



(Photo by Jesse Beals, Leader Development and Assess Course PAO)

Army ROTC cadets stand at the position of parade rest as they prepare for their upcoming activities 27 June 2012 during Operation Warrior Forge at Joint Base Lewis-McChord, Wash. Operation Warrior Forge serves as the capstone exercise for cadets on their way to becoming Army lieutenants.

Psychologically Fit to Lead

Behavioral Health Initiatives for the Reserve Officer Training Corps

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A sick thought can devour the body's flesh more than fever or consumption.

-Guy de Maupassant

Commissioning professional officers has been the mission of the Army Reserve Officer Training Corps (ROTC) since its establishment in 1916.¹ Today, approximately 60 percent (nearly two-thirds) of the Army's second lieutenants

are commissioned through a collegiate commissioning ROTC program. The Army ROTC programs are comprised of traditional college students, prior service cadets, and soldiers who entered ROTC through the Green to Gold program.²

A potential problem with the U.S. Army Cadet Command selection board process comes from its preference for candidates, both cadre and cadets, with recent assignments in tactical or operational units that have served in combat deployments.³ This selection preference has placed some recent selectees prematurely into unfamiliar environments without the opportunity to reintegrate fully into life in the United States. As a result, some selectees with recent emotional, and sometimes physical, trauma have transitioned from being Army combat leaders into being full-time college students or instructors without sufficient time to readjust and perhaps recover.

For prior-service and Green to Gold cadets with multiple deployments, the psychological impact of physical, mental, and emotional trauma creates a high risk of social, occupational, or academic impairment. However, such behavioral health problems may not become apparent right after soldiers return to the United States. Therefore, a plausible recommendation to Cadet Command and the U.S. Army Recruiting Command is to implement a policy requiring selectees for the Green to Gold program and ROTC instructors to have adequate time to normalize to a domestic environment prior to their ROTC assignments. This normalization could be assisted by extending the report date of the Green to Gold students and ROTC instructors to a minimum of six months after returning from combat deployments, thus prohibiting a permanent change of station (PCS) to an ROTC detachment too soon after returning from combat. Waiting six months before

a PCS to an ROTC assignment would, most likely, give the necessary time for posttraumatic stress disorder (PTSD) symptoms to manifest (if they are going to) while the selectee was still serving on a military installation.

Rationale for Psychological Clinical Assessment

The rationale for the six-month delay is rooted in preventing potential issues related to psychological clinical assessment, medical treatment coverage, academic disruption, and occupational impairment. Clinically, according to the American Psychiatric Association, one cannot be diagnosed with PTSD until at least six months have lapsed from a potentially activating event experienced in combat.⁴ To answer the great need for identifying and treating PTSD, the Army has invested a great deal of money and personnel into the behavioral health effort.⁵ As a result, behavioral health initiatives are being propagated throughout the U.S. Army aimed at identifying service-related combat stress reactions and PTSD, which are both recognized psychological diagnoses among the military population.⁶ Consequently, behavioral health personnel are available at military medical treatment facilities to psychologically assess and treat Green to Gold selectees and ROTC instructors before their assignment to the ROTC detachments.

The six-month waiting period would allow soldiers the opportunity to access behavioral health care in a military medical treatment facility as needed. In contrast, when a college or university that offers ROTC is hours away from a military medical facility, students and instructors do not have the kind of immediate and ready access to military behavioral health care providers that circumstances may require in the event of the emergence of PTSD. Therefore, a six-month PCS delay for ROTC assignments would serve the best interest of the Army as a whole.

Medical treatment coverage. Additionally, of the Green to Gold recipients, the *Active Duty Option* selectees are the only group that retains Tricare Prime medical coverage; Green to Gold scholarship and non-scholarship selectees do not.⁷ If a psychopathology related to combat stress or



(Graphic illustration by Mindy Campbell and Douglas DeMaio)

service-related PTSD were to manifest itself during their initial period of ROTC enrollment, Green to Gold scholarship and non-scholarship selectees far from military installations would be without subsidized federal government behavioral health care, potentially resulting in overwhelming financial and, therefore, additional adverse personal or emotional consequences.

Academic disruption. Setting aside complications associated with getting access to care, academic impairment due to untreated combat stress reaction or service-connected PTSD would be detrimental to an aspiring college student and future Army officer. Untreated behavioral health disorders could result in career-ending actions for cadets and ROTC instructors, or worse.

Therefore, in a time of shrinking financial resources, maximizing the academic efficiency of students selected for underwritten training to be future officers should be one of the Army's top priorities.

Occupational impairment. Since undiagnosed and untreated behavioral health disorders have been known to cause long-term social and occupational impairments, consideration should also be given to assigning qualified behavioral health personnel to the Cadet Command itself.⁸ Currently, the U.S. Army's behavioral health officers are not assigned to Cadet Command in the capacity of therapists.⁹ However, ROTC instructors, as well as the overall Corps of Cadets, could benefit from dedicated centralized

behavioral health care specialists capable of providing therapy within ROTC recruiting brigades.

Behavioral Health Officer Staffing, Implementation, and Utilization

As a concrete measure to stem potential behavioral health issues within the ROTC recruiting brigades, I recommend the creation of an ROTC brigade behavioral health officer position. The creation of this type of position is not without precedent. At present, a brigade behavioral health officer typically serves as the behavioral health advisor to the brigade surgeon and brigade commander. Similarly, a brigade health officer could also serve as a behavioral health consultant to the ROTC detachment commander. The additional duties of a behavioral health officer might include providing command consultations as well as planning and conducting training and education on topics related to behavioral health and resiliency. Psychological diagnostic evaluation and the development of treatment and safety plans could benefit ROTC personnel.

