Army Resiliency Directorate

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The **Ready and Resilient Campaign** is a comprehensive plan to address the immediate and enduring needs of the Total Army including Active, Reserve, and National Guard Soldiers, their Families and Army Civilians.

The **Ready and Resilient Campaign** seeks to inculcate a positive cultural change in the Army by directly linking personal resilience to readiness and emphasizing the responsibility and accountability of personnel at all levels to build and maintain their individual resilience as well as the resilience of their team.

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**Spouses and Families are key elements of a Soldier’s Readiness and Resiliency!**
Why Resiliency?

- Anxiety
- Stress
- Depressed
- Angry
- Not Socially Connected
- Not Physically Fit
- Poor Performer
- Unmotivated
- Insecure
- Substance Abuse
- Violence
- Sexual Assault
- Immature
- Low Resilience
- Isolation
- Impulsive Risk Taker

Engaged Leadership
- Resilience and Resilience Training
- Performance Training, Tools and Programs

- Perseverance
- Self Actualization
- Self Confident
- Spiritual Growth
- Relationship Growth
- Purpose of Life
- Physically Fit
- Good Decision Makers
- Exceptionally Agile
- Adaptive
- Mature
- Resilient
- Less Impulsive
- Less Injury Prone

Stress Producing Event

Adversity
- Resilience Level
  - Adapt & Recover

Trumatic

Performance

Support for specific challenges

Engaged Leadership
- Execute MRT
- Lead Strong Change
- How to Engage

Build Resilience
Enhance Performance
Increase Readiness

Post Traumatic Growth
UNCLASS

READY AND RESILIENT FUNCTIONAL/NETWORK ARCHITECTURE – COMPLEXITY

- **Commander/First Sergeant**
  - Unit Prevention Leader
  - ASIST Trainers
  - SHARP/VA
  - MRT/RA

- **Soldier**
  - Focus on Health
  - Focus on Discipline

- **Garrison Agency**
  - Military Law Enforcement
  - Schools/Child Youth Services
  - Special Prosecutor
  - Garrison FAP
  - Garrison ASAP

- **Clinical FAP**
  - Clinical ASAP
  - Dept. Behavioral Health
  - Medical Review Officer
  - Case Manager
  - Other Medical

- **Medical Clinics/Hospitals**
  - Medical Review Officer
  - Case Manager
  - Other Medical

- **Garrison FAP**
  - Medical Review Officer
  - Case Manager
  - Other Medical

- **Operands**
  - SARC
  - Staff Judge Advocate
  - BN Prevention Ldr
  - ASIST Leaders
  - SHARP/VA
  - MRT

- **Supporting Processes**
  - Trial Defense Services
  - Criminal Investigation Div.
  - Law Enforcement
  - Medical Clinics/Hospitals

- **Non-Army Civilian Agency**
  - Medical Clinics/Hospitals

- **Ready and Resilient Functional/Network Architecture**
  - - Complexity

- **Key Programs**
  - ASAP
  - SHARP
  - FAP
  - CSF2
  - ASPP
  - General Support

- **Unclass**
  - 4
Key Ready and Resilient Themes

- **Strategic Themes:**
  - Enable engaged and empowered leaders to take action and be responsible and accountable for the care of their soldiers
  - Sort the complexity of R2 requirements, systems, programs, processes, training, analytics and assessments so leaders and Soldiers don't sort them independently across the Army

- **Operational Themes:**
  - Promote the Profession of Arms and foster Competence, Character and Commitment
  - Promote that all (yourself and others) are treated with dignity and respect and that all exemplify our Army Values, Standards and the Army Profession
  - Cultivate an environment where we each are accountable to ourselves and for each other's resilience; recognizing warning signs; become interveners instead of bystanders; connecting those at-risk to resources; and promoting that help-seeking behaviors are a sign of strength

