

Behavioral Health Leadership in a High-Risk Occupation

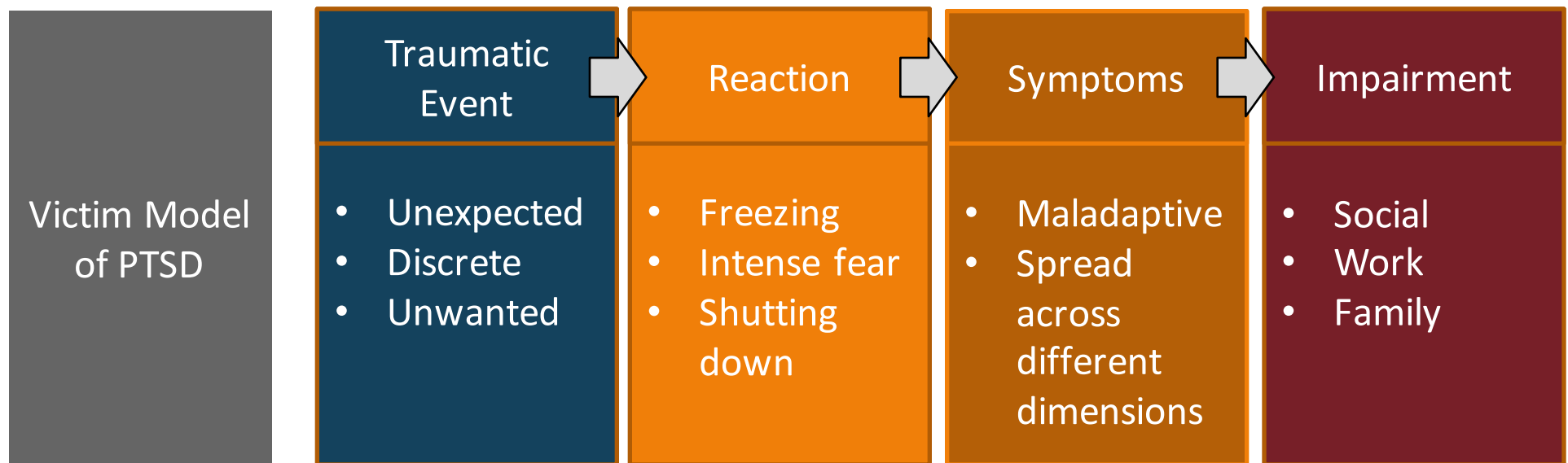
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Oregon Healthy Workforce Center
Portland State University
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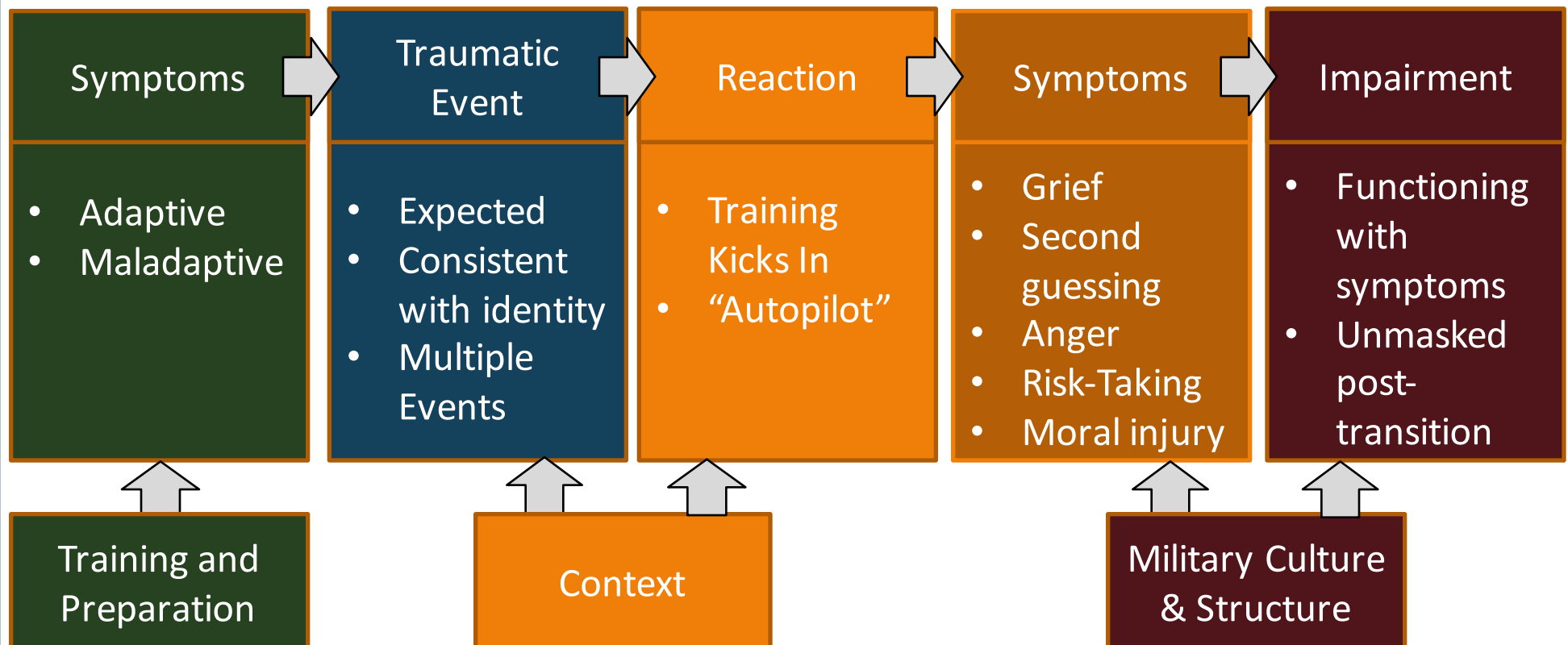
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PTSD



Source: Castro & Adler (2011) "Re-Conceptualizing PTSD" in Deployment Psychology

Occupational Health Model of PTSD



Source: Adapted from Castro & Adler (2011) "Re-Conceptualizing PTSD" in Deployment Psychology



Leadership

- Leadership correlated with better mental health
 - Civilian contexts (Kelloway & Barling, 2010)
 - Peacekeeping (Bliese & Halverson, 1998)
 - Combat (Jones et al., 2012)
- General leadership skills
 - Relevant in many situations (Bliese & Britt, 2001)
 - Span transactional and transformational behaviors (Bass, 1990).
- Limitations
 - Relatively “blunt instrument” for addressing specific challenges
 - Harder to teach (Barker, 1997; Gunia et al., 2015)

