

Feeling Listened To: Wellness Checks in the Army

Transcript: U.S. Army Directorate of Prevention, Resilience and Readiness Outreach Webinar

March 28, 2024

General Douglas A. Sims II, Colonel (Promotable) Paul T. Krattiger, and Dr. Amy Adler

Lytaria Walker: [00:00:08](#) Welcome to the Directorate of Prevention, Resilience, and Readiness (DPRR) Outreach for March. At this time, all participants are in listen-only mode. However, you may ask questions at any time by placing them in the Q&A box. There will be several opportunities for questions throughout the webinar, and we should have some time at the very end as well. Today's webinar has been approved for one hour of live Continuing Education Units. Participants must obtain CEU certification through their local commanders by downloading the webinar presentation slides as attendance verification. The slides will be posted in the chat box at the end of the webinar and emailed to registered participants as well. Please note that the views of DPRR Outreach Webinar presenters are their very own and are not endorsed by the Department of the Army or the Department of Defense. This month our guests are General Douglas A. Sims II, Colonel (Promotable) Paul T. Krattiger, and Dr. Amy Adler.

Lytaria Walker: [00:01:16](#) General Douglas A. Sims II is currently the Director of Operations joint staff at the Pentagon in Arlington, Virginia, and assists the Chairman of the Joint Chiefs of Staff in developing and providing operational guidance and in fostering clear communication between the President, Secretary of Defense, Unified Commands, and Services. General Sims holds a Bachelor's Degree in Political Science from the United States Military Academy and a Master's degree in Management from Webster University. Our second guest is Colonel (Promotable) Paul T. Krattiger, a distinguished Armor Officer who has held various command and staff roles since his commissioning in 1997, including leadership positions in the United States and in conflict zones abroad. Currently, he serves as the Deputy Commanding Officer for support at the First Armored Division at Fort Bliss, following a tenure as Chief of Staff of the 1st Infantry Division. Our third guest, Dr. Amy Adler is a senior scientist for the Center for Military Psychiatry in Neuroscience at the Walter Reed Army Institute of Research. She has written more than 200

articles and chapters and edited seven books. Dr. Adler's Research has focused on early fielded, emotion regulated techniques in high stakes environments. General Sims, Colonel Krattiger, and Dr. Adler, thank you so much for joining us today. General Sims. Sir, we will start with you.

LTG Douglas Sim...: [00:03:08](#) Hi, everybody. First of all, I really appreciate being here and having the opportunity to talk to you. I also appreciate the fact that I get to see a couple of partners in crime, with Colonel Krattiger and with Amy. I did notice that Colonel Krattiger was referred to as a distinguished Armor Officer, so I wrote that down for a future note. Again, I appreciate the chance to be here. It is a little weird to do these, by the way. I can't see anybody's face, so I don't know if my jokes work or if they don't work. Most of the time I am joking.

LTG Douglas Sim...: [00:03:53](#) The topic of wellness checks is something that's really personal to me. I would tell you, it goes back some time. I'll try to abbreviate just what is typically a longer story into a couple of moments. When I was a Major, I came back from my first deployment to Iraq, which was a fairly difficult deployment. And I went to SOCOM in Florida. I lived across the street from two extraordinary neighbors, one of whom was a professor at the University of South Florida who concentrated on post-traumatic stress. And she and I would have conversations all the time about what PTSD was. I would say to her that if I come into a room and someone is standing next to me, and we come back and both have a different reaction to that, if it's an impactful or stressful thing, I think that's weakness.

LTG Douglas Sim...: [00:04:46](#) I said, I think it's all about strength or weakness. And she would invariably tell me I was an idiot, and we would move on in our conversation. I had that same conversation with her for about three years. So I went on my next deployment as a Battalion Commander to Afghanistan. Again, a tough deployment, not as tough as some, tougher than others. I came back from that deployment after a year in Afghanistan, and I went to MIT for a War College Senior Service Fellowship. And I was literally in the exact opposite place from where I had recently been. I was in Cambridge, Massachusetts, which was on the opposite end of the spectrum from Kandahar, Afghanistan. Over the course of the first several months, I didn't react very well to being there.

LTG Douglas Sim...: [00:05:34](#) I was irritated. I was short in terms of conversation. Then once while my daughter was at a swim practice, I made a comment to my wife about something, and she asked me if I was okay. I asked her why, and she said, "well, the way you just said what you said was a little off. You're six months post-deployment.

