



As we move into the future of warfighting, we must realize that mental and emotional readiness in the U.S. Army is a key to victory. (U.S. Air Force photo by Staff Sgt. Joshua Magbanua)

Behavioral Health: A Foundation for Readiness

By Retired Sgt. Michael L. Sobey

Behavioral health (BH) issues among the uniformed services are a leading cause of death (U.S. Department of Defense, 2023). Training and Doctrine Command (TRADOC) faces significant challenges in addressing trainee and cadre BH needs. Still, it has a unique opportunity to prepare service members better to combat this crisis.

With comprehensive restructuring, TRADOC's BH system can ensure its servicemembers' mental readiness. By understanding TRADOC's unique challenges, the internal BH system's issues and limitations, and the adverse effects on Soldiers' mental health, leaders and

BH providers can embrace strategic approaches to ensure TRADOC maintains mission readiness while developing a capable and resilient force.

Why TRADOC is Unique

TRADOC was established in 1973, when the U.S. Army realized the need to unify training efforts to combat modern and future threats and is a unique organization within the Department of Defense (DoD) due to its mission. TRADOC oversees 32 Army schools under 10 Centers of Excellence (CoE). Each school focuses on a separate area of expertise, training

more than 750,000 Soldiers and members from other services annually (U.S. Army Training and Doctrine Command – Victory Starts Here, n.d.).

TRADOC's mission encompasses training Soldiers, developing uniformed and civilian leaders, guiding the Army through doctrine, and shaping the Army through building and integrating formations, capabilities, and materiel. This broad task brings together leadership and views from all walks of life and military occupational specialties (MOS), including DoD civilians and contractors.

TRADOC receives trainees as they are, a task far from easy. Forces Command (FORSCOM) receives Soldiers who went through Basic Combat Training (BCT), Advanced Individual Training (AIT), or their respective commissioning source and Basic Officers Leadership Course (BOLC). These servicemembers proved they have what it takes to wear the uniform and execute daily tasks. They are no longer students but practicing learners and leaders.

The untested nature of the trainees TRADOC receives poses a challenge as it aims to develop these young men and women to serve in the military. Training units assume each individual knows nothing and must receive training in the simplest tasks. This training, though challenging, has merit. There are lessons in everything taught: attention to detail, knowledge of basic lifesaving skills, and, most of all, how to perform under pressure. However, this instruction moves on a preset timeline, which some trainees struggle with.

TRADOC is responsible for the well-being of the nation's sons and daughters. This massive responsibility falls on training unit cadre. They work long hours, sacrificing time with family and self-care to ensure training mission completion and trainee welfare. Too often, this leads to burnout. Maslach & Leiter (2016) describe this as "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job," and they suggest three main dimensions to it:

- Overwhelming exhaustion.
- Feelings of cynicism.
- Detachment from the job.

Burnout is not unique to cadre; trainees and other training unit members may also experience it.

The BH Issue in TRADOC

TRADOC faces the unique challenge of forging Soldiers from regular civilians, who often carry undiagnosed mental illness or past trauma. When operations tempo ramps up, mental and emotional care can decline.

TRADOC Regulation 350-6 is a unique unit governance regulation that prescribes policies and procedures for conducting enlisted initial entry training (IET). From BCT to AIT, commanders face the challenge of holding Soldiers and NCOs to different standards, including medical readiness.

When Soldiers seek help, the care provided often



U.S. Army Recruits assigned to the National Guard's Recruit Sustainment Program conduct a drill weekend in Sea Girt, New Jersey. As the U.S. Army moves into the future war, it's important to prepare Soldiers both mentally and physically to face any challenge. (U.S. Army National Guard photo by Spc. Seth Cohen)

comes as group therapy sessions. After a few sessions, they can meet one-on-one with a licensed provider. Here, they may receive an outcome that can dissuade individuals from seeking care in the first place.

