



ARD COMMUNITY LINK

The Army Resilience Directorate Newsletter

Recognizing the Mental Toll of the Pandemic Can Help People Cope

By Antonietta Rico, Army Resilience Directorate

The military community is no stranger to facing worldwide threats, but the global COVID-19 outbreak poses a different set of challenges for Soldiers, DA Civilians, contractors, and their Families. As people adjust to the sweeping societal changes needed to stop the spread of the virus, recognizing the mental impact of the pandemic will be key in maintaining overall health.

"It's not something that we normally train for," said Jill Londagin, the Army's Substance Use Disorder Clinical Care Program Director and Clinical Suicide Prevention Officer. "We're used to training for what happens in...(combat)."

Instead, during the pandemic Soldiers are facing extended periods of self-isolation, spouses being laid off from work, and school year cancellations. Some Soldiers have been called on to respond to the outbreak.

Normal reactions people may experience as a result include anxiety, loneliness, stress and burnout. Symptoms can manifest as lack of energy, inability to concentrate, anger, sleep problems and alcohol or drug abuse. Anticipating



LITTLETON, Mass. – Medics from the Massachusetts National Guard don N95 masks, face shields, Tyvek suits, and latex gloves to safely administer COVID-19 tests to the residents of the Life Care Center of Nashoba Valley, Littleton, Mass., April 3, 2020. (Army National Guard Photo by Staff Sgt. Kenneth Tuccheri)

the likely psychological responses, and knowing the symptoms, can help Soldiers and their Families plan ahead. To ensure you maintain your

mental, as well as physical, well-being during the pandemic here are some tips from Master

See **MENTAL TOLL** on page 9

Director's Column

ARD's work is critical now more than ever

Team,

As you read this, the nation is adjusting to a new normal. Our kids are home due to school closures, a maximum telework policy is in effect at many workplaces and everyday activities we take for granted, like going to restaurants, the movies or just gathering with friends, have been severely restricted. Some of our Soldiers are on the frontlines of the pandemic supporting our nation's effort to stem the spread of the COVID-19 virus. Like me, you may be worried about your health and that of your loved ones. You may be concerned for the vulnerable,



Dr. James Helis

beginning to feel lonely due to social distancing, or may be starting to feel the stress wrought by this dramatic shift in our normal way of life. Our entire Army force is facing this challenge, and now more than ever the work you do daily at ARD is critical. In the next few weeks and months, the Army will rely on our Soldiers, DA Civilians, and Families to maintain combat effectiveness and carry out missions abroad, while fighting the pandemic at home. Strengthening the readiness of our Army means not only ensuring their health and safety, but also ensuring their resilience.

In response to the pandemic, our 32 [R2 Performance Centers](#) Army-wide are adapting by

See **DIRECTOR'S COLUMN** on page 4

IN THIS ISSUE



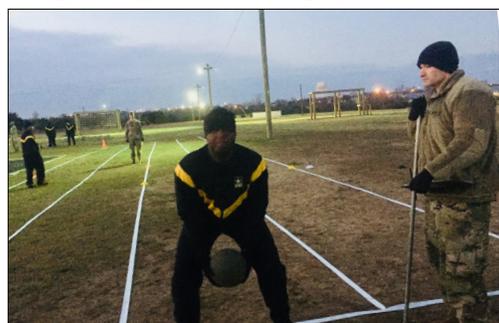
- R2 Performance Centers in Action2
- STAND-TO: Community Resource Guides (CRGs), U.S. Army Medical Command....4
- SHARP Focus5
- 'Buddy Aid' Combats Sexual Assault.....6
- Brain Injury Awareness Month Puts Focus on Silent Epidemic.....8



R2 Performance Centers in Action

R2 Training Improves Communication, Leadership Skills of Bradley Crews

FORT HOOD, Texas – Embedded Performance Experts (PEs) joined Soldiers during a Brigade training exercise, Pegasus Forge V, to help sharpen communication between teams, develop leadership skills and maintain motivation while out in the field. Battalion training activities included challenging missions such as Bradley dismounts, route clearance, maintenance and security. PEs observed and provided on-the-spot feedback, effective communication strategies and guidance on the negative effects of stress. Before going on the mission, Bradley crews practiced identifying potential threats and communicating those potential threats to leadership. Soldiers learned how deliberate breathing can help them regain composure and how to restore effective communication with the crew, as well as ways that PEs can help them with future training exercises. The R2 skills trained included: Communication, Energy Management, and Imagery.



Soldiers Focus on Resilient Mindset for Army Combat Fitness Test

FORT HOOD, Texas – The 91st Brigade Engineer Battalion ran diagnostic Army Combat Fitness Tests (ACFT) to gain a better understanding of Soldiers’ physical readiness level and to develop fitness and mental training plans to prepare them for the ACFT. Embedded Performance Experts (PEs) observed the diagnostic tests, focusing on statements made by Soldiers that seemed to be limiting or motivating throughout the event, and noted which events seemed to be causing more limited statements. When the ACFT ended, PEs taught Soldiers the Fixed and Growth Mindset, and Activating Events, Thoughts, Consequences (ATC). PEs also provided counseling on useful strategies to help Soldiers train for the ACFT and use during future ACFTs.



Performance Enhancement Training Helps Tank Crews in Gunnery

FORT STEWART, Ga. – Master Resilience Trainer-Performance Experts (MRT-PEs) Emily Cisternino and Samantha Brown provided classroom performance training to 12 tank crews participating in the 2ABCT, 3rd ID gunnery training. The MRT-PEs supported crew simulated gunnery exercises, preliminary gunnery training and provided support during the live-fire M1A1SA Crew Qualification. The gunnery included tank crews from 3-15 IN and 6-8 CAV. This brigade-level training allowed for a comparison between tank companies with and without Performance Experts (PEs). While causality cannot be determined, the company utilizing PEs averaged 63 points higher than those without support. In addition, the company receiving performance training had a significantly higher first-time qualification rate at 66% as compared to the company without performance training at 44%.



