

Soldier, Are You on My Friends List?

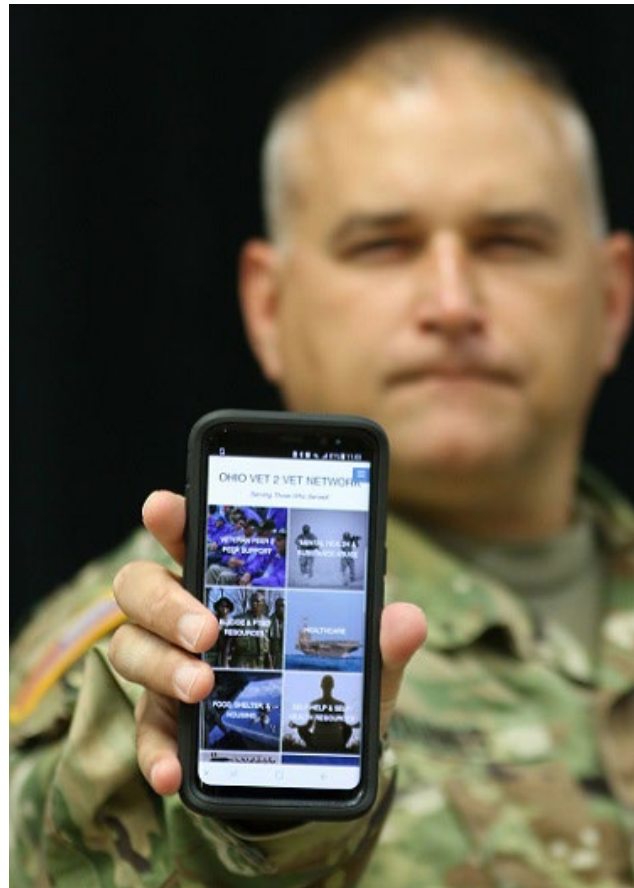
An Examination and Recommendations for the Military Leader- Subordinate Relationship on Social Media

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Social media is an amazing tool, but it's really the face-to-face interaction that makes a long-term impact.

—Felicia Day

In the year 2016, the world's population reached approximately 7.4 billion people.¹ The monthly average of active participants on social media is now 4.2 billion users.² The U.S. Army has taken notice of this trend and assessed the benefits, liabilities, and vulnerabilities of soldiers and Army-sponsored organizations who maintain a presence on social media.³ Soldiers today face perpetual balancing between the need for personal self-expression and adhering to Army values and regulations, while commanders face the immediate concern of maintaining operational security across the numerous social media platforms.⁴



As part of his coursework for a master's degree in nursing, Ohio Army National Guard Capt. Michael Barnes created the Ohio Vet 2 Vet Network, a website and mobile app with information and resources for military veterans and their families to combat the risk factors of suicide among veterans. (Photo by Staff Sgt. Michael Carden, U.S. Army)

Through mandated training, education, and Army policies, soldiers and Army-sponsored organizations are versed in the practice of maintaining security regarding publishing details about Army operations on unclassified digital outlets.⁵ Having established policy and practice for securing the Army's communication efforts on social media, the force now looks to utilize social media to maximize benefits for the soldier and Army.⁶ The Army has utilized social media for purposes ranging from recruitment efforts to publishing information for promotion boards.⁷ The modern soldier is social media savvy and has the propensity to chronicle their lives and share personal details online. According to the Pew Research Center, approximately 70 percent of all U.S. adults use at least one social media site.⁸

The predominately used social media sites by adults in the United States are Facebook, Instagram, Pinterest, LinkedIn, and Twitter.⁹ These personal details are not easily or readily available to midlevel and senior military leaders who are uninitiated or reluctant to engage in social media activities with their soldiers. The benefit of a social-media-inclusive cultural paradigm shift among Army leaders has wide-ranging implications. Linking with subordinates via social media is another tool that can aid in building rapport and, in some cases, rapid-response behavioral health support. This article outlines the importance of social media in building trust and rapport, as well as advocates for a new approach to behavioral health support that takes better advantage of social media. The aim is not to discourage social media use, nor is it to induce a sense of anxiety from a hovering assumption that every Facebook post or tweet could result in Uniform Code of Military Justice (UCMJ) action.

