

Psychological Body Armor™

Lessons from Neuroscience
That Can Save Your Career,
Your Marriage, and Your Life

George S. Everly, Jr., Ph.D., ABPP, CCISM

The Johns Hopkins Bloomberg School of Public
Health

The Johns Hopkins University School of Medicine
2020

FIELD GUIDE SERIES



Resiliency Sciences Institute, LLC

Second Edition

© 2021 by George S. Everly, Jr., Ph.D., ABPP, CCISM

All rights reserved. Reproduction in any form is strictly prohibited without prior permission from the publisher.



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES

International Critical Incident Stress Foundation, Inc.

3290 Pine Orchard Lane, Suite 106

Ellicott City, MD 21042

USA

cismbooks@icisf.org

Print ISBN: 978-1-943001-24-8
eBook ISBN: 978-1-943001-25-5

Table of Contents

ABOUT THE AUTHOR	1
CHAPTER ONE: The Problem No One Wants to Discuss	3
Promise Never Realized	3
Scope of the Problem.....	4
CHAPTER TWO: How Do People Respond to Adversity?	9
Pattern 1	9
Pattern 2	10
Pattern 3	11
Burnout	16
Psychological Trauma	16
CHAPTER THREE: Human Resilience - The Discovery of Two Factors	19
A Dangerous Misconception	21
Two Factors of Resilience	23
CHAPTER FOUR: Neuroscience-based ways of Creating Proactive Resilience (Psychological Immunity).....	25
Psychological Factors	25
Biological Foundations	26
The Great Comparator	28
Creating Proactive Resilience.....	30
Creating Realistic Expectations.....	30
Fostering Active Optimism and Self-Efficacy	31
Breaking through the “Glass Ceiling” of Training.....	33
Rehearse to Learn, Over-learn to Master	34

Enhancing Neurophysiological Immunity.....	38
Strengthening the Brain: Arborization and Synaptogenesis	40
Steps in Reappraisal.....	47
Seven Neurophysiological Barriers and How to Overcome Them	48
CHAPTER FIVE: Neuroscience-based Ways of Creating Reactive Resilience (Rebound)	53
Sociobiology of Interpersonal Support.....	53
Creating Reactive Resilience.....	55
Establishing Supportive Interpersonal Relationships.....	55
Cultivating the Self-fulfilling Prophecy	56
Self-fulfilling Prophecy: Step-by-Step.....	57
Having Access to Formal Crisis Intervention Services...	59
Suggestions for Fostering Physical Health.....	60
A Breathing Exercise	64
A Mantra Exercise	65
SUMMARY	67
REFERENCES	69

ABOUT THE AUTHOR

George S. Everly, Jr., PhD, ABPP, FAPA, FAPM, CCISM, is an award-winning author and researcher. In 2016, PubMed Reminer ranked him as the #1 published author in the world in two fields: crisis intervention and psychological first aid. He holds appointments as Professor in the Department of International Health (affiliated) at the Johns Hopkins Bloomberg School of Public Health, Associate Professor (part-time) in Psychiatry at the Johns Hopkins School of Medicine, faculty at the Center for Public Health Preparedness at Johns Hopkins, and for 30 years was Professor of Psychology at Loyola University in Maryland (core faculty). In addition, he has served on the adjunct faculties of the Federal Emergency Management Agency and the FBI's National Academy at Quantico, Virginia. He was the co-founder of the Disaster Mental Health Committee for the Maryland chapter of the American Red Cross, was a member of the CDC Mental Health Collaboration Committee (having chaired the mental health competency development subcommittee) and served on the Infrastructure Protection Team within the US Department of Homeland Security. Dr. Everly is co-founder and Chairman Emeritus of the International Critical Incident Stress Foundation, a non-profit United Nations-affiliated public health and safety organization. Prior to these appointments, Dr. Everly was a Harvard Scholar, visiting in psychology, Harvard University; a Visiting Lecturer in Medicine, Harvard Medical School; and Chief Psychologist and

George S. Everly, Jr., PhD

Director of Behavioral Medicine for the Johns Hopkins' Homewood Hospital Center. In addition, he was one of the founding managing members of the Department of Psychiatry at Union Memorial Hospital in Baltimore. He is the author, co-author, or editor of 25 textbooks and over 100 professional papers.

CHAPTER ONE: The Problem No One Wants to Discuss

This FIELD GUIDE provides a brief, practical introduction to the phenomenon of Psychological Body Armor™ or PBA for short. PBA may be thought of as a unique form of human resilience. It consists of two factors: Proactive Resilience (immunity to crisis reactions) and Reactive Resilience (the ability to rebound from adversity). The principles and practices in this brief guide are evidence-informed or are evidenced-based guided from the perspective of the behavioral and neurosciences. The goal of this guide is to provide you with information and practical tactics that may serve to not only assist you in bouncing back from adversity, but in some cases may actually enhance your overall immunity to adversity. It is hoped that through consistent consideration and practice the net effect will be to protect your career, your marriage, or any significant relationship, and even your health. Simply said, this book can change your life. So, let's begin.