This is typically when you might start to see some sort of reaction, and maybe there's something you want to talk to somebody about." And I immediately said, no, I don't need to talk to anybody. In my head I was having those conversations with Nadine across the street, again, about strength and weakness.

LTG Douglas Sim...: [00:06:23](#)

The next week I took the Army's post-deployment health reassessment online. It's the one that we all check "no" on all the way through so we can be done with it. This time, I actually read all the questions, and I found that some of them applied to me. One week later I'm having dinner with a friend of mine who had also commanded a Battalion at the same time I did. We were talking about this, and he said, "I went and saw somebody." That took me by surprise: I thought to myself, wow, here's this guy that I've been close with since I was at school, who also commanded an Infantry Battalion, and he went and talked to somebody.

LTG Douglas Sim...: [00:07:12](#)

The long story short is that in the end, I recognized that I probably needed to talk to somebody. And so I did. And what I found was despite all these things I had going for me in life, the family I had, the educational background I had, support in general, spirituality; despite that, I was having some problems with adapting to this change in my life where I went from this group of men and women in a pretty stressful environment to one that was very different.

LTG Douglas Sim...: [00:08:03](#)

I hadn't reacted to that very well, and the anxiety had caught up with me. I started thinking back to those conversations with Nadine, and I recognized that if I've got all these positive things in my life, but I'm having problems, then why wouldn't a young Staff Sergeant who may not have the same things, or a Captain who may not have all these same things; why wouldn't they have some sort of reaction? I was encouraged to research it and write about it. And then I went into Brigade Command with a completely different view of what I might have had I not experienced that. As a part of the overall wellness program that we tried to implement at the 2nd Cavalry Regiment, one of those pieces was this thought that we are all going to talk to somebody.

LTG Douglas Sim...: [00:08:56](#)

As the commander, I was going to take the option out of it. What I meant by that was that the Army does a nice job of providing care to people and providing access to care to people, particularly when we fill out the Pre-deployment or Post-deployment Health assessment. When we do that, those boxes are still there for us to check. And invariably we check no,

because we don't want to be stopped when we get back and miss an opportunity to see our families or go back to the barracks. All of us get a chance to talk to a mental health professional at some point when we come home, and they say, "Hey, I looked, and I don't see any reason for you to need to talk to anybody."

LTG Douglas Sim...: [00:09:42](#)

Do you need to talk to anybody? And the answer to that is always no. I mean, maybe not always, but pretty close to always. No, because we recognize that it's going to stop us on our way to whatever we want to do at that point. What we tried to do at 2CR was to take that option away. We said that we're going to use Military Family Life counselors, and over the course of four months, every individual is going to sit down with a counselor for a minimum of 30 minutes.

LTG Douglas Sim...: [00:10:24](#)

I could not order that a Soldier, Officer, Non-commissioned Officer say anything during those 30 minutes, but I could order that their place of duty for 30 minutes would be in that room, and the room that just happens to have a professional counselor. I talked to the counselors personally and said, listen, for 30 minutes, they can't go anywhere. I would think in 30 minutes that a good counselor can get somebody to talk, right? You say, "Hey, anything on your mind?" And the individual says, "no," and they look at their watch, and you look at your watch, and you look back up and you say, "Okay, well, hey, we got 29 minutes and 45 seconds left. What do you think? I cannot believe that Ohtani may have anything to do with this gambling thing."

LTG Douglas Sim...: [00:11:12](#)

And the person looks up and says, "Are you kidding me? There's no way he had anything to do with it. The Dodgers are the greatest, they wouldn't hire anybody that wasn't." And pretty soon you go over the 30 minutes, and at the end of 45 minutes, the counselor would say, "Listen, I don't mean to cut you off, but I've got another appointment that's coming up." In the process of all that, the Soldiers would find that, "Oh my gosh, something's happened to me. I just talked about things, and I feel strangely good. I can't explain it. It can't be counseling, because that would be crazy." That's what we did at 2CR. It was generally very well received. When I went to the 1st Infantry Division a few years ago, I called a partner in crime, Amy Adler.

