. A crisis hotline for suicide prevention is available in many Army communities. Stress management can be included in this crisis hotline. This program must be fostered and supported in order to facilitate accessible and expedient resolution to situations that could lead to health problems.
- Sponsorship Program. Sponsors of new arrivals at an installation should ensure that soldiers and their families have as smooth a transition into their new community as possible. Information regarding support groups and networks, job opportunities and resources within the community should be provided by the sponsor on an individual basis. Providing extensive information and assistance during the first several months can be very effective in reducing the stress for permanent change of station moves.

d. Education

(1) *Objective.* Teach individuals to identify their stressors and set up a practical action plan which will enable them to improve their coping skills.

(2) *Target Groups.* High risk individuals will be identified by an individual and community needs assessment. Groups of particular concern may be:

- Upcoming retirees.
- Recent PCS arrivals.
- All active duty personnel, particularly soldiers within 1 year of entry on active duty.
- Soldiers in leadership positions (NCO's and Officers).
- Women in leadership positions.

- Young, single soldiers (E 1-4).
- Single parents.
- Spouses whose husbands or wives are on frequent deployment/TDY.
- MOSs with isolated assignments (very minimum human interaction).
- Patients with illnesses related to or worsened by stress.

- Minority groups.

- DA civilian employees.

- Shift workers.
- Parents of exceptional family members (handicapped children).
- High security areas with restriction to movement.

(3) *Strategy*

(a) *Training.* Provide general classes regarding stress management during basic and advanced training, enlisted personnel education/training courses, long term training programs, the military academy, and in the unit annual training schedule.

(b) *Classes.* Provide stress management classes for the community at large and for specific target groups. Closed circuit TV (where available) and instruction on stress management at worksites and family housing areas, may be a means of providing this information.

- Unit commanders and civilian supervisors should be educated regarding identification of stress symptoms, coping behaviors, and ways to reduce stressful work environments.
- Qualified health care personnel, in coordination with the American Red Cross and Army Community Services, can provide strategies for coping with stress to those community members who are at high risk of self-inflicted injury or abuse of others.
- Community-based classes may be offered as follows:
 - Adult education classes at the Education Center
 - Time Management
 - Communication Skills Interpersonal Relationships (worker-supervisor)
 - Leisure Resources including post recreational opportunities
- Self-improvement Classes such as:
 - Financial planning
 - Cooking
 - Carpentry
 - Gardening

(4) *Intervention* Many interventions in the stress management areas must be conducted by qualified professionals, however, the individual can begin to learn and implement daily activities through community education that can create a more positive lifestyle.

e. Evaluation

(1) *Strategy.*

(a) Questionnaires, personal interviews, and telephone surveys for follow-up on any individuals involved in formal class counseling or treatment are all methods of evaluation of the effectiveness of the stress program for individual participants.

(b) For post-wide evaluation, the community needs assessment (Annex A) can be re-administered to measure changes in stress indicators.



"It's really very simple. You make out the duty roster. I disapprove it, then I make out my own and you type six copies."

Figure C.

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Commander's Guide	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
Marketing	Unit briefings Post media Community needs assessment Posters, slides, videotapes Incentives: — Personal recognition certificates — Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus: Public relations campaigns Support groups Intramural competitions
Individual Assessment	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
Physical Conditioning*	Community/unit based programs to include aerobic and strength development classes AR 350-15 Guidance National Fitness Month	Level 1 plus: Individualized prescription based on fitness evaluation	Same as Level 2
Procedures Guide	Pamphlets/ Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Risk Assessment Family Health Promotion Activities

Figure 1. Suggested Elements for Level 1-2-3 Fit to Win Programs

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Nutrition and Weight Control	Pamphlets/posters brochures Media blitz for dining hall: menus National Nutrition Month AR 600-9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tapes	Level 2 plus: Nutritional Assessment Individualized diet plans Computerized nutritional analysis Cooking classes
Antitobacco	Pamphlets/ brochures Media blitz advice for smokers and non-smokers National Smokeout AR 1-8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots	Level 2 plus: Computerized cessation program Support group
Stress Management	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCSs	Level 1 plus: Group classes Videotapes Radio/TV spots Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at Medical Treatment Facility
Hypertension Management	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes: Videotapes TV, radio spots	Level 2 plus: Individual counseling
Substance Abuse Prevention	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
Spiritual Fitness	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
Dental Health	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up

Figure 1. Suggested Elements for Level 1-2-3 Fit to Win Programs—Continued

*The exercise elements are the most likely to result in untoward events; therefore, cardiovascular screening must be required for all individuals 40 years of age and older and for anyone with a history of cardiovascular disease. A disclaimer is required.

