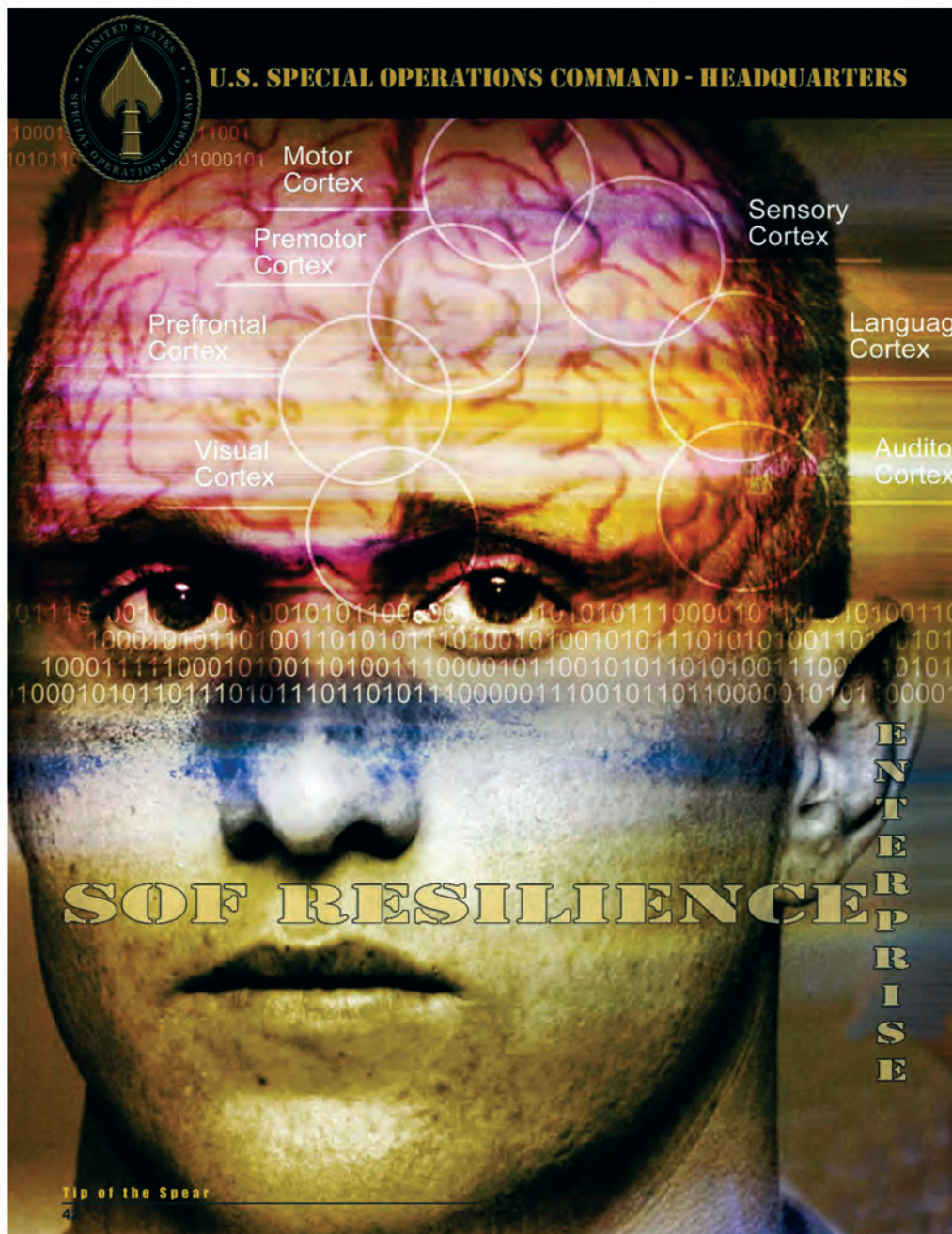


SOF Leadership in the Face of Stress

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Not all stress is bad. Stress balanced with good leadership and adequate situational awareness can build resilience. Resilience in psychology is the positive capacity of people to cope with stress and catastrophe.

About a year ago, in an effort to bolster resilience within the Special Operations Forces community, ADM Eric T. Olson, Commander of U.S. Special Operations Command, charged the USSOCOM Com-

mand Surgeon with the responsibility of identifying the source of stressors leading to adverse behaviors in SOF and their families. The result was the formation of the USSOCOM Resilience Enterprise Working Group. The Command Surgeon at that time, COL Warner (Rocky) Farr, established a team of psychologists in the Command Surgeon's Office that would work to assess and mitigate adverse behavioral effects in SOF. The team of

two included an Army active component research psychologist, LTC Craig Myatt, and an Army Reserve component clinical psychologist, MAJ Paul Boccio.

