

"WRAIR Forward"

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COMMANDER'S CORNER

The US Army defines resilience as the ability to grow and thrive in the face of challenges and bounce back from adversity. Much of the recent work at USAMRU-E has been focused on measuring and training resilience or evaluating the effectiveness of resilience training. During the course of this work, I have had the opportunity to talk with hundreds of Soldiers who embody the spirit of resilience; they also provide the core of organizational resilience through their dedication to one another. USAMRU-E's goal is to tailor our resilience training to build on these Soldier strengths and create an integrated resilience training system that addresses resilience from an individual, buddy, leadership and organizational perspective.

-MAJ Dennis McGurk

COMMAND-DIRECTED BEHAVIORAL HEALTH ASSESSMENT CONTINUES

What's the best way to conduct behavioral health assessments when Soldiers first return from a combat deployment? This quarter, as part of a command-directed assessment, USAMRU-E continued comparing different models of behavioral health assessment by surveying Soldiers 90 days after they completed the Post-Deployment Health Assessment (PDHA). The surveys assessed (1) behavioral health care stigma, (2) perceptions of barriers to care, and (3) behavioral health care use.

USAMRU-E delivered surveys and trained 172nd Brigade Combat Team staff in survey administration on 16-17 FEB 10 in Grafenwoehr (Ms. Eckford and SSG Williams) and Schweinfurt (Ms. Salvi and SGT Martinez). The team returned to Grafenwoehr to collect the completed follow-up surveys on 25 MAR 10.

To coordinate accessing PDHA and other data, MAJ McGurk, Dr. Wright, and LTC Humphries (Director, Soldier and Family Support Services, Europe Region Medical Command) teleconferenced with representatives from the US Army Office of The Surgeon General (OTSG; 22 FEB 10). These data will be included as part of the assessment of behavioral health reintegration delivery models.

MILITARY STRESS AND COUNTERPRODUCTIVE BEHAVIOR (New Publication)

Tucker, J. S., Sinclair, R. R., Mohr, C. D., Adler, A. B., Thomas, J. L., Salvi, A. D. (2009). Stress and counterproductive behavior: Multiple relationships between demands, control, and Soldier indiscipline over time. *Journal of Occupational Health Psychology*, *14*, 257-271.



MENTAL FITNESS STUDY FOR BASIC COMBAT TRAINING: RESULTS BRIEFED

Two group randomized trials assessing resilience training efficacy during Basic Combat Training yielded mixed results. The study, led by WRAIR (PI: Dr. Adler), included scientists from the Army Center for Enhanced Performance (ACEP) and Research Triangle International (RTI). Both studies randomly assigned more than 40 platoons to either a mental fitness intervention or a military history course.

STUDY 1 TARGETED BEHAVIORAL HEALTH

The first study assessed a 2-hour resilience training intervention adapted from training that the Australian Defence Force had found to be effective with their recruits. Unfortunately, in the US study there were minimal to no effects on behavioral health outcomes. Soldiers reported training was useful; however, training led to few changes in attitudes and no differences in behavioral health.

Interestingly, resilience skills that were emphasized in the training predicted better behavioral health over time, suggesting that the right resilience skills were being focused upon but that two hours of training is not enough to support enduring skill acquisition, particularly in the absence of a cohesive unit and during a period of dense training.

STUDY 2 TARGETED PERFORMANCE

The second study found positive effects on performance and performance-related mental skills from 8 hours of sport psychology training developed by ACEP. The intervention included several short segments of training



distributed across the 10 week Basic Combat Training cycle.



While the sport psychology intervention did not result in differences across all performance measures, a range of performance domains demonstrated a training effect. Soldiers in the ACEP condition scored better on diagnostic Army Physical Fitness Training, marksmanship related to shot grouping, and confidence course times. For example,

Soldiers in the ACEP condition crossed a high beam 25% faster than Soldiers in the 8-hour military history condition (see photo). Soldiers in the ACEP condition also reported greater use of performance-related mental skills.

RECOMMENDATIONS

Results underscore the importance of embedding resilience training in a variety of contexts, as exemplified by the Army's resilience program Comprehensive Soldier Fitness. Results were outbriefed to key leaders (see next page).

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RESILIENCE TRAINING DEVELOPMENT

USAMRU-E continued to refresh and adapt Battlemind Training into the Army's resilience training program as well as develop new modules for the Army's Professional Education System.



Refects a strength-based, positive psychology approach to Warrior behavioral health. It is designed for Warrior, Laders, Spourse, Fonlies and behavioral health providers. Training and information is targeted to all phases of the Warrior deployment cycle, Warrior life cycle and Warrior support system.



DEPLOYMENT CYCLE TRAINING

Revisions were completed on predeployment, reintegration, and 3-6 month postdeployment resilience training.

Revised resilience training modules are available on a new website: https://www.resilience.army.mil Revisions incorporated feedback from COL Castro (MAJ

McGurk, Dr. Adler; 9 FEB 10; Frederick, MD) and COL (Ret.) Hoge (Dr. Adler; 15 MAR 10; Bethesda, MD).