Figure 1. Suggested Elements for Level 1-2-3 Fit to Win Programs—Continued

Appendix A

Annex A—Needs Assessments

1. Community

In addition to the needs assessment found in the Marketing Module of the FIT TO WIN package, supplemental information regarding stress management parameters, needs to be gathered. Suggested assessment methodologies include:

2. Community Surveys

- Unit questionnaires
- Group questionnaires
- Random personal interviews
- Social organizations
- Consumer groups

3. Review of Statistical Reports

- Hospital visits
- Military police records
- ACS reports
- School reports

4. Consultative Advice from Support Agencies

- Post Chaplains
- Health Care Professionals
- Social Services
- Army Community Services
- Youth Activities
- Child Development Centers
- YMCA/YWCA's

5. Observations

- Participation rates of programs on post

6. Indicators of Community Stress Levels

Although no one variable can be directly related to measuring stress, the following Indicators must be, carefully evaluated to determine their significance in relation to stress problems within the military community.

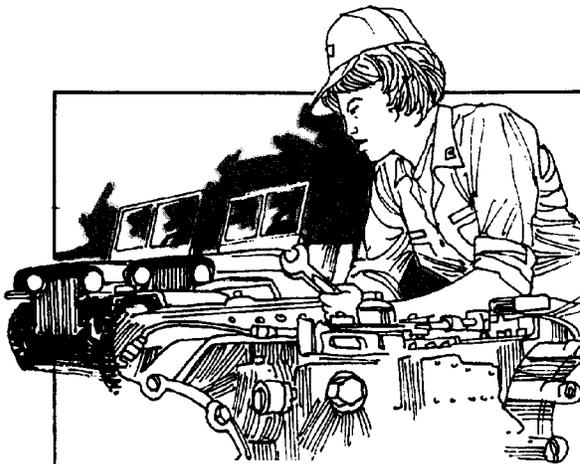
- Incidences of civil disturbances
- Drug and alcohol rates
- Sick call rates
- Hospital visits
- Incidences of hypertension and cardiovascular problems
- Suicide and attempted suicide rates
- Family violence incidences
- Use of recreational facilities—e.g. gym, bowling alley, arts and crafts center
- Incidences of student problems within DODDS or Section six schools
- Incidences of AWOL or disciplinary actions within units
- Type and frequency of I.G. complaints, Congressionals, etc.
- Use of ACS and other social support agencies

7. Community Needs Assessment

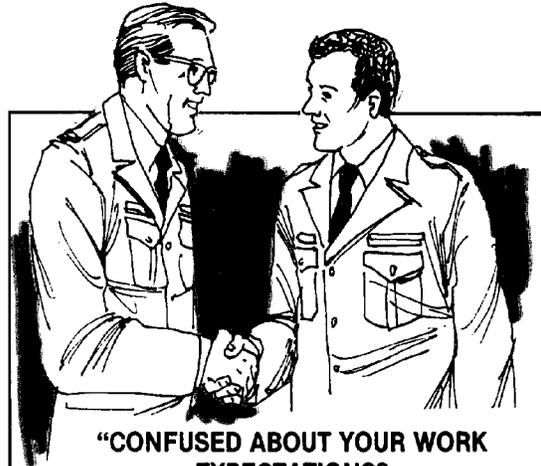
For post-wide evaluation, the community needs assessment can be readministered to measure changes in stress parameters. Since "Needs" change a systematic and on-going assessment should be implemented.

8. Individual

Two accepted samples of assessment tools to measure stress within the individual are the **Holmes-Rahe Scale (Life Changes)** and the **Stress Test** from the **Department of Health, and Human Services**. Examples of these tools are contained in this module under separate cover.

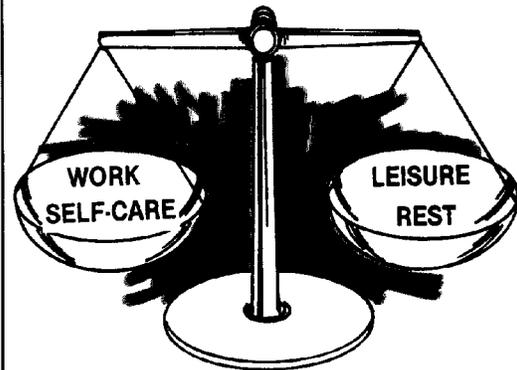


"TAKE ONE THING AT A TIME"