- **Tactical Themes:**
  - Implement integrated, comprehensive fitness skills and techniques to build resilience, enhance performance and increase individual, unit and Total Army readiness
  - Improve transitions across the Soldier and Civilian lifecycle resulting in increased readiness
  - Proactively combat the attributes of personal turmoil prior to the display of risky behaviors instead of focusing on the host of various risky behaviors (symptoms)
  - Communicate the value of building resilience and its impact on performance and readiness
Overall Campaign Status

1. Refine Policies and Prioritize Resources to Support Soldier Resilience (G-1 Lead):

   OBJ 1-1 – Governance plan and management structure developed and implemented.
   Task: 90 of 106 complete (85%)
   Min. Req. tasks: 5 of 5 (100%)

   OBJ 1-2 – Metrics defined, programs assessed and resourcing prioritized.
   Task: 4 of 16 complete (25%)
   Min. Req. tasks: TBD

   OBJ 1-3 – Metrics inform and improve programs and services.
   Task: 7 of 16 complete (44%)
   Min. Req. tasks: TBD

2. Build and Maintain Ready and Resilient Soldiers, Soldier Families and Army Civilians and Ready Units (CSF2;3/5/7):

   OBJ 2-1 – Resilience fully integrated into Army training and deployment requirements.
   Task: 47 of 52 complete (90%)
   Min. Req. tasks: 6 of 6 (100%)

   OBJ 2-2 – Resilience assessments are made in accordance w/ objective, measurable standards.
   Task: 3 of 15 complete (20%)
   Min. Req. tasks: TBD

   OBJ 2-3 – Army professionals employ resilience capabilities and units adapt to support.
   Task: 1 of 8 complete (13%)

3. Strengthen Army Professionals (TRADOC Lead):

   OBJ 3-1 – Increased positive and reduced negative behavior; improved resilience/readiness.
   Task: 42 of 44 complete (95%)
   Min. Req. tasks: 1 of 1 (100%)

   Task: 2 of 9 complete (22%)
   Min. Req. tasks: TBD

   OBJ 3-3 – Army Professionals are consistent with the Army Profession.
   Task: 0 of 5 complete (0%)

4. Communicate the Change (OCPA Lead):

   OBJ 4-1 – Audiences aware that resilience is a key priority with synchronized programs/services.
   Task: 14 of 16 complete (88%)
   Min. Req. tasks: 1 of 1 (100%)

   OBJ 4-2 – Audiences aware of efforts to uphold Army values and discipline.
   Task: 2 of 2 complete (100%)
   Min. Req. tasks: TBD

   OBJ 4-3 – Audiences aware of the benefits achieved through the R2C.
   Task: 0 of 3 complete (0%)

Phase I–Immediate Actions: NLT 31 Mar 14
Phase II–Change the Force: NLT 1 Jun 15
Phase III–Sustain

OUTCOMES

Policies, processes, resources, authorities and responsibilities aligned to ensure unity of effort in providing resiliency support to Soldiers, Families and Civilians to improve R2.

The Army Family is ready and resilient; unit readiness is increased.

Improved readiness and resilience of the Total Army. Behaviors inconsistent with Army Profession are significantly reduced.

The Campaign is understood and embraced by relevant audiences.
OSD Resilience Definition: The ability to withstand, recover and grow in the face of stressors and changing demands. (Chairman's Total Force Fitness Framework CJCS13405.01, September 1, 2011)

Army Definition of Resilience: The mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks.

What does R2C do? Enable Leaders, Soldiers, Civilians, and Families to build strength, grow from life’s challenges, thrive personally and professionally and to be ready to defend the Nation and its interests at home and abroad.

