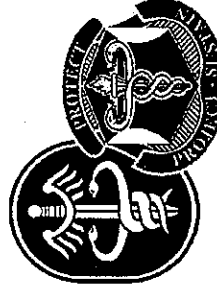


## 12 Professional Concepts for Army Helping Professionals

1. Help Soldiers help themselves.
2. Fight to reduce psychological stigma.
3. Eliminate organizational barriers to care.
4. Caring for self facilitates caring for others.
5. Always do the best for everyone concerned.
6. Live and practice beyond reproach.
7. Helping professionals operate at multiple levels within an organization.
8. Leaders seek accomplishment, not acclaim.
9. Know the Army's doctrine and how to apply it.
10. Do what needs to be done.
11. Be prepared for all contingencies.
12. Helping professionals display moral courage.

## References

1. Naval Health Research Center-Report #95-26: Pre-enlistment Maltreatment Histories of US Navy Basic Trainees: Prevalence of Abusive Behavior.
2. GAO, Military Personnel: Services Need to Assess Efforts to Meet Recruiting Goals and Cut Attrition (June 2000), NSIAD-00-146.
3. Hoge, Castro, et al., Combat Duty in Iraq and Afghanistan: Mental Health Problems, and Barriers to Care (1 July 2004), NEJM, 350(1):13-22.
4. OTSG (2004). OIF-I Mental Health Advisory Team (MHAT) Report.
5. Kushnir, Levhar, & Cohen. (2004). Are burnout levels increasing? The experience of Israeli primary care physicians. *Israeli Med Assoc J.*, 6(8):451-5.
6. OIF-II Mental Health Advisory Team (MHAT) Report, In-Process.
7. Hubble, Duncan, & Miller (1999). Heart and soul of change: What works in therapy. Washington, D.C.: Am Psychological Assoc.

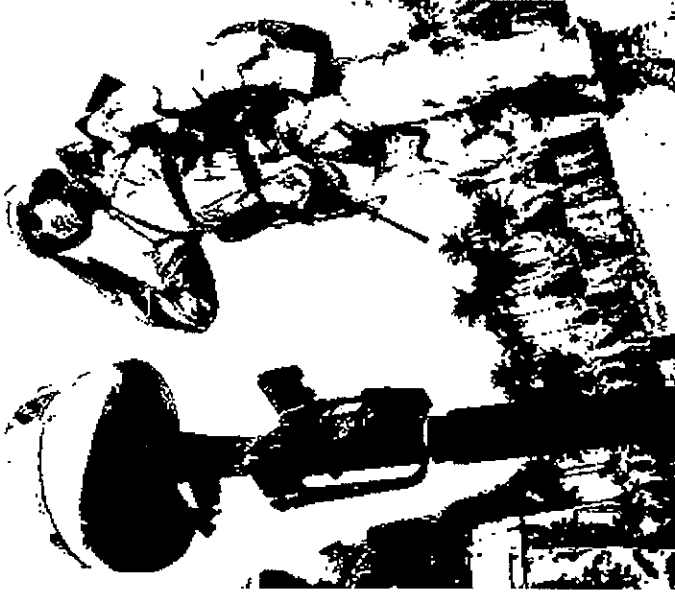


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# 12 TOUGH FACTS ABOUT BEING A HELPING PROFESSIONAL IN THE ARMY



# 12 Facts and Professional Concepts:

**Fact # 1: Many Soldiers enter the military with problems.**

**FINDINGS:**

- 40% of Soldiers report abuse or neglect in their childhood home<sup>1</sup>.
- 1 in 3 Soldiers will not complete their first enlistment<sup>2</sup>.

**WHAT LEADERS CAN DO:**

- Start where the Soldier is, not where you think they should be.
- Foster Soldier independence and self-capability.
- **Help Soldiers help themselves.**

**Fact #2: Soldiers are reluctant to admit that they have a mental health problem.**

**FINDINGS:**

- Soldiers believe that admitting to a mental health problem is a sign of weakness, others would treat them differently, & their leaders would view them differently<sup>3</sup>.
- Those who most need help perceive the most stigma<sup>4</sup>.