**"CONFUSED ABOUT YOUR WORK EXPECTATIONS?
LEARN TO COMMUNICATE WITH YOUR SUPERVISOR"**

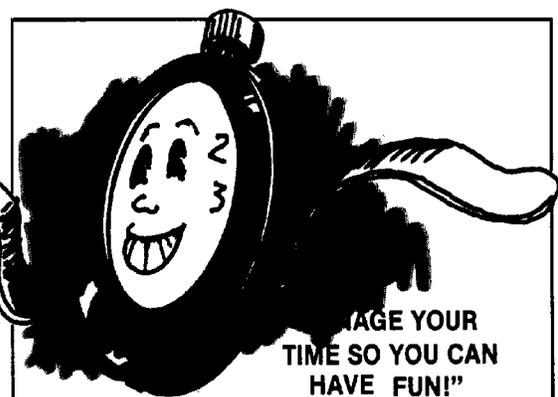
**"STRESSED?
STOP AND SMELL THE FLOWERS"**



"ADD BALANCE TO YOUR LIFE"



"STRESSED? FRIENDS CAN BE GOOD MEDICINE"



"MANAGE YOUR TIME SO YOU CAN HAVE FUN!"

The following are suggested themes for the promotion of stress reduction. They may be used as posters, flyers or on T-shirts.

Figure D.

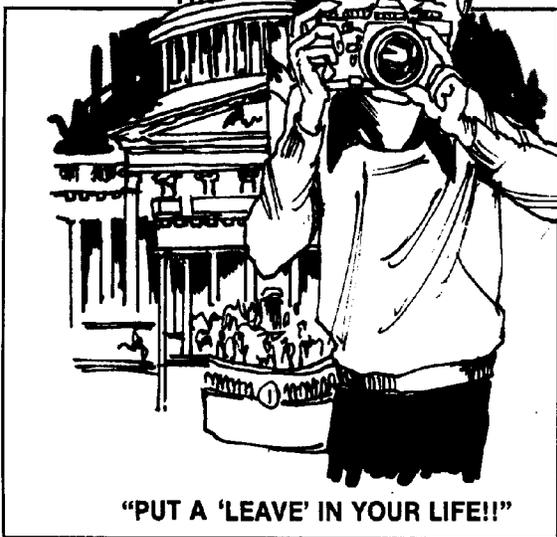


Figure E.

Appendix B

Annex B—Stress Management Program

1. Level 1

At this level stress management can be accomplished by the Installation Public Affairs Office in consultation with the Health Promotion Council on post and/or stress management coordinator.

The focus at this level is on self-identified, self-monitored elements of an Individual's lifestyle that contribute to stress reduction. Examples include:

Development of hobbies/leisure interests.

Development of a balance among work, leisure, chores and family.

Involvement in community groups.

Regular socialization.

Getting enough sleep.

Getting proper exercise.

Proper nutrition.



Figure F.

Appendix C Annex C—Stress Management Program

1. Level 2

The focus at this level is on educating individuals to take the initiative and responsibility to modify their own stressors.

a. Radio/TV Spots Communications/media experts should be utilized to assist the Health Promotion Council in writing scripts and developing appropriate AV materials. Local newspaper personnel should have an on-going systematic method of disseminating stress management information to the community. Ideally, a one-year plan should be developed.

b. TV Spots Mass media is always considered a major part of any health promotion program. Providing scenarios of situations where individuals have positively dealt with stress would be extremely valuable.

Examples of TV spots that could be developed by the Public Affairs office are:

- “Communication with Supervisors”.
- “Managing Several Tasks at One Time”.
- “Dealing with Being a Single Parent”.
- “Adjusting to the Night Shift”.

c. Newspaper Articles Newspaper articles on stress management require systematic planning, targeted to specific populations based upon ongoing community needs assessments. Examples of weekly, monthly or quarterly newspaper articles and suggested authors are:

- “Development of a Leisure Time Pursuit/Hobby” by staff members of the recreation center, arts and crafts center, athletic facilities, and auto mechanics shop.
- “Volunteering Can Be Fun” by staff members of the American Red Cross, Army Community Services, various women’s organizations, Youth Activities Center.
- “Time Management” by a personnel officer or occupational therapist at the Medical Treatment Facility.
- “Stress Reduction and Spirituality” by the Chaplain’s office.
- “Stress Management” by a psychiatrist, social worker, psychologist or occupational therapist.
- “Relaxation Techniques” by a psychiatrist, social worker, psychologist or occupational therapist.