Under Farr's direction, Myatt and Boccio reviewed data from several of the component command psychologists and psychiatrists and studied material furnished by the USSOCOM Lessons Learned staff. The data review involved a trend analysis of issues ranging from traumatic brain injury to marital discord. Among those issues, and others such as misconduct and suicide, SOF personnel showed a relatively lower frequency of adverse behaviors over a nine-year period of sustained operations than servicemembers outside of the SOF community.

The initial effort by Myatt and Boccio also defined a methodological approach for assessing the challenges faced by SOF personnel. That approach targeted a process for reviewing the long-term effects of contemporary operations and endorsed the formulation of existing and new partnerships inside and outside of USSOCOM in support of a proposed command sponsored program.

In February, ADM Olson directed Myatt to develop a program serving the needs of SOF personnel and families against the adverse effects of stress associated with current and projected operations. The first step toward program development involved charter approval for a working group consisting of members from the USSOCOM headquarters and each component. March 13, Brig Gen Steven Hummer, then Chief of Staff, approved the charter for the USSOCOM Resilience Enterprise Working Group. The designated component command representatives in the working group are command psychologists and a command psychiatrist who function as behavioral health and psychology subject matter experts in their respective commands.

The REWG met initially to review best practices in each of the components. That review led to approval of an Initial Capabilities Document sanctioning the REWG as a chartered body representing the command to improve psychological performance and to reduce the likelihood and severity of psychological injury in SOF and their families. The REWG was established through an existing program in the Command Surgeon's Office, the Warrior Rehabilitation Performance Centers Program.

The REWG met again in July to define SOF resilience and to refine the mission and goals of the REWG. The contributions of the component psychologists at that conference signified a measure of commitment and rapid action among all of the command psychologists in support of resilience education, leadership operational and strategic support, and families in transition to health. All USSOCOM components support resilience education, ongoing operational psychology in SOF units, and the use of Care Coalition Military Family Life consultants. Partnered internally with the USSOCOM headquarters directorates, the WRPC, the Care Coalition and the Command Chaplain, the panel of member psychologists in the REWG have asked the question, "Is there a problem with

our SOF personnel?" The answer the REWG generated is, "no."

SOF often face seemingly unimaginable stress in combat yet are equipped to cope and become biologically and psychologically stronger. The survival and coping mechanisms developed in SOF are both intuitive and learned. Individual survival and coping mechanisms, especially in small team elements, enhance operational success.

Current overseas contingency operations challenge first-line supervisors and commanders to expand their situational awareness not only on behalf of SOF and the support teams around them, but also to families.

The family is an additional psychosocial support element for the SOF warrior that is being given increased attention because of its powerful influence on mission accomplishment. Leadership doctrine throughout the services is being rewritten to reflect the dynamic and diverse roles of family, as well as the human dimension of the warrior ethos. In the SOF community, the family is increasingly being recognized as an operational support team on par with, if not even more important than, any other operational support team designated for mission support by unit commanders.

In generations past, the typical line NCO could utter unchallenged, "If Uncle Sam wanted you to have a family, then he would have issued you one." Not so today in the military. Single or married, U.S. servicemembers in the 21st century serve under leadership that acknowledges the value of family and strives to accommodate the human dimension of the warrior ethos. That stance is taken because military leadership now recognizes the ingenuity which won wars and conflicts for America in the past resides in the sanctity of self preservation, unit cohesion, and healthy family relationship.

Leadership in the Services over the past several years, but particularly in the SOF community, is expanding the role of behavioral health personnel. The USSOCOM headquarters and its components are using more psychologists in a consultative role working directly for commanders as special staff officers to help sustain combat power and the virtues of human dignity in the family. The cadre of component command psychologists serves each component commander and its subordinate units with psychological services for SOF warriors and their families. In the SOF community, the behavioral health support provided to SOF personnel and their families is formulated to surpass any stressor that tough training, intense operations, irregular warfare or an astute adversary can bring upon our forces.