WRAIR General Leadership



	WRAIR Items
✓	Exhibits clear thinking and reasonable action under stress
✓	Tells soldiers when they have done a good job
✗	Tries to look good to higher-ups by assigning extra missions or details to soldiers
✗	Embarrasses soldiers in front of others

Source: WRAIR items: Bliese & Britt, 2001; Castro & McGurk, 2007

Domain-Specific Leadership

- Previous Research
 - Safety-specific leadership¹
 - Health-specific leadership²
 - Family-supportive leadership³

General Leadership



Domain-Specific
Leadership



Mental Health &
Well-Being

- Measures
 - Behaviors that can be observed
 - Referent varies depending on context

¹Source: Barling, Loughlin, & Kelloway (2002); ²Source: Gurt, Schwennen, & Elke (2011); ³Hammer et al. (2011)



- **Sleep leadership**
- **Combat Operational Stress Control (COSC) leadership**
- **Health-promoting leadership**
- **Resilience training leadership**
- **Emotion regulation leadership**
- **Post-traumatic growth leadership**

MILITARY MENTAL HEALTH (CH WARNER, SECTION EDITOR)

Behavioral Health Leadership: New Directions in Occupational Mental Health

Amy B. Adler • Kristin N. Saboe • James Anderson •
Maurice L. Sipos • Jeffrey L. Thomas

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Abstract The impact of stress on mental health in high-risk occupations may be mitigated by organizational factors such as leadership. Studies have documented the impact of general leadership skills on employee performance and mental health. Other researchers have begun examining specific leadership domains that address relevant organizational outcomes, such as safety climate leadership. One emerging approach focuses on domain-specific leadership behaviors that may moderate the impact of combat deployment on mental health. In a recent study, US soldiers deployed to Afghanistan rated leaders on behaviors promoting management of combat operational stress. When soldiers rated their leaders high on these behaviors, soldiers also reported better mental health and feeling more comfortable with the idea of seeking mental health treatment. These associations held even after controlling for overall leadership ratings. Operational stress leader behaviors also moderated the relationship between combat exposure and soldier health. Domain-specific leadership offers an important

step in identifying measures to moderate the impact of high-risk occupations on employee health.

Keywords Leadership • Deployment • Occupational health • Combat operational stress control • Afghanistan • Soldiers • PTSD • Anxiety • Depression • Care seeking

Introduction

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Mental Health Problems and Combat Deployment

For many service members, deployments are associated with an increase in mental health problems, including posttraumatic stress disorder (PTSD; [5]), depression [9], anxiety [5–7], and anger/aggression [7, 10, 11]. Other consequences include increased alcohol intake [12], relationship problems [13], unhealthy behaviors, risk-taking [14], and sleep problems [15, 16].

Rates of mental health problems are related to the extent of combat experiences [5, 6]. This effect is important particularly when determining prevalence rates for a population of deployed personnel. For example, in a prospective study of more than 50,000 military personnel who deployed to Iraq or

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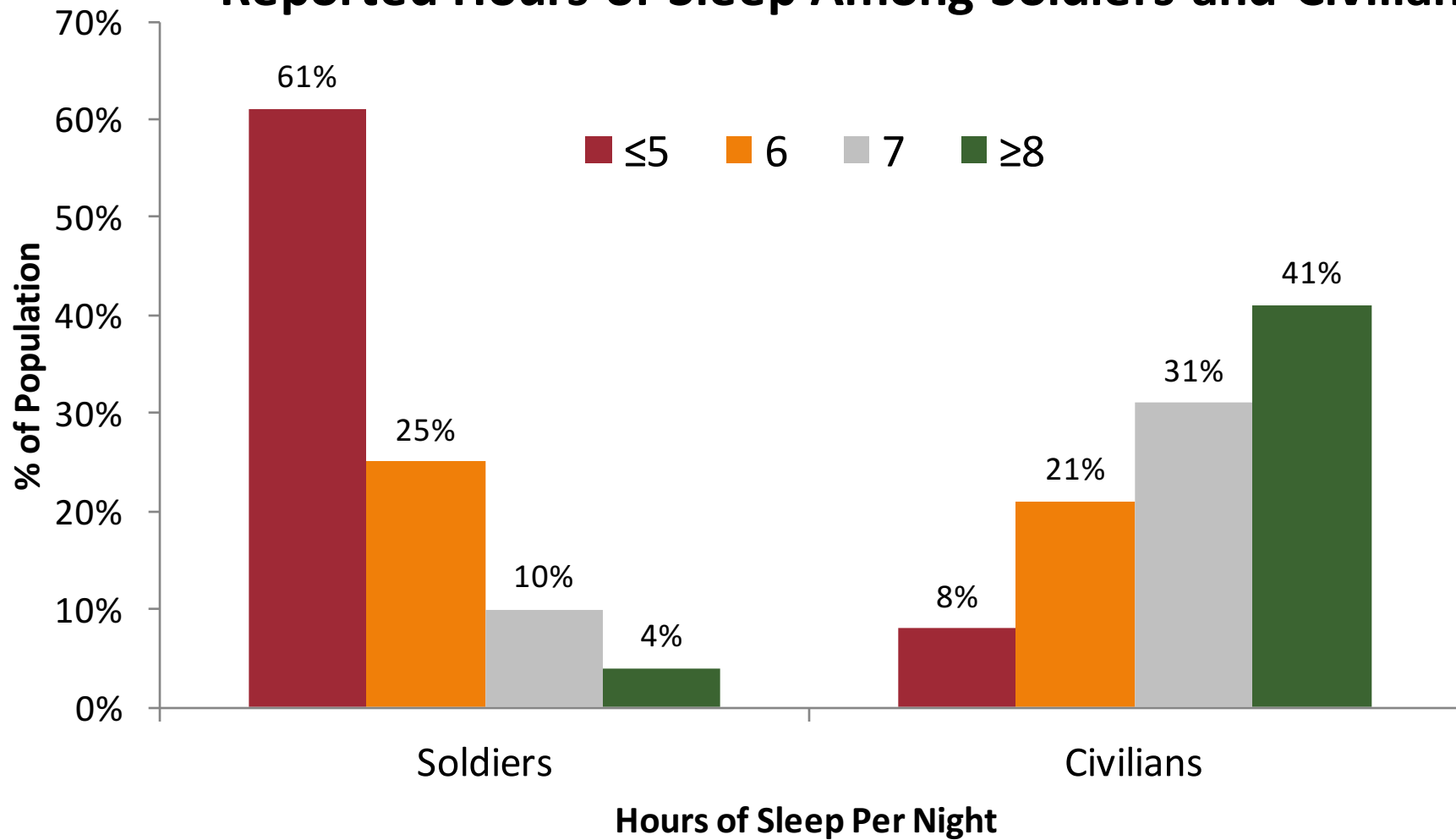
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Sleep Leadership