Warrior Transition Unit Learns to Boost Positivity, Well-Being

FORT HOOD, Texas – Soldiers, cadre, and civilian workforce members from the Warrior Transition Unit (WTU) participated in a well-being initiative comprised of interactive workshops which began in November 2019. Performance Experts (PEs) from the R2 Performance Center taught attendees how to create and maintain healthy mental and physical habits, and effective life and coping skills. The workshops help to support and accelerate the Soldiers’ recoveries and impact the effectiveness of their coping processes. Attendees reported feeling positive changes in their emotional states, saying they felt more determined, hopeful and optimistic following the training. The R2 skills trained included: Motivation, Goal Setting (WOOP), Fixed and Growth Mindsets, Deliberate Breathing, and Cultivating Gratitude (Hunt the Good Stuff).



A Data Point: How Empathy for Survivors and Prevention are Connected

By John D. Foubert, Ph.D., Senior Advisor to the Director for Prevention

Empathy is a feeling state that comes about through the cognitive understanding of another person's feeling state. It has been defined as "a state of emotional arousal that stems from the apprehension or comprehension of another's affective state" (Zhou, Valiente, and Eisenberg, 2003, p. 269). For example, one can develop feelings of empathy for a wounded Soldier after one contemplates the effects a Soldier's wounds have on his or her life. In the case of developing empathy toward sexual assault survivors, research has shown that such empathy is necessary in order for effective prevention of sexual violence to occur (Foubert, 2011).

Sadly, empathy is decreasing in today's society (Persson & Kajonius, 2016). Research has shown that when people have less empathy, they are more likely to act out in aggressive ways (Vachon, Lyman, and Johnson, 2014). In particular, men with lower levels of empathy are more likely to commit sexual assault (Abbey, 2005; Fernandez & Marshall, 2003) including men in the military (Rau, Merrill, McWhorter, Stander, Thomsen, Dyslin, Crouch, Rabenhorst & Milner, 2010).

Research has shown that when people feel empathy toward another individual, they experience motivation to help alleviate another person's suffering (Eisenberg & Miller, 1987;



John D. Foubert, Ph.D

Marshall & Marshall, 2019). In particular, empathy leads people to want to help others in danger (Cassels, Chan, Chung & Birch, 2010; Batson, Duncan, Ackerman, Buckley, & Birch, 1981). A state of empathy can be manipulated, in that people who are asked to focus on feeling empathy for another person are much more likely to help them (Batson & Moran, 1999; Van Lange, 2008). One context in which empathy has been manipulated to influence prosocial behavior is in the case of bystander intervention programs designed to prevent sexual violence (Foubert, 2011; Banyard, 2015).

Victim empathy is both a cognitive and emotional recognition of the trauma experienced by sexual violence victims. Interventions with a victim empathy component work to help participants understand not only the experience of a sexual violence victim but also of the aftermath of sexual violence (Schewe, 2002). Victim empathy interventions have their power in convincing people how horrible sexual violence would be so that the participant would never want to inflict that kind of pain on another person. In addition, empathy interventions convince participants to both help and believe a victim (Foubert, 2011).

One way that has been used to increase

empathy, particularly among men, is to help them understand rape from a survivor's perspective; particularly a male survivor perspective. For example, in one case, an intervention was created and continuously modified through over 15 years of program evaluation research, whereby a strong victim-empathy stimulus was combined with bystander intervention to produce lasting attitude change, and in one study, behavior change (Foubert, 2011; Foubert, Newberry & Tatum, 2007). The key component of this program was helping men understand what rape feels like by watching a video where a police officer describes how two men physically overpowered and then raped him. Several studies found that men got better at understanding rape and also became less likely to commit rape after seeing this video when it was followed by effective bystander intervention material (Foubert, 2011; Foubert & Newberry, 2006; Foubert & Perry, 2007, Foubert, Newberry & Tatum, 2007, Foubert, Godin & Tatum, 2010; Langhinrichsen-Rohling, Foubert, Brasfield, Hill & Shelley-Treblay, 2011).

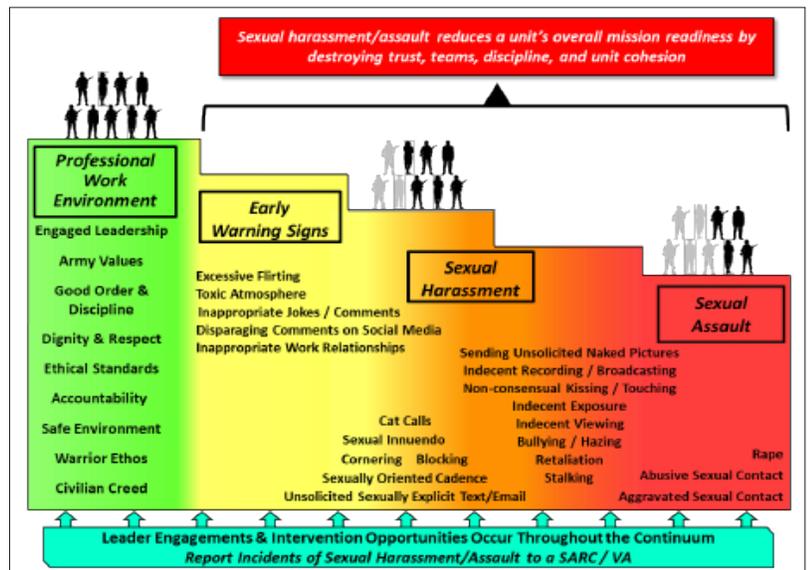
We do a lot of bystander intervention training in the Army; research supports this method. However, one thing we can do better is preceding our bystander intervention training with a strong empathy component. I hope these studies have provided you with valuable information as we all seek to lower the rate of sexual misconduct in the Army.

Sexual Harassment and Sexual Assault: What is the Link?

By Holly N. O'Reilly, Ph.D., Psychological Health Center of Excellence

In April the Department of Defense (DoD) observes Sexual Assault Awareness and Prevention Month (SAAPM). The Army's theme this year is "Building Cohesive Teams through Character, Trust and Resilience. Protecting Our People Protects Our Mission." You can find 2020 SAAPM campaign materials at this link: <https://marcomcentral.app.pti.com/Ironmark/ARDMaterials>.