These are just a few examples. The topics are unlimited.

d. Recreation A plan to promote various activities/initiatives on an on-going basis needs to be developed. It is recommended the initial plan encompass programming for one year. Examples that could be Included in a one year program plan are:

- **Auto Mechanics**
 - “Fixing Your Carburetor”
 - “Changing Your Oil”
- **Arts and Crafts Center**
 - “Learning to Frame Pictures”
 - “Coiling a Pot” (Ceramics)
 - “Building Your Own Furniture”
 - “Photography: Develop Your Pictures”
- **Athletic Centers**
 - “Learning Racquetball/Handball”
 - “Swimming Your Way to Relaxation”
 - “Aquarobics”
 - “Volksmarching”
 - “Tennis Lessons”
 - “Outdoor Skills (camping, etc.)”
 - “Aerobics, Jazzercise”
- **Recreation Center**
 - “Quick Fix Meals for the Working Person”
 - “Entertaining at Home”
 - “Learn to Dance”

Appendix D

Annex D—Stress Management Program

1. Level 3

a. At this level, appropriate qualified professionals must be utilized for higher level interventions in stress management. Personnel recommended are physicians, psychiatrists, psychologists, nurses, social workers, occupational therapists, health educators, chaplains and personnel/organizational effectiveness experts. Qualified health care professionals will provide counseling and treatment sessions associated with stress management to include intervention and follow-up.

b. If manpower resources are not available within the military community, contracting for these services may be appropriate.

c. Some examples of programs which provide instruction and practice in basic stress management strategies are:

- Self Assessment
- Clarification of Life Goals (Motivation, values, beliefs, attitudes, problem-solving techniques)
- Relaxation Techniques (Progressive muscular relaxation, autogenic techniques, visualization and imagery, breathing techniques)
- Cognitive Restructuring Techniques
- Type A Behavior Modification
- Self-Concept: Learning About One's Strengths and Weaknesses
- Positive Risk-Taking
- Dealing with Grief
- Support Systems: Joining common interest groups
- Problem Solving: Coping with Stress
- Friendship Development
- Assertiveness Training
- Dealing with Difficult People
- Adapting to New Environments

d. Health Care Professionals are an important resource for stress management at Level 3. It is beneficial to know the various types of health professionals and what skills they can provide. Five health professionals that are normally involved in stress management are: Psychiatrists/Physicians, Psychologists, Social Workers, Occupational Therapists and Registered Nurses. All of the specialties have the capability to provide general information regarding stress management techniques, but each specialty also contributes unique knowledge and skills to this area. For example:

- Psychiatrist/Physician—Individual or group counseling
- Psychologist—Biofeedback techniques
- Social Worker—Family counseling
- Occupational Therapist—Analysis of work/leisure/self-care activities
- Registered Nurse—Counseling and health education



Figure G.

Appendix E Annex E

1. Combat Stress Control

a. War is intentionally the most stressful of human activities. The enemy is deliberately trying to break our will to fight - to stress us until we can no longer do our combat jobs. We must break the enemy's will and to do that may have to push ourselves to our limit. This is true for every soldier and every unit for Combat Service Support as well as for the Combat Arms.

b. Mental and physical fitness help soldiers to endure the stress of combat. But soldiers will still have fear and other unpleasant feelings before, during, and after battle. These combat stress reactions are called "battle fatigue" because they are a natural result of the hard mental and emotional work of facing danger under tough conditions. Battle fatigue may interfere with mission performance. It may even become so severe that the soldier must be sent to medical units for evaluation and treatment. When that happens, the soldier is a temporary "battle fatigue casualty".

c. In combat, battle fatigue is inevitable, but battle fatigue casualties are not. In heavy fighting, there has usually been one battle fatigue casualty for every three to five wounded in action. Company sized units in battle under high risk conditions have, at times, had one battle fatigue casualty for every one wounded. Combat Service Support units usually have more battle fatigue casualties relative to wounded, than do Combat Arms units. Headquarters staff and other support troops can become battle fatigue casualties even when not themselves under fire, due to the high stress and responsibility of their jobs. However, highly trained and cohesive units such as the Rangers and Airborne troops in World War II, usually had fewer than one battle fatigue casualty for every ten wounded, even in very heavy fighting.

d. Most soldiers with battle fatigue can be restored to full effectiveness within minutes to days, if rested in or close

to their units and treated positively. Treatment consists of reassurance, rest, replenishment (water, food, sleep, a chance to restore hygiene) and activities which restore confidence and reinforce the soldiers' Identity as a soldier.