Sleep Hours

Reported Hours of Sleep Among Soldiers and Civilians





Sleep: Background

- High-risk occupations and sleep problems
 - 20-30% (Seelig et al., 2010)
 - 28.7-32.2% (J-MHAT-7)
- Sleep problems linked to
 - Performance problems (Wesensten et al., 2006)
 - Mistakes (LoPresti et al., in press; MHAT-9)
 - Affect dysregulation (van der Helm & Walker, 2012)
 - Mental health problems (Seelig et al., 2010; Wright et al., 2011)
 - Moral decision-making (Barnes et al., 2012)
 - Health risk behaviors (Luxton et al., 2011)

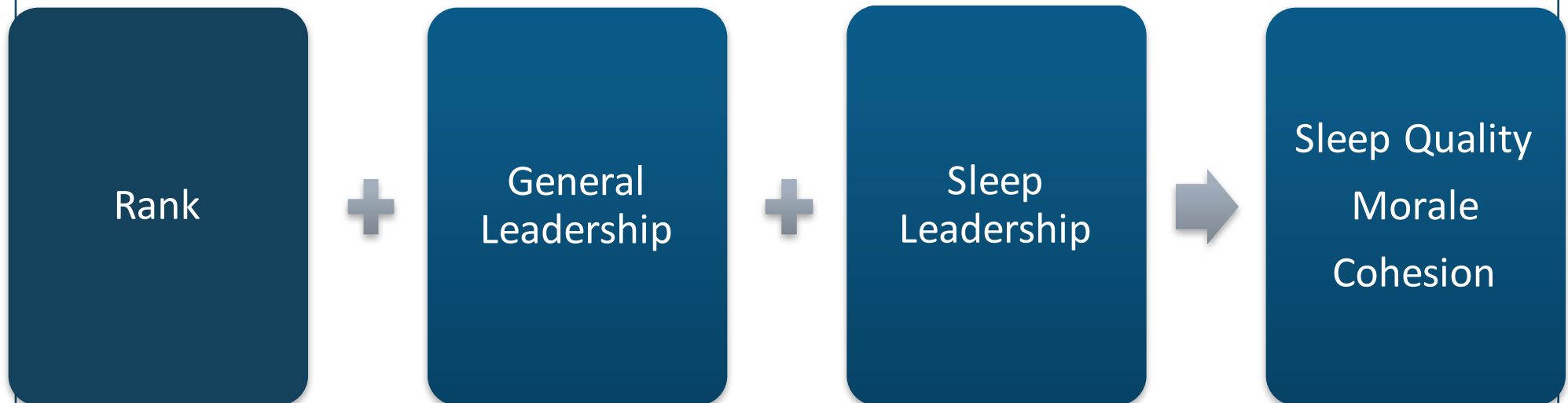


Sleep Leadership

	Immediate Leaders Often/Always
Consider sleep as an important planning factor	34.7%
Encourage Service Members to get extra sleep before missions that require long hours	34.6%
Encourage Service Members to try to go to sleep on time	29.8%
Encourages Service Members to get adequate sleep	25.6%
Work to ensure Service Members have a good sleep environment (quiet, dark, not too hot or cold)	23.6%
Support the appropriate use of prescription sleep medication	16.5%
Discourage the use of caffeine or nicotine within several hours before trying to go to sleep	14.1%
Encourage Soldiers to reduce sleep distractions by using earplugs, eye-masks or other strategies	10.8%
Encourage Service Members to nap when possible*	8.5%
Asks Service Members about their sleeping habits	5.8%

Sleep Leadership: Peacekeeping

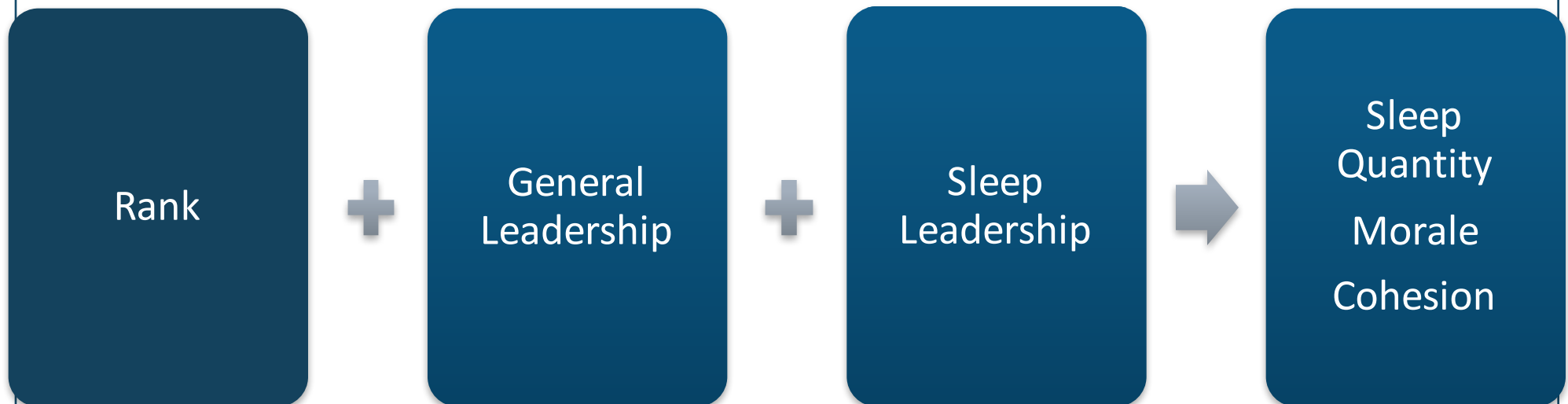
- Survey of 623 US Soldiers deployed to Horn of Africa (alpha = .90)