**WHAT LEADERS CAN DO:**

- Normalize and ease fear and shame.
- Identify and seek out the most vulnerable and at-risk.
- **Fight to reduce psychological stigma.**

**Fact #3: Helping professionals often build or maintain barriers to care.**

**FINDINGS:**

- Common organizational barriers to mental health care access: difficulties getting an appointment, knowing where mental health care is located and obtaining transportation<sup>4</sup>.

**WHAT LEADERS CAN DO:**

- Let Soldiers know where you are located.
- Set "office hours" to fit Soldiers' schedules.
- Conduct routine, predictable and on-going outreach activities.
- **Eliminate organizational barriers to care.**

**Fact #4: Burnout and compassion fatigue are common.**

**FINDINGS:**

- Burnout is a serious professional occupational "disease"<sup>5</sup> and can lead to loss of empathy for Soldiers.
- 1/3 of OIF helping professionals report high/very high burnout<sup>6</sup>.

**WHAT LEADERS CAN DO:**

- Maintain personal and professional social support systems, utilize personal stress management skills, take R&R and set and maintain clear personal and professional boundaries limitations.
- **Caring for self facilitates caring for others.**

**Fact #5: Helping professionals have two masters.**

**FINDINGS:**

- Conflicting interests are at work: Soldiers may not seek help without some assurance of confidentiality while Commanders are responsible for their Soldiers' issues and problems.

**WHAT LEADERS CAN DO:**

- State limits of confidentiality to all parties upfront.
- Seek a second professional opinion.
- Place safety first.
- **Always do the best for everyone concerned.**

**Fact #6: Deployments are professional fishbowls.**

**FINDINGS:**

- Professional boundaries are hard to maintain during a deployment.
- Incretions or rumors are quickly disseminated.

**WHAT LEADERS CAN DO:**

- Maintain military and professional standards.
- When in doubt, don't do it.
- **Live and practice beyond reproach.**

**Fact #7: Soldiers expect helping professionals to fix organizational problems.**

**FINDINGS:**

- Some problems are organizational in nature (poor leadership, bad policy, etc.).

**WHAT LEADERS CAN DO:**

- Helping professionals are responsible for the wellbeing of Soldiers and the unit as a whole; think systemically about problems and solutions.
- Provide Soldiers an anonymous "backdoor" to leaders.
- Present leaders with specific examples and suggestions.
- **Helping professionals operate at multiple levels within an organization.**

**Fact #8: There is no such thing as "One" in the Army of One.**

**FINDINGS:**

- Power and control issues take inordinate amounts of time and energy.
- Turf and professional battles hurt Soldiers and families.

**WHAT LEADERS CAN DO:**

- Create and maintain professional networks.
- Take full responsibility for failures and give the team credit for all successes.
- **Leaders seek accomplishment, not acclaim.**

**Fact #9: Mental health doctrine is frequently ignored.**

**FINDINGS:**

- Mental health professionals often claim that the Army's Combat and Operational Stress Control (COSC) doctrine isn't relevant in OIF/OEF.

**WHAT LEADERS CAN DO:**

- Know and apply the Army's COSC doctrine; also know why and when you deviate from it
- Record and submit lessons learned when COSC doctrine needs to be changed, improved, or updated.
- **Know the Army's doctrine and how to apply it.**

**Fact #10: Conducting behavioral health outreach is dangerous.**

**FINDINGS:**

- Fear results in many providers not conducting outreach.
- Outreach improves Soldier access by removing barriers to care.

**WHAT LEADERS CAN DO:**

- Go to where the Soldiers are.
- Overcome complacency and cowardice.
- Encourage and support each other in conducting outreach.
- **Do what needs to be done.**

**Fact #11: Leaders frequently overlook helping professionals except in times of crisis.**

**FINDINGS:**

- During serious incidents, helping professionals will be called upon to restore unit and Soldier health and wellbeing.

