

Resiliency Training for Medical Professionals

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ABSTRACT

For the past 10 years, the military medical system's costs have increased by an estimated 167%. Behavioral health issues and physical ailments are major contributors to the increased costs. As a result, fatigue and burnout of medical professionals are growing concerns. The Army Medical Department (AMEDD) recognizes that physical and psychological stressors adversely impact personal well-being and organizational goals. Thus, an emphasis on enhancing the individual's resiliency framework is essential to the stamina and long-term endurance necessary to sustain the continued provision of high quality medical care. To that end, the Army Medical Command (MEDCOM) has instituted the Provider Resiliency Program. The Professional Provider Resiliency Training (PPRT) conducted by the AMEDD Center and School should be a key element of the MEDCOM Provider Resiliency Program. The PPRT provides medical professionals the opportunity to significantly develop and enhance their resiliency skills. This article includes outcome data from 172 medical professionals who attended the PPRT. Specific focus is on their perspective about resiliency training. The findings in this article revealed that the doctors (100%), nurses (98%), behavioral health providers (90%) and other professionals (100%) who attended the PPRT course valued the training and indicated that they will use the learned mind-body resiliency techniques.

INTRODUCTION

The Army Medical Department Center & School launched the Professional Provider Resiliency Training (PPRT) course in May 2009. The purpose of the course is to provide a venue where medical professionals can learn self-resiliency techniques targeted specifically for medical staff, ie, doctors, nurses, ancillary staff.* The course integrates the most advanced research, concepts, techniques, and theories as they relate to self-care management. Throughout this course, medical professionals have the opportunity to participate in various experiential learning exercises, such as mind-body techniques that are aimed at improving self-care. Using personal introspection, medical professionals focus on internal and external stressors/processes that contribute to workplace burnout and compassion fatigue. The purpose of this article is to promote an understanding of the extent to which medical professionals value resiliency training, identify which mind-body techniques are most helpful, and identify if they are more aware of the value of developing a resiliency self-care plan.

*Civil Service level GS-11 and above, enlisted military rank E7 and above

KEY CONCEPTS REVIEWED

All providers are at risk for fatigue and burnout which result from work stressors. In the military environment, the risk is likely to be much higher given the current tempo of operations. For example, the *USA Today* reported that the cost of military health care programs has increased significantly (increase projected as 167%, 2001-2011).¹ Further, the increase is a result of more physical problems and mental health issues due to multiple deployments. Most medical professionals experience fatigue on some level at some point and time in their career. When medical professionals value their work and workplace, but are exposed to physical and/or psychological stressors, a fatigue response is not uncommon. Fatigue may result from exposure (typically observing the aftermath of an event or when details of a traumatic/stressful situation are shared) to an extremely stressful event that a patient experienced and shares directly or indirectly.² Fatigue adversely affects a person's framework; emotional, cognitive, physical, social, and spiritual aspects are compromised.³ The concept of provider fatigue in the Army Medical Department builds on the basic concept of fatigue in the current literature. Provider fatigue encompasses the realities of the

military environment, which includes the unique aspects of a military theater of operations. The impact of fatigue under either circumstance includes feelings of being trapped, on edge, exhausted, overwhelmed, and infected by others' trauma. Fatigue and burnout are often discussed as 2 separate phenomena even though they share similarities,⁴ and are connected. Burnout occurs over time and is a feeling of helplessness that results in low workplace performance.² Burnout characteristics are not that different from fatigue, however, symptoms may be more exacerbated and one's perspective of the workplace is negative, value of the work is not apparent, resulting in feelings of unhappiness, disconnectedness, and insensitivity.² In this article, fatigue and burnout are viewed on a continuum. If one experiences fatigue and it remains unmanaged, the likely result will be burnout.