Source: Gunia, Sipos, LoPresti & Adler, 2015, Military Psychology

Sleep Leadership: Combat

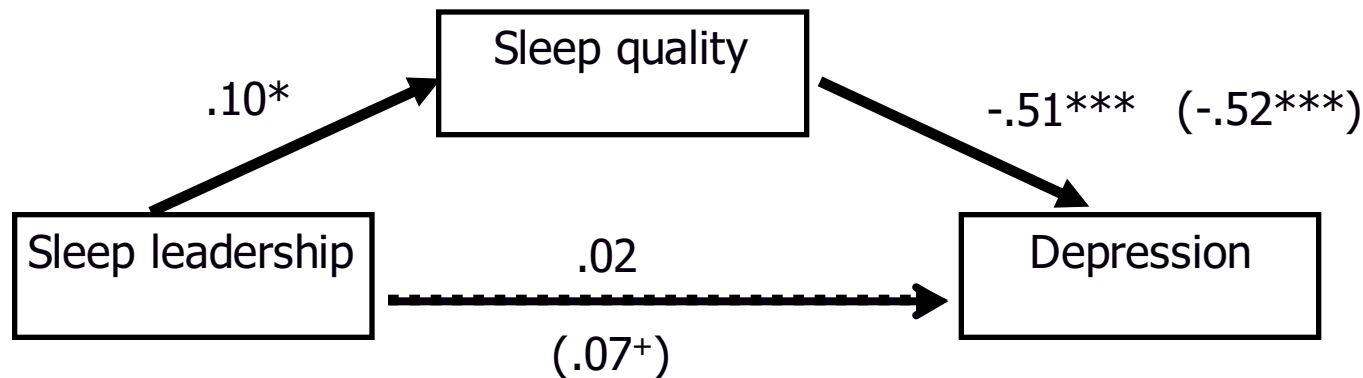
- Survey of 619 US Soldiers deployed to Afghanistan (alpha = .93)



Source: Gunia, Sipos, LoPresti & Adler, 2015, Mil Psych

Sleep Leadership: Indirect Effects

- In both studies, indirect effect of sleep leadership



Bootstrap, CI = -.87 to -.27 (5000 iterations; Preacher & Hayes, 2004)

- Longitudinal study finding similar effects (Gunia et al., in prep)

Source: Gunia, Sipos, LoPresti & Adler, 2015, Mil Psych



- Sleep leadership
- **Combat Operational Stress Control (COSC) leadership**
- Health-promoting leadership
- Resilience training leadership
- Emotion regulation leadership
- Post-traumatic growth leadership

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COSC Leadership

- Combat Operational Stress Control (COSC) Leadership
 - COSC manual identifies a set of leader behaviors designed to reduce or ameliorate combat stress reactions of subordinates

FM 6-22.5
March 2009

**COMBAT AND OPERATIONAL STRESS CONTROL
MANUAL FOR LEADERS AND SOLDIERS**

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Headquarters, Department of the Army



COSC Leadership

	Often/Always	
	Platoon Sergeant	Platoon Leader
Does not judge soldiers who seek behavioral health help	53.4%	50.8%
Encourages soldiers to seek help for stress-related problems	47.7%	47.2%
Demonstrates concern for how families are dealing with stress	48.0%	46.8%
Intervenes when a soldier displays stress reactions such as anxiety, depression or other behavioral health problem	45.2%	43.8%
Encourages soldiers to express emotions following losses and setbacks during deployment	42.3%	42.3%
Reminds soldiers after intense experiences that we are here to serve with honor, mission, greater purpose	49.4%	49.4%

Source: Adler, Saboe, Anderson, Sipos & Thomas (2014) Current Psychiatry Reports

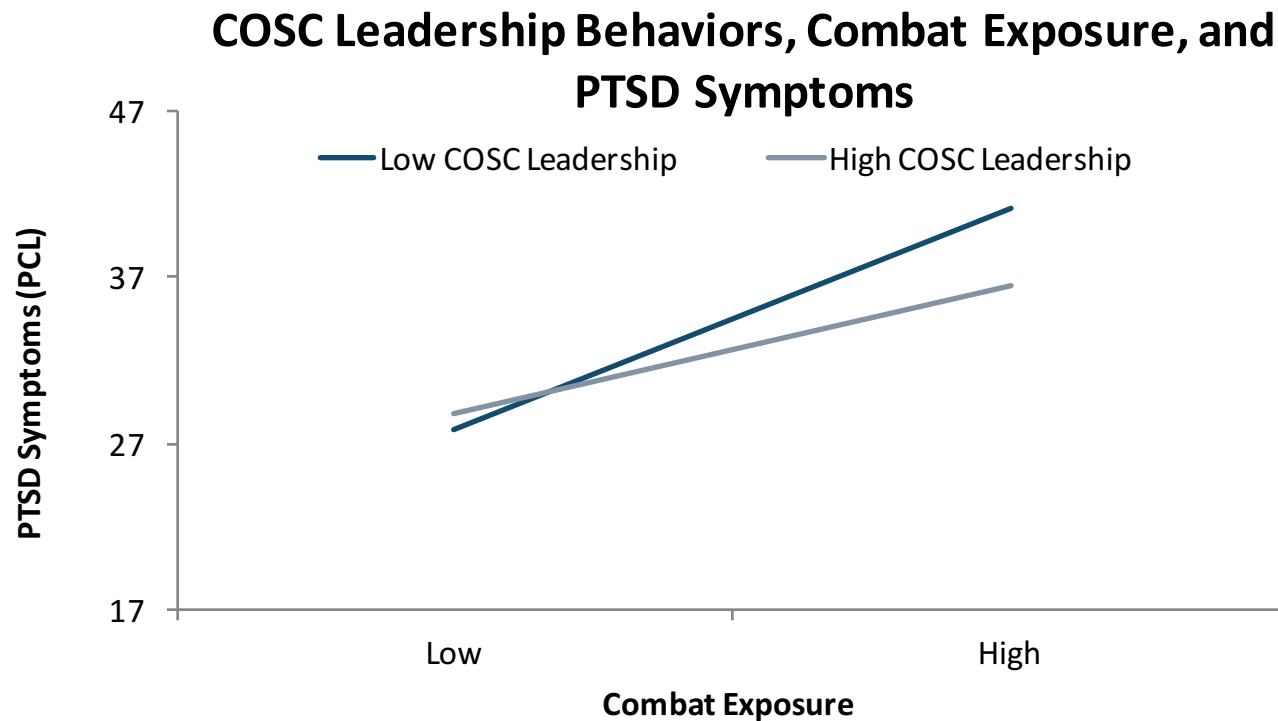
COSC Leadership & Mental Health

- 2,072 US Soldiers in Afghanistan (alpha = .91-.94)



Source: Adler, Saboe, Anderson, Sipos & Thomas (2014) Current Psychiatry Reports

COSC Leadership & Combat



Note: Analysis controlled for rank and general leadership.