Lines of Effort

1. Refine Policies and Prioritize Resources to Support Soldier Resilience (G-1 Lead)
2. Build and Maintain Ready and Resilient Soldiers, Soldier Families and Army Civilians and Ready Units (G-3/5/7, CSF2 Lead)
3. Strengthen Army Professionals (TRADOC Lead)
4. Communicate the Change (OCPA Lead)

Strategic Objectives

1. Increase leader involvement in maintaining a positive command climate that upholds Army Values and standards, builds trust and resilience and strengthens the Army Profession
2. Implement comprehensive fitness skills and techniques resulting in increased resilience and enhanced performance
3. Integrate, evaluate and optimize the R2C system of capabilities to holistically address the needs of Leaders, Soldiers, Families and DA Civilians
4. Increase medical, physical and spiritual readiness resulting in ready and deployable Soldiers and DA Civilians
5. Reduce high-risk and negative behaviors across the Total Army resulting in reduced crime and enhanced safety of the force
6. Improve transitions across the Soldier and Civilian lifecycle resulting in increased readiness
7. Communicate the linkage between resilience and readiness to all

Endstate
The Army Family is strong enough to consistently ensure our readiness to rapidly deploy and sustain a resilient force that prevents conflict, shapes the security environment and wins our Nation’s wars.

UNCLASS
Resilience Development Lifecycle

Initial Screening / Assessment
(Recruiter/MEPS)

Soldier/DA Civilian
Post-Retirement/Post-ETS

Post-Lifecycle
Leads Institutions (ACOMs, HQDA)

Groups, Teams and Units

Strategic Groups, Teams and Units

Individual (Self)

ARD Existing Curricula:
- Master Resilience Training Courses:
  - Level 2, ASI:8J (MRT Facilitator)
  - Level 3, ASI:8K (MRT Asst. Primary Instructor)
  - Level 4, ASI:8L (MRT Primary Instructor)
- Performance Enhancement Training
- ACE-SI
- Applied Suicide Intervention Skills Training (ASIST)
- SHARP/SARC Training

ARD Potential Future Curricula:
- Squad & Battalion Resilience Training
- Peer Support
- Social Fitness/Team Cohesion
- High Performing Team Behaviors
- Conflict Management
- Resilience for Groups of Teens
- Student 2 Student Partnership

ARD Existing Curricula:
- Ask, Care, Escort (ACE)
- Prime For Life (mandated for "screened, not enrolled" in ASAP)
- Sexual Harassment/Assault Response Prevention Program (SHARP)
- 12-Resilience Skills (AR 350-53)
- Teen Curriculum
- Performance Enhancement Training
- Learning Enhancement Training
- Employee Assistance Program (EAP)

ARD Surveys:
- Defense Health Assessment Program (DHAP)
- Global Assessment Tool (GAT)
- Unit Risk Inventory

ARD Future Curricula:
- MRT Refresher Training
- Mindfulness Training

Current and Developing ARD Curricula
Targeting the Individual, the Unit Program Manager and Strategic Level Program Manager

Strategic
ARD Potential Future Curricula:
- Building, Maintaining, and Measuring Organizational Resilience
- Leveraging Resilience to Increase Organizational Adaptability to Change
Back-Up
PROBLEM STATEMENT: Negative Behaviors remain a challenge in the Army. Any loss of life is unacceptable. Reducing the incidence of suicide among our Army Family (Soldiers, Civilians, and Families) must remain a priority.

**External and Internal Influencers**

**CURRENT Operational Environment**
- Differences in Soldier/Leader Cultures
- Battle Buddy Challenges with Same Emotional Issues
- PCS Moves / Various Group Dynamics

**HIGH Operational Environment**
- Increased Individualism
- Deployments
- Behavioral Health
- Outside the “Normal Behavior”

**Life Cycle Strands**
- Legal
- Relationship
- Financial
- Peer Pressure and Alcohol
- Substance Abuse
**G-1 Prioritization**

**Negative Behaviors**
- Sexual Harassment/Assault
- Toxic Leadership
- Bullying
- Hazing
- Harassment
- Intimidation
- Criminal Activity
- Outbursts
- Accidents

**Negative Behaviors**
- Drug and Alcohol Abuse
- Self-Injuries
- Eating disorders
- Substance abuse
- Risk seeking
- Behavioral Disorders