Resiliency can be a protective factor to combat fatigue and burnout. A resilient framework will likely promote satisfaction in the workplace and in other spheres of a person's life. Resiliency is a state of being that promotes wellness and decreases the impact of physical and psychological stress.⁵ A strong resiliency framework entails intact and healthy adaptive emotional, cognitive, physical, social, and spiritual characteristics. Stressful or traumatic events that are experienced will shape one's resiliency framework, either directly or indirectly. Thus, the positive factors that manifests from these experiences are desirable traits that lead to a strong resiliency framework.⁶ A simplified definition is presented to focus the reader on the concept of resiliency building factors/skills that are indicative of how we perceive events and take care of ourselves. The self-care plan is derived when a medical professional makes a conscious effort to nurture their physical, mental, emotional, social, and spiritual aspects.⁷

There are internal resiliency factors/skills that we personally evolve, and external factors that we manage but may not control completely. External factors refer to organizational factors in the clinical environment or theater of operations. All medical professionals have the ability to promote individual positive self-growth on some level. Thus, a person's internal resiliency factors can be evolved into a positive or negative framework over time. The resiliency training at the Army Medical Department Center and School is aimed to do just that—provide medical professionals with a multitude of resiliency building skills to enhance their

resiliency framework over time across all aspects outlined in the self-care plan. It is a medical professional's responsibility to embrace the concept of personal responsibility for improving his or her own mental and physical stamina. When this occurs, he or she is more likely to be receptive to enhancing or developing new resiliency skill building techniques.

RESILIENCY THEORETICAL FRAMEWORK

Internal resiliency factors that we want to see in our medical professionals can be vast. Certainly, many medical professionals possess resiliency building skills. We are all familiar with some basic concepts and maybe even personally embrace them consciously, thus contributing to a stronger resiliency framework. Siebert's Resiliency Model⁵ is presented as a unified theory. He identifies 5 key principles that are indicative of a resilient person:

- Managing health
- Problem-solving
- Increasing self-strengths: self-esteem, self-confidence, and self-concept
- Developing positive response choices
- Learning good lessons from difficult situations

The following case study is presented to assist the understanding of this theoretical framework:

CPT Lee is a behavioral health officer working in an Army medical treatment facility. She has been in the Army for 10 years. In 2007, she was deployed to Iraq. While deployed, she became very distraught with the long deployment. Her thoughts became more negative, she personalized situations that affected the entire unit and ignored managing her weight and health. To make matters worse, her tour of duty was extended for an additional 3 months. She described herself as depressed and ineffective at her job.

CPT Lee now identifies herself as someone who has changed her perspective on how she manages stressors/challenges. She embraces Siebert's key principles⁵ as a way of life. This is a new way of thinking, doing, and managing for her, but the work and commitment that she has put forth has been rewarding. CPT Lee notes that her outlook on life now is significantly more positive and that she is much happier as a person. She further states that her

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subordinates, coworkers, and leadership have repeatedly commented on her ability to reframe situations in a positive manner (“the glass half full”). When asked to describe her past and present perspective in dealing with a stressful work situation, she shared the following experience: recently she was informed that she will deploy as a backfill in support of another behavioral health officer. She noted that

while the situation is not desirable, due to the acquisition of the skills, she is prepared for the task and has a positive perspective about the situation.

She learned several new resiliency skills at the PPRT and developed a self-care plan that is realistic for her. Now, she is proactive in updating her self-care plan which keeps her focused on the 5 target areas. Table 1