DoD SAPRO has extensively researched sexual assault and its risk factors in order to inform DoD prevention and response efforts. A helpful perspective from this research is viewing sexual assault as part of a much broader continuum of harm impacting military culture. A recent [Government Accountability Office report](#) also noted that addressing behaviors across the continuum of harm is key to DoD prevention efforts. Accordingly, PHCoE is joining the call to promote awareness and prevention of sexual assault and harassment in the military with a series of blogs in April providing information and available resources. For the full blog on the Continuum of Harm, and the other blogs, follow this link: <https://www.pdhealth.mil/news/blog/sexual-harassment-and-sexual-assault-what-connection>.



STAND-TO: Community Resource Guides (CRGs), U.S. Army Medical Command

What is it?

The Community Resource Guide (CRG) is an inventory of programs and services available to the military community. It includes a needs-based search engine allowing the Family to identify and access programs and services from any Army installation in the world.

What has the Army done?

- The Army Public Health Center developed an enterprise standard Army CRG as part of the assessment of community needs and resources.
- Fifty Army installations across the globe have launched CRGs to provide a comprehensive inventory of programs and services across medical, mission and garrison activities.
- The CRG is searchable with more than 8,000 resources across the Army consolidated into an interactive, web-based and mobile application. Each Army installation website displays a CRG button to serve as a shortcut to

their individual CRG. Each installation guide contains a list of support programs for a particular military community organized in three ways – alphabetically, by topic area, or by agency, to help community members find services they need.

- The guides increase the awareness of installation leaders and service providers about what services their communities offer. They also provide a comprehensive referral tool for service providers who may identify additional needs when working with a Soldier or Family member. Compiling the guides helps identify services that are absent in the community but might be needed.

What continued efforts does the Army have planned?

Within FY 20, analytics for user behaviors, search functions and cyclical patterns will be provided to installations in order to focus community education on frequently requested programs and services. In addition, CRG improvement efforts

will include an interactive map for locating services, links to associated health education related to search fields, and integration with existing Army information systems.

Why is this important to the Army?

The CRG supports the Army's goals of synchronizing and marketing programs to improve the readiness and resilience of Army community members. With an enterprise approach to the CRG, every Soldier, Family member, DA Civilian and retiree has access to the same information, in the same way across the Army, at their fingertips.

Resources:

Community Resource Guide, <https://crg.amedd.army.mil>

Army Medicine

<https://armymedicine.health.mil>

You can also download the CRG app to your phone: Search for "Army Community Resource Guides" in the iTunes or Google Play store.

2nd Cavalry Regiment Command Team Visits the Army Resilience Directorate

By David Gercken, Army Resilience Directorate

The 2nd Cavalry Regiment Command Team recently paid a visit to the Army Resilience Directorate (ARD). Col. Thomas M. Hough and Command Sgt. Maj. Michael S. Burke met with ARD leaders and discussed the various programs within ARD's scope of responsibility and the success the Regiment is having in implementing them at the unit level. Highlighted was an intervention by two Regimental Soldiers who were recently recognized by U.S. Army Europe commanding general Lt. Gen. Christopher Cavoli for saving a fellow Soldier's life who had



attempted death by suicide.

The 2nd Cavalry Regiment, based in Germany, conducts full-spectrum operations throughout the European Command's area of responsibility – living up to their motto, "Toujours Pret- Always Ready."

ARD is continuously looking for feedback from the field and welcomes visits from units and leaders to discuss ARD's ongoing programs, training and future initiatives.

Resilience is Key in COVID-19 Fight *DIRECTOR'S COLUMN Continued from page 1*

providing resilience-building training to Soldiers and units virtually. To read more about that see page 7 in this issue.

Maintaining social support is necessary for people to cope and thrive in daily life. It is especially important in a time of social distancing. The physical distance necessary to stop the spread of the virus does not have to mean social isolation. Read more on page 1 of this issue on how to keep your connections strong when you can't be physically together with your friends and Family.

We must continue to reinforce, especially in times of crisis, the Army Values and culture of

trust necessary for Soldiers to remain focused on the mission. April is Sexual Assault Awareness and Prevention Month, and some Soldiers may be especially vulnerable during social distancing, which might create challenges in accessing services or reporting. Continue to maintain open lines of communication with Soldiers and units and check on your Soldier's well-being. April is also Alcohol Awareness Month. In stressful times, some troops might turn to unhealthy coping mechanisms like alcohol. I urge to stay informed on healthy ways to cope by following the tips posted in our social media pages @ArmyResilience.

Finally, as you care for others, don't forget to also take the time to care for yourselves. Our nation, our Soldiers and your Families need you healthy and strong. Continue to follow [CDC](https://www.cdc.gov) and [Army](https://www.army.mil) guidelines in daily life and also remember to maintain your personal readiness. There is no telling when we will return to 'normal,' but whether in normal times or times of crisis, I know I can rely on your unwavering focus on the mission to help keep our Soldiers in the fight. Thank you.

**People First. Winning Matters.
Army Strong.**

James A. Helis, PhD



SHARP Focus

Army Hawaii Graduates 29 from SHARP Foundation Course

HAWAII – The 25th Infantry Division and the U.S. Army Hawaii SHARP Program hosted their SHARP Foundation Course from March 2-13. The 80-hour certification course provided instruction for 29 military and Civilian SARCs and VAs. The course is designed to meet the DoD Sexual Assault Prevention and Response Office's core competencies and prepare individuals to effectively respond to sexual harassment complaints and effectively assist victims of sexual assault. Graduates of the course make up SHARP Ohana class 774.