**Prevention**

**Resilient and High Performing Behavior**
(SHARP, CSF2, ASAP, ASPP)

**Increase Resilience and High Performance Behaviors**

**Support Programs and Services**

**Crisis**
- Treatment
  - ASAP, ASPP

**Intervention**
- Intervention
  - SHARP, ASAP, ASPP

**LDR Engagement / Counseling**

**Red Flags / Risk Indicators**

**PERMANENT MEASURES**
- Homicide
- Suicide
R2 Analytics Process

Real-Time Program Evaluation/Feedback /Decisions

Analytics Output
✓ Actionable
✓ Predictive
✓ Responsive
✓ Protective

R2 Program Capabilities (Goals/Objectives)

Data Sources/Systems (Assessments/Surveys/Databases/Governance)

Data/Metrics

Analytics

Actionable Data (recommendations)/Indicators

Program Dynamics Driven

Integrated HR/Medical/Safety Communities

R2 access to critical community data, redundancy reduction, integrated and collaborative capability

CRRD

USACR/SC

CHPC

COC

GAT

GOSC

EO
## R2C Metric 2.1.1 by Command (MRT Staffing)

### Compo 1 MRT Staffing Data from AUG 14 USR

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<th>Command</th>
<th>Unit MRT Req (# CO)</th>
<th>Unit MRT Shortage</th>
<th>2.1.1 MRT % Fill</th>
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### Color Thresholds 2.1.1

- **Red**: <60% of required MRTs
- **Yellow**: >=60% but <85% of required MRTs
- **Green**: >=85% of required MRTs

### Notes:

1. UICs mapped to home location. Locations rolled up to Command level.
2. MRT requirement for each UIC is the # of First Sergeants in UIC (pulled from FMSWeb)
3. MRT requirement does not include institutional MRT requirements - just the company requirement.
4. TRADOC Recruiting BDE's not showing up properly in DRSS-A. Attempted to adjust counts for these locations using historical data but will include comment in SMS for these sites.
5. Most locations have plenty of MRTs, they just aren't dispersed in the right Units.

**Frequency: Monthly**
R2 Core Programs

- Comprehensive Soldier and Family Fitness
- Army Suicide Prevention Program
- Sexual Harassment/Assault Response & Prevention
- Performance Triad
- Behavioral Health System of Care
- Army Substance Abuse Program (ASAP) Counseling/Rehabilitation Program
- Family Assistance and Support Centers
- Strong Bonds
Emerging Practice WG Update - Continuum

**Developing Practice (Level 1)**
A practice that has been initiated to meet a local, documented need, is likely to be effective based on past research and is being executed with local funding.

**Adopted Practice (Level 2)**
A practice that is funded and managed within the local Command portfolio that not only meets all of the criteria for a developing practice, but also includes an evaluation plan encompassing measures of performance and measures of effectiveness.

**Emerging Practice (Level 4)**
A practice that shows "Emerging" evidence of effectiveness relative to the Portfolio Capabilities Assessment Criteria that is submitted to HQDA with the specified documentation to allow it to be objectively evaluated through the R2 PCA process, cost evaluation processes and other Army-established criteria.

**Proven Practice (Level 5)**
A practice that shows "Moderate" evidence of effectiveness, relative to the R2 PCA criteria, is approved as a cost effective practice at the HQDA level and has been approved for funding, management, and expansion within the HQDA Portfolio across Army Populations.

**Army Program (Level 6)**
A practice that shows “Strong” evidence of effectiveness, relative to the R2 PCA criteria, is demonstrated as a cost effective practice at the HQDA level, and is funded and managed within the HQDA Portfolio.

**Evolving Practice (Level 3)**
Practices that meet the criteria for an "Adopted Practice" that can be prioritized for additional program evaluation support to conduct the analyses necessary to show "Emerging" evidence of effectiveness relative to the R2 PCA criteria.

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Resiliency

Inner Circle

Identify the Transitions at Lowest Level

- Financial Problems
- Criminal Matters
- Relationships

Manage the Transitions at the Right Level of Experience and Resources

Army Strong

Indicators & Accelerators

- Alcohol
- Drugs
- Domestic