Table 1. CPT Lee’s successful application of Siebert’s 5 key resiliency principles which countered her fatigue/burnout responses to her perceived negative deployment experience.		
Siebert’s Resiliency Principles ⁶	Symptoms of Fatigue/Burnout	Successful Development of Resilient Framework/Perspective
Health Management (Overall Wellness)	CPT Lee was not taking personal responsibility for her overall well-being. Her negative perspective consumed her and led to cognitive, emotional and behavioral responses that were debilitating. Her lack of motivation was evident in her work and personal self care.	She has been very proactive in managing her overall well-being. Her positive perspective led to adaptive cognitive, emotional and behavioral choices. She realizes that she does not have control over many events that affect her life in the military, but she does have control over how she perceives them, and her reactions.
Proactive Problem-Solving	During the deployment, she often felt powerless and focused on those things that were upsetting to her. She was often miserable and had negative thoughts. CPT Lee expressed how helpless she was and noted that she slept a lot. Her emotions drove her and how she perceived her environment.	Recently she was informed that she must backfill another behavioral health officer in 8 weeks. CPT Lee has been busy preparing her family by ensuring that all personal matters are in order and spending quality time with the family doing fun and eventful activities. She came up with a “to do” list at work to ensure that she closed out all administrative and patient care activities appropriately. Weekly updates were sent to her supervisor. She is able to look at things rationally.
Increase Self-Strengths: Self-Esteem, Self-Confidence, and Self-Concept	As a way of life, she isolated herself from others and avoided people that were positive. When she had the opportunity to help in humanitarian missions, she declined unless required by her supervisor.	CPT Lee maintains her weight and health, rewards herself for accomplishments, and often volunteers to assist her supervisor with command briefings. She is more open to learning how to improve her work performance, as well as her life. She embraces events as opportunities to grow and change.
Developing Positive Response Choices	When her tour of duty was extended, she often complained to peers and became passive on the job. She did not see the value of her contributions to the overall war effort.	When her supervisor told her that she would be tasked to backfill another officer for 3 months, she initially became anxious. Immediately she calmed herself by reframing the situation—she only had to go for 3 months. She began to think about the hidden opportunities that the 3 months might present.
Learning Good Lessons from Difficult Situations	During the deployment, she would often tell her family that there was nothing positive about her experience and that she was miserable. She was often tearful and tangential, and perceived most of her experiences as negative.	CPT Lee realized that during her first deployment, everything about the situation was negative from her point of view. She is now able to identify personal gains from a difficult situation by changing her view of the past. Now she realizes that she is happier and accomplishes a lot more when she focuses on being proactive and positive about the situation. Even her ability to manage complex situations is markedly improved. Additionally, people like to be around her and she exudes a positive energy in the work place and at home.

synopsizes CPT Lee's experience with fatigue and burnout, and how she successfully dealt with them.

Difficult experiences, traumatic situations (direct or indirect), stressful life events (expected or unexpected) in the workplace or in our personal lives are inherent of the human experience. In a military theater of operations environment, physical and psychological stressors should be expected, and reactions to experiences are often very intense. The cognitive-behavioral literature presents the ABC model, which is an evidenced based model used in multiple settings.⁷⁻¹⁰ Additionally, this model asserts that when we experience any situation (A), it is interpreted and we formulate a belief (B) about that experience, which may be rational or irrational. This leads to an emotional, behavioral, and thought response (C), based solely on the belief we derive. This is an excellent tool for understanding how any situation can be cognitively framed by a person. A medical professional with a resilient framework will likely be a rational person that has a positive thought process. Table 2 presents the ABC model in the context of the CPT Lee case study.

The PPRT offers skills to medical professionals that aid in managing stress, which leads to a restructuring of thoughts from a perspective of helplessness or negativity to an empowering attitude with a positive outlook. The PPRT provides training on mind-body techniques, which include deep breathing, journaling, tai chi, meditation, guided imagery, and biofeedback, just to name a few. These are techniques that most medical professionals have heard of, theoretically understand their benefits, and often recommend to patients. Yet, medical professionals typically do not focus on themselves and what they personally need to enhance or sustain a strong resiliency framework.

In an effort to enhance one's resiliency framework, one must have a myriad of skills that are nurtured and practiced over time. Three questions are answered in this article:

- Do medical professionals who attended the AMEDDC&S PPRT course value the training?
- What are the top 3 mind-body techniques that medical professionals viewed as most helpful?
- Is there a relationship among the following variables: I found value in the materials; I will use the techniques; I am thinking more about self-

assessment; and I am thinking more about developing a self-care plan?

METHODOLOGY

This study used a convenience sample of 172 professionals (82%) from a total of 210 medical professionals who attended the PPRT course. Participation was voluntary. Professionals were nurses, behavioral health providers, doctors, and administrative and enlisted personnel. Professionals were predominantly in the Army and consisted of civilian and military personnel. A response was defined as a completion of any part of the survey. Data was collected from 7 different cohorts beginning in May 2009 and ending in March 2010. The end of the course surveys were used to answer the questions for this study. There are 3 major sections in the survey:

- First part – basic demographical information.
- Second part – a 5-item (Likert Scale) self-report scale used to answer the questions for this research.
- Third part – open-ended questions that allowed respondents to give feedback about the course in their own words.