(Photo by Sgt. 1st Class Andre Barrett)



Thunderbolt Junior Leaders Discuss Sexual Assault and Culture

JOINT BASE LEWIS-MCCHORD, Wash. – Command Sgt. Maj. Michael Carlan, 17th Field Artillery Brigade, leads a group discussion about good order and discipline March 6 at the Brigade Headquarters. Thunderbolt junior leaders were brought together by Sexual Harassment/Assault Response and Prevention (SHARP) and Equal Opportunity representatives, alongside the Command Team, to form a 'Tiger Team' designated to assess and influence the climate across the formation. The 'Tiger Team,' comprised of 26 Soldiers who met with Col. Brandon Anderson and with Carlan to discuss the working environment of the Brigade and highlight possible reasons that may contribute to unfair treatment, sexual harassment and sexual assault. (Photo by Sgt. Casey Hustin)



Therapy Dog Has Positive Impact on Sexual Assault Survivors

TEXAS – Patsy, a therapy dog working with the Texas' SHARP/SAPR program, is helping survivors of sexual assault access services. "It's really awesome to see the difference she's made in our office. We have so many people come in now that didn't...she's bringing people in," said Heather Johanning, Victim Advocate Coordinator for the Texas Military Department, Sexual Harassment/Assault Response & Prevention (SHARP) and the Sexual Assault Prevention and Response (SAPR) office. Johanning says Patsy has been a positive influence on all the employees and survivors. Paws for Purple Hearts, a nonprofit, provided Patsy to the Texas' SHARP/SAPR program. To learn more, watch the full video here: https://www.youtube.com/watch?v=_1sRyBNoB44



Sexual Assault Prosecutor Speaks at Prevention Professional Forum

FORT LEAVENWORTH, Kan. – Dr. Wendy Patrick spoke about the "Organizational Approach to Eliminating Sexual Assault" Feb. 4 during the Sexual Harassment/Assault Response and Prevention Academy Professional Forum at the Lewis and Clark Center's Marshall Auditorium. Patrick is a San Diego, Calif., Deputy District Attorney, author, educator and international speaker and has been prosecuting cases involving sexual assault for more than 23 years. Patrick believes it is important that survivors continue to be part of the work that is done in the field of sexual harassment and sexual assault. The quarterly SHARP forums are organized by the SHARP Academy and are open to the community. (Photo by Tisha Swart-Entwistle)



'Buddy Aid' Teaches Units to Confront the Threat of Sexual Assault

By Maj. Bridget Flannery, SDARNG

Imagine you're tasked with a mission that carries a 25% casualty estimate. You'd want those above you—and to your left and right—to be working mitigation, hard. And you'd drill your formation about how to respond—because 1 in 4 is significant.

During a deployment to Afghanistan in 2013, the South Dakota Army National Guard's 152nd Combat Sustainment Support Battalion came to understand that the most likely threat we faced was nowhere in our battle drills, and treating those wounds wasn't addressed anywhere in the Common Task Manual—level 1 or 2. We were woefully underprepared to respond to sexual assault - and that lack of preparation also meant we were soft targets. We were treating the threat of sexual assault radically different than how we treated other adversarial

kinetic threats, and that was impacting our Soldiers, our readiness—our mission. On the heels of that deployment, we built training—Buddy Aid—that incorporates the lessons we learned and operationalizes the prevention and response to sexual assault.

Operationalization means Soldiers treat sexual assault like any other kinetic threat. Just like we train first aid or suicide prevention, Buddy Aid prepares Soldiers for their "action on contact" when someone's disclosed having been assaulted. Additionally, Buddy Aid prepares Soldiers to include sexual assault in Deliberate Risk Assessments, battle drills, mission briefs, etc.—making prevention and response part of daily Soldier activities—just like any other threat. And Buddy Aid destigmatizes the conversation around sexual assault by using

language consistent with other threats, like 1-plus-1, rules of engagement, escalation of force, etc. Taken together, these actions strengthen our formations, contributing to a climate of prevention.

As important as the preventative component of Buddy Aid is, the response component is at least as significant. After every single Buddy Aid training since the start, without exception, a service member has come forward and reported a sexual assault, often more than one person reports. Soldiers respond to Buddy Aid; this training means fewer victims are alone in their journey. Buddy Aid transfers to the Civilian side also, making our Soldiers better equipped to support their loved ones who are victims of sexual assault. This creates a more focused, ready, and lethal fighting force.

Maj. Sarah Jensen, SDARNG

Resilience, Risk Reduction, and Suicide Prevention (R3SP) Coordinator, has seen how Buddy Aid prepares Soldiers to render immediate and effective care to victims of sexual assault. "Buddy Aid from a commander's point of view is amazing...It gives every Soldier...necessary tools and directly impacts resilience and readiness...If you have the chance to bring this to your unit(s) you must take it," Jensen said.

The Warrior Resilience and Innovation Incubator selected Buddy Aid as one of 11 inaugural projects nationwide in 2019. To date, two train-the-trainers have been conducted, preparing Soldiers from five states to bring Buddy Aid to their formations.

If you'd like more information about Buddy Aid, please contact Maj. Bridget Flannery at bridget.a.flannery2.mil@mail.mil.

Alcohol Is An Often-Misunderstood Factor in Sexual Assault

By Ashley Chagnon, Army Resilience Directorate

Soldiers may turn to alcohol to fit in with their peers or to cope with stress, depression and trauma, which can often lead to binge drinking and overestimating limits, especially when drinking with others.

In a survey conducted by the CDC and Delphi Behavioral Health Group, from 2013-2017, they found that troops spend more days a year consuming alcohol than people in any other profession, about 130 days out of the year, compared to the national average of 91 days.

Alcohol was a factor in 62% of sexual assaults in the military, according to the Defense Department's 2018 Report on Sexual Assault. However, the role of alcohol in sexual assaults is often misunderstood.

"A main way alcohol and sexual violence intersect is that a perpetrator will use alcohol to deliberately lower the defenses of a potential

victim—whether by administering the alcohol (themselves) or by selecting a target based on who is the most intoxicated in a particular social scene," says Dr. John Foubert, Highly Qualified Expert for ARD.

The type of alcohol and amount consumed can affect each person differently. For individuals who get angry easily, alcohol turns up the volume and amplifies aggression. When provoked or rejected, their response can be physical and dangerous. Additionally, alcohol tends to hinder cognitive functional abilities, which makes it harder for an intoxicated person to solve problems in positive, effective ways.

Many people use alcohol in social situations to meet new people and pursue romantic interests, but it is safest to hit the pause button and try again when you're sober. Alcohol is a risk factor for—not a cause of—perpetrating unwanted sexual advances and other forms of sexual

assault. If you or someone you know is over-using alcohol, please see your supervisor or self-refer to ASAP.

BEST PRACTICES

1. Be mindful of who you're with - peer pressure is heightened when alcohol is involved.
2. Don't pursue any potentially intimate relations until you are both sober.
3. Before you go out, set a safe limit of drinks that will not impair you.
4. Know how your body reacts to different drinks—if it could make you angry, avoid it.
5. Be the hero and offer to be the designated driver.