**WHAT LEADERS CAN DO:**

- Be ready to execute during times of crisis. Have a plan.
- Use lessons learned to implement prevention activities.
- **Be prepared for all contingencies.**

**Fact #12: Helping professionals may need to deliver bad news.**

**FINDINGS:**

- There are always "good" reasons for not delivering bad news.
- Leaders are human and make mistakes, and sometimes need someone to confide in.
- Helping professionals having a special relationship with the Commander.
- **WHAT LEADERS CAN DO:**

- Provide guidance to leaders during unpleasant times.
- Don't delay or sugar coat bad news.
- **Helping professionals display moral courage.**

**Fact#8: THE COMBAT ENVIRONMENT IS HARSH AND DEMANDING.**

**FINDINGS:**

- Soldiers' performance progressively deteriorates with less than 8 hours of sleep per day.
- The combat environment (e.g., physical strain, heat, noise, lack of privacy) takes a toll on Soldiers.
- Soldiers are extremely sensitive to perceived inequalities in the distribution of MWR resources.

**WHAT RC SOLDIERS CAN DO:**

- Ensure you get adequate rest (≥8 hours of sleep), hydration, and other force protection measures.
- Use MWR resources: they are there for you.
- Monitor and maintain your physical condition throughout the deployment.

**KEEP YOURSELF IN GOOD PHYSICAL CONDITION AND USE MWR FACILITIES WHEN YOU CAN.**

**Fact #9: UNIT COHESION AND TEAM STABILITY ARE DISRUPTED BY COMBAT.**

**FINDINGS:**

- Soldier bonds will be disrupted due to combat deaths, medical evacuations, emergency leave, etc.
- Changes in task organization and FOB locations may also impact unit cohesion.

**WHAT RC SOLDIERS CAN DO:**

- Know that you will lose some members of your unit and may or may not get new ones to replace them.
- Welcome and integrate new members of the unit and make them feel like part of the team.
- Participate in team building and hail & farewell activities.

**SOLDIERS FUNCTION BEST IN COMBAT WITH THOSE THEY KNOW.**

**Fact #10: COMBAT POSES MORAL AND ETHICAL CHALLENGES.**

**FINDINGS:**

- Combat exposes the reality of death.
- Combat tests the character of leaders and Soldiers.

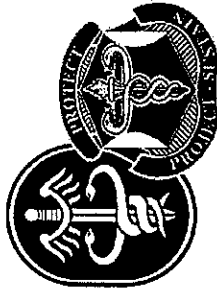
**WHAT RC SOLDIERS CAN DO:**

- Know that your personal sacrifices are being recognized and appreciated. Tell your buddies when they have done a good job.
- Do not allow the harassment and mistreatment of your fellow Soldiers.
- Discuss the moral implications of Soldier behaviors in combat, and how individual sacrifice contributes mission accomplishment.

**EVERY SOLDIER NEEDS TO COME HOME WITH A WAR STORY THAT HE/SHE CAN LIVE WITH.**

*“The capacity of Soldiers for absorbing punishment and enduring privations is almost inexhaustible so long as they believe they are getting a square deal, that their commanders are looking out for them, and that their own accomplishments are understood and appreciated.”*

GEN Dwight D. Eisenhower, 1944



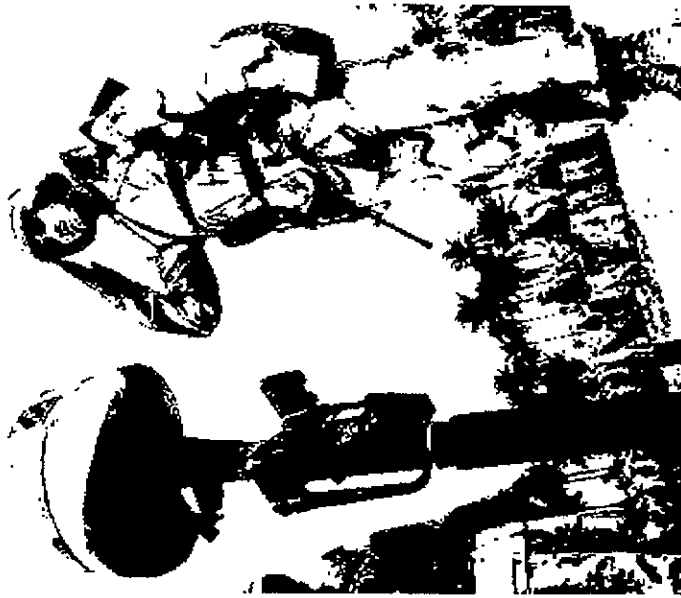
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# 10 TOUGH FACTS ABOUT COMBAT



**AND WHAT RC SOLDIERS CAN DO TO HELP THEMSELVES AND THEIR BUDDIES**



## Facts of Combat:

- Combat is sudden, intense, and life threatening.
- It is the Soldiers' job to kill the enemy.
- Innocent women and children are often killed in combat.
- No Soldier knows how he/she will perform in combat until the moment arrives.
- All Soldiers are affected.