e. Combat stress may also lead to alcohol and drug abuse, negligent behavior that results in illness or injury, deliberately self-inflicted wounds, or faking illness to escape from duty (malingering). Combat stress is not the only cause of these improper behaviors, but controlled combat stress can greatly reduce the loss of good soldiers in these ways.

f. Combat stress reactions, like stress In general, are not necessarily bad or harmful. "Stress" is the process which mobilizes our bodies and minds to overcome challenge or danger. As such, it is essential to effective performance in the ultimate danger and challenge of combat. But leaders (and individual soldiers) must learn to keep stress at the level where it enhances performance without overwhelming it. They must learn how to reduce stress levels rapidly when the opportunity allows, so that they do not exhaust themselves with useless worry. And they must learn to control and avoid unnecessary stressors which distract the soldier from facing the many ones which have been raised by the battle and the enemy.

g. The acts of exceptional heroism which we honor with special decorations are "combat stress reactions." It is the shared hardship and danger of combat which strengthens the bonds of loyalty among comrades which we call unit cohesion. It is this, loyalty which calls for exceptional bravery and even self sacrifice. It is stress which gives soldiers the endurance to work long, grueling hours and remain alert to danger. Combat stress cannot be eliminated. It must be channelled and controlled.

h. Leadership plays the key role in preventing battle fatigue and other combat stress reaction casualties. The same techniques and policies which are learned and applied to manage stress in garrison and field training are the foundation for controlling combat stress in war.

2. Leadership is Key to Preventing Battle Fatigue

A leader reduces combat stress by preparing himself and the unit for combat. It's Important that he know his job and plan for contingencies. He must maintain control of the unit to maximize its efficiency. Good leaders have few battle fatigue casualties in their units, even under extremely stressful circumstances. Poor leaders tend to have many, along with other "improper behavior" combat stress reactions. Good leaders do the following:

a. Promote Unit Cohesion

(1) The most important motive which keeps soldiers doing their duty in combat is "Unit Cohesion". Unit cohesion is the personal trust and loyalty among Members of a small unit which makes them prefer to stick together even when that involves great hardship and danger.

(2) Working together to overcome danger and survive is itself a good way to produce cohesion fast. But there are two disadvantages to waiting until the danger is close to start developing cohesion. First, there is the big risk that the danger and stress will break up the insufficiently cohesive team and roll over It; that everyone will simply get killed or develop total battle fatigue. Second, it is possible to develop personally cohesive groups who care only about their own comfort and survival and not about the mission.

(3) The leader needs to encourage as much personal cohesion as possible within the team before going into combat, and be sure that it is strengthened by a sense of the unit's military identity and its mission. This sense is called "Esprit de Corps" or simply "esprit" (pronounced "espre"). The combination of unit esprit and personal cohesion equals "unit cohesion". Unit cohesion is like reinforced concrete. Cohesion alone is like steel wire mesh; it is hard to break but easy to bend. The esprit is like concrete; it keeps its shape, but shatters easily. Combining the two produces a result that is fair stronger than the sum of its parts. It neither breaks nor bends. The following are specific ways to achieve unit cohesion.

(4) Insure that new arrivals are welcomed into the group and become known and trusted members quickly. In garrison, appoint a suitable sponsor for each newcomer, and monitor that the sponsor really does show the newcomer around and assist In settling in on the job and in the community. In the combat setting, It is even more important to get the new soldier linked up with an appropriate buddy or buddies. As much as possible, give the newcomers time to develop combat attitudes, skills and cohesion over several days before putting them into an extremely stressful or important situation.

(a) The new soldier hasn't yet established trust and "cohesion" with buddies and leaders. The Israeli study found this to be the second strongest factor in a study which compared battle shock casualties and decorated heroes.

(b) New replacements who have no prior combat experience are at special risk. Not only are they facing extreme stress for the first time, but also the veteran soldiers have little basis on which to trust them. Veteran soldiers who are coming to a new unit after recovering from a wound, or as "survivors" from other units, are also at risk. These veterans may adapt quicker than the new replacements if they don't have too much unresolved battle fatigue.

(c) Soldiers who have just been given new job responsibilities, such as just being promoted acting NCO, may also be under special stress while they adjust to no longer being just one of the gang.

(5) Keep members of a small team always working together, under their leader. Assign details and projects to a team, and let its leader organize how it will be done. Similarly, if there is an opportunity to send a group off for R & R, send whole small teams, not a collection of individuals. Use equipment drills, physical fitness exercises, and team

sports to promote mutual reliance and closeness within each team, and positive competition and respect among all teams. These activities can be useful to “let off steam”, prevent boredom and get new replacements integrated during times of low mission activity. Praise and reward the teams as well as the individual members for their performance.