ARD Monthly Outreach Webinar Series: Stay Current, Expand Your Professional Knowledge and Earn Continuing Education Units

By David Gercken, Army Resilience Directorate

The Army Resilience Directorate (ARD) Monthly Outreach Webinar series highlights world-class researchers, medical experts, and leading practitioners who provide the latest, relevant information and best practices that can inform and improve your ability to support Soldiers, Army Civilians and Families. They are also entertaining and interactive—you always have the opportunity to ask questions specific to your position and duties within ARD. Most webinars also provide “live” Continuing Education Units that can be used for accreditation.

In February, researchers Katie Dively and Jay Otto from the Montana State University Center for Health and Safety Culture presented an overview of Positive Culture Framework (PCF) and provided details on how PCF can work in military units to transform a

unit’s environment for sustainable change.

Our partners from the SHARP Academy joined us in March for a presentation on the Academy’s extensive Lessons Learned Program, an update on current initiatives and best practices they are observing in the field, future initiatives being researched and how the Academy shares this information with the entire force, supporting leaders and SHARP programs.

In April, New York Times best-selling author Simon Sinek discussed leadership, team building and trust. He explored a concept he refers to as an “infinite mindset”—leading with a long-term view and that one of the components, building trusting teams, means creating an environment in which individuals feel safe; it’s the foundation for



establishing trust among members of a team so they can perform at their best.

Keep expanding your knowledge in May with a webinar on self-care for service providers. The ARD Outreach Webinars are broadcast every month with both a morning

and afternoon session to meet the needs of personnel stationed around the world. To learn more or sign up for the next webinar, follow ARD @ArmyResilience, or contact ARD Communications & Outreach at: usarmy.pentagon.hqda-dcs-g-1.list.dape-ars-p@mail.mil.

R2 Performance Centers Go Digital During COVID-19 Isolation Period

By Mia Robinson, Army Resilience Directorate

It’s been nearly two months since the country began practicing social isolation in an effort to stem the spread of the COVID-19 virus. The Army Resilience Directorate’s (ARD) Master Resilience Trainer – Performance Experts (MRT-PEs), located at 32 R2 Performance Centers Army-wide, are stepping up to the plate, creating digital content that will continue to educate, inform, engage and train the Army community on strengthening their resilience by providing tools and skills that can be utilized in everyday life and especially in this time of crisis.

Petra Kowalski is part of the 10-person team of contract MRT-PEs at the Fort Carson R2 Performance Center. They are working diligently to build and create content that

will continue to educate, inform, engage, and train the Fort Carson, Colo. community on what it means to be ready and resilient.

“We’ve been around for 10 years now and I feel like people still don’t know who we are and what we do,” said Kowalski.

Pre-social distancing, a typical in-person training session at the Fort Carson R2 Performance Center could last anywhere between an hour and a full day using various teaching modalities such as flip charts, handouts and role-playing scenarios. Now Kowalski is creating short and compelling Facebook videos to continue to provide Soldiers and their Families the training.

Kowalski’s shift to a digital platform has been nothing short of “humbling,” she said.

[Her eight-minute](#) video about being aware of your emotions and learning to regulate them garnered more than 3,000 views in its first week. Her team will soon implement virtual classrooms conducting live, interactive trainings a couple of times a week. And they’re not the only ones.

Fort Benning, Fort Irwin, Joint Base Lewis-McChord, Fort Polk, Schofield Barracks and Vilseck, Germany have all taken a similar approach by creating online training modalities to support their communities as well. If you’re in need of any materials or information to help keep you ready and resilient during these uncertain times, reach out to your local R2 Performance Center for assistance. They’re here to [help](#).



Brain Injury Awareness Month Shines a Light on TBI Treatment

By Maria D. James, Army Resilience Directorate

The diagnosis of over 110 service members with traumatic brain injury as a result of a recent missile attack on Al Asad Air Base in Iraq, has raised national awareness on the impact of TBI, often known as a silent epidemic due to symptoms that are invisible and take time to diagnose. The recent incident prompted the need for continued education on TBI – including a heavy focus by the Army on educating service members on the importance of early detection and treatment.

During Brain Injury Awareness Month in March, the Army promoted public awareness, urging Soldiers and caregivers to pay attention to the symptoms of TBIs, which can range from mild concussions to severe brain damage. Recognizing the symptoms and acting on them is important when it comes to treatment. When symptoms are prolonged the impact can be life changing.

“I wouldn’t be retiring next year if I had treatment sooner; it was not my plan.” This attention-catching quote featured on an Army Brain Injury Awareness

poster shares the story of retired Capt. Chris Frost, who retired from the Army in December 2019 after serving 22 years.

“I was incapacitated with migraines – I couldn’t talk, walk or do anything,” said Frost. It was seven years after his last blast exposure when he started to exhibit symptoms that were later linked to a TBI.

TBI symptoms may include one or more of the following: headaches, dizziness, balance problems, depression, anxiety, irritability, mood swings, memory loss, difficulty concentrating, sensitivity to light and noise, and vision concerns. Some symptoms are independent occurrences while others are related to each other in what is known as symptom clusters.

“The challenge is identifying that you have an issue. Most don’t even know they have an issue – you get exposed, dust it off and keep going,” said Frost. He said that often symptoms go ignored until the problem can’t be ignored any longer. His injuries eventually required surgery. Frost admits that retiring early wasn’t his

career plan. He now hopes to use his story to encourage other Soldiers to know the symptoms of TBI and not to wait to seek treatment.

“Understand when you have a problem and seek help from a medical professional,” he said.

The Defense Department reports over 400,000 service members have been diagnosed with TBI since 2000. Last year’s DoD numbers for TBI among Soldiers during the first three quarters of 2019 was 8,667, a total that includes both active duty, Guard and Reserve.

DoD protocol calls for TBI testing of service members who were within 50 meters of an explosion, were exposed to a series of explosions, had a direct blow to the head, or who exhibit symptoms of TBI. The tests can take up to two days to complete.