## Development of

### Battlemind:

#### What is Battlemind?

It is a Soldier's inner strength to face adversity, fear, and hardship during combat with confidence and resolution. It is the will to persevere and win.

#### Objectives of Battlemind:

To develop those factors (focusing on Leader behaviors) that contribute to the Soldier's will and spirit to fight and win in combat, thereby reducing combat stress reactions.

## 10 Facts and

### Battlemind Concepts:

#### Fact # 1: FEAR IN COMBAT IS COMMON.

##### FINDINGS:

- Over 2/3 of silver star recipients reported increased fear as battle progressed.
  - Common symptoms of fear: violent shaking/trembling, losing control of bladder, feeling weak, cold sweats, and vomiting.
  - Fear and anxiety are reduced in combat when Soldiers engage in actions used from training experiences.
- #### WHAT RC SOLDIERS CAN DO:
- Pay attention to your training on what to do in combat conditions— Tough training is the best preparation.
  - Get sufficient physical and mental recovery time.
  - Admitting and joking about fear will release tension.
  - Remember that fear is NOT a mental disorder.

**EVEN HEROES FEEL FEAR.**

#### Fact #2: UNIT MEMBERS WILL BE INJURED AND KILLED.

##### FINDINGS:

- Over 1,700 service members killed and over 12,000 wounded since OIF/OEF began.
  - Almost 90% of Soldiers know someone who was seriously injured or killed.
- #### WHAT RC SOLDIERS CAN DO:
- Don't take unnecessary risks.
  - Participate in leader-led AAR's and/or mental health debriefings led by mental health professionals or chaplains.
  - Conduct memorial services with the utmost respect and dignity.
  - Talk to your buddies about critical incidences.

**SOMEONE IN YOUR UNIT MAY BE INJURED OR KILLED. YOU MAY NEED TO TALK TO SOMEONE ABOUT IT.**

#### Fact #3: RESERVE COMPONENT SOLDIERS HAVE UNIQUE CONCERNS.

##### FINDINGS:

- One-fifth of RC Soldiers are worried about whether their job will be there when they are deactivated.
- 33% of RC Soldiers report their military pay is lower or much lower than their civilian pay.

#### WHAT RC SOLDIERS CAN DO:

- Talk to your employer to ensure that your job will be there when you return. Your job (or one with similar pay) is guaranteed by law.
- Be prepared: ensure that your family has enough money to live on when you're gone and make sure your spouse has a power of attorney and access to your accounts.

**TAKE CARE OF YOUR JOB AND FAMILY SO YOU CAN FOCUS ON YOUR MISSION.**

#### Fact #4: COMBAT IMPACTS EVERY SOLDIER MENTALLY AND EMOTIONALLY.

##### FINDINGS:

- Combat stress reactions are common and normal. Experiences such as nightmares, flashbacks, anger and avoidance of expressing painful feelings may lead you to fear you are "going crazy".
- Over 90% of Soldiers who receive combat stress support are returned to duty.
- Refer Soldiers to Combat Stress Control as needed.

#### WHAT RC SOLDIERS CAN DO:

- Use what you learned in Buddy-Aid mental health training to assist other Soldiers in coping with the stress of combat.
- Know that if you are having difficulties, you will probably get better with time. If not, talk to the chaplain or a mental health professional.

**COMBAT STRESS REACTIONS ARE NORMAL RESPONSES TO TRAUMA.**

#### Fact #5: BREAKDOWNS IN COMMUNICATION ARE COMMON.

##### FINDINGS:

- Soldiers report that deployment policies are often inconsistently applied and they don't know the status of wounded Soldiers.
- Soldiers resort to rumors if they don't know the facts, which are linked to lower morale and poor Soldier health.