(6) Conduct small team “debriefings” after hard actions (in training and in combat). Bring the troops together to talk about what happened when the situation permits, but while the events are still fresh in their minds. The purpose is to reconstruct what really happened so the team benefits from the lessons learned.

(a) By having everyone retell what he saw and did, the “big picture” can be seen and agreed upon by everyone. Feelings of anger and mistrust may go away on their own once the soldier sees how things looked to the others. The soldier’s natural emotions of loss and grief when a buddy gets hit, or guilt when he makes a mistake, usually come out, too, and can be comforted and put into perspective by the rest of the team.

(b) The leader’s responsibility is to keep this a positive learning experience in which natural human emotions and mistakes, however painful or “bad”, are accepted as natural. But the focus must always be brought back to the mission, and how we can do it better next time.

(7) Bring the whole unit together, when the tactical situation permits, for formations, meals, award ceremonies and other informal occasions which let them get to know the members of the other teams better. Memorial services for the unit’s dead may help the friends of that soldier in grieving, provided the service is done with sensitivity. Even traditional parades and close order drills may have a place in letting individuals see the whole unit working together.

(8) Impart unit pride and identity by educating the soldiers in the history of the small unit, its parent units, the branch of service and the Army. Don’t just tell about easy successes. Know and retell stories which honor historical examples of soldiers and units (as much like yours as possible) who showed initiative, endurance and resilience, who bounced back from defeat, who overcame heavy odds, or whose self-sacrifice led to eventual triumph of the higher cause.

(9) Encourage unit-centered social interaction outside duty hours (in garrison or in a combat theater where you are on a 12 hours on/12 hours off duty cycle). Do monitor these activities to discourage drug or alcohol abuse (which tense soldiers may want to use to “unwind”), inappropriate fraternization, or breaking up into cliques or interest groups which exclude or pick on other unit members.

b. *Stabilize the Home Front* Take action to protect soldiers from those “home front” problems that are often the hidden “cause” of the battle fatigue casualty. In garrison, involve the soldiers’ families in unit social activities and teach them about the unit’s mission and history to include them in the sense of unit cohesion. Help soldiers prepare themselves and their families for the disruption and stress of a rapid deployment. Know their personal backgrounds as well as their military skills. Help them use Army and civilian support services when available and draw moral support from the unit. The unit or post Chaplains and mental health team are also valuable resources.

(1) Worrying about what is happening back home distracts soldiers from focusing their psychological defenses on the combat stressors. It creates internal conflict over performing their combat duty and perhaps not surviving to resolve the uncertainties. An Israeli study found this to be the strongest factor which distinguished between soldiers who became “battle shock” casualties and others who were decorated for heroic acts.

(2) The home front problem may be a negative one—a dear John letter, a sick parent or child, or bad debts. Or it may be something positive — just married or just became a parent. All soldiers face potential problems and uncertainties on the home front if the conflict lacks popular support at home.

(3) Rapid mobilization and deployment can create home front problems for both Active Component and Reserve Component soldiers. This is especially true if the soldier has noncombatant family members in the combat zone who must be under the NEO plan. This turmoil must be reduced by prior planning which has been communicated to and practiced with the family.

c. *Assume Physical Fitness*

(1) Physical fitness programs are useful in promoting unit cohesion, but they are also important in themselves as protection against battle fatigue. Being super fit is not a guarantee against disabling battle fatigue, but it does increase self-confidence (and the confidence of buddies), and delays the onset of muscular fatigue. Not being physically fit is an invitation for it. Sudden overuse of a cardiovascular system, muscles, joints and bones that have not been prepared for the strain can lead to immediate failure and serious injury. Even if these are avoided, the person will be subject to days of stiffness, aching and weakness. During this time, unfit soldiers are at very high risk for battle fatigue even if further demands aren’t made on them.

(2) Assure that everyone in the unit has not only aerobic fitness (endurance) but also the necessary muscle strength in the parts of the body which they will use in their combat role. They also need callouses in the right places so they don’t get blisters, and the necessary flexibility and agility for the tasks to be done.

d. *Conduct Tough, Realistic Training*

(1) A soldier’s ability to withstand stress is increased by a realistic sense of confidence. Confidence in his own ability, in his leadership, and in his equipment plays a role. This confidence is obtained initially through tough, realistic training and later through success on the battlefield. This is as important for Combat Service Support troops as it is for the Combat Arms.