To help medical professionals identify symptoms of TBI, in 2018 the Concussion Management Tool and MACE 2 (Military Acute Concussion Evaluation) were introduced at the National DoD Provider Training on Traumatic Brain Injury.

According to Lt. Col. Cecilia Najera, acting director of the Army Traumatic Brain Injury Program, U.S. Army Office of the Surgeon General, it takes between 15 and 20 minutes for the tools to be administered by a medic or other healthcare professionals.

“The best results are if the assessment is done within 24 hours with a follow-up in 24-72 hours,” Najera said.

Currently there is no tool or device that can definitively diagnose a concussion.

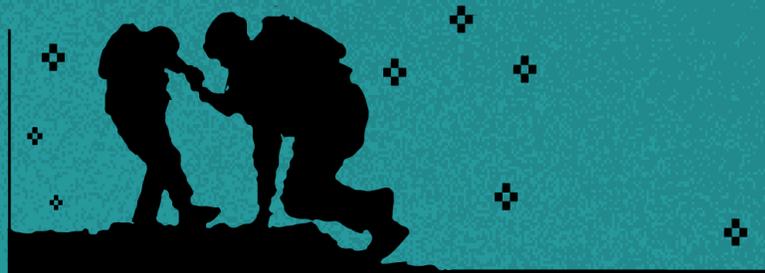
“This is key—you can’t treat or diagnose a concussion but you can treat and diagnose the symptom. We encourage Soldiers to report issues to their medical provider—the sooner you get seen then you can get treated before it becomes a major issue” said Najera.

The Defense Department hosted and participated in Brain Injury Awareness Month events throughout March. Follow @DVBICpage and @AHeadfortheFuture on Facebook for future events.

PERSONAL READINESS: BUILDING A CULTURE OF TRUST

Trust is the bond that holds teams together. It takes time to build and earn trust through actions, experiences, and the ability to lead during challenging times. When building a culture of trust, you must:

- Respect others
- Listen and show compassion
- Be supportive
- Be consistent
- Encourage honest and open communication



Pandemic Has Psychological Impact *MENTAL TOLL Continued from page 1*

Resilience Trainers-Performance Experts, Laura Kirschner and Ashley Herrell, with the Army Resilience Directorate (ARD).

Anxiety

The 24-hour news coverage of the pandemic can heighten the fear people feel. Army Families are also contending with travel restrictions on PCS moves, leave and a temporary stop on other movements, including redeployments. The uncertainty generated by the constantly changing situation can plunge people into loops of constant worry and anxiety. Try the following to break out of counterproductive thinking:

- **Set routines.** Structure provides stability in this uncertain time for both adults and kids. Stick to your old routine if you can or create a new routine at home for you and your Family. For example, wake up and go to sleep at a standard time even if you don't have to. Plan activities throughout the day like an 11 a.m. walk around the block or 1 p.m. at-home workout.
- **Limit screen time.** Spending most of your time in front of a TV, computer or phone screen can have an adverse effect on you mental well-being. Kids are also more likely to act out and get irritable as screen time increases. Consider starting a new book, playing board games with the Family or working together on small projects around the house or yard, instead.
- **Focus on what you can control.** Global events are beyond your control; however, you can control the safety measures you and your Family take, how you react to events (which children will emulate), and what you pay attention to. When you notice that you or your Family are dwelling on a problem, see if you can shift the conversation to possible solution strategies or accept that it's outside of your control.

Loneliness & Depression

While military Families are used to being separated from loved ones, the social distancing necessary during the pandemic means Families can't count on the traditional support networks in place during unit deployments. This social isolation can be lonely. For those who are already diagnosed with depression, social isolation can exacerbate symptoms. For people who have undiagnosed trauma, social isolation may provide fertile ground for that trauma to resurface.

"When you are busy doing something, you're sometimes less mindful of your emotions," Londagin said. "Whenever you are kind of just sitting dormant at home, some emotions that you probably haven't tended to before will come up." Even during social distancing, Londagin encourages people to seek help if they notice new issues surfacing. She said telehealth appointments and other resources are available if face-to-face appointments are not currently possible.

Here are some ways to maintain your mental resilience at home during social isolation:

- **Fight the negativity bias.** We are wired to focus on the bad things, but take time to notice and remember the good things that are happening during these uncertain times. Make a list of three things you're grateful for right now and reflect on why each is a good thing to you. Do this daily.
- **Stay connected virtually.** Even if you're physically separated, technology allows us to be mentally and emotionally connected; try messaging apps, video chat, joint online games, group virtual hangouts, or attend virtual religious/spiritual services.
- **Stay physically strong.** It helps you stay mentally strong. Decide on a specific home workout routine, and schedule it at the same time daily so it becomes a new habit. If you're having a difficult time following through, visualize what gets in your way (e.g., getting stuck on the couch) and what you'll do in that moment to get back on track (e.g., set a timer for five minutes and then get up and get it done).

Stress & Burnout

Army Families are used to the stress of a high operational tempo. However, the pandemic has created a dramatic change in routine. Self-isolating together for extended periods, parenting while working from home (or being laid off), and also homeschooling, can create stress in both adults and kids. The new environment will also compound stressors the Family may already have been dealing with before the pandemic. To keep harmony in the home, try the following:

- **Set boundaries.** Create house rules that respect each Family member's needs. While Family time is important, it's also important to take a break from each other, especially if you're all confined to the house for long periods of time. Have conversations with your Family to limit disruptive behaviors (e.g.,

stopping someone in the middle of a workout or work call).

- **Be kind to yourself.** Try a self-compassionate, mindful approach. When you notice you are experiencing uncomfortable thoughts or emotions, do not judge yourself for having the experience. Try to replace the self-critical voice with a more compassionate one. Say to yourself, "This is stress, and stress is a part of life."
- **Create small wins.** Identify one goal that you would like to achieve in the next day or two and briefly describe it in writing. Make sure this goal is realistic and not too time-consuming (e.g., "tidy up the hall closet" rather than "clean out the entire house") and something that is important to you (e.g. "spend an hour playing with the kids" rather than "read the dictionary").

Vigilance by leaders during social distancing will be key in identifying if a Soldier or Family is struggling. So will self-awareness by Soldiers and their Families.

Stress and burnout can be mitigated, and anxiety and depression can be treated.