LTG Douglas Sim...: [00:12:01](#)

I called Amy, who had been with me at the 2nd Cavalry Regiment during that process, and I told her, "Hey, I want to do the same thing, but I want to do it on steroids." As a part of the Overall Wellness Program we instituted wellness checks at the 1st Infantry Division. We did that in very similar fashion. It was a

minimum of 30 minutes, and nobody could get out of it. Everybody had to go. The senior leaders, myself included, were the first ones to go.

LTG Douglas Sim...: [00:12:42](#) We scheduled it so you didn't march your Unit down there and have them go in so it was a check the block thing like you were going through SRP. You scheduled it, you made an appointment, you went down to a separate building that was not a part of any of our typical mental health areas. You went down there, and you sat down for 30 minutes with a counselor. And the program had a very similar reaction. The program was stronger though because we attempted to prepare people before they went down there.

LTG Douglas Sim...: [00:13:27](#) There were attempts to prepare the leaders before they sent people down, and then there were attempts to try to connect with people after they'd check with their leadership. It wasn't every case, but in the best cases a young man or young woman would know why he or she was going down to the wellness center to do that check, and that when they went in there they had prepared for it. They'd thought about the things in their life that may be causing stress. It was not meant to be a check to find out if somebody had mental health issues. That's not what it was meant for. It was meant for a 30-minute session that typically turned into an hour, quite honestly, where people could just talk about what was going on in their life.

LTG Douglas Sim...: [00:14:13](#) They could be a brand new Private and be able to say, "You know what? It's stressful here. Everybody wakes me up every morning at six o'clock. Typically, somebody's yelling about me being outside at 6:30. I go out there, they make me run and do all this stuff, and I don't like it. I come back, they tell me to be there at nine o'clock. I have to eat in like 30 minutes and then go back out to the motor pool, and then I have to pay for my iPhone." And those stresses are something they would potentially talk about all the way up to the old Two-Star General who's talking about having a daughter in college and the stresses that go with having a daughter on the other side of the country, et cetera, et cetera.

LTG Douglas Sim...: [00:14:57](#) You name it. It was meant to offer a chance to have somebody to talk to that wasn't in your chain of command and that had no contact back to your chain of command. The MFL allowed it, so there were no records. I know there was some consternation about that at times, but there were no records. The individual could sit down and know that the record of that conference wasn't going to be anything other than a check mark next to his name, that he or she had completed the wellness check, and

that they wouldn't have this following them if they were concerned that that would potentially impact their careers. Which, you know, we've largely determined that it doesn't impact their careers, but that they could alleviate themselves of that concern.

LTG Douglas Sim...: [00:15:40](#) That was largely what we tried to do at the 1st Infantry Division. By the time I left, I think we had done somewhere around 17,000 counseling sessions. Oh, and it was an annual requirement. You had to go and see the MFLC once a year. When we finished the first year, I remember everybody said to me, "Okay, what do we do now?" And I said, "We just keep going, we do it again." My second counseling appointment was better than my very first one because I knew what it was going to be like and because I was better prepared for it.

COL (P) Paul Kr...: [00:16:42](#) Are you done talking? Because at some point, just hearing your voice, I tuned it out, much like I did when I was your Chief of Staff. That was a joke as well. Hopefully that came across. Hey, my name's Paul Krattiger. I'm the Deputy Commander for Support here at the 1st Armor Division, and I am honored to be able to talk about this topic of wellness checks. I think that General Sims did a phenomenal job of talking about what led him to this, so I'd like to talk about it from my perspective as well.

COL (P) Paul Kr...: [00:17:23](#) I can talk a little bit more about how we tracked it and some things along those lines. What I will tell you is that I think that wellness checks are a phenomenal thing for us to do for ourselves and for our Soldiers, but there is a leadership aspect of this you can't simply send them away and expect a Soldier or whoever to do the check and make the difference.

COL (P) Paul Kr...: [00:18:13](#) The difference comes in both before and after when the Leadership has the ability to engage those Soldiers once it's complete. So here's just a few of the things that I learned as a Brigade Commander about the wellness checks. Everybody participates, and we're going to find that no one's hiding. We create an environment where we all know that we're talking about our wellness. It's like the example of a dental exam. If you go to the dentist and you have to have something done, then when you sit at lunch and you talk to your friend you talk about going to the dentist and getting some work done, you had a root canal or your teeth were gunky. Everyone knows what you're talking about because they've gone and done the same. And that's what we wanted to do with wellness checks. When everyone goes, it becomes a sharing between Soldiers. We would see some people who didn't want to share, but there was

an understanding that we were all doing it. Just like General Sims said, it started at the top.