Participants

The majority of the participants (89%) in the study were professionals from various Army medical treatment facilities. There were also representatives from the other services, Reserve and National Guard components, and the Department of Veterans Affairs (11%). Most participants were nurses and behavioral health practitioners.

Findings

As shown in Figure 1, most attendees were either Army nurses (35%) or behavioral health professionals (23%), 12 participants (7%) were Army doctors, and 21 attendees (12%) were enlisted. The majority of participants work in a hospital environment (41%), and 33% of the participants indicated that they worked in a Warrior Transition Unit (Figure 2). The Great Plains Regional Medical Command (20%) and the South East Regional Medical Command (20%) had the highest number of attendees, while the Europe Regional Medical Command recorded the lowest number (8%) (Figure 3).

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MIND-BODY TECHNIQUES

The vast majority of the participants in this study found the PPRT valuable. Ninety-eight percent of the nurses, 90% of the behavioral health providers, and 100% of the doctors, enlisted personnel, and ancillary professionals reported that they found value in the materials provided. Most participants in the study found the deep-breathing exercise (95%), tai chi (86%), and guided imagery (85%) to be the 3 most helpful mind-body resiliency techniques. Overall, 96% of the participants reported that they plan to use the learned mind-body techniques in the future. The study also provides valuable information indicating that the PPRT enhances the self-awareness of participants and their propensity to develop effective coping skills. Results from the survey showed that 90% of the participants were more mindful of their personal resiliency after completing the training. Additionally, 92% reported that they were thinking more about conducting

Table 2. Application of the ABC model⁸⁻¹¹ to CPT Lee's experience with fatigue and burnout.

Negative Belief Perspective	Positive Belief Perspective
A ctivity/Event Deployment Experience	A ctivity/Event Upcoming Deployment
B elief-My contributions do not matter Thought-Why even try, my efforts will not have an impact	B elief-Deployment is part of the job Thought-Not so bad, I only have to go 3 months; shift focus to more important tasks to prepare; close out loose ends at work and spend quality time with family
C onsequence-Emotional (tearful and often depressed); behavioral (isolate, avoid, passive approach); cognitive (negative outlook and thought process)	C onsequence-Emotional (happier with family, more positive); behavioral (active at work and with family, task oriented and focused, proactive in workplace); cognitive (organized thoughts; oriented, optimistic outlook)

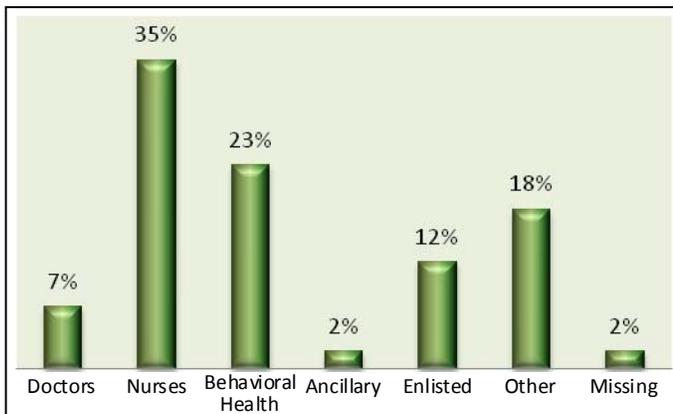


Figure 1. Distribution of medical professionals who participated in the study.

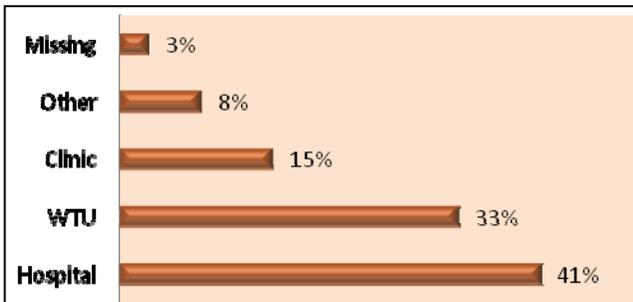


Figure 2. Distribution of work locations of participants in the study.

self-assessments, and 93% reported thoughts of developing a self-care plan.