(2) “Tough” means hard work and continuous operations under unpleasant weather conditions. “Realistic” means as

similar to the combat mission and combat environments as possible, including the noise, confusion, delays, setbacks and simulated danger. Seek out challenging and difficult environments in training, to increase the unit's skills and confidence.

(3) It is essential that the final result be success, not failure. Use the tough, realistic training to achieve the following specific objectives:

(4) Learn each soldier's strengths and weaknesses. Maximize those strengths while learning how to minimize the weakness. Identify which are the truly key combat mission tasks. Identify the best qualified soldiers to perform those key tasks. Then cross train additional soldiers to proficiency so that every key task can be performed by several good soldiers.

(5) Talk frankly about the possibility of casualties in combat, and of team members being killed. Train junior leaders to take over when senior leaders need sleep or if they become casualties. Talk together within the unit about possible loss of leaders and comrades. It will happen in war (even in Combat Service Support units) and must not come as a surprise.

(6) Practice casualty care and evacuation routinely. Have everyone know basic life-saving self Aid/buddy Aid. Select the best soldiers for additional "combat lifesaver training". Practice this, and also practice realistic use of any assigned medical personnel and evacuation of casualties and part of any combat exercise. Practice self Aid/buddy Aid techniques for battle fatigue, too. If you can occasionally get "mouflage kits" to make soldiers appear to have serious battle wounds, this will help harden your soldiers even better to face the real sights of battle.

(7) Practice both "sleep logistics" (a flexible plan by which everyone gets sufficient sleep) and Counter-Fatigue Measures to use when soldiers must continue to work or fight without enough sleep. Sleep deprivation is not necessary to have battle fatigue, but whenever present, it can be a major contributing factor. The sleepdeprived soldier or leader has difficulty thinking and reasoning, and becomes easily confused and overly suggestible. Pessimistic thinking takes hold, and everything seems difficult. Sleep loss alone can cause the tired brain to see things which aren't there (visual hallucinations) or to perceive things which are there as something totally different. When anxiety and vigilance are added, the soldier may be temporarily unable to distinguish between reality and what he fears. Normal physical symptoms of stress become magnified into disabling illnesses.

(a) If the mission permits, allow everyone 6-10 hours of sleep per 24 hours, preferably but not necessarily in one block. If that is impossible, try to give everyone a minimum of 4 hours in 24, and those with critical mental and vigilance tasks 6 hours.

(b) Assure good sleep before periods of sustained operations. Have everyone catnap during sustained operations, but plan for slow awakening of those who have key mental tasks. Have everyone catch up on sleep after going without.

e. Conserve the Well-Being of the Troops

(1) Ensure the best water, food, equipment, shelter, sanitation and sleep possible under the circumstances of the mission. In training, it may be important to seek out stress and discomfort. In combat, never waste the strength of the soldiers for nothing, because there will be many occasions when it will be necessary to accept hardship to gain the advantage. When this happens, explain to the troops why the hardship is necessary.

(2) Dehydration deserves special mention because it can be very subtle. A stressed soldier under battlefield or heavy work conditions can become very dehydrated without feeling thirsty. An insufficient circulation of thick, dehydrated blood is less able to carry oxygen to the brain and muscles. This results in "instant battle fatigue". COL (later BG) S.L.A. Marshall, the U.S. Army historian who pioneered the technique of interviewing combat teams while the battle was still going on, discovered that in himself during his first exploratory mission on Kwajalein in World War II. Marshall was a man who was literally "fearless", so this came as a surprise to him. He summarized the lesson by writing, "No one ever told me that dehydration caused cowardice in its more abject form."

(3) Poor diet and hygiene are common, if not inevitable, in combat, and tend to lower ones' energy level and sense of being alert and "human". Low-grade environmental or stress-related illnesses further sap the soldiers' strength and confidence. Chronic diarrhea, the slight fever from malaria or virus, the skin infection that doesn't heal, can make soldiers easily exhausted and demoralized, setting them up for battle fatigue.

f. Keep Information Flowing

(1) Keep the troops well-informed of their goals, the situation, and how they are doing. Do not conceal unpleasant possibilities, but put dangers in the perspective of how the team will overcome them. Do not give unrealistic reassurances, since failure of expected support increases battle fatigue.

g. Closing Statement In combat, battle fatigue is inevitable, but battle fatigue casualties are not. History shows that highly trained and cohesive units have had fewer than one such casualty for every ten wounded in action, even in very heavy fighting. This is significantly less than the usual one per four or five. By knowing what factors in the tactical and overall situation increase battle fatigue, leaders, buddies and the individual soldier can take action to share the burden,

resolve the internal conflict of motives and reduce the stress. By tough, realistic training which builds confidence, and by caring for each other in combat, we can overcome the stressors of the AirLand Battlefield.