- COL (P) Paul Kr...: [00:19:38](#) Seeing that example the Soldiers came in and they were able to see that we were all going to do it, and that we could share as much or as little as we wanted to. I've been on a couple of tough deployments. I've done some things that caused me to not fully understand what the answers were. It was hard for me to try and figure those things out. What I did figure out was that I couldn't do it by myself. I sought counseling, and I found that when I could talk to somebody that wasn't directly involved or is, is not going to impact or influence my performance or the perception inside of what I'm doing, that it was really just liberating.
- COL (P) Paul Kr...: [00:20:29](#) I think those wellness checks did that for our Soldiers. I think it helped the understanding of Soldiers being able to have the confidentiality to have a conversation about whatever it is that they wanted to talk about. It's that liberating freedom that people have to be able to talk with someone that's not involved, that the wellness check gives. We received feedback from folks about how a Soldier was able to see through the stigma of getting help: once you're there in the room and can understand that it's all safe, it was pretty amazing.
- COL (P) Paul Kr...: [00:21:33](#) This depends on what the Soldier wants to discuss, but I think once you get that Soldier in there and they understand the intent of the check, that Soldier understands that there are more opportunities, there are more resources, and there is a leader somewhere that is trying to help that Soldier get better. In the same respect, I think what we saw a lot of leaders think of what are the type of questions that they could ask their Soldiers to just be better counselors to them.
- COL (P) Paul Kr...: [00:22:27](#) I think that it was excellent, especially for a younger group of leaders as they are trying to determine how to become better leaders. Counseling is so much a part of that. I think that we saw a transition in the leadership about the wellness check. Initially there were some people that really dismissed it. There were people that absolutely said that this was BS and all sorts of different things. But the majority of the feedback, once people came back out of it, was very positive, and once everyone was on the same sheet of music about the wellness checks, the leadership was really able to compound the effects of the checks.
- COL (P) Paul Kr...: [00:23:15](#) Like General Sims said, the first time was good, the second time was great, and the third time was even better. And then, we

had other Soldiers, and other Junior Leaders who were able to prepare their peers for the checks, and so that just helped to compound the effects across the board as well.

- COL (P) Paul Kr...: [00:24:01](#) There are people that will say that you will have different levels of a counselor, and some are really good and some aren't. As you continue through this process, you have leaders from the outside that can help guide that counselor. Maybe you even guide the whole counseling session because that counselor isn't as familiar or is not doing what you need them to do. I think that it is exponential, the compounding of the ability for what you can do inside of a wellness check with multiple appointments.
- COL (P) Paul Kr...: [00:24:53](#) As far as tracking it, well that can be tricky. I served as the Chief of Staff after I was a Brigade Commander, and I struggled with most things. Just trying to figure out how to make sure that everyone understands the purpose and importance of these checks, and figuring out how we can get folks in there between all the training calendars, deployments, and all sorts of different things. You have to be very meticulous in how you track. We messed it up several times.
- COL (P) Paul Kr...: [00:25:41](#) What I began to see was that a Soldier became very quick to say, "I didn't get mine, and I want it," when they'd had one, and they wanted another one, or they had heard about it from their peers.
- Dr. Amy Adler: [00:26:16](#) I'm so glad to be presenting with both of you guys because you were the leaders at the time and the people who created this whole opportunity. I really appreciate the fact that General Sims asked me to come in and help evaluate the project. What I'm going to do now is just provide some results based on our evaluations.
- Dr. Amy Adler: [00:27:02](#) I'm going to be talking about wellness checks as were just described. To reiterate a couple of things: first, they were mandatory annual sessions. All ranks were required to participate, including General Sims. By year two of the program, they were scheduled by birth month. That helped make sure that everybody was having their checks: not just people who might have been available that particular month. The checks were conducted by a Military and Family Life Counselor. The results you're going to see are based on that particular compilation, but there may be other people who could potentially do this.

