

## **Battlemind Training: Building Soldier Resiliency**

### **Carl Andrew Castro**

Walter Reed Army Institute of Research  
Department of Military Psychiatry  
503 Robert Grant Avenue  
Silver Spring, MD 20910  
USA

Telephone: (301) 319-9174

Fax: (301) 319-9484

[carl.castro@us.army.mil](mailto:carl.castro@us.army.mil)

### **Charles W. Hoge and Anthony L. Cox**

Walter Reed Army Institute of Research  
Division of Psychiatry and Neuroscience  
503 Robert Grant Avenue  
Silver Spring, MD 20910  
USA

### **ABSTRACT**

*Battlemind is a Soldier's inner strength to face fear and adversity in combat in with courage. The pre-deployment Battlemind training program is designed to build Soldier resiliency by developing his/her self-confidence and mental toughness. The training focuses on Soldier strengths, identifying specific actions that Soldiers and leaders can engage in to meet the challenges of combat. The pre-deployment training consists of unique modules for Soldiers, leaders, reservists, and families. The post-deployment Battlemind training focuses on transitioning from combat to home. The acronym "BATTLEMIND" identifies ten combat skills that if adapted will facilitate the transition home. The post-deployment Battlemind training consists of two training modules to be conducted at different times post-deployment. The first training module is intended to be given within the first two weeks of returning home. The focus of this initial transition training is on safety, relationships, as well as normalizing to common reactions and symptoms resulting from combat. The second training module is designed to be given at 3-6 months post-deployment. This follow-up post-deployment training is designed so that Soldiers can conduct their own "Battlemind Check" of themselves as well as that of their buddies, allowing them to know when to seek help. The training ends by addressing those barriers which prevent Soldiers from seeking help. The Battlemind training is designed to be given in small groups to encourage interaction and discussion, requiring approximately 35-40 min to complete.*

### **1.0 INTRODUCTION**

Combat is stressful. It is filled with a variety of stressors that are sudden, intense, and life-threatening. These combat stressors can significantly effect of the mental health and well-being of those exposed. Combat in Iraq is no different. Soldiers and Marines deployed to Iraq face a variety of deployment and combat stressors.

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For instance, nearly 90% of Soldiers deployed to Iraq reported that they were attacked or ambushed, with over 60% reporting that they were in a threatening situation where they were unable to respond due to rules of engagement. At a more personal level, 85% of Soldiers reported that they personally knew someone who was injured or killed and nearly three-quarters of deployed Soldiers reported that they had a member of their own team become a casualty. Over one-half of deployed Soldiers reported that they handled or uncovered human remains.

That these combat experiences, as well as others, can produce deleterious effects on the mental health and well-being of Soldiers is undisputed. We have found that over 15% of Soldiers and Marines returning from combat duty in Iraq met screening criterion for post-traumatic stress disorder (PTSD), a rate significantly higher than pre-deployment rates. Increases in depression and anxiety rates were also observed 12 months post-deployment (6.3% versus 12.0% for depression and 7.9% versus 11.5% for anxiety). Over 15% of Soldiers reported that they were interested in seeing someone for an alcohol, stress, family or emotional problem, but only about 40% of those who screened positive for a mental health problem actually sought help, due primarily to psychological stigma and organizational barriers associated with receiving mental health support. Psychological stigma includes concerns that they would be seen as weak, their leadership would have less confidence in them, and/or their leaders would blame them for the problem. Organizational barriers include issues such as Soldiers not knowing where to go to get help, difficulty scheduling an appointment and/or not being able to leave work to get work.

Thus, the critical question is what can be done to ensure that Soldiers, who need help, receive help. We believe that the solution will involve a multi-level strategy, involving both Soldiers and leaders. In this paper, we will present three initiatives aimed at minimizing the risks associated with combat, as well as ways that Soldiers and leaders can build psychological resiliency as they prepare to deploy to a combat environment or have recently returned from combat duty in Iraq. We will begin by discussing our Battlemind Training modules, which are designed to prepare Soldiers, leaders and helping professionals for the psychological rigors of combat and to facilitate their psychological return from combat. Next, we present our unit needs assessment, a tool designed for use by mental health care providers to assess the mental health and well-being of units in order to develop mental health prevention and early intervention strategies to meet the unique needs of the unit. Finally, we introduce our psychological screening instrument, intended to be used as an early identification tool for Soldiers experiencing psychological distress requiring mental health support.