Appendix F Annex F

1. List of References (Army Publications)

- FM 26-2, Management of Stress in Army Operations, 29 August 1986, USATSC.
- DA PAM 608-41, Dated 19 June 1987, The Army Family Action Plan IV, Appendix I, Chief of Staff White Paper - 1983.
- TRADOC Videotapes
 - 010-073-072B:** Self-Assessment of Basic Combat Training Stressors
 - 010-073-0729B:** Self-Control and Relaxation
 - 010-073-0729B:** Introduction to Problem Solving
- Lesson Plans from U.S. Army Soldier Support Institute, Fort Benjamin Harrison, Indiana 46216-5690
 - Title: Introduction to Mental Fitness (IET-FTU-CO1)
 - Title: Mental Fitness Review (IET-FTU-CO6)
- Stress Management Workshop, presented by USARIEM Health and Performance Division
 - Title: Stress Management for Federally Employed Women

2. Pocket Aids for Stress Management

a. Responsibility for handling stress begins with oneself, but often must be recognized by significant others such as a buddy, family member, squad or company leader.

b. Pocket aids on recognizing and dealing with stress are helpful tools for the soldier. The US Army Training and Audiovisual Support Center (TASC) has available the following pocket aids for stress management:

- GTA 21-3-4 Battle Fatigue. Normal Common Signs. What To Do for Self and Buddy. June 1986. Intended for all soldiers, especially the junior enlisted.
- GTA 21-3-5 Battle Fatigue. More Serious Signs: Leader Actions. June 1986. Intended for all leaders, especially at crew, squad, section and platoon level.
- GTA 21-3-6 Battle Fatigue. Company Leader Actions and Prevention. June 1986. Intended for first sergeants, company commander, and CO's, to teach platoon level leaders.

3. Training Videotapes

- Fit to Win: Stress Management for Leaders. Academy of Health Sciences. 1986.
- Self-Assessment of Basic Training Stressors. 777-8632B Soldiers Support Center. 1986.
- Mental Fitness. 777-8628B. Soldiers Support Center 1986.
- Self-Control and Relaxation. 777-8629B. Soldiers Support Center 1986.
- Introduction to Problem Solving. 777-8634B. Soldiers Support Center 1986.
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Bibliography on Stress Management

Compiled August, 1984

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Medline
Mental Health Abstracts
Psychalert
PsychInfo

It is not intended to be a comprehensive search of the subject.

Please note that the documents referenced in the search are not available from the Public Inquiries Section or other offices within the NIMH. They may be found in university, hospital or large public libraries.

You may find further information on the topic by consulting the *Reader's Guide to Periodical Literature*, *Psychological Abstracts*, *Index Medicus* and basic psychology and psychiatric textbooks in your local library. Ask your librarian for assistance.

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Figure ANNEX F. Bibliography on Stress Management—Continued

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Figure ANNEX F. Bibliography on Stress Management—Continued

New Publications

The National Institute of Mental Health has recently published three new publications that will be of interest to those individuals and professionals who are interested in stress and stress management.

Preventing The Harmful Consequences of Severe and Persistent Loneliness, (ADM) 84-1312, GPO Stock No. 017-024-01226-2. \$4.25 per copy.

The objective of this document is to inform and sensitize mental health workers to the importance of loneliness. Current research on loneliness and existing intervention programs pertinent to loneliness are described.

Preventing Stress-related Psychiatric Disorders, (ADM) 84-1366. GPO Stock No. 017-024-01240-8. \$6.00 per copy.

This document discusses past, current, and planned research designed to explore the complex relationship between stressful life events, specific mental disorders, and discrete preventive interventions.

Stressful Life Event Theory and Research: Implications for Primary Prevention, (ADM) 84-1385, GPO Stock No. 017-024-01248-3. \$2.50 per copy.

This monograph reviews both the substantive and methodological literature in the field of stressful life events. It can be useful to practitioners as well as researchers. Its critical approach has the potential for significantly improving both the quality of research and the effectiveness of intervention programs in the entire mental health field.

These publications are only available from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, D.C. 20204. Checks or money orders should be made payable to the Superintendent of Documents and sent directly to that office. Please cite the GPO stock number when ordering.

Figure ANNEX F. Bibliography on Stress Management—Continued

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