A correlation was computed using the Spearman's rank correlation coefficient (ρ) nonparametric test to determine the magnitude and direction of the relationship between each pairing of the following Likert Scale variables^{11,12}:

1. Value materials
2. Plan to use techniques
3. Thinking more about self-assessment
4. Thinking more about developing a self-care plan

Table 3 demonstrates the significant positive relationship between each pairing of the variables. The magnitude of the relationship between each of the variables was strong. Participants who valued the material are also more likely to indicate that they plan to use techniques learned in the future (correlation coefficient $\rho = 0.589$); and participants who are thinking more about self-assessment are also strongly related to participants who are thinking more about developing a self-care plan ($\rho = 0.649$). The relationship is not by chance as determined by the test of

significance. The results do not imply causation between the variables. It is more likely that medical professionals value the training and plan to use the skills because they require resources and support. Further, they need to focus on taking care of themselves to enhance their resiliency framework, given the increased workload demands in the military medical environment.

DISCUSSION

In their 2005 report, the Mental Health Advisory Team (MHAT) recommended that the US Army Surgeon General “research and establish a program designed to prevent and reduce compassion fatigue and burnout.”¹³ The MHAT report revealed 45% of deployed primary care providers and 33% of behavioral healthcare providers self-reported burnout. Most importantly, the study showed that 15% of all providers reported that burnout affected their overall performance. As a result of this finding, The Acting US Army Surgeon General established the Provider Resiliency Program to institute provider fatigue surveillance and oversight, and training for the providers. In a recent analysis on burnout of medical personnel, using the Professional

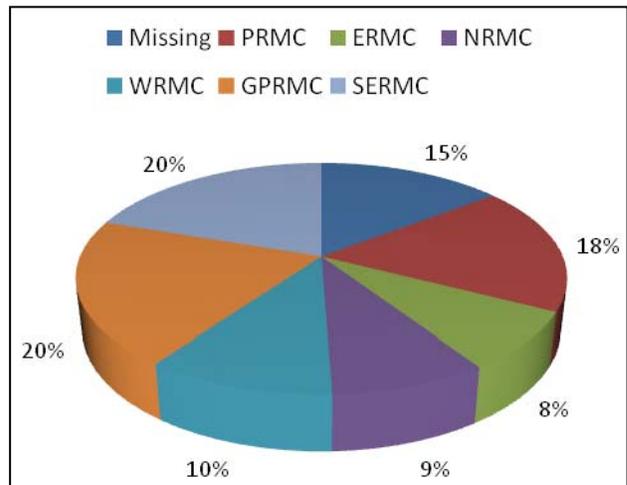


Figure 3. Distribution of participants in the study as sourced from regional medical commands.

Glossary:

- GPMC - Great Plains Regional Medical Command
- SERMC - Southeast Regional Medical Command
- PRMC - Pacific Regional Medical Command
- WRMC - Western Regional Medical Command
- NRMC - Northern Regional Medical Command
- ERMC - Europe Regional Medical Command

Table 3. The statistical correlation (Spearman’s rank correlation coefficient nonparametric test) between each pair combination of the Likert Scale variables as reported in responses of the participants.

		Variable 1	Variable 2	Variable 3	Variable 4
Value in materials provided (Variable 1)	Correlation Coefficient		0.589*	0.244*	0.246*
	Sig. (2-tailed)		0.000	0.002	0.002
	N		167	160	162
Plan to use techniques in future (Variable 2)	Correlation Coefficient	0.589*		0.240*	0.248*
	Sig. (2-tailed)	0.000		0.002	0.001
	N	167		160	162
Thinking more about Self-assessment (Variable 3)	Correlation Coefficient	0.244*	0.240*		0.649*
	Sig. (2-tailed)	0.002	0.002		0.000
	N	160	160		161
Thinking more about Developing a Self-care Plan (Variable 4)	Correlation Coefficient	0.246*	0.248*	0.649*	
	Sig. (2-tailed)	0.002	0.001	0.000	
	N	162	162	161	

*Correlation is significant at the 0.01 level (2 tailed)