Dr. Amy Adler: [00:27:57](#) There was no script or particular assessment that was being conducted, and I think that's really important because the word "check" can sound like a checkup, like there would be a list of questions that were being asked, and that's not the case. There was no script that the counselor was following, and it was just an opportunity for an individual to talk about topics that mattered to them. It was driven by the individual, and it did not go in the medical record. As was mentioned earlier, the formal goals of the program were that it would introduce Soldiers to counseling and the counseling process, and then also to provide skills that would potentially increase resilience. It wasn't a deficit model, but the sessions that would meet people where they were at. If they were having trouble, it would address those troubles, and if they were doing well, but wanted to improve, it would address that as well. The results of the program evaluation have been published in Psychological Services last year, and they are publicly available. I will just highlight some key points from that publication. The assessment was anonymous and cross-sectional.

Dr. Amy Adler: [00:29:30](#) We weren't able to track anyone across time because it was anonymous, and it was across the entire Division. The data I'm going to be presenting today is just based on those individuals who provided consent, which was about three quarters of the people who completed the survey. The data was from both March and June of 2022, and about 75% of the Soldiers who participated in the survey had completed a wellness check. The first set of results are just about perceptions of the wellness checks: what did the Soldiers think of it? We asked them a couple of questions. First, we were curious if they were going to take it seriously, and you can see that an overwhelming majority reported that they did in fact take it seriously.

Dr. Amy Adler: [00:30:21](#) Many of them received information from the MFLC about other resources. About two-thirds of responders said they felt listened to. We put this question in there based on qualitative data that we had obtained from earlier waves of evaluation. This was clearly important for them, and you'll see that later. A lot of Soldiers felt like they were listened to and they saw the value of mental health. More than half said it was good to get things off their chest during the wellness check. And the phrase "get things off their chest" was actually created as a survey item because so many Soldiers had written it into a previous version of the survey that that was something that they had experienced. Many of them thought had said that they used skills that they learned through the wellness check, and they thought about things differently as a result.

Dr. Amy Adler: [00:31:11](#) Again, there were two primary goals for this program. One was to introduce Soldiers to counseling, and the other was to boost resilience. It's not a randomized trial, but we did compare those who reported receiving a wellness check to those who did not, and then we ran an analysis controlling for a whole host of potential variables that could be explaining differences. By controlling for them we can have more confidence that the differences we are seeing between the two groups are meaningful differences. We control for rank, age, education, time in the unit, and trait negative affect, which is basically like being a cranky person, somebody who's distressed or afraid, upset, nervous, or scared as part of just how they are in life.

Dr. Amy Adler: [00:32:03](#) That's not going to be influencing any differences that we observe. You can see here where this is just an illustration of one of the subgroups, but the pattern is the same for all regardless of rank; that those who had a wellness check were more likely to be willing to seek care. In terms of resilience, those who had a wellness check reported higher levels of resilience or the ability to bounce back after hard times. In this particular example, we found similar patterns of results when asking about stigma-related concerns and about flourishing or finding purpose in life, also around mental readiness when it comes to combat deployments. There were a whole bunch of analyses that demonstrated consistently that there seemed to be a positive association with having a wellness check.

Dr. Amy Adler: [00:32:56](#) Then we thought about how these wellness checks might be optimized. What are some variables that we want to consider for making them even more helpful? So first we just asked Soldiers about the quality of the wellness checks. We asked them if the MFLC seemed to care about them, if they paid attention, if they got to talk about what they wanted to talk about. You can see overwhelmingly that Soldiers said this did happen. Also, you can see it didn't happen 100%, so there's room for improvement, and that's something that can be fed back to the people running the wellness checks. About 73% of Soldiers reported that the MFLC tailored the wellness check sessions to their own concerns, which turns out to be a pretty important and helpful thing to consider.

Dr. Amy Adler: [00:33:49](#) In what ways did this session get tailored? We had thousands of Soldiers write in what they experienced during the wellness check. Some of them said nothing, but the vast majority of them wrote about a very specific example of things that they had taken with them as a result of the wellness check. Keep in mind that for some people, that wellness check had occurred six months earlier, and we're talking about a 30 to 60 minute

experience. But yet they specifically remembered something that they took with them following the wellness checks. We categorized the experiences into four different groups. The first one is emotion regulation techniques.

