



GOING FORWARD

Implications for Post-Combat Military Leadership

USC Social Work
*Center for Innovation and Research
on Veterans & Military Families*

“All leaders lead by example ... whether they intend to or not.”

~ Unknown

In memory of our dear friend Steve Robinson, who advocated for compassionate leadership and competent psychological care for those experiencing combat-related challenges

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Implications for Post-Combat Military Leadership

by
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After 13 years of wars in Afghanistan and Iraq, much of the current focus has been on the veteran's transition home. We need go no further than popular media to learn about the profound impact war has had on our military service members, not to mention the volumes written by historians dating back to the Civil War describing the long-lasting effects of combat on soldiers, units and communities. Such topics as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and suicide capture today's headlines. Far too little, however, has been written or understood about soldiers' daily living in a post-combat garrison—the time when they are not actively deployed to the front line, but have not yet transitioned home, either—including how combat soldiers relate to one another, their unit leadership and their community after coming home from war.

This critical time presents unique short- and long-term challenges and opportunities, and therefore, post-combat garrison leadership should merit some thought. What should military leaders know about their subordi-

nates and themselves to effectively lead in a post-combat garrison? Is understanding post-combat garrison culture essential for leaders? What leadership training is needed to support post-combat leaders? The answers to these questions can be confounding, but must not be ignored or discounted. Post-combat leadership is as important as combat leadership because the leaders of today directly impact the sustainment of our prodigious all-volunteer military force of tomorrow. This leadership has the potential to mitigate some of the adverse effects of combat.

In 1984, Larry Ingraham shed light on the hidden world of the mid-1970s post-Vietnam Army garrison in his book *Boys in the Barracks*. Ingraham's thesis did not intend to indict the Army, but rather look deeper into the post-combat garrison to generate a discussion with Army leadership on policies that could prevent and mitigate the deleterious behaviors of soldiers and their leaders on unit functioning. His study revealed such unit behaviors as the absence of leadership, rampant drug use, excessive drinking, bore-

dom, thrill-seeking and negative affiliations. As Ingraham learned more than 30 years ago, military leadership must be proactive in planning for not only the treatment of the psychological impact of combat, but the cognitive, behavioral and social behaviors related to the transition from combat to peacetime garrison. Ingraham said “it was more about the barracks, than about the boys.” In other words, the military unit’s culture (*the visible and invisible—what is said and not said*) was primary to addressing the complicated nature of soldiers’ post-combat garrison life.

THE VISIBLE AND INVISIBLE

Nearly 1 million service members have been diagnosed with a mental health disorder since 2001 with almost half of these members experiencing multiple disorders. These veterans suffer from PTSD, TBI, depression and substance misuse or abuse (IOM, 2013), not to mention the less discussed challenges of anxiety, chronic pain, anger, isolation, misconduct, risk-taking, divorce, occupational problems, boredom, difficulty finding meaning and purpose, and a host of other daily stressors that service members navigate as they reintegrate back to garrison life.

Combat veterans are frustrated with mundane peacetime garrison activities, like pulling weeds from between rocks, handing out towels at the garrison gym, and cleaning already-clean equipment just to occupy duty time. This frustration with the mundane is further exacerbated when juxtaposed with their recent intense combat deployment experiences where their mission had “real purpose and meaning.”

Aside from the daily personal challenges for service members, although progress has been made, there continues to be organiza-

tional factors that impact service members’ transitions related to their psychological health, such as mental health care stigma, significant gaps in the continuum of care for psychological health and the fact that the military system does not have enough resources to adequately support their psychological health. Recently, a number of steps have been proposed through a 2013 Presidential Executive Order to help service members, veterans and their families overcome some of these organizational factors impeding access to the mental health services and supports they need. These steps included:

- Enhancing access to mental health care by building partnerships between the Department of Defense, Veterans Affairs (VA) and community providers;
- Strengthening suicide prevention efforts across the force and in veteran communities; and
- Promoting mental health research and development of more effective treatment methodologies.

While the above actions are commendable, innovation is needed at the unit level to enable these supports to be utilized by service members. Leaders’ values and behaviors at the small unit level still do not reflect the larger shift in military culture that the senior leadership is trying to achieve by supporting mental health for their subordinates. Simply stated, there is an incongruence between the values and behaviors of senior leaders and junior leaders. It seems obvious, based on what is known, that more is needed at the unit level to address the organizational problems facing our unit leaders struggling to address the needs of service members transitioning to a post-combat garrison. For example, rather than simply modifying existing suicide awareness

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training approaches or developing new programs, one might want to look below the unit’s surface to address the discrepancy between what is said and what is done at the next level of leadership.