## **2.0 BATTLEMIND TRAINING**

Battlemind is a Soldier's inner strength to face adversity, fear, and hardship during combat with confidence and resolution. In essence it is psychological resiliency. The objective of battlemind training is to develop psychological resiliency which contributes to a Soldier's will and spirit to fight and win in combat, thereby reducing combat stress reactions and symptoms. Based on results from the WRAIR Land Combat study, using both quantitative and qualitative methodology, we summarize these research findings into easily teachable principles that are behaviorally anchored in what Soldiers, Leaders and Spouses can do to counter the stressors of combat and deployment.

This approach led to the development of a series of training modules that we entitled "Battlemind Training." For training prior to deployment we developed training modules entitled "Psychological Readiness in a Deployment Environment (PRIDE)". These pre-deployment training modules focused on four distinct populations: Soldiers, Leaders, Spouses, and National Guard/Reservists. Battlemind training for Soldiers returning from combat was entitled "Transitioning from Home to Combat." Below we outline the key components of involved in Battlemind training.

## **2.1 Pre-Deployment: Psychological Readiness in a Deployed Environment (PRIDE)**

### **2.1.1 Leader Training**

The Leader Training module is focused on the ten tough facts that leaders face and what actions that they can take to address these ten facts. The ten tough facts include:

- Fact 1. Fear in combat is common.
- Fact 2. Unit members will be injured or killed.
- Fact 3. Combat impacts every member both physically and mentally.
- Fact 4. Soldiers are afraid to admit that they have mental health problem.
- Fact 5. Soldiers frequently perceive failures in leadership.
- Fact 6. Breakdowns in communication are common.
- Fact 7. Deployments place a tremendous strain upon families.
- Fact 8. The combat environment is harsh and demanding.
- Fact 9. Unit cohesion and stability are disrupted by combat.
- Fact 10. Combat poses moral and ethical challenges.

Research findings are presented that support each of these facts along with specific actions that leaders can take to mitigate these facts. For example, the findings that support Fact 4, Soldiers are afraid to admit that they have a mental health problem, include 10-20% of Soldiers report post-traumatic stress disorder symptoms following combat, combat stress leads to excessive alcohol use and aggression, and earlier treatment leads to faster recovery. What leaders can do to combat these facts include establishing a command climate where leaders acknowledge that Soldiers are under stress and that they might need help, co-locating mental health assets with the unit, and insisting that mental health outreach be provided to each battalion.

### **2.1.2 Soldier Training**

The Soldier Training module includes 6 Tough Facts about Combat, which are similar to the 10 Tough Facts about Combat for leaders presented above. The Soldier facts include:

- Fact 1. Combat is difficult.
- Fact 2. The combat environment is harsh and demanding.
- Fact 3. Fear in combat is not a sign of weakness.
- Fact 4. Soldiers are afraid to admit that they have a mental health problem.
- Fact 5. Deployments place a tremendous strain upon families.
- Fact 6. Unit cohesion and team stability are disrupted by combat.

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Similar to the leader training module, findings that support each of these facts and actions Soldiers can take to mitigate these facts are presented and discussed during the training.

### **2.1.3 Helping Professional Training**

The Helping Professional training is intended to be given to behavioural health care providers, chaplains, and primary care providers. This training module consists of twelve facts.

- Fact 1. Many soldiers enter the military with problems.
- Fact 2. Soldiers are reluctant to admit they have a mental health problem.
- Fact 3. Helping professionals often build or maintain barriers to care.
- Fact 4. Burnout and compassion fatigue are common.
- Fact 5. Helping professionals have two masters.
- Fact 6. Deployments are professional fish bowls.
- Fact 7. Soldiers expect helping professionals to fix organizational problems.
- Fact 8. There is no such thing as “One” in the Army of One.
- Fact 9. Mental health doctrine is frequently ignored.
- Fact 10. Conducting behavioral outreach is dangerous.
- Fact 11. Leaders frequently overlook helping professionals except in times of crisis.
- Fact 12. Sometimes helping professionals must deliver bad news.

The key research findings that support each of these facts are presented along with specific actions that helping professionals can take to mitigate these unpleasant facts. A professional concept associated with each fact is also presented and discussed.

### **2.2.1 Post-Deployment Training: Transitioning from Combat to Home**

The focus of post-deployment Battlemind training is to assist the Soldier in the transition and reintegration process following combat. The objective is the re-setting of Battlemind for home. The major content areas of post-deployment Battlemind training include: Soldier safety and personal relationships, normalizing combat-related stress reactions and symptoms, and teaching Soldiers when they should seek mental health support for themselves or for their buddies.