A behavioral health officer could provide additional benefit by rotating to the varying ROTC battalions to give blocks of instruction on resiliency for stress management, anger management, or other psychoeducational imperatives. The behavioral health officer could verbally treat members in the brigade via tele-behavioral health (e.g., telephone or webcam), or perform site visits for face-to-face treatment. Preventing behavioral health problems through education and training is preferable to reacting to a psychological crisis.

In addition to a clinical role, an ROTC brigade behavioral health officer could serve as a subject matter expert for cadets desiring a career path to commission as an Army social worker or psychologist. The Army Nurse Corps has already set the precedent by embedding officers in ROTC brigades as academic advisors and specialized recruiters.¹⁰ Similarly, a behavioral health officer could have multiple roles within these brigades.

Behavioral Health Partnerships

Obtaining personnel authorizations for behavioral health officers in ROTC units would most likely be a slow process. However, behavioral health concerns need to be addressed now. A short-term approach to alleviating these concerns could include creating



(Department of Defense photo by John J. Kruzel)

Col. Michael J. Roy, who oversees the "Virtual Iraq" exposure therapy at Walter Reed Army Medical Center, conducts a demonstration of a lifelike simulator that represents a new form of posttraumatic stress disorder treatment with Sgt. Lenearo Ashford, Technical Services Branch, Uniformed Services University 16 September 2008 in Washington, D.C.

a memorandum of agreement that would be signed by each university or college with an ROTC program and a behavioral health clinic within 50 miles of that university or college. This would enable cadets and cadre transiting to the ROTC unit to obtain behavioral health services as needed.

Since not every cadet will have funded access to behavioral health care due to factors such as location or financial status, such an agreement with outsourced behavioral health specialists would enable a cadet or cadre to be treated by a civilian therapist familiar with the military. Such long-term contracted services agreements would also help mitigate the frustration of some service members when explaining basic military concepts for context to a therapist

who has little or no experience with the military as they attempt to convey meaning about military-related significant events.¹¹

Conclusion

The psychological health of current soldiers and future officers is paramount to a healthy fighting force. The need for recognition and treatment of behavioral health problems does not cease to exist when a soldier or cadet goes to an ROTC detachment. As a result, the force needs to amend policies and provide additional resources to provide psychological support for members of Cadet Command that struggle with PTSD or related syndromes due to traumatic combat experiences. ■

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Notes

Epigraph. Guy de Maupassant, *The Horla*, trans. Charlotée Mandell (Brooklyn, NY: Melville House, 2005).

1. U.S. Army Cadet Command website, <http://www.rotc.usaac.army.mil/history.aspx> (accessed 24 February 2015).

2. U.S. Army Reserve Officers' Training Corps, *U.S. Army Green to Gold Active Duty Option Program Information Booklet*, http://www.goarmy.com/content/dam/goarmy/downloaded_assets/pdfs/gtg-ado-application-booklet-feb15.pdf (accessed 27 February 2015).

3. MILPER [Military Personnel] Message no. 14-111, Army Human Resources Command, "FY 2015 Professor of Military Science Centralized Selection Board," 22 April 2014, http://www.cadetcommand.army.mil/files/milper_14-111.pdf (accessed 24 February 2015).

4. American Psychiatric Association, ed., *Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5)* (Arlington, VA: American Psychiatric Association).

5. David Vergun, "Funding for Mental Health Research Yielding Results," 11 April 2013, U.S. Army Homepage news archives, http://www.army.mil/article/100785/Funding_for_mental_health_research_yielding_results/ (accessed 24 February 2015).

6. Army Behavioral Health website, <http://armymedicine.mil/Pages/behavioralhealth.aspx> (accessed 24 Feb 2015); David Vergun, "Army Standardizes PTSD Diagnosis, Treatment," 3 August 2012, U.S. Army Homepage news archives, <http://www.army.mil/article/84928> (accessed 24 February 2015).

7. For more information on types of scholarships and the benefits included, see Dena O'Dell, "Green to Gold Program Offers Scholarship Options," Fort Riley website, <http://www.riley.army.mil/News/ArticleDisplay/tabid/98/Article/469862/green-to-gold-program-offers-scholarship-options.aspx> (accessed 24 February 2015).

8. Melissa A. Polusny, et al., "Longitudinal Effects of Mild Traumatic Brain Injury and Posttraumatic Stress Disorder Comorbidity on Postdeployment Outcomes in National Guard Soldiers Deployed to Iraq," *JAMA [Journal of the American Medical Association] Psychiatry* 68(1) (January 2011), <http://archpsyc.jamanetwork.com/article.aspx?articleID=210966> (accessed 24 February 2015).

9. Department of the Army Pamphlet 600-4, *Army Medical Department Officer Development and Career Management*, (Washington, D.C.: U.S. Government Printing Office, 27 June 2007): 79, 81, and 101-102, http://armypubs.army.mil/epubs/pdf/p600_4.pdf (accessed 24 February 2015).

10. Cpt. Faith Kulmala, "ROTC Brigade Nurse Counselor," 3 December 2010 post at Army Strong Stories website, <http://armystrongstories.com/army-stories/rotc-brigade-nurse-counselor/> (accessed 24 February 2015).

11. American Psychological Association website, "The Critical Need for Mental Health Professionals Trained to Treat Post-Traumatic Stress Disorder and Traumatic Brain Injury" undated entry, <http://www.apa.org/about/gr/issues/military/critical-need.aspx> (accessed 24 February 2015).