"It is important for leaders to know their Soldiers, but even more important is for us to know ourselves, so we can reach out for help when we recognize symptoms of depression and anxiety during the COVID-19 pandemic," Londagin said. "Early, consistent treatment often leads to improved mood and functioning, with positive effects on your daily relationships."

For more resources to enhance your mental well-being during social distancing, visit the Army Public Health Center (APHC) COVID-19 "Manage Anxiety and Stress" page at this link: <https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/stress.aspx>.

Other resources available for Soldiers and Families include:

- Unit Behavioral Health Officer
- Embedded Behavioral Health Team
- Primary Care Provider
- Unit Physician's Assistant or Medics
- Military & Family Life Counselor (MFLC)
- Military OneSource: 1-800-342-9647

If you or a loved one are having thoughts about suicide, call the Military Crisis Line at 1-800-273-8255, and Press 1, or text 838255. If you are in immediate crisis, go to the nearest emergency room or call 9-1-1.



For Some Army Spouses, Alcohol Abuse May Not Look Like A Problem

By Jasmine Marshall, Army Resilience Directorate

When Soldiers are deployed or on frequent temporary duty travel, it can be difficult for their loved ones to cope with their absence. In particular, a Soldier's spouse may struggle with anxiety over their safety and well-being. Also, changes in community support and concerns about finances could contribute to feelings of isolation, stress, and depression. Without healthy skills to help manage these [emotional challenges](#), some Army spouses could develop unhealthy coping behaviors such as binge-drinking or other forms of alcohol abuse.

"Alcohol is included in so many traditions and social engagements within the military spouse community and military community, in general," said Evie King, Master Resilience Trainer (MRT) and Executive Director of InDependent (an [online support community for Military spouses](#)). "It is not uncommon to go to a social event and there be more options for alcoholic drinks than non-alcoholic."

"Military spouse 'coffees' rarely serve coffee, especially if they are held in the evenings, Wine Night is a

regular occurrence on some posts, and it's not unusual to grab a drink after a long day unpacking after a PCS, and then post about it on social media," she said.

In some cases, spouses may not be aware they have a problem with alcohol. The typical, busy lifestyle of many spouses is full of stressors, and they may feel the pressure to maintain a successful career and care for their Families, often while balancing the deployment of their spouse. The desire for an escape from these realities can turn something as normal as casual wine drinking into a problem.

"I was scrolling Facebook and saw a fellow military spouse friend's social media post involving an entire bottle of wine after a long day...it really made me start being more hyper aware of how normalized alcohol use is in the military - socially and as a coping mechanism for stress," said King.

Alcohol is also a growing women's health issue, according to a recent [NIH study](#) citing the rise of alcohol related deaths across the country. Women also appear to be at a greater risk than men for alcohol-

related cardiovascular diseases and other health issues.

According to Jill Londagin, Army Substance Use Disorder Clinical Care Program Director, signs and symptoms that indicate alcohol abuse may include:

- Spending a significant amount of time in drinking, accessing alcohol, or recovering from its use.
- Failing in fulfilling obligations at your work, home or school due to alcohol use.
- Continuing to consume alcohol even when you know it is leading to social, physical or interpersonal problems.
- Developing alcohol tolerance such that you need to consume more alcohol in order to feel the desired effects.
- Experiencing classic withdrawal symptoms such as sweating, nausea, alcohol cravings and shaking.

There are numerous resources available for Family members who are ready to seek help for problematic alcohol use, including:

- Primary Care Provider

- Child and Family Behavioral Health Services within the MTF
- [Military One Source Non-Medical Counseling](#)
- [Army Substance Abuse Program](#)
- [Alcohol Treatment Navigator \(NIAAA\)](#)

"Soldiers and spouses should remember that seeking help for alcohol problems with no DUI or other incident is almost always career safe," Londagin said. "If you are not ready to seek (professional) help, try to cut down on the amount of alcohol you consume. Introduce other activities into your life that have a positive result such as yoga, meditation, or exercising."

King has also added resources for military spouses to share stories of recovery and learn about healthy drinking habits to her platform.

"We're not here to say drinking is bad or good, but we do want to educate the military spouse community so they can do it in a way where it's not impacting their well-being or their Family's well-being, and how the community can be more supported and educated," she said.

ARD Launches Pilot Program Embedding Performance Experts in Units

By Maria D. James, Army Resilience Directorate

The Army Resilience Directorate (ARD) launched a pilot program embedding MRT-PEs with five units at Fort Bliss, Fort Bragg, Fort Carson, Fort Campbell and Fort Hood, throughout 2020. The start of this "proof of concept" pilot was staggered, with Fort Bliss starting December, Fort Hood starting in January and the other three sites starting in late February and early March. The sites consist of four embedded PEs assigned at both the Battalion and Brigade level.

While there are R2 Performance Centers at each location, the pilot program offers something new for units.

"(The embedded PEs) will have the time to develop their relationships with leaders and Soldiers and will be able to tailor training to fit the needs of the unit," said Susannah Knust,

Ph.D., Research Psychologist for the Research Transition Office (RTO) at the Walter Reed Army Institute of Research.

Knust said the job is very similar for embedded PEs and PEs, but there are differences. For one, the embedded PEs have an office in the unit and are not being pulled for other trainings. Another difference is the they work with a few hundred people rather than serving an entire installation. Embedded PEs can request help from other PEs at the R2 Performance Centers.

During the COVID-19 pandemic, the PEs are being creative in their approach with their units. At Fort Hood, for example, since the Soldiers are staying at home, the embedded PEs are hosting virtual classes, meetings over the phone and putting together videos for the units.

Recording observations and other data

collection is an important role of the embedded PEs. Some of the data they are collecting and will submit includes: pre-embedding survey, weekly logs to track activities and time spent, monthly reflections on the embedding process, unit monthly reviews and six-month and 12-month interviews, which will capture best practices and lessons learned.

Embedded PEs have made themselves relevant and are invited to almost every training meeting, field exercise and organizational 'hail and farewell' because they are considered part of the Brigade's team, said Tony Gantt, Performance Center Manager, R2 Performance Center at Fort Bliss.

"My personal experience has been nothing short of great, the leadership and Soldiers have welcomed us with open arms," Gantt said.