Source: Adler, Saboe, Anderson, Sipos & Thomas (2014) Curr Psych Rep



- Sleep leadership
- Combat Operational Stress Control (COSC) leadership
- Health-promoting leadership
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Health-Promoting Leadership

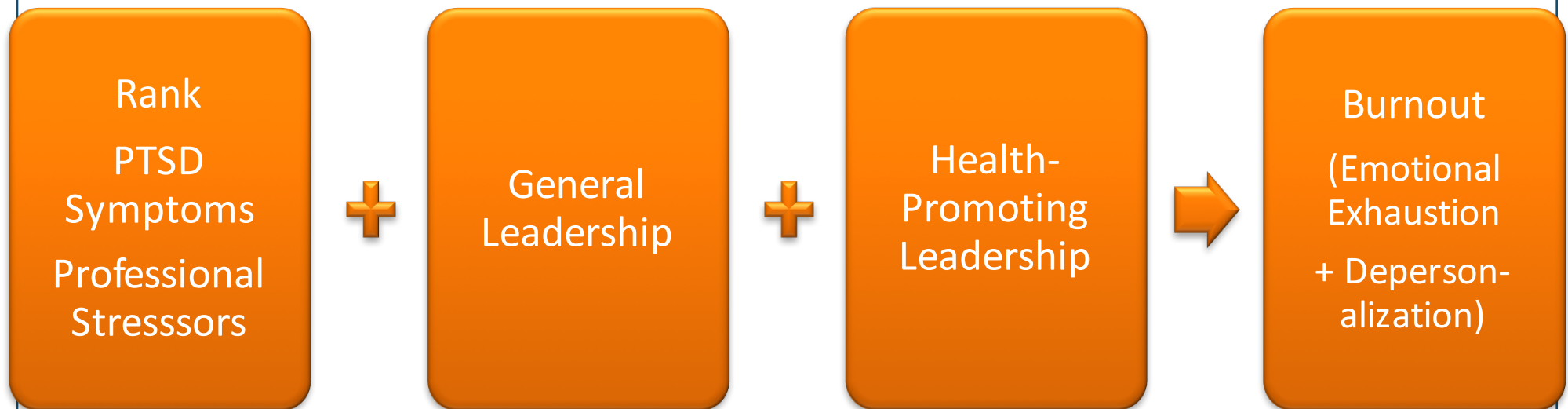
Thinking about your current team/unit, rate how often does your leadership	Often/Always
Emphasize maintaining professional standards	74%
Emphasize taking care of yourself physically	63%
Emphasize the importance of the medical mission	61%
Emphasize taking care of yourself mentally	52%
Give you positive feedback about your accomplishments	44%
Emphasize maintaining compassion	41%
Remind you to take a break/recharge	41%
Encourage you to get enough sleep	37%
Give you specific guidance on how to improve	35%
Reduce tension in the team/unit when emotions run high	34%

Source: Adler, Adrian, Hemphill, Scaro, Sipos, & Thomas, under review

Health-Promoting Leadership & Burnout



- 344 medical staff deployed to Afghanistan (alpha = .95)



Source: Adler, Adrian, Hemphill, Scaro, Sipos, & Thomas, under review

Operation United Assistance

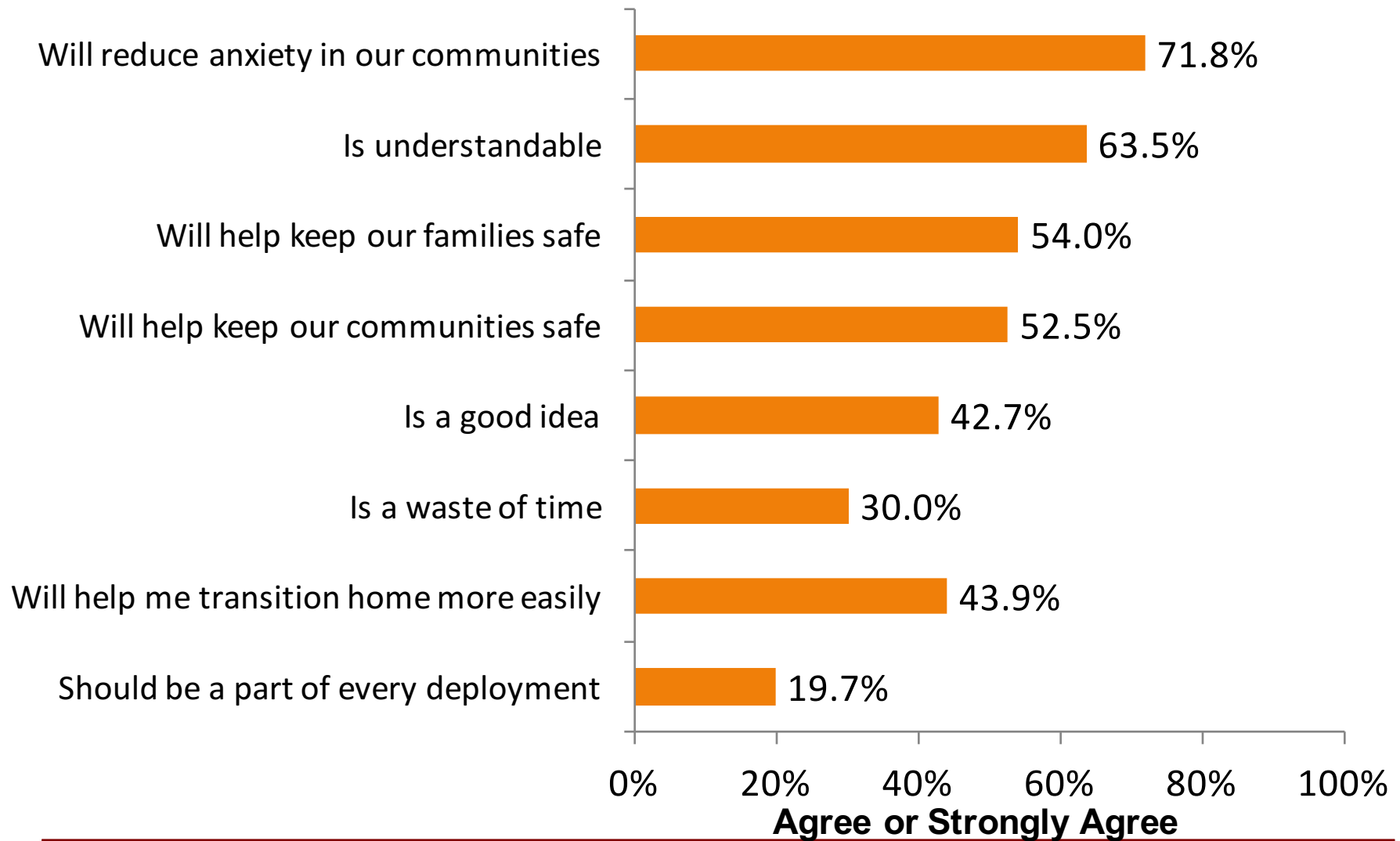
- 498 Soldiers in Controlled Monitoring Areas (CMAs)
- 21-Day CMA (quarantine)
- 4 cohorts (MAR-MAY 2015)
- Following 6-month deployment to Liberia in response to Ebola outbreak