Knowing Your Soldier and the Generation Gap

As midlevel and senior leaders in the U.S. Army transition from the twilight of the baby boomer era to the prime years of Generation X and Generation Y, the ability to directly relate to the subordinate millennial soldier may decrease.¹⁰ According to an article in the *International Journal of Virtual Communities and Social Networking*, millennials and those from Generation X have come to expect “close relationships with their leaders, expect frequent and open communication, and integrate their personal and professional contacts via social media.”¹¹

In March 2017, *Military Review* published an article titled “Time to Engage in Social Media” that summarized the multifaceted benefits of social media ranging from recruitment to law enforcement.¹² However, the Army should hone this emerging technology in lieu of a generalist approach to leadership engagement. The desire to know the details of a soldier’s life, particularly the stability of the home, financial, and relationship status, could be impeded by rank, age, or a combination of both factors. The unease caused by a soldier’s sense of intimidation by their superior noncommissioned officer or officer could lead to failed efforts by those senior leaders to relate to the soldier or a failure to report personal struggles by the subordinate. Research

indicates a subordinate Generation X employee is more likely to self-disclose personal information to one’s boss if they were friended on social media.¹³

The details of a soldier’s daily life during work hours and while at home might be chronicled on social media, which could provide unique insight into the soldier’s daily struggles and the soldier’s primary methodology for coping with stress. These digital media provide written, verbal, and pictorial insights into the soldier’s mental state and standard of living. Subordinates could click “like” on their favorite musical group’s page on Facebook or Pinterest, allowing for a topic of discussion the next day about one’s favorite musical genre. This conversational scenario is an example of how the discussion could aid in rapport-building dialogue between the leader and the subordinate millennial soldier. Once an adequate level of rapport is established with the subordinate soldier, the subordinate will begin to divulge life struggles and hardships previously unknown to leadership. This unknown view of the subordinate soldier provides an opportunity to initiate behavioral health support.

Behavioral Health Support, Intervention, and Rescue via Social Media

One’s presence and personal interactions through social media has a direct effect on a person’s sense of self-worth.¹⁴ In addition to a soldier’s interactions with his or her peers and immediate family members, the soldier’s online presence has the potential to induce behavioral health problems. According to the United States Army Recruiting Command, the average age of enlistment is approximately twenty years old, the age

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of a traditional college student.¹⁵ In 2014, *USA Today* conducted a survey of college students in the Chicago area who utilize social media. The study surmised nearly 90 percent of the twenty-three participants indicated their participation on social media caused or contributed to their feelings of anxiety.¹⁶ Additionally, a study published in *Psychoneuroendocrinology* suggested that certain Facebook behaviors, such as friending, has been known to raise diurnal cortisol, a stress hormone in the blood.¹⁷

Social media not only feeds anxiety, but it also acts as an impetus for those overwhelmed to make a cry for help, either obvious or subtle. There have been many recorded occurrences of service members requesting behavioral health help and interventions via social media.¹⁸

In the United States, approximately 20 percent of all completed suicides are veterans of the military.¹⁹ In one such occurrence, retired Command Sgt. Maj. Jeffery Powell responded to an active attempted suicide of one of his former soldiers via Facebook.²⁰ The soldier posted a Facebook update with the picture of his lacerated and bloody wrists. Powell reached out to the area's division hotline and contacted the soldier's current chain of command. Emergency medical services intervened to rescue the soldier from the attempted suicide. In a typical military setting, where a sergeant major and a junior soldier would not routinely converse about life troubles, Powell would not have had the opportunity to intercede. Powell credited his ability to intervene and assist in saving his soldier to being Facebook friends.²¹

As leaders, service members are encouraged to assess subordinates' interactions and welfare amongst their peers and family. A recommendation to leaders to aid in the facilitation of this task is to include an assessment of soldiers' "digital health and welfare," meaning the conventional health and welfare inspection should extend to the nonconventional realm—the realm of social media. To facilitate this digital health and welfare inspection, it is recommended incoming soldiers provide the screen names of their social media accounts to their chain of command.

Acquiring this information is not a draconian measure to spy on service members. Leaders would not be asking for their passwords. This practice would not constitute an invasion of privacy, as a social media post is public record. The aim would be to mitigate behavioral health outcomes with a proactive



"There are no split personalities in social media" headline runs atop a poster that is part of the Army's effort to educate soldiers on the use of social media. The author of this article argues that attending to social media presence is part and parcel of attending to soldier well-being for commanders. (Graphic courtesy of U.S. Army)

personal cyber defense. In addition to operational security, unit leaders could create a system for monitoring the social media aspect of internal feelings and domestic events.

A version of this proposal has been attempted with as many as one hundred thousand service members. In 2013, a program to aid in the stemming of veteran suicide called the Durkheim Project was first implemented on Facebook.²² The project developed "algorithms to determine which phrases or combination of phrases are most predictive of suicide attempts."²³ *The Boston Globe* reported on this project, stating, "big-data specialists, including the Newton software firm Attivio Inc., are collaborating with military suicide experts to try to

address the problem by using social media to monitor veterans for signs of despondency.²⁴