- Dr. Amy Adler: [00:34:37](#) That's things about like managing anger or anxiety. Particular breathing techniques, for example. The next set of topics that Soldiers reported covering were things related to health fundamentals: nutrition, exercise, and a lot on sleep. There was a lot of interest that Soldiers had in optimizing their sleep. There were also a lot of Soldiers who wrote about the fact that the wellness check addressed their outlook on life. Some of them wrote that, "I was being overly self-critical, and I learned to lighten up on myself." Others wrote about the need for self-reflection and engaging in journaling, or just being more generally optimistic. Finally, some of the respondents wrote that it really impacted their leadership: they learned communication skills, they learned about time management, and they also learned about resources that are available for their own Soldiers because now they'd experienced what talking to an MFLC was actually like.
- Dr. Amy Adler: [00:35:35](#) Those Soldiers who said that the session was tailored to meet their needs were vastly more likely to report using the skills that they learned during wellness checks. Of course, this shouldn't be a total surprise, but it's really nice to see this kind of very strong relationship. We also asked how long the wellness checks took.
- Dr. Amy Adler: [00:36:23](#) As a reminder, it was supposed to take 30 to 60 minutes, and most of the Soldiers said that that's about how long it took. But 23% said it took less than 30 minutes, and it turns out that wasn't a good sign because Soldiers who said that they had a short wellness check were less likely to report it being helpful in their professional and personal lives, and were less likely to see the value of mental health counseling. If they had the wellness check for at least 30 minutes, then they were much more likely to report that it was helpful. That's another way to optimize and make sure nobody's rushing through it as a check-the-box activity.
- Dr. Amy Adler: [00:37:31](#) Then we asked about leaders: does your immediate supervisor do these things? There are a good number of Soldiers saying that their immediate supervisor was doing this. You also can see from these numbers that there is plenty of room for improvement. Then we took these four items, we added them together, and we created a scale of leadership support. Does this matter in terms of the way in which the wellness checks are

being perceived? What happened was those Soldiers who said their leaders were very encouraging regarding the wellness checks were way more likely to report that the wellness check was useful in their professional life and their personal life, and they saw the value of mental health counseling.

Dr. Amy Adler: [00:38:23](#)

I do want to point out this particular analysis controlled for all the covariates we've talked about, but also controlled for just generally being a good leader. We asked Soldiers, is your immediate supervisor effective? Are they a high quality leader, and then we controlled for that. It's not enough to just be a good leader. You want to be a good leader and engage in these very specific behaviors that help Soldiers maximize the opportunity that comes with having a wellness check. In terms of whether or not the Wellness Check was useful in helping demystify the concept of counseling, I would say that it was very successful.

Dr. Amy Adler: [00:39:13](#)

The other goal was to boost resilience, and that was also demonstrated. That's part of what we've published in that manuscript that I showed earlier. We also learned there are ways to tailor the whole experience to make it even better. When the strategies are personalized for the individual, when leaders are engaged, and when it's not rushed, then Soldiers report having a more positive impact as a result. I do want to highlight the fact that a lot of the time in Army training related to resilient skills, there is a bit of a one size fits all approach, and that's understandable given the scale that the Army requires when programs are rolled out. But the wellness check, because it's individual, allows Soldiers to tailor the experience to themselves and the MFLCs can meet the Soldiers where they're at.

Dr. Amy Adler: [00:40:07](#)

It takes a skilled individual to be able to do that, but the MFLCs are PhD level professionals, and they're equipped to do that. There are also ways to support the MFLCs and keep them on track, and even raise the bar a little bit for them. We've put together a quick guide where we summarized the findings of the study and reminded them of things to pay attention to so that Soldiers can continue to feel listened to and continue to feel like it's a worthwhile opportunity. I want to thank the leadership team from the 1st Infantry Division and the research team you can see on this slide, and then also if you're interested in the, in the Quick Guides, they're on the WRAIR website. We did one for the MFLCs, we did one for Soldiers, and we did one for leaders so that people were all on the same sheet of music when it comes to wellness checks.

Lytaria Walker: [00:41:26](#) Thank you, Dr. Adler, General Sims, Colonel Krattiger for the presentation this morning. We will now take a few questions from the audience. If you would like to ask a question at this time, please type your question in the Q&A box and we will read them aloud. There will be a short delay before the first question is announced. I see a question here from Mr. Jim Lynch: "Have you seen any positive results in trends of actual indicators of a resilient force? Specifically, did rates of suicide attempts or ideation go down, lower instances of domestic violence, child abuse, fewer SHARP incidents, increased or decreased mental health professional appointments?"