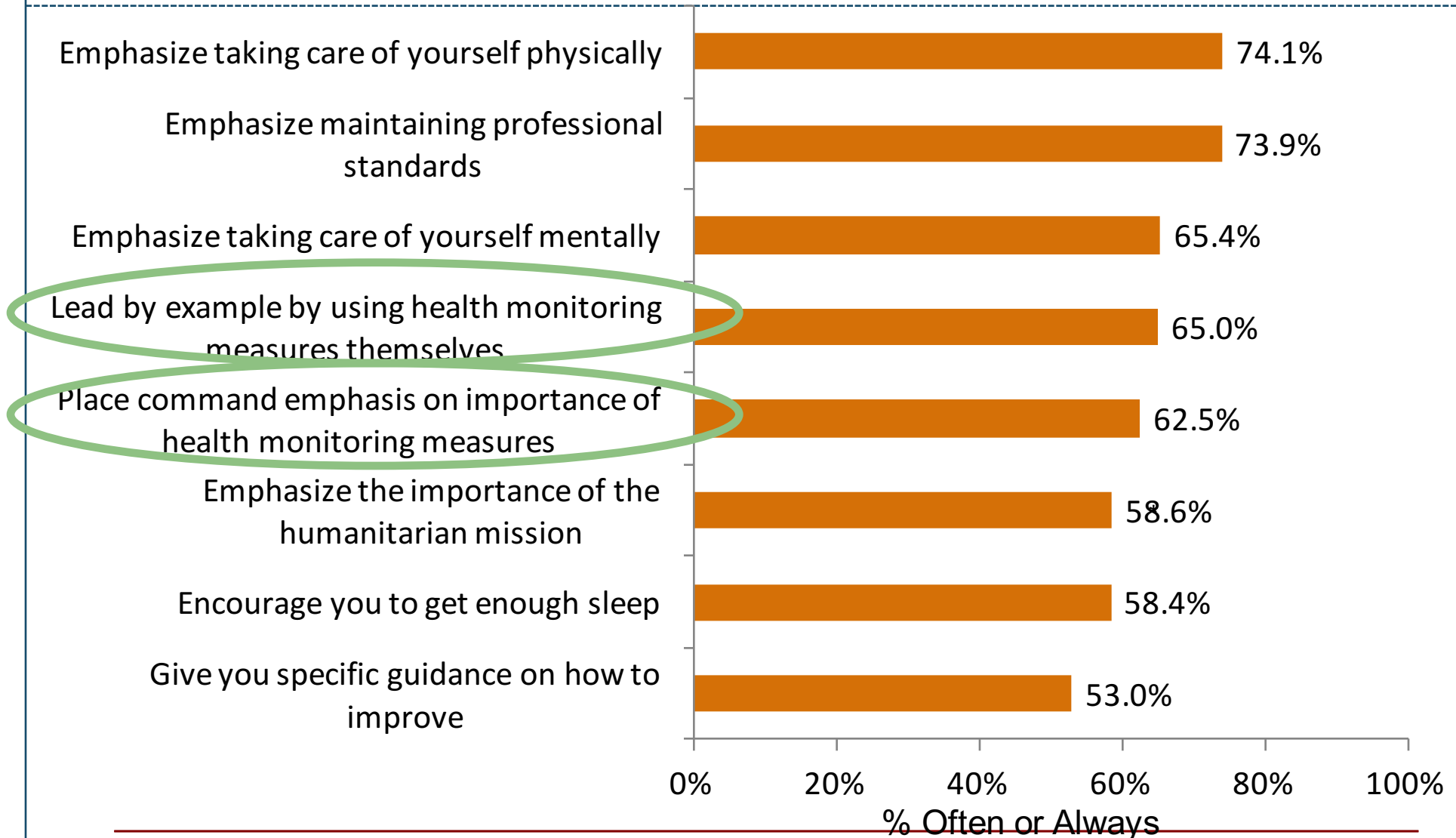
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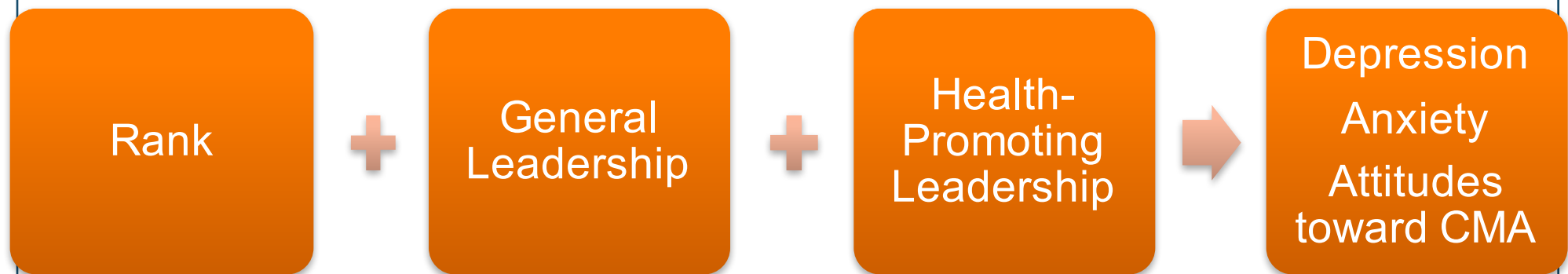
CMA: Attitudes