Promise Never Realized

So, how many instances do you know of where an athlete, a businessperson, a student, or an artistic performer possessed extraordinary talent and even greater potential, but never seemed to achieve the successes for which they seemed destined? How many times have you heard that someone suffered from performance anxiety, burnout, or simply tended to choke under pressure? On the other hand, how many

times have you seen people rise from circumstances of adversity to do remarkable things, far exceeding anyone's expectations? How often have you heard of people excelling under pressure, even thriving under pressure, rising up to meet a challenge, often snatching "victory from the jaws of defeat?"

And how many times have you known professionals in law enforcement, firefighting, emergency medicine, education, rescue and disaster relief, international aid and development, public health, and even the military who "had the calling," wanted to "make a real difference," wanted to "give something back," or simply wanted to "make the world a better place" who ended their careers prematurely. Perhaps they burned out and just did the minimal amount necessary to get by. Sometimes they ended their marriages, and in the worst cases they even ended their own lives. They did so because they became chronically depressed, or perhaps they were traumatized directly or indirectly.

On the other hand, have you ever seen those within those same professions who seemed to draw strength from the adversity around them and seemed to function relentlessly? Or perhaps there were some who did indeed get knocked down psychologically, but showed resilience by getting back up and continuing, sometimes using adversity as a steppingstone to even greater accomplishment and satisfaction.

Scope of the Problem

According to the National Center for Posttraumatic Stress Disorder (NCPTSD), "Going

through trauma is not rare. About 6 of every 10 men (or 60%) and 5 of every 10 women (or 50%) experience at least one trauma in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or injury. PTSD can happen to anyone. It is not a sign of weakness. A number of factors can increase the chance that someone will develop PTSD, many of which are not under that person's control. For example, if you were directly exposed to the trauma or injured, you are more likely to develop PTSD. Here are some facts (based on the U.S. population):

- About 7 or 8 out of every 100 people (or 7-8% of the population) will have PTSD at some point in their lives.
- About 8 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma.
- About 10 of every 100 women (or 10%) develop PTSD sometime in their lives compared with about 4 of every 100 men (or 4%)” (NCPTSD, accessed March 17, 2017).
- In the United States, within the first responder professions, the risk of experiencing some form of psychological impairment is higher than in the general population. Job related stressors and traumatic exposures make first responders, public health, and public safety professionals more prone to post-traumatic stress disorder or depression. Internationally, emergency medical personnel were found to have 14.6% prevalence of

posttraumatic stress disorder in comparison to 1.3%-2.5% of the general population (Berger et al., 2012), whereas police officers experienced a prevalence of about 14% (Kulbarsh, 2016).

- A study in the United Kingdom indicated that of 576 emergency medical workers, depression and posttraumatic stress disorder existed, 10% and 22%, respectively (Fjeldheim et al., 2014).
- In a study conducted on 423 firefighters across the United States, binge drinking, and heavy alcohol consumption were more prevalent amongst firefighters than the general population (Jahnke et al., 2014). In another study in the United States, firefighters had a lifetime prevalence of suicidal ideation of 46.8% and police 13% compared to the general population, who have a lifetime prevalence of suicidal ideation of around 10% on average (Martin et al., 2017).
- Respondents from five humanitarian aid agencies surveyed shortly after returning from deployment reported high rates of direct and indirect exposure to life-threatening events. Approximately 30% of those surveyed reported significant symptoms of PTSD (Van Rooyan et al., 2001).
- In the United States military, estimates for the prevalence of depression and PTSD vary widely. According to Pickett et al. (2015) “approximately 1.9 million OEF/OIF/OND veterans have become eligible for Veterans Affairs (VA) health care since 2002. Of these, an estimated 1.16 million veterans have registered for VA health care. As of

December 2014, 57.2% (662,722) received at least a provisional mental health diagnosis, with the most common conditions being posttraumatic stress disorder (PTSD; 55%), depressive disorders (45%), and anxiety disorders other than PTSD (43%). A 2015 meta-analysis by Kelsall and colleagues revealed a significantly greater incidence of SUDs (substance use disorders) among OEF/OIF/OND veterans compared with a matched non-deployed sample. In fact, the number of veterans presenting for VA care with PTSD and a co-morbid SUD has increased by 76% since 2008. Rates of general reintegration difficulties among post-9/11 service members range from 45% among non-VHA users to 62% among users of VHA health care offerings” (p. 299).

So, despite the high prevalence of stress associated with being a first responder, aid worker, or military member, we have historically failed to fruitfully discuss and constructively resolve how to engender large-scale resilience in these high-risk groups, especially proactive resilience.