The post-deployment Battlemind training discusses the key skills that Soldiers have mastered in combat, demonstrating how these skills can be used to help Soldiers transition back home. The goal is to build on existing Soldier strengths. The training also includes specific actions for Soldiers to take to guide them in their transition home process.

“Battlemind” is the Soldier’s inner strength to face fear and adversity in combat with courage. The two components of Battlemind are self-confidence and mental toughness; strengths that all Soldiers must have to successfully perform in combat. All Soldiers returning from combat, however, encounter a paradox. The behaviors and emotions that kept them alive on the battlefield are not appropriate for their homes and families. They’ve come from physically harsh, mentally demanding, chaotic and dangerous circumstances where no alcohol is permitted and where there are no civilian friends or close family members with whom to relate. Destruction, injury, and death have been ever present in the combat zone. Furthermore, Soldiers sometimes feel that they have left behind unfinished work in the war zone. Despite the chaos and danger of the combat zone, most feel they are well trained and there is constant military control. Transitioning from this environment to home can be difficult.

The key precept in Battlemind Training is that *all* Soldiers have the necessary skills to successfully transition home. By building on the Soldiers’ existing skills and inner mental strengths, the transitioning home process can be enhanced. Through Battlemind Training, Soldiers are shown how their combat skills, if not adapted for home, may interfere with their transitioning process. Battlemind training focuses on ten specific skills, using the word B-A-T-T-L-E-M-I-N-D, and emphasizing how it is possible to avoid the problems that can occur when Soldiers go, in a matter of hours, from the battlefield to the home front.

Buddies (cohesion) vs. Withdrawal

Accountability vs. Controlling

Targeted Aggression vs. Inappropriate Aggression

Tactical Awareness vs. Hypervigilance

Lethally Armed vs. “Locked and Loaded” at home

Emotional Control vs. Anger/Detachment

Mission Operational Security (OPSEC) vs. Secretiveness

Individual Responsibility vs. Guilt

Non-defensive (combat) Driving vs. Aggressive Driving

Discipline and Ordering vs. Conflict

Each of these relationships reveals how behaviors and reactions in combat need to be adapted back home. Soldiers are taught to change how they might react or think now that they are back home. Emphasis is placed on Soldier safety and Soldier relationships. In addition to the leadership training and handouts/brochures provided for individual Soldiers, Battlemind Training assists Soldiers to identify specific symptoms that require help. The training includes detailed direction for seeking care, based on contact information, for local and remote guidance. This care may be from local chaplains and leadership or from medically trained professionals, both on an off their military posts.

Two training modules were developed: Battlemind Training I and Battlemind Training II. The training is provided at the platoon level to allow Soldiers to share their experiences with each other and help each other

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as they transition home. Each module consists of two Power Point presentations with speaker notes, and takes approximately 35 minutes, to include handouts that contain the key points that each Soldier needs to understand (i.e., the take-home messages). The briefings are conducted by a lead trainer who is a Soldier who has had previous combat or deployment experience (ideally to either Iraq or Afghanistan). This allows the trainer to include such experience in reinforcing key points in the training, as well as serve as an efficient facilitator in the platoon group interaction, which is encouraged throughout the training.

Battlemind Training I is the first module and is designed to be given to Soldiers within two weeks of returning home (i.e., re-deployment). The focus of this training is on normalizing Soldier's reactions and symptoms to combat, emphasizing Soldier's safety and relationships, and letting Soldiers know where to get help for themselves or their buddies should they need it. In addition, specific actions that Soldiers can take to help their transition home are provided.

Battlemind Training II is designed to be given to Soldiers within 3 to 6 months after they have returned home (i.e., post deployment). This training is designed to build on the earlier Battlemind Training I, but may also be given as stand-alone training. The focus of Battlemind Training II is to clearly identify to the Soldier and to Leaders when Soldiers might need mental health support through a series of Battlemind Checks, which are questions that we ask each Soldier to ask of themselves or their buddies. This training also highlights the role of every Soldier and Leader in fighting the myths of mental health that prevent Soldiers from getting the help they need. The training concludes with a detailed contact list where Soldiers can get help for themselves or their buddies if they need it. The key message of this training is that "It takes courage for a Soldier to ask for help, and it takes Leadership to help a fellow Soldier get help."