CMA Version of Health-Promoting Leadership



Health-Promoting Leadership in CMA



Source: Adler, Kim, Thomas & Sipos, in prep -- Alpha = .97



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- Emotion regulation leadership
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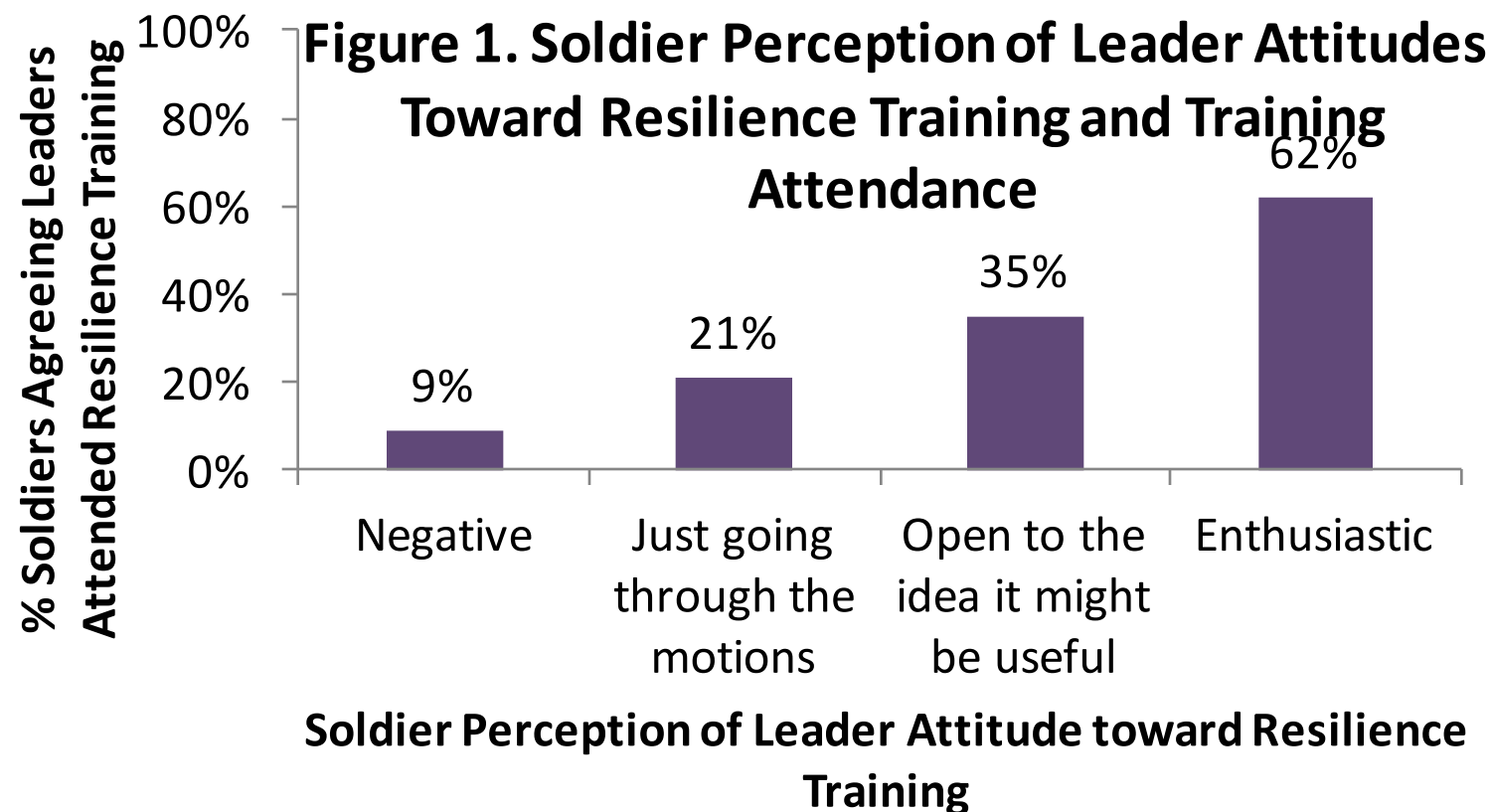
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Resilience Training Leadership

	Immediate Leaders Moderately/Quite a Bit/A lot
Attend resilience training activities	64%
Emphasize the importance of resilience training skills	62%
Refer to skills when talking with soldiers	56%
Encourage soldiers to use the skills	66%

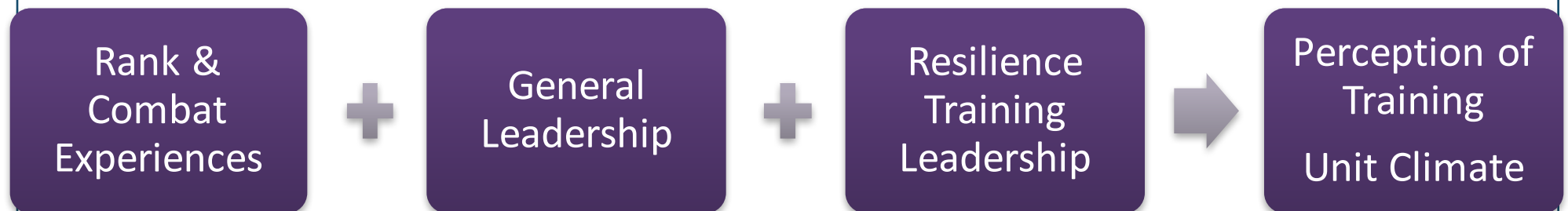
Validation of Resilience Training Leadership



Resilience Training Leadership & Unit Climate



- 2,181 Soldiers deployed to Afghanistan



Source: Sims & Adler (in press) Parameters

Additional Behavioral Health Leadership Domains



- Sleep leadership
- Combat Operational Stress Control (COSC) leadership
- Health-promoting leadership
- Resilience training leadership
- **Emotion regulation leadership**
- Post-traumatic growth leadership



Emotion Regulation Leadership

- 3,030 Soldiers surveyed in Afghanistan and Germany (alpha = .86)

	Often/Always	
	Platoon Sergeant	Platoon Leader
Can pause without immediately reacting in emotionally charged situations.	36.3%	36.8%
Can calm down quickly if he/she gets upset.	48.0%	46.3%
Is good at calming Soldiers down when they get angry.	41.7%	54.8%
Is good at acknowledging when Soldiers are going through a tough time.	46.7%	43.0%



Leadership vs. BH Leadership

- Are domain-specific leadership behaviors all the same?
 - Similar pattern for Platoon Leaders & Immediate Supervisors