The Adjustment Disorder

According to the American Psychology Association, an adjustment disorder is:

"Impairment in social or occupational functioning and unexpected severe emotional or behavioral symptoms occurring within 3 months after an individual experiences a specific identifiable stressful event, such as a divorce, business crisis, or family discord. The event does not meet the traumatic stressor criteria of experiencing or witnessing actual or threatened death or serious injury or a threat to the physical integrity of oneself or others, which can lead to acute stress disorder or posttraumatic stress disorder. Symptoms may include anxiety, depression, and conduct disturbances and tend to remit following elimination of the stressors or acquisition of new coping skills."

– APA Dictionary of Psychology (2015)

An adjustment disorder diagnosis is the most common in the military community, making up 30.8% of all diagnosed mental health conditions (Military Health System, 2022). Put simply, an adjustment disorder is an emotional or behavioral response to acute or chronic stress in an individual's life.

Despite its prevalence, an adjustment disorder

diagnosis is treated unfavorably. If Soldiers in AIT present with post-traumatic stress disorder (PTSD) due to abuse, they begin a psychological treatment plan.

An adjustment disorder diagnosis doesn't mean there is a "problem" with the individual but indicates the person is dealing with unfamiliar stress. This diagnosis shouldn't count against a trainee or Soldier. It signals the individual is struggling and needs help.

The current status quo is to initiate chapter proceedings. Under AR 635-200 CH 5-14, a service member may be chaptered for the diagnosis (except chronic adjustment disorder). This regulation, however, does not provide for treatment that may be in the individual's best interest.

Under the regulation, Soldiers may be separated from the service if:

"[The] Soldier experiences one or more incident(s) of acute adjustment disorder and does not respond to behavioral health treatment (or refuses treatment) when one or more treatment modalities have been offered and/or attempted. ... Duration of adjustment disorder episode must be less than 6 months when separation procedures are initiated."

(AR 635-200 CH 5-14)

This policy is clinically unsound at best and unethical at worst. An adjustment disorder can generally be resolved in six months, so the Army fails to support the individual by initiating chapter proceedings before this period.

Furthermore, there is no one-size-fits-all solution concerning treatment modalities. The DoD standard is Cognitive Behavioral Therapy (CBT). As an NCO and psychology student, I believe we must show we care by providing appropriate treatment and more treatment options.

While it is the commander's responsibility to do what is best for the organization, the organization is also responsible for caring for individuals and maintaining their trust.

Trainee Treatment Challenge

TRADOC trainees and Soldiers in a training status face timelines and syllabus requirements. They are only allowed to miss a specific number of hours of instruction before facing the prospect of being recycled or reclassified, which can affect bonuses or incentives. From personal observation and communication with commanders, drill sergeants, instructors, and AIT students, the only available care times are during instruction. This time conflict



Combat boots line the stage during a Suicide Prevention and Awareness training in remembrance of service members lost to suicide. Some behaviors associated with suicidal ideation can include alcohol/drug abuse, risky or violent actions, and inappropriate relationships in training environments for both Soldiers and cadre members. (U.S. Army photo by Ericka Gillespie)



TRADOC is designed to train a lethal and ready force. It cannot produce if trainers and trainees are not emotionally and mentally fit. (U.S. Army National Guard photo by Spc. Seth Cohen)

may prevent individuals from receiving care while maintaining their academic standing.

TRADOC, BCT, and AIT's mission is to train Soldiers. This goal may cause cadre to feel pressure to advance individuals in training regardless of their situation – and possibly not provide suitable treatment for BH. So, Soldiers advance to other units, becoming their “problem.”

The Cadre Treatment Challenge

Some cadre have expressed concerns about their well-being and may feel unsupported. There is pressure to produce graduates at all costs, which creates internal moral conflict. They work long hours and spend most of their time away from their families. What little time they have off is spent doing basic administrative work, such as medical readiness, qualifying on ranges, and ensuring proper care for trainee families. The mission seems to take precedence over the cadre's well-being, even when individuals fall out.

TRADOC cadre members represent some of the most critical roles the Army has, and their failure can lead to catastrophic consequences. With little or no time for self-care, cadre may resort to unhealthy coping mechanisms and engage in harmful behaviors.

The behaviors can include:

- Inappropriate relationships with each other or trainees.
- Alcohol use/abuse.
- Risky or violent action.

All these behaviors can lead to morbid or suicidal ideations and may result in suicide.