LTG Douglas Sim...: [00:42:34](#) I wish I could provide you with specific data, I just don't have that at my fingertips. The short answer is yes. I'll give you one anecdote. When I left command, I was trying not to keep track, but there were 11 months in between suicides at Fort Riley: seven months before I left, and another four months after. You can't correlate that to this wellness check program, but I would tell you that it's hard to prove a negative. We had a similar experience at the 2nd Cavalry Regiment, and again, you can't prove a negative, though I know a lot of factors go into it as well.

LTG Douglas Sim...: [00:43:28](#) I would offer this comment too that wellness checks and our wellness program were not designed as a suicide prevention program. They were not designed to get after SHARP incidents. They weren't designed to get after domestic assault incidents. They were designed to increase the level of thriving that a person has in their life. Dr. Adler pointed out the thriving percentage. The thought with that is that if things are going well in your life, the likelihood of you doing something that is not positive is much less.

COL (P) Paul Kr...: [00:44:30](#) I don't have the data; maybe Amy does. I do remember that in my first year of Brigade Command we had five suicides and none in the second year. This was not to be a prevention tool, but it was something that brought people together. It allowed them to talk, and when we started talking about thriving and what we are living for I think that that was a game changer. This is not a program that is focused on the 10% who have a problem. This is a program that is focused on the 100%.

Dr. Amy Adler: [00:46:08](#) I'll say that from the evaluation piece I did, we didn't have that as an outcome because this was self-report. I was interested in the fact that when we created an item that said, "How mentally ready are you for combat?" Soldiers who had a wellness check controlling for all the typical things reported being more mentally ready. They didn't report being more physically ready,

which was a good sign for me that they were taking the survey seriously, because we wouldn't have expected necessarily to see differences in physical readiness, but the fact that they said they were more mentally ready was useful. I think that in case of the outcomes that the question encompasses, this is such an upstream intervention for everybody that it's going to be very hard to see a link between these other kinds of outcomes which, from a statistical standpoint, are relatively low frequency events.

Lytaria Walker: [00:47:16](#)

Our next question is from Corey Van Slaton. "What about informal and regular wellness checks from leaders to subordinates that foster a culture of help seeking and connectedness?"

LTG Douglas Sim...: [00:47:35](#)

I would offer that anytime a leader engages with their subordinate that's a positive thing. I had a senior leader talk to me about wellness checks, and they said to me, "You know, I didn't need this in my career." I responded that I hadn't needed it in my career either until I had a blip where I needed to talk to somebody personally. I said that to this pretty senior leader that, "It's interesting because I don't think that we're very good as a control group. The fact is that the two of us are pretty senior leaders in the Army right now, which I think is indicative of the fact that we've had people who have invested in us throughout our careers."

LTG Douglas Sim...: [00:48:26](#)

When I was a 2nd Lieutenant, I had a Company Commander who was very concerned that I grew professionally and personally, and I inherited people like that throughout my career, as did this individual. I think that's not always the case. If we create an opportunity where we can enhance what leaders are doing through wellness checks, I think that's great. Any time a leader is engaging with his or her subordinates, I think we are in much better space as an Army.

Dr. Amy Adler: [00:49:07](#)

I'd like to reinforce the idea that the wellness check isn't a substitute for leadership. This doesn't mean that the leader doesn't have to worry about all the normal leadership things. It's a supplement and an additional way to provide support for Service members.

Lytaria Walker: [00:49:39](#)

Thank you for those answers. Our next question is from Brian Crandall: "I'm concerned about the potential increase in demand for follow-up for a limited resource and how that is or was handled. That is, it seems this reduced stigma in help seeking, which then increases demand for a limited resource that might not be available."

