

U.S. Army Europe and 7th Army

contact: paoci@eur.army.mil
phone: 49-6221-57-5815 / DSN 370-5815
fax: 49-6221-57-6376 / DSN 370-6376



RELEASE #2008-01-04-1

Jan. 4, 2008

'BATTLEMIND' PROGRAM SEEKS TO HELP SOLDIERS DEAL WITH COMBAT EXPERIENCES

By Susan Huseman

U.S. Army Garrison Stuttgart Public Affairs Office

STUTTGART, Germany – Every Soldier headed to Iraq and Afghanistan receives “Battlemind” training designed to help him deal with combat experiences, but few know the science behind the program.

Dr. Amy Adler, a senior research psychologist with the Walter Reed Army Institute of Research's U.S. Army Medical Research Unit Europe visited Patch Barracks here to explain the support and intervention program to an audience of medical, mental health and family support professionals.

The Battlemind system includes separate pre-deployment training modules for Soldiers, unit leaders, health care providers and spouses. Psychological debriefings are given during deployment and upon redeployment. There are also a post-deployment module for spouses and several post-deployment modules for Soldiers.

Not every Soldier who deploys is at risk for mental health problems; the main risk factor is the level of combat experienced, Adler said.

Army studies show the greater the combat exposure a Soldier encounters, the greater the risk for mental health problems, including post traumatic stress disorder, depression, anger and relationship problems. When Soldiers first return home, they may not notice any problems; sometimes it takes a few months for problems to develop.

For those in the medical community, “Our challenge was how to develop interventions that can get at all these things,” Adler said. “How do you develop a mental health training (program) of some sort that's going to prevent that eventual increase over time?”

“We realized we needed to develop some kind of alternative,” Adler continued. “There was no existing mental health training that made sense for these sets of questions. It's not like there was something ‘off-the-shelf’ in civilian literature that would begin to address this.”

Post-deployment health briefings didn't specifically target Soldiers going into combat and coming back with adjustment challenges, so researchers at the Walter Reed Army Institute of

Research began to define their objectives for a mental health training program. Adler said the team needed to develop something that was "going to make sense for different phases of the deployment cycle."

"For example," she said, "the existing mental health brief (at the time) was the same for pre- and post-deployment. That doesn't make sense. The challenges are different."

"Secondly," she continued, "we wanted to make sure it was integrated. If we tell somebody something at (pre-deployment), we want to make sure whatever theme we're going for or concept we're trying to communicate, it's going to connect with the same information that we're going to talk about at (post-deployment)."

The result? "Battlemind," a term used to describe combat readiness that the researchers felt was appropriate for the training they were designing. Adler called it a Soldier's inner strength to face fear and adversity in combat with courage, labeling it "resiliency."

The Battlemind system is built on findings from surveys and interviews given to Soldiers and Marines returning from Iraq and Afghanistan. In fact, many of the researchers themselves have deployed.

The research team gathered Soldiers' accounts of specific events and incidents, turning them into teaching tools that warriors can relate to. "Some of these stories tell more than any briefing ever could," Adler said.

The first Battlemind product was a mental health post-deployment briefing. It quickly became a training system supporting Soldiers and families across the seven phases of the deployment cycle.

As part of her presentation here, Adler discussed various challenges in developing a relevant pre-deployment mental health briefing for Soldiers.

"You have 45 minutes -- maybe an hour -- to tell Soldiers, before they deploy to Iraq, something about mental health," she said. "What are you going to tell them? You don't want to sugar-coat it, but you don't want to teach them a whole lot of new information right at a time when they are focused on the task ahead of them."

The researchers first chose to identify the reality of combat and deployment. It may sound rudimentary, but earlier research found that soldiers were not telling other Soldiers what to expect. Soldiers didn't want to sound as if they were bragging, Adler said.

Pre-deployment Battlemind tells Soldiers what they are likely to see, to hear, to think and to feel while deployed by describing the worst-case scenario.

For the post-deployment phase, Battlemind addresses safety concerns and relationship issues, normalizes combat-related mental health reactions and symptoms, and teaches Soldiers when they should seek mental health support for themselves or for their buddies.

The researchers realized that this post-deployment briefing, the original Battlemind, was not enough. The Soldiers they talked to were raw, edgy and angry. Another training program, Battlemind II, was developed to be given three to six months into redeployment.

The system reemphasizes normal reactions and symptoms related to combat and “Battlemind checks,” which are signs that indicate mental health support is needed.

“If you’re still carrying a weapon around with you during the three- to six-month post-deployment phase; ... if you’re still looking around for snipers; if your sleep is still really messed up; these might be signs that your transition is not going smoothly,” she explained. “These are signs that you need to get help.”



www.hqusareur.army.mil