LIFE-CYCLE TRAINING

MAJ McGurk, Dr. Adler, and Mr. Rinehart, WRAIR, developed new resilience training modules for the Advanced Leader Course (ALC) and the Senior Leader Course (SLC).

The development of Life-Cycle (Army Professional Education System) modules included meeting with Intermediate Leadership Education (ILE) and Center for Army Leadership experts (CAL; MAJ McGurk, 14-15 MAR 10; Leavenworth, KS), attending the Basic Officer Leadership Course curriculum review meeting (Dr. Adler, 23-26 MAR 10, Norfolk, VA), and working with Mr Rinehart (MAJ McGurk, Dr. Adler; 16-17 JAN 10; Bethesda, MD).

MASTER RESILIENCE TRAINER (MRT) COURSE

• MAJ McGurk conducted Sustainment Resilience Training, Day 9 of the 2-week MRT course, as part of ongoing development and refinement of the training material (28 JAN 10 & 17 MAR 10; Philadelphia)

• MAJ McGurk conducted MRT Facilitator training on 18 Jan 10 (with Dr. Adler) and again on 17 FEB 10 (Philadelphia).

Dr. Adler participated in the Comprehensive Soldier Fitness coordination meeting (17 MAR 10; Philadelphia)
Dr. Adler represented Sustainment Resilience Training with

Mr. Best, WRAIR, during the MRT course rehearsal at Victory University (27-28 MAR 10, Fort Jackson, SC).

ADDITIONAL RESILIENCE TRAINING ACCOMPLISHMENTS

MAJ McGurk coordinated with WRAIR and MRMC on the Resilience Training Research Office (RTRO; 14-15 JAN 10, 25-26 JAN 10, 1-3 FEB 10; Silver Spring and Frederick, MD).
CPT Wood and CPT Johnson, WRAIR, piloted the revised versions of Pre-Deployment Resilience Training for Warriors, Leaders and Spouses to the 2 EN BN at White Sands, NM (20-21 Jan 10). Approximately 60 Leaders, 150 Warriors, and 35-40 Spouses (and family members) attended.

LEVERAGING RESEARCH EFFORTS

Psychological Health Research Program program managers LTC (P) Bliese and Dr. Proctor (USARIEM), along with Dr. Adler and COL(Ret.) Hoge, met with the Millennium Cohort Study Team to discuss research program development and analyses to validate key findings across the research program (San Diego, 16-17 FEB 10).

MENTAL FITNESS STUDY OUTBRIEF

In preparing for the final study outbrief, Dr. Adler and LTC(P) Bliese, WRAIR, met with RTI scientists Dr. Bray and Dr. Williams (13-15 JAN 10; Research Triangle Park, NC).

Dr. Adler briefed study results to:

- BG Cornum, Director, Comprehensive Soldier Fitness (19 JAN 10, Philadelphia, PA)
- Four Basic Combat Training Battalion Commanders (25-26 JAN 10, Ft Jackson, SC)

• BG May, Commanding General, Ft Jackson, and LTG Hertling, Deputy Commanding General – Initial Military Training, Training and Doctrine Command (26 JAN 10, Ft Jackson, SC).

INTERNATIONAL COLLABORATIONS

• MAJ McGurk attended the NATO meeting (RTG 179) on Moral Dilemmas and Mental Health (24-25 MAR 10; Bergen, Norway).

• LTC Barbour and Mr. Connick, of the Irish Defence Forces, met with MAJ McGurk and Dr. Adler, to discuss Resilience Training initiatives (25-26 FEB 10, Heidelberg).

VISITORS TO USAMRU-E

• COL Castro, Director, Military Operational Medicine, met with MAJ McGurk to plan the 71F (Uniformed Research Psychologist) conference and complete the 71F Annual Report (7-8 JAN 10; Heidelberg).

• LTC Sipos, USAMRICD, met with USAMRU-E Staff and LTC(P) Bliese as part of his anticipated transition to USAMRU-E (18-22 JAN 10; Heidelberg).

• CPT Wood briefed BG(P) Brown, Deputy Commanding General (Support), 25th ID, on USAMRU-E activities (16 FEB 10, Heidelberg).

• Mr. Phillips, MRMC Safety Manager, conducted a Safety Organization Inspection Program (25 FEB 10; Heidelberg).

DECOMPRESSION PROJECT ON HOLD

In preparation for a new study assessing the efficacy of Third Location Decompression (TLD), a structured postdeployment transition program, MAJ McGurk observed TLD training for Air Force personnel (4-5 JAN 10; San Antonio, TX) and consulted with LtCol Isler, Behavioral Health Provider, US Air Force, on the Air Force Transition Center Program (4-6 FEB, San Antonio, TX). Shortly thereafter, the US Army TLD initiative, which had been expected to be piloted with a unit this year, was cancelled. USAMRU-E research plans to assess TLD are now on hold.

PERSONNEL UPDATES

- SSG Williams was promoted to her current rank 1 JAN 10.
- Mr. Rahey was promoted to GS-12 (31 JAN 10).
- Ms. Salvi attended the Project Management Tools and Concepts
- course (8-12 FEB 10, Schwetzingen, Germany).
- Mr. Terry, left his position as a contractor to take GS-9 job as research associate with the unit (29 MAR 10).

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