#### WHAT RC SOLDIERS CAN DO:

- Ask your leaders for information and clarification.
- Don't pass on information if you don't know it's factual.
- Share any facts, especially the status of wounded evacuees.
- Share the news of your successes, as well as those of other units.

**EFFECTIVE COMMUNICATION IS EVERYONE'S RESPONSIBILITY.**

#### Fact #6: SOLDIERS ARE AFRAID TO ADMIT THEY HAVE A MENTAL HEALTH PROBLEM.

##### FINDINGS:

- PTSD symptoms are common after combat (10-20% of Soldiers).
- Combat stress often leads to excessive alcohol use and aggression.
- Earlier treatment leads to faster recovery.

#### WHAT RC SOLDIERS CAN DO:

- Look out for your buddies. Talk to them about what you think and how you feel. Encourage other Soldiers to get professional help if they need it.
- Make sure you know where mental health is located and how to access it.

**ADMITTING A MENTAL HEALTH PROBLEM IS NOT A CHARACTER FLAW.**

#### Fact #7: DEPLOYMENTS PLACE A TREMENDOUS STRAIN UPON FAMILIES.

##### FINDINGS:

- Nearly 1/5 of all Soldiers deployed to OIF reported marital concerns or problems.
- Marital satisfaction declined after deploying to OIF.
- Soldiers generally report dissatisfaction with the FRG and rear detachment.

#### WHAT RC SOLDIERS CAN DO:

- Make sure your family is prepared for you to deploy not only with power of attorney/will but also with social support from family and/or friends.
- Talk to someone if you are having family problems.
- Look out for other Soldiers who may be having family problems. Get them to professional help if they need it.

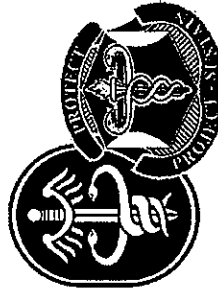
**"WHEN A SOLDIER IS AT WAR, HIS MIND SHOULD BE AT PEACE." Lord Moran, 1945**

## 6 Tough Facts and Battlemind Concepts:

1. Combat is difficult. Someone in your unit may be injured or killed. You may need to talk to someone about it.
2. The combat environment is harsh and demanding. Keep yourself in good physical condition and use MWR facilities when you can.
3. Fear in combat is not a sign of weakness. Even heroes feel fear.
4. Soldiers are often afraid to admit they have a mental health problem. Admitting a mental health problem is not a character flaw.
5. Deployments place a tremendous strain upon families. Family problems do not improve over time.
6. Unit cohesion and team stability are often disrupted by combat. However, Soldiers function best in combat with those they know.

*“The capacity of Soldiers for absorbing punishment and enduring privations is almost inexhaustible so long as they believe they are getting a square deal, that their commanders are looking out for them, and that their own accomplishments are understood and appreciated.”*

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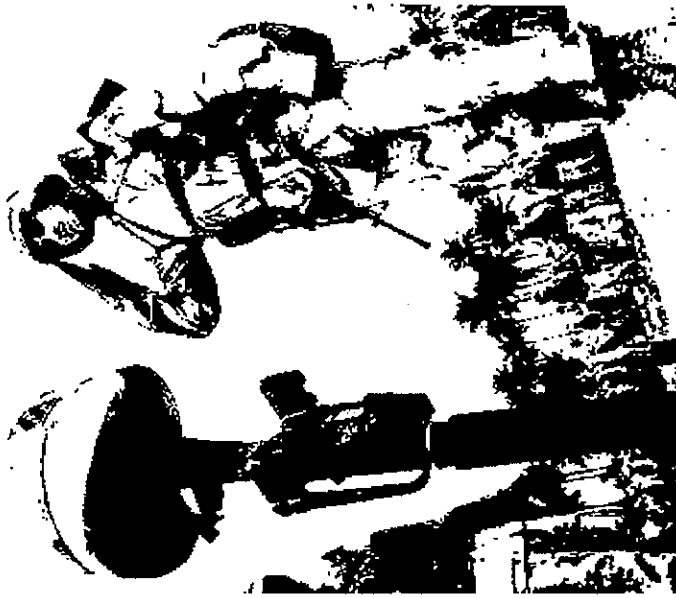
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6

# TOUGH FACTS ABOUT COMBAT



**AND WHAT  
SOLDIERS CAN DO  
TO HELP  
THEMSELVES AND  
THEIR BUDDIES**



# 6 Facts and Battlemind Concepts:

## Facts of Combat:

- Combat is sudden, intense, and life threatening.
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- Innocent women and children are often killed in combat.
- No Soldier knows how he/she will perform in combat until the moment arrives.
- All Soldiers are affected.