Leader Recommendation

TRADOC leaders must step up and make the changes they can. They can start by teaching cadre the signs of depression and mental and emotional distress so they can intervene before situations worsen. This instruction should apply to both trainees and their battle buddies as well. Leaders are the frontline intervention for mental and emotional distress. If they recognize warning signs sooner and address issues faster, they can reduce the incidents reaching critical mass.

Second, everyone must show empathy within their training environments. Every cadre and trainee is going through something, compounded by the stress of the training schedule. Showing empathy builds trust and allows individuals to gain a sense of security.

Everybody can show empathy mainly through active, nonjudgmental listening. Everyone's emotions are valid,

and it's up to the team to help them work through the stress and confusion of the environment and their emotions.

Third, all must realize the need for time to decompress from a training cycle. Infantry One Station Unit Training (OSUT) is 22 weeks long, plus any time spent as hold under or hold over. This period can last more than six months, the length of some short deployments.

OSUT isn't comparable to a deployment, but to new soldiers, the stress it causes can seem similar – both mentally and physically. Furthermore, drill sergeants work longer hours with less downtime than the trainees, with a short break between cycles that varies depending on several factors.

Training cadre can work up to 16 hours daily, if not more. This total can mirror hours worked while deployed, and they're asked to perform their duties for two to three years in a row.

Last, leaders must hold each other accountable and check up and down the chain of command. They mustn't look the other way when it comes to transgressions, such as:

- Putting hands on trainees.
- Verbal, mental, or emotional abuse.
- Singling out individuals.

Leaders must hold each other accountable and can expel toxic and corrosive behavior from the ranks if and when necessary. Accountability is not hostility.

Behavioral Health Service Recommendation

With trainees and cadre beholden to the training timeline and being occupied throughout the duty day, their ability to seek and receive effective behavioral health services is severely limited. To overcome this obstacle, TRADOC must adjust how, where, and when they deliver these services.

First, it must do better at providing expert clinical care. TRADOC cannot afford to allow trainees and cadre to be brushed aside because BH is “backed up” or because they “just don't have the time.” Leaders or clinicians who think this way have already failed at their primary mission of caring for Soldiers.

TRADOC is designed to train a lethal and ready force. It cannot produce if those in training and the

trainers are not emotionally and mentally fit. To execute this mission, BH services should be available from 0630 to 1900, with morning and afternoon shifts overlapping during the lunch hours. Additionally, services should be provided on weekends, so trainees and cadre alike can visit during less busy times. Such changes would allow

trainees and cadre to receive treatment during hours not critical to periods of instruction.

Second, the BCT and AIT training syllabus should include basic emotional and mental health “self-aide/ buddy-aide” techniques. Officers and enlisted personnel should receive training in emotional intelligence and basic mental health care.

Third, Miller (2021) showed that strong religious and spiritual practices may act as a barrier to emotional disturbances, such as anxiety and depression. Chaplains should focus

on their core duties, providing spiritual support and comfort. They should integrate into formations and act as visible, frontline intervention in times of crisis.

Conclusion

TRADOC is at a critical point. It needs to balance rigorous training with its cadre and trainees' mental and emotional well-being. To achieve this, it should integrate comprehensive behavioral health support into its daily operations. Extending BH service hours, embedding emotional intelligence training into the curriculum, and using chaplains for crisis support are crucial steps in creating a more supportive training environment.

Shifting from punitive measures to supportive interventions for conditions like adjustment disorders is essential. Recognizing these conditions as part of the broader mental health spectrum rather than grounds for separation will provide necessary support to Soldiers in need. This approach aligns with TRADOC's mission to prepare a capable and resilient force.

By fostering a culture of empathy, accountability, and proactive mental health care, TRADOC can enhance both readiness and resilience. Ensuring that every individual is not only physically prepared but also mentally and emotionally fit supports mission readiness and the Army's long-term success. ■



TRADOC is a complex organization with a mission spanning the DoD, and it faces unique challenges. One is delivering behavioral health services while preparing soldiers for their future in the Army. (U.S. Army National Guard photo by Spc. Seth Cohen)

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