Army Recognizes 2020 SAAPM Award Recipients for Service to Soldiers

By Chet Curtis, Army Resilience Directorate

The U.S. Army recently announced the selection of Sgt. 1st Class Maria Rivera, I Corps Lead Sexual Assault Response Coordinator, Joint Base Lewis-McChord, Wash., as the 2020 Exceptional Sexual Assault Response Coordinator of the Year. Jeffery J. Travers, Sexual Harassment/Assault Response and Prevention (SHARP) Program Manager from U.S. Army Reserve Command, was also recognized with the Department of Defense Advancing Primary Prevention Award.

Each April, civilian and military communities observe Sexual Assault Awareness and Prevention Month (SAAPM) to raise awareness, prevent sexual violence and provide essential support and services to survivors.

“Sgt. 1st Class Rivera and Mr. Travers embody the unwavering commitment to eliminate sexual assault and sexual harassment from our Army,” said Dr. James Helis, director of the Army Resilience Directorate. “Sexual assault and sexual harassment are fundamentally at odds with our Army values. The contributions of these SHARP professionals will greatly enhance our prevention efforts, improve unit cohesion, and strengthen the Army culture.”

These prestigious awards are presented to individuals or groups whose work has been particularly noteworthy and demonstrates outstanding service in support Soldiers.

Rivera provided oversight on 85

sexual assault cases in 2019, providing compassionate care through direct service to victims. She coordinated chaplain services, behavioral health response, and ensured victims were provided the best possible care available on the installation and through civilian partners in the local community.

She introduced SHARP training tailored to the experience of her students through small group discussion, Emergent Leader Immersive Training Environment (ELITE) and ELITE Brave training support packages, and peer-to-peer discussion.

Rivera implemented prevention initiatives tailored to the audience, increasing efficiency and awareness across the installation. In addition, she provided units the tools and mechanisms to support the SHARP program and empower bystanders to safely intervene to stop situations from escalating into sexual assault.

Rivera, a native of Ashburn, Virginia has served on active duty as a human resources specialist for nearly 20 years. She assumed the position of I Corps’ Lead Sexual Assault Response Coordinator for Joint Base Lewis-McChord (I Corps Headquarters) in March 2018.

Travers developed and executed bystander intervention training for inclusion into all Annual Refresher training for the U.S. Army Reserve. The training provides the knowledge and skills for USAR Soldiers and Civilians to effectively



intervene as bystanders in a positive and safe way before, during, or after an event.

He identified a gap in training that did not adequately teach students how to identify potential threats at the earliest stages. Military and Civilian researchers have found that adverse behaviors such as innuendo, hostility and sexual harassment that goes unchecked can lead to more egregious acts such as sexual assault. This is referred to as the Continuum of Harm.

The training gap identified and addressed by Travers’ initiative helps students identify incidents along the continuum and potential points of intervention. Travers addressed this issue by using the most current research in the area

of social norms theory.

Travers, originally from Port Angeles, Wash., served on active duty for 21 years and retired at the rank of master sergeant. His final assignment was as the Equal Opportunity Advisor and Deployed Sexual Assault Response Coordinator for the 82nd Airborne Division. During that assignment he deployed to Afghanistan and received the Bronze Star for his sexual assault prevention and response efforts. Most recently, he served as the SHARP Program Manager for the United States Army Reserve Command.

Due to COVID-19 safety measures, Rivera and Travers will receive their awards in a ceremony at a later date.

Fort Lee Honored for Work During 2019 Suicide Prevention Awareness Month

FORT LEE, Va. — The Department of Defense recognized Fort Lee, Va., with the 2019 Suicide Prevention Month Recognition for the installation’s efforts to advance awareness on suicide prevention and provide support to service members. Each year DoD selects one military installation from each of the Services, including the Reserves and National Guard, for

their innovative and diverse range of work to support service members, their Families and DoD Civilians. Last year, the Fort Lee Army Substance Abuse Program launched an awareness and prevention campaign with a series of events in September including a social media and texting challenge encouraging the community to send positive messages to their personal contacts and an Inaugural Suicide Awareness 5k, which welcomed

over 200 runners and their Families. The 5k focused on raising suicide awareness, educating the community about available services, Post-Traumatic Stress (PTS) in the military community, and the impact on loved ones of service members. The installation also hosted a Suicide Awareness Month program attended by over 300 community members and a Suicide Prevention Stand Down.



Hail & Farewell



ARD Bids a Fond Farewell to Ms. Shermona Hart

The Army Resilience Directorate (ARD) held a luncheon Feb. 12 in Arlington, Va., to bid farewell to Ms. Shermona Hart. She served as the HQDA Policy Analyst and SHARP Oversight Program Manager since 2016. (Photo courtesy of Ravanell Lang)

ARD Upcoming Events



MAY

DHB ACCESS TO LETHAL MEANS BRIEFING

May 12: The Defense Health Board will present a web briefing on the need to limit access to lethal means for suicide prevention.

Location: [Online](#)

VSO/MSO ROUNDTABLE SHARP UPDATE

May 12: SHARP will provide an update to Veterans Service Organizations and Military Service Organizations at the VSOs/MSOs quarterly roundtable.

Location: [Online](#)

SHARP MONTHLY PM MEETING

May 14: Monthly meeting for SHARP project managers. Occurs the second Thursday of each month.

Location: [Online](#)

JULY

R2 COUNCIL OF COLONELS MEETING

July 16: The R2 Council of Colonels approves major issues for presentation to the R2 General Officer Steering Committee (GOSC).

Location: [Online](#)

Army Resilience Directorate

ARDCOMMUNITYLINK

May 6, 2020. Volume 4, Issue 2

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The ARD Community Link newsletter is an authorized bi-monthly publication produced by the Army Resilience Directorate for the Army community. The contents of the ARD Community Link are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Defense or the Department of the Army. The editorial content of the ARD Community Link is the responsibility of the Communications, Outreach & Leadership Engagement branch at ARD. For questions, or to subscribe or submit articles and photographs to ARD Community Link, please contact the editor at antonieta.rico.ctr@mail.mil. This publication is available for download at: <https://www.dvidshub.net/publication/1102/r2-community-link-newsletter>.

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