The procedure works by assigning behavioral health specialists to program the software to identify keywords or phrases. These keywords or phrases are processed by the analytical system, reviewing thousands of on-line social media posts. Although the exact algorithm, keywords, and phrases used by the Durkheim Project are proprietary intellectual property, “the coded language of the suicidal often includes phrases such as ‘You’d be better off without me,’ ‘I messed everything up,’ and ‘I can never be forgiven for my mistakes.’”²⁵ Phraseology aside, behavioral events “such as buying a gun or giving away belongings can help to identify at-risk veterans and are often reported on social media.”²⁶

When a social media entry is identified as a potential suicidal ideation, medical personnel and authorized family members are alerted. These phrases and behavioral cues on social media are strong indicators on which to base a decision to perform an intervention. However, cues to provide an intervention with a soldier could be missed if unit leaders fail to perform a digital health and welfare assessment. A traditional health and welfare assessment focuses on the physical health but neglects to address the behavioral and emotional dimensions of a soldier.

Although there are cases of service members receiving UCMJ actions for their posts, unit leaders should ensure that soldiers are aware that the ability to monitor is for welfare purposes, not punitive.²⁷ Additionally, any personnel assigned the additional duty of viewing a soldier’s social media posts should not use this information in any unofficial capacity for fear of governmental re-dress.²⁸ Such a policy would ensure the right people have awareness of the messages posted by the service member.

The goal of this paradigm shift in policy is to evolve as an organization, averting social obsolescence. Ensuring command has awareness of a subordinate soldier’s emotional health on social media leverages the use of cyberspace to improve unit readiness.

Building a Team for Timely Responses to Social Media Calls for Help

Unlike the case of Powell’s intervention to thwart the active suicide attempt of his former soldier, many behavioral requests for help are subtle. Leaders may read a social media post from one of their soldiers and

become ambivalent about the intent of the message. In 2015, Facebook introduced a team of specialists to review Facebook posts that appear to be suicidal in nature. If a Facebook post was flagged as potentially suicidal, the Facebook suicidal prevention specialist would message information about the National Suicide Prevention Lifeline to the user.²⁹ While Facebook has taken a noble action to aid users who self-identify as suicidal, the Army requires a team with a more timely response protocol in place to perform additional screenings of identified social media posts that may denote a behavioral health concern for current military personnel.

Using special staff officers and command elements already in position to lend assistance negates the need to increase the Army’s staffing requirements. The Brigade Behavioral Health Council (BBHC) could be chaired by the brigade behavioral health officer (BHO). The two clinical disciplines designated as BHOs per the Army Medical Department (AMEDD) are clinical social workers and clinical psychologists.³⁰ The BHO already typically serves as the behavioral health advisor to the brigade surgeon and various command teams within the organization.³¹ The additional duties of a BHO in this role include command consultations, education, training, and resiliency.

The next member of the BBHC could be the brigade military family life counselor (MFLC). Initially, the mandate of an MFLC was to provide “support services that could complement existing military behavioral health programs to support service members and their families who were struggling under the effects of extended and repeated deployments due to the Iraq and Afghanistan conflicts.”³² However, the current iteration of the MFLC program provides “nonmedical counseling support for a range of issues including relationships, crisis intervention, stress management, grief, occupational and other individual and family issues.”³³ These issues could be chronicled on the social media stream of the identified soldier.

Understandably, not all personal matters can be efficiently or properly addressed through the prism of psychological or behavioral aspects. A plausible addition to the BBHC would be the brigade public affairs officer (PAO) to incorporate their training and expertise in leveraging social media. Note the PAO is not an expert in behavioral health but would consult in the

capacity as a subject-matter expert and functional user of social media. Additionally, inclusion of a chaplain to provide insight from a spiritual perspective would serve to balance the team.

Conceivably, the BHO, in conjunction with the MFLC, PAO, the chaplain, and the commander, would review flagged social media posts to confirm the warning signs and the need for additional behavioral assessments and interventions via a command-directed mental health evaluation.

As with many support teams within the Army's purview, the BBHC would be a commander's program, chaired by the BHO. The sufficient comprehensive analysis of flagged social media posts could not be fully realized from a single viewpoint. Therefore, simply training the PAO to review a social media post and render final judgement does not provide a comprehensive solution. As a result, the current consultative role of the BHO would be expanded by chairing an expanded team structure with a variety of expertise, while simultaneously providing subject-matter expertise guidance to the command team members.

Per the Department of Defense Instruction 6490.04, *Mental Health Evaluations of Members of the Military Services*, a command-directed mental health evaluation "may be for a variety of concerns, including fitness for duty, occupational requirements, safety issues, significant changes in performance, or behavior changes that may be attributable to possible mental status changes."³⁴ As with many Army initiatives to protect the soldier, preventative education is usually preferred to reactive measures, especially for behavioral health concerns.³⁵ As a result, a BHO could rotate training to the various battalions under his or her care to give blocks of instruction on resiliency for stress management, anger management, or other psychoeducational imperatives to mitigate potential behavioral stress.