According to the REWG, there is no problem behaviorally with SOF personnel. Nor is there a problem with the families. However, the REWG members concede the pace of ongoing mission-focused demands require close scrutiny from a command, supervisory, operational, and behavioral health standpoint on behalf of the SOF personnel and their families. That close

scrutiny entails the identification of not only the adverse effects of stress, but also the positive benefits of stress in the SOF community. As stated earlier, not all stress is bad. The enduring process SOF personnel go through for selection itself singles out SOF personnel as hardy and resilient. SOF personnel are tough, determined, and committed. Can the same be expected of the SOF family members? “Yes, but in a different way,” according to Myatt. “As we develop a program that supports the five SOF Truths (1. Humans are more important than hardware. 2. SOF cannot be mass produced. 3. Quality is better than quantity. 4. Competent SOF cannot be created after emergencies arise. 5. Most Special Operations require non-SOF support.) for SOF leaders and other personnel at the small unit level and institutionally, we can include the family in promoting education, communication, and support as a means of sustaining combat power over time. Our operational concerns extend to the family. There is perhaps no other community in the military except SOF that can define the family as an operational support element that sustains combat power for commanders and first-line supervisors,” Myatt said. “The family is a system among systems that supports the SOF warrior, deployed or otherwise.”

A resilient person recovers quickly and adapts to illness, change, or injury in a positive way. SOF personnel are already resilient because their rigorous selection process. SOF families are more resilient than most. That does not, however, negate a leadership responsibility to ensure that SOF personnel and their families remain resilient in the face of stress.

“The developing goal of the SOF Resilience Enterprise Program is to sustain combat power by increasing resilience in SOF and SOF families to meet the challenges of a changing environment,” Myatt said

Each component has developed a separate program to address resilience and other aspects of operational psychology designed to its unique warrior culture. For example, Air Force Special Operations Command approaches its resiliency program with a “battle mind.”

“The battle mind is a warrior’s inner strength to face fear and adversity in combat,” said AFSOC’s command psychologist, Col Carroll Greene III. “The battle mind merges powerful physical and mental survival response that helps to ensure survival.”

AFSOC holds pre-deployment and post-deployment seminars. Greene explains in the seminars that warriors drawn to SOF have similar attitudes and goals.

“The warriors want to confront personal fears and challenges, develop personal strength for success in life, are energetic, value adversity as a strength builder, and look for excitement to energize their life. They also want to be part of a close knit team, want to secure a future for themselves and their families, want to earn their peers’ respect and feel pride in their service to the nation,” Greene said. “These attitudes and goals produce strength and resilience.”

Greene also argues there are powerful positive effects to combat stress.

“Combat stress increases respect for other cultures and people, increases your appreciation for American values, strengthens commitment to loved ones, strengthens spiritual development, and affirms service at the ‘nation’s tip of the spear.’ Combat stress also strengthens part of your self image, strengthens you for future challenges, and energizes your personal goals,” he said. “Positively focused leaders help shape resilience.”

In the AFSOC pre-deployment seminars, techniques are taught to manage adrenaline, how to transition from deployment to combat, and how to deal with other adversities of deployment. In the post-deployment seminars, Airmen are trained in how to reduce their combat adrenaline and what to expect physically and emotionally in the first six weeks upon returning home. Assimilation back into family life is an integral part of the seminar and stress reduction services are offered.

Naval Special Warfare Command’s resiliency program falls under the Center for Military Relationships and Families. The center is chartered to prevent and treat combat stress. Group One builds resiliency through the NSW Resiliency Enterprise and FOCUS (Families Overcoming Under Stress) Project.

Group One’s efforts focuses on resiliency in seven ways: psychological, neuropsychological, physiological, psychosocial, lifestyle, financial, and spiritual. The FOCUS Project provides resiliency services for children through workshops building their skills to cope with separating from a parent or parents due to a deployment.

LCDR Ray Nairn is the first psychologist at NSWG-2, and reports receiving excellent command support for programs that he and the other NSW psychologists have proposed. He said he sees one of his most important unaccomplished missions as accurately identifying the needs of family members via a comprehensive needs assessment survey.

“I would like to ensure that when NSW spends money to support the families, it is being spent on exactly what the families’ need versus an individual’s conjecture or a small sample size of opinions,” Nairn said. “I am optimistic the Resilience Enterprise Working Group will provide a forum to exchange the best practices from each of the services.”

“My commodore wants to support the families,” Nairn said. “He wants a committee of our family readiness coordinator, our chaplain and me to advise him.”

AFSOC’s and NSW’s resiliency programs are but two examples of USSOCOM’s commitment to the well being of SOF and their families. U.S. Army Special Operations and Marine Corps Forces Special Operation commands also have existing resiliency programs as well.

“Behavioral health readiness in theater and back in the United States is an operational force health protection issue,” Myatt said. “As we build stronger behavioral health readiness and resilience within the SOF community, we then improve overall operational readiness and performance in the teams and units.”