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Quality of Life Scale, 18% of medical personnel in MEDCOM (52,000 participants) reported burnout.¹⁴ In contrast, doctors and enlisted personnel reported a higher percentage rate of burnout, 27% and 23% respectively, when compared to the MEDCOM-wide percentage. The adverse personal effects of fatigue and burnout are self-medicating behaviors, depression, and acute stress responses.²

Building resiliency will counter fatigue and burnout. Organizational prevention programs are believed to enhance personnel well-being and counter fatigue responses.² In a study on resiliency using an experimental design conducted in a large government organization, findings indicated that participants in a resiliency program reported more improvement than the control group.¹⁵ Interestingly, this result prevailed even though the experimental group reported more adverse pretest scores. The training cited in that report consisted of 35 hours over a 5-week period. The total hours trained is consistent with the PPRT course. Additionally, the training in the study is similar to the PPRT, which focuses on mind-body techniques that are aimed at enhancing self-care. Throughout the PPRT, the curriculum focuses on maladaptive cognitive shifts that occur as a result of exposure to difficult situations or secondary trauma. Building cognitive skills is one of the cornerstones of resiliency training because it aims to combat distortions that lead to distressing outcomes.⁶ The case study depicted earlier is a good example of how cognitive processes can lead to negative or positive responses which have an impact on the person and organization.

The concept of resiliency in the Army is new and the Army Medical Department's endorsement of this prevention effort is a model for other services and the civilian medical community. However, that endorsement of provider resiliency is not without controversy, indeed, some medical professionals are leery. There are a number of possible reasons for that reticence, including:

- A lack of trust in the system or its intent.
- Embarrassment with pursuing training that promotes self-growth.
- They may not fully understand the relevance.
- They view it as a waste of time.
- Fear of validating that their job might be negatively impacting them.

- They simply anticipate becoming overwhelmed with yet another mandated training requirement.

It has been shown that participants who attended the training view it as valuable (93%, n = 167) and plan to use the techniques learned (92%, n = 162). Additionally, the relatedness among the variables revealed all significant results. Leaders, supervisors, and medical professionals will require more education on the overall benefits of resiliency training.

Nurses and behavioral health providers represent a higher percentage of participants attending the training. Given the recent findings of the analysis of fatigue and burnout in MEDCOM,^{13,14} more doctors and enlisted personnel should be encouraged to attend the PPRT. Moreover, the long-term benefit of the training will enhance personal endurance. Refusal to address fatigue and burnout issues result in turnover, lower morale, lower productivity, greater use of sick leave, and physical illness that lead to patient errors.² In short, long-term organizational gains outweigh the short-term sacrifice. Medical professionals are typically not trained or encouraged to sustain and manage a self-care plan that enhances resiliency. Therefore, leadership endorsement, time, information, education, and consistency will prompt a cultural shift in support.

CONCLUSION

The documented increased demands in the military environment continue to impact medical professionals. Fatigue and burnout responses have an undesirable impact on personal well-being and the organization. Organization prevention programs can be effective. The PPRT is very similar to a program¹⁵ that has demonstrated positive effects of resiliency training. The MEDCOM Provider Resiliency Program is a great opportunity for the Army Medical Department to show medical personnel that the leadership is interested and concerned about their well-being, and understand that training opportunities benefit personal interest and organizational mission sustainment.

The results of this study cannot be generalized and must be received with caution. As a baseline, it does establish a clear precedent about how medical personnel perceive training. Of special note, the majority of the sample included nurses and behavioral health personnel. In the future, a more stringent study will include input from doctors, enlisted personnel, and other ancillary providers to validate findings.

More information is needed about participants who attended the training. For example:

- (a) Are the medical professionals in this study more likely to focus on self-care as a norm?
- (b) Why do they elect to attend training?

More research on understanding the impact of resiliency as it pertains to personal and organizational benefits in the military medical environment is needed. Future studies that encompass an experimental design and look at the differences between medical professionals who receive training and those who do not will be cutting edge research. Future studies must also be able to demonstrate value to the organization using measures of sick-day absence, retention, and customer satisfaction, to name a few. Thus, a resiliency program that demonstrates efficacy is imperative to justify funding for continued surveillance, training, and future research initiatives.

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