## Development of Battlemind:

### What is Battlemind?

It is a Soldier's inner strength to face adversity, fear, and hardship during combat with confidence and resolution. It is the will to persevere and win.

### Objectives of Battlemind:

To develop those factors (focusing on Leader behaviors) that contribute to the Soldier's will and spirit to fight and win in combat, thereby reducing combat stress reactions.

### Fact #1: COMBAT IS DIFFICULT.

#### FINDINGS:

- Over 1,700 service members have been killed and over 12,000 have been wounded since OIF/OEF began.
- Almost 90% of Soldiers know someone who has been seriously injured or killed.

#### WHAT SOLDIERS CAN DO:

- Don't take unnecessary risks.
- Participate in leader-led AAR's and/or mental health debriefings led by mental health professionals or chaplains.
- Conduct memorial services with the utmost respect and dignity.
- Talk to your buddies about critical incidences.

**SOMEONE IN YOUR UNIT MAY BE INJURED OR KILLED. YOU MAY NEED TO TALK TO SOMEONE ABOUT IT.**

### Fact #2: THE COMBAT ENVIRONMENT IS HARSH AND DEMANDING.

#### FINDINGS:

- Soldiers' performance progressively deteriorates with less than 8 hours of sleep per day.
- The combat environment (e.g., physical strain, heat, noise, lack of privacy) takes a toll on Soldiers.
- Combat tests the character of leaders and Soldiers.
- Soldiers are sensitive to differences in the distribution of MWR resources.

#### WHAT SOLDIERS CAN DO:

- Ensure you get adequate rest (≥8 hours of sleep), hydration, and other force protection measures.
- Use MWR resources: they are there for you.
- Monitor and maintain your physical condition.

**KEEP YOURSELF IN GOOD PHYSICAL CONDITION AND USE MWR FACILITIES WHEN YOU CAN.**

### Fact #3: FEAR IN COMBAT IS NOT A SIGN OF WEAKNESS.

#### FINDINGS:

- Over 2/3 of silver star recipients reported increased fear as battle progressed.
- Combat stress reactions such as nightmares, flashbacks, anger and avoidance of expressing painful feelings are common and normal.
- Over 90% of Soldiers who receive combat stress support are returned to duty.

#### WHAT SOLDIERS CAN DO:

- Pay attention to your training on what to do in combat conditions—Tough training is the best preparation.
- Admitting and joking about fear will release tension.
- Remember that fear is NOT a mental disorder.

**EVEN HEROES FEEL FEAR.**

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- Make sure your family is prepared not only with power of attorney and a will but with social support from family and friends.
- Talk to someone if you are having family problems.
- Look out for other Soldiers who may be having family problems. Get them to professional help if they need it.

**FAMILY PROBLEMS DO NOT IMPROVE OVER TIME.**

### Fact #6: UNIT COHESION AND TEAM STABILITY ARE DISRUPTED BY COMBAT.

#### FINDINGS:

- Soldier bonds will be disrupted due to combat deaths, medical evacuations, emergency leave, etc.
- Changes in task organization and FOB locations may also impact unit cohesion.

#### WHAT SOLDIERS CAN DO:

- Know that you will lose some members of your unit and may or may not get new ones to replace them.
- Welcome and integrate new members of the unit and make them feel like part of the team.
- Participate in team building and hall & farewell activities.

**SOLDIERS FUNCTION BEST IN COMBAT WITH THOSE THEY KNOW.**

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- Soldiers' performance progressively deteriorates with less than 8 hours of sleep per day.
- The combat environment (e.g., physical strain, heat, noise, lack of privacy) takes a toll on Soldiers.
- Soldiers are extremely sensitive to perceived inequalities in the distribution of MWR resources.