- Dr. Amy Adler: [00:50:02](#) I'm so glad, Brian, that you asked that question to give us a chance to clarify. Of course there is concern, since it's a limited resource, if there's a lot of referrals generated by this program that potentially that could further strain the behavioral health system. It's partly why General Sims didn't want any behavioral health officer to be involved in actually conducting the wellness checks because there was already a strain on that system. Interestingly, there's no evidence that it increased the strain. We actually asked the hospital to look at it because they were concerned as well, but they said that there was no increase. I think part of that could be that the resources the MFLCs were talking about were a whole range of resources. It wasn't just reflexively telling a certain subgroup to go seek professional help, but it might've been to seek out financial counseling or some other kind of Army OneSource option. It was more nuanced and luckily did not result in any big wave of increased demand.
- LTG Douglas Sim...: [00:51:17](#) As Amy mentioned, we didn't use Behavioral Health Counselors because they're already pretty busy. We didn't use chaplains either, which quite honestly caused some angst with my chaplains because they're also trained in counseling. What I told my chaplains was that I wanted them to be able to concentrate on their units. I wanted them to spend time in their battalions to be able to do the day-to-day counseling sessions that happen all the time. I didn't want to pull them out of their battalions to do wellness checks.
- LTG Douglas Sim...: [00:52:02](#) In some ways this helps us triage people. If I come to work and I have some angst associated with getting up at six o'clock in the morning and paying for my iPhone, and that stress is causing me significant issues to the point where I just say, "You know what? It's not worth it." We invariably take that young man or young woman and we race them to Behavioral Health, which may be necessary, but in some cases, it's like someone turning their ankle at PT in the morning and us taking them straight to the orthopedic surgeon. There are some other people along the way that might be able to assist in triaging and determining, "Hey, it's just a young kid that he's got some stress in his life, but he's not thinking about hurting himself."
- LTG Douglas Sim...: [00:52:48](#) We're able to use some of the people in between. I think the wellness checks offered some sort of triage in many of those cases to be able to say, "Hey, that's super stressful. I see what you're thinking about. Let's talk about some ways that we can help alleviate some of that stress."

COL (P) Paul Kr...: [00:53:25](#) We're training Soldiers and everybody at all levels. I asked my Behavioral Health Officer to break down what his visits look like. It was right around 75% of the people that Behavioral Health sees do not need to be seen at that point in time. The wellness checks helped people see that there are other places and other ways to better understand what's going on in your life and seek some assistance.

Lytaria Walker: [00:55:17](#) Thank you for those answers. Justin Valdez says: "Does the data show a statistically significant difference between different generations and their levels of mental health?"

Dr. Amy Adler: [00:55:36](#) I will say two things here. First, in general, younger Soldiers are more at risk for mental health concerns. That's just across the board, not specific to the 1st Infantry Division or the wellness check project. In terms of the wellness check project, we controlled for rank, which is a proxy for age. The effects we're seeing then are still significant, even taking that into account, which means it's still showing benefit for people regardless of rank group. Officers are reporting that it was helpful in their professional life as were NCOs and Junior Enlisted, but in general, Junior Enlisted Soldiers are the most at-risk for mental health concerns. That doesn't mean the other groups don't have concerns, it's just a statistical proportion that's different.

Lytaria Walker: [00:57:00](#) Roger Taylor asked: "What products are out there that we can use to help disseminate this information to all units?"

Dr. Amy Adler: [00:57:16](#) DPRR is in the process of working on supporting this across other groups. I've also been approached by individual organizations, for example, there was a unit out in Korea that wanted to institute this, and I sent them all the quick guides that I showed you on the last slide. If you go to the WRAIR website, you can see the quick guides that help explain more details about this and have some of the highlights of the findings that I presented today. There are individual efforts in various units that have tried to stand this up and have been successful in doing so.

LTG Douglas Sim...: [00:58:10](#) I'd like to give a big shout out to Amy's products. I thought the products were very helpful because it allowed you to create standardization. I also want to take this opportunity for 30 seconds to tell you that if we're honest with ourselves, I was very selfish with this program. This was all about winning in combat. Don't think for a second that it is not about winning in combat. That's what we are paid to do. It just so happens that if we are the best versions of ourselves, we are better teams, and we're better at everything we do, from firing a tank to air

defense. This is what I know from for a fact, and it's not in any of the statistics. You cannot get worse by doing this, you can only get better.

Lytaria Walker:

[00:59:25](#)

Thank you sir. Unfortunately, we have run out of time, and we'll need to conclude today's webinar. I want to extend a gracious thank you to General Sims, Colonel Krattiger and Dr. Adler for taking the time to today to provide this great presentation. For our listeners, thank you listeners for joining today's webinar. Once the webinar concludes, you will be prompted to complete a survey. We appreciate your feedback as this helps us to improve upon future webinars. If you'd like to receive invitations for DPRR webinars and receive the latest news and information from the Director of Prevention, Resilience, and Readiness, please go to DPRR's website at armyresilience.army.mil and sign up for notifications there. Again, thank you for joining us and have a wonderful rest of your day.