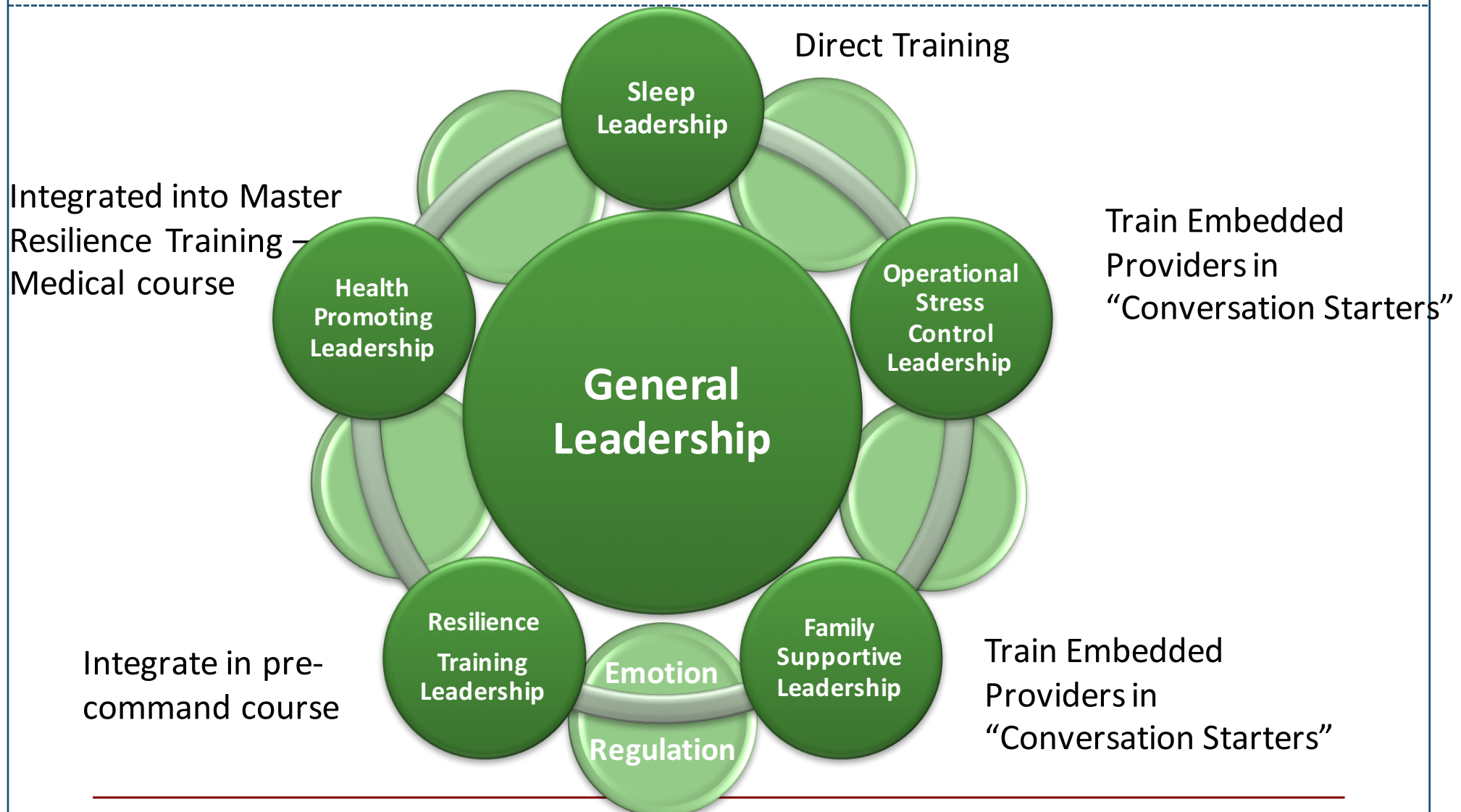
	Sleep Leadership	COSC Leadership	Resilience Training Leadership	Emotion Regulation Leadership
General Leadership	.35	.55	.28	.61
Sleep Leadership		.52	.40	.44
COSC Leadership			.43	.72
Resilience Training Leadership				.35



Implications

- **Validates doctrine**
 - Sleep
 - COSC
- **Training**
 - Examine degree to which these skills are trainable
 - Assess efficacy of training in context
- **Alternatives to Training**
 - Over reliance of training as “The Answer”
 - Integrate into the culture
 - Consider role of “bystanders”
 - Train indirectly
- **Work with Stakeholders**

Implementation



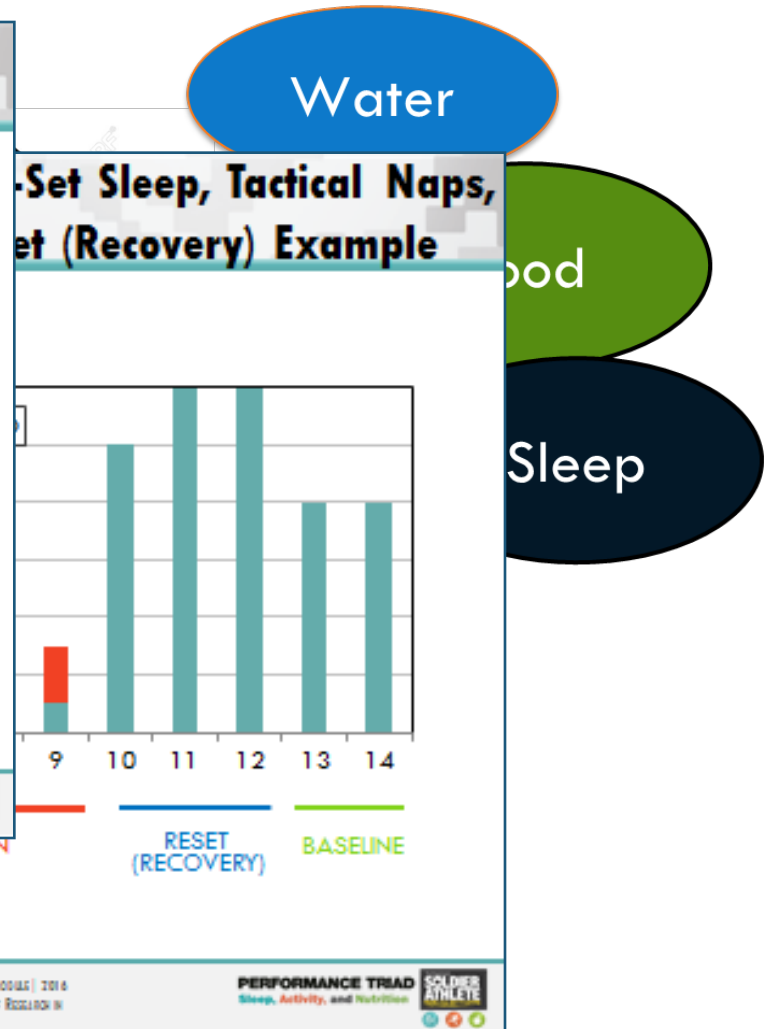
Sleep Leadership Training

Get SLEEP

- Set conditions
- Lead by example
- Educate
- Encourage
- Prioritize & plan

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Future Directions

- Complete analysis of behavioral health leadership scales
 - Emotion regulation
 - Post-traumatic growth leadership (Wood et al.)
- Sleep leadership training studies
 - Army study with Behavioral Health Officers
 - Hammer study with National Guard
 - Navy study of sleep leadership
 - International interest (5-nation program)
- Explore emotion regulation leadership
 - Mindfulness leadership
 - Self-distancing techniques
- Consider small-team culture & other occupational groups

Thank You!

Amy Adler, PhD

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