**WHAT LEADERS CAN DO:**

- Ensure adequate rest (≥8 hours of sleep), hydration, and other force protection measures.
- Insist on a fair distribution of MWR resources. Prevent double standards among officers, NCOs and Junior Enlisted Soldiers.
- Be aware of the physical condition and sleep patterns of your Soldiers and insist that physical conditioning is maintained throughout the deployment.

**RECOGNIZE THE LIMITS OF YOUR SOLDIERS' FORTITUDE.**

**Fact #9: UNIT COHESION AND TEAM STABILITY ARE DISRUPTED BY COMBAT.**

**FINDINGS:**

- Soldier bonds will be disrupted due to combat deaths, medical evacuations, emergency leave, etc.
- Changes in task organization and FOB locations may also impact unit cohesion.

**WHAT LEADERS CAN DO:**

- Maintain unit integrity to the greatest extent possible.
- During combat, rotate units not individual Soldiers.
- Conduct team building throughout the deployment; immediately welcome and integrate new Soldiers.

**SOLDIERS FUNCTION BEST IN COMBAT WITH THOSE THEY KNOW.**

**Fact #10: COMBAT POSES MORAL AND ETHICAL CHALLENGES.**

**FINDINGS:**

- Combat exposes the reality of death.
- Combat tests the character of Leaders and Soldiers.

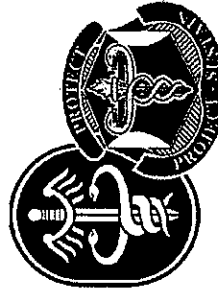
**WHAT LEADERS CAN DO:**

- Reward and recognize Soldiers on a regular basis for their personal sacrifices. Tell them when they done a good job.
- Do not allow harassment or mistreatment of your Soldiers.
- Discuss the moral implications of Soldiers' behavior in combat, and how individual sacrifice contributes to the enduring freedom of fighting for America.

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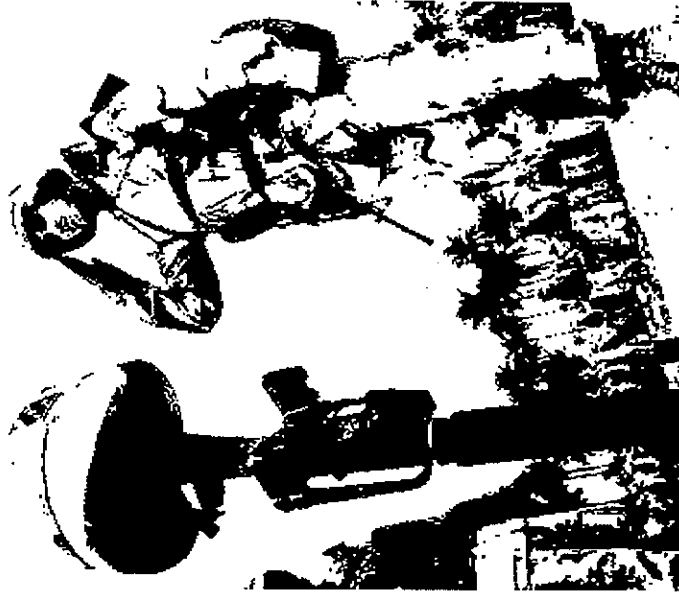
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# 10 TOUGH FACTS ABOUT COMBAT



**AND WHAT LEADERS CAN DO TO MITIGATE RISK AND BUILD RESILIENCE**



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- Common symptoms of fear: violent shaking/trembling, losing control of bladder, feeling weak, cold sweats, and vomiting.
- Fear and anxiety are reduced in combat when Soldiers engage in actions used from training experiences.

##### WHAT LEADERS CAN DO:

- Drill and train Soldiers specific actions to use in combat conditions- Tough training is the best preparation.
- Provide Soldiers sufficient physical and mental reset time.
- Admitting and joking about fear will release tension.
- Remember that fear is NOT a mental disorder.

**EVEN HEROES FEEL FEAR.**

#### Fact #2: UNIT MEMBERS WILL BE INJURED AND KILLED.

##### FINDINGS:

- Over 1,700 service members killed and over 12,000 wounded since OIF/OEF began.
- Soldiers were angry when Leaders failed to show caring regarding combat experiences, especially those involving injuries or death.