To standardize the training for treating stress incurred from social media, a block of instruction taught at the Brigade Healthcare Provider Course, the behavioral health track at the AMEDD Basic Officer Leader Course, and/or the AMEDD Captain's Career Course for BHOs should be considered and, if feasible, implemented. This recommendation serves to bridge the gap of current systems and processes.

Implementation of assessment of social media training for BHOs will most likely be a slow

process. Not all BHOs are social media savvy, nor do all BHOs have access to PAOs for on-the-job training. However, behavioral health concerns need addressing in the meantime. A short-term approach to address these concerns suggests each basic and advanced individual training location in the Army inventory provide a block of instruction about the potential for negative behavioral outcomes associated with social media use. This block of education should emphasize awareness on the issue and instructions for where soldiers can seek help and support via their chain of command, the unit chaplain, or their local behavioral health clinic.

Conversely, not every soldier is afforded the opportunity to be assessed and treated by uniformed personnel. In the cases where civilian therapists are educating, assessing, and treating behavioral disorders associated with social media usage, blocks of instruction will also need to be available for the civilian therapists, ensuring the standard of care is uniform across the military-civilian provider spectrum.

Legalities of Friending a Subordinate on Social Media

The UCMJ legalities of the leader and subordinate following each other on Facebook, Instagram, Pinterest, LinkedIn, and Twitter are governed by Army Regulation (AR) 600-20, *Army Command Policy*.³⁶ A LinkedIn contact or a Facebook friend, regardless of hierarchical status does not constitute fraternization unless the friending causes one or more of those involved to

1. compromise, or appear to compromise, the integrity of supervisory authority or the chain of command;
2. cause actual or perceived partiality or unfairness;
3. involve, or appear to involve, the improper use of rank or position for personal gain;
4. be, or be perceived as, exploitative or coercive in nature; or
5. create an actual or clearly predictable adverse impact on discipline, authority, morale or the ability of the command to accomplish its mission.³⁷

Discounting gender, sexual orientation, or overall sexual preference, "none of these relationships require any element of a sexual nature; they simply have to cause an actual or perceived situation that negatively impacts

a unit's good order and discipline."³⁸ Additionally, AR 530-1, *Operations Security*, provides guidance to soldiers, contract personnel, and civilian service corps about what information is deemed appropriate when discussing Army-related information on a public medium.³⁹

In some cases, state law and this potential U.S. Army initiative conflict. As of January 2016, twenty-three of fifty states have official legislation barring employers from asking to view an employee's social media account.⁴⁰ The same law in those twenty-three states bans a supervisor from making the acceptance of a friend request on social media mandatory. The key to avoiding the perception of favoritism when friending or linking with subordinate soldiers on social media is general inclusion. One cannot include a few subordinates in their online group and exclude others. If some subordinates are excluded from a supervisor's social media group or friend's list, any perceived rewards or favorable actions to the included subordinates could be interpreted as "perceived partiality or unfairness."⁴¹ Those who avoid social media will not be required to participate. However, if soldiers later enroll in social media, they can report their enrollment to their chain of command.

Conclusion

The psychological health of the current generation and future generations of soldiers is paramount to a healthy fighting force. The goal of many Army behavioral health programs is to be proactive in their vigilance to protect our warrior population. Impressing the need for policy amendments to allocate resources to

support social media training for soldiers and support personnel is critical to a modern U.S. Army. Additional resources to psychologically support soldiers, who indicate the need for behavioral health support via social media, should be considered.

The Durkheim Project, established in 2011, is a promising solution to identify soldier behavioral health issues via social media. A way forward is to ascertain if the Durkheim Project is viable for and applicable to the general soldier population. The AMEDD has a robust research team to analyze the data and certify this project's findings. If the Durkheim Project cannot be propagated immediately across the enterprise, efforts need to be allocated to data mining the results and applying evidenced-based solutions to expedite the mitigation of negative behavioral health reactions.

Recognition of behavioral health problems via social media is a proactive approach that will only be effective if leaders are attentive to their soldiers' social media activities. Soldiers will continue to use social media and if leaders want to view and learn the complex facets of their subordinates, social media is a critical place to gain that knowledge, given the immense and rapid cultural shift that the rise of internet culture instigated. The sanctioned friending of subordinate soldiers and leaders is not without risks and liabilities. However, the hazards of discounting the digital dimension of a soldier is not prudent. ■

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Notes

Epigraph. Felicia Day, "The Queen of Comic-Con, Felicia Day, Talks Games, Tech and Geeks and Sundry," interview by John Gaudiosi, *Forbes* (website), 12 July 2012, accessed 15 December 2017, <https://www.forbes.com/sites/johngaudiosi/2012/07/12/the-queen-of-comic-con-felicia-day-talks-games-tech-and-geek-and-sundry/#18b3b660105b>.

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