WHAT IS SAID AND DONE

As stated by retired Army Lt. Gen. David W. Barno, “... the most important challenge facing the Army [post combat] is not about finances, logistics, or public opinion, but about culture—its own” (Barno, 2014). Edgar Schein, professor emeritus at the MIT Sloan School of Management, noted, “if culture is like personality or character, then it matters in the sense to what extent is the culture adaptive to both the external and internal realities. If it’s not adaptive, it matters a lot. So culture really only matters when there is a problem” (Schein, 2006).

Based on recent research, our military has a mental health problem and service members continue to struggle with post-combat garrison behaviors, which impacts organizational effectiveness. If our military leaders are aware of these mental health and transition challenges, but remain in denial, can we rely on them to address the problem? Current leaders who have led in combat are susceptible to many of the same mental health challenges faced by their subordinates. Are these leaders getting the support they need? It might be possible that these leaders are unable to recognize mental health symptoms in their subordinates because the symptoms resemble too closely

their own struggles. The flip side, however, could also hold true. If leaders themselves believe they are coping well with post-combat challenges, then all of their subordinates should be coping well, too. And, if not, are these leaders consciously or unconsciously perpetuating mental health stigma, judging the service member as weak or lacking character, or perhaps not supporting help-seeking behaviors?

What about after-duty hours? Are leaders aware of what goes on after duty hours with their subordinates? Is it easier to just ignore the soldiers’ behaviors or conditions? Have combat experiences recalibrated what matters and doesn’t matter in garrison? As long as they are doing their job, should leaders be concerned about their off-duty behaviors, unless, of course, it’s in violation of military law?

It can be uncomfortable and maybe even embarrassing for the leader to address a subordinate with psychological challenges. Leading is not easy, particularly when filled with interpersonal conversations that require considerable training and experience in personnel management. Taking this issue even further, what about leaders without combat experience? Will they have credibility with their combat subordinates? Can new leaders without combat experience effectively lead combat veterans? There are many questions and many challenges ahead as military leadership tackles this combat-impacted military.

WHAT DOES THE LEADER NEED?

While we all recognize that leaders are not mental health counselors, we can all agree leaders play an important role in how behavioral health issues are managed in the unit (i.e., what is said vs. what is done). Leaders may not know the impact they can have on the health and well-being of their subordinates. Leadership has certainly been extended to the point where it has been shown to influence organizational effectiveness, subordinate morale and satisfaction, platoon cohesion, platoon potency, and subordinate well-being.

Thereby, leadership style under stable conditions predicts performance under unstable conditions, showing that leader style impacts performance of subordinates on various dimensions of military proficiency, and that leader style similarly influences follower capacity in terms of self-efficacy, effort, team orientation and independent thinking. What leaders pay attention to, measure, and control is what is noticed by subordinates. What they believe, what they say, and the actions they take set the tone for that organization. Behaviorally disengaged leaders, even if well-intentioned, end up practicing destructive laissez-faire leadership. In contrast, visible, connected, and thoughtful leaders send a different message by example and through personal interactions.

A leader who connects using a relational orientation where the leader has a professional but personalized relationship with the subordinate is more likely to connect at a very important human level. This type of leadership provides a human connection that certainly does not speak to every need of the subordinate, but offers a relationship that recognizes and appreciates their uniqueness, including developmental needs, coping styles and preferences for help. In

essence, this leader communicates “I see you,” in terms of benevolent and accountable attention and recognition.

The more experienced leader knows that post-garrison leadership includes multiple therapeutic elements that can minimize the stressful impacts of combat and combat-related experiences. As a coping role-model demonstrating authenticity and transparency, an optimistic sense-maker who explicitly talks about experiences, meaning, and vision, and a human connection, the leader can bring a sense of cohesiveness to the subordinate’s individual psychological experience as well as to the unit (Bass, 1996).

So, can a leader be trained to be more self-aware, insightful and caring? Can a leader truly develop the capacity to support others experiencing mental health and post-combat challenges while dealing with their own similar challenges? Is this type of leadership style more personality than capacity? Can someone be trained through a seminar or should it be a training requirement for all military leaders at all levels of professional development? These are all tough questions to address, yet their answers are critical if the power of leadership is to be leveraged to mitigate the adverse effects of post-combat behaviors in garrison.

How a leader is trained and what constitutes success in the face of the many obstacles and social changes characterizing the post-combat garrison military is very complicated and will need thoughtful and continued discussion. It is clear that leadership as usual has been challenged and special training for leaders of today and tomorrow will be needed to address the unique needs of our post-combat military for years to come.

CONCLUSION

As programs, services and supports continue to roll out to meet the emerging needs of this post-combat military, all will be ineffective without an organizational culture and leadership that is adaptable, supportive and caring. Combat veterans need to feel connected to either people or places because they have had a breakdown in their familiar community living, a general shattering of their small combat cohort as a result of their combat experiences, leaving them to feel like strangers in their own community. For this reason, the main task for leaders is to create a sense of community within their squad, platoon or company—a place where the service member feels supported, understood and once again needed.

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