##### WHAT LEADERS CAN DO:

- Ensure Soldiers don't assume unnecessary risks on missions.
- Conduct leader-led AAR's and/or mental health debriefings led by mental health professionals or chaplains.
- Conduct memorial services with utmost respect and dignity.
- Talk to Soldiers personally about critical incidences.

#### SOLDIERS DON'T CARE WHAT YOU KNOW UNTIL THEY KNOW THAT YOU CARE.

#### Fact #3: COMBAT IMPACTS EVERY SOLDIER MENTALLY AND EMOTIONALLY.

##### FINDINGS:

- Combat stress reactions are common and normal.
- Normal experiences such as nightmares, flashbacks, anger and avoiding the expression of painful feelings may lead Soldiers to fear they are "going crazy".
- Over 90% of Soldiers who receive combat stress support are returned to duty.

Restoring mental fitness after combat sustains professional Warrior discipline, toughness, strength and proficiency.

##### WHAT LEADERS CAN DO :

- Conduct Buddy-Aid mental health training so Soldiers can assist other Soldiers in coping with the stress of combat.
- Refer Soldiers to Combat Stress Control as needed.

#### COMBAT STRESS REACTIONS ARE NORMAL RESPONSES TO TRAUMA.

#### Fact #4: SOLDIERS ARE AFRAID TO ADMIT THAT THEY HAVE A MENTAL HEALTH PROBLEM.

##### FINDINGS:

- PTSD symptoms are common after combat (10-20% of Soldiers).
- Combat stress often leads to excessive alcohol use and aggression.
- Earlier treatment leads to faster recovery.

##### WHAT LEADERS CAN DO:

- Establish a command climate where leaders acknowledge that Soldiers are under stress and that they might need help.
- Co-locate mental health assets at the battalion aid station/TMC.
- Insist that mental health outreach be provided to each battalion.

#### ADMITTING A MENTAL HEALTH PROBLEM IS NOT A CHARACTER FLAW.

#### Fact #5: SOLDIERS FREQUENTLY PERCEIVE FAILURES IN LEADERSHIP.

##### FINDINGS:

- Good leadership is linked to higher Soldier morale and cohesion, better combat performance, and fewer mental health problems.
- Soldiers report that leaders frequently engage in actions in order to enhance their own career and personal well-being.
- Soldiers also report that leaders often fail to exhibit clear thinking and reasonable action when under stress.

##### WHAT LEADERS CAN DO:

- Allow subordinates to seek clarification of orders or policies without responding defensively or considering the Soldier disloyal.
- Remove, reassign or demote subordinates who fail to measure up having been given the means and opportunities to succeed.

#### COURAGE AND VALOR, NEVER PERSONAL GAIN, ARE THE MEASURES OF SOLDIER AND LEADER PERFORMANCE.

#### Fact #6: BREAKDOWNS IN COMMUNICATION ARE COMMON.

##### FINDINGS:

- Soldiers report deployment policies are often inconsistently applied and they don't know the status of wounded Soldiers.
- Soldiers resort to rumors if leaders don't give them facts.

##### WHAT LEADERS CAN DO:

- Keep your Soldiers informed; telling Soldiers you don't know is better than not telling them anything.
- Make sure that your policies and views on all matters are clearly expressed and made known.
- Let every Soldier know the status of wounded evacuees.
- Disseminate news of yours' and other units' successes.

#### EFFECTIVE COMMUNICATION IS A LEADERSHIP RESPONSIBILITY.

#### Fact #7: DEPLOYMENTS PLACE A TREMENDOUS STRAIN UPON FAMILIES.

##### FINDINGS:

- Nearly 1/5 of all Soldiers deployed to OIF reported marital concerns or problems.
- Marital satisfaction declined after deploying to OIF.
- Soldiers generally report dissatisfaction with the FRG and rear detachment.

##### WHAT LEADERS CAN DO:

- Assess any reported problems in the FRG or rear detachment to ensure timely action.
- Do not allow family problems to go unanswered. Assign at least one of your staff to serve as an ombudsman or expediter of family problems.
- Formally recognize all special family occasions such as births and graduations.

**"WHEN A SOLDIER IS AT WAR, HIS MIND SHOULD BE AT PEACE." Lord Moran, 1945**