The United States Army Recruiting Command (USAREC) is responsible for the recruitment of new individuals to the Army. It is comprised of over 12,000 Soldiers stretching across five brigades and across the country (Figure 1). The continental US is divided up into five brigades (1st, 2nd, 3rd, 5th, and 6th), and each brigade can cover up to 14 states. For example, at 5th Brigade, the 2,500 Servicemembers (SMs) are spread across 14 states and over nine million square miles. As a result, many recruiting stations are geographically dispersed and located far from an established military base.

Individuals are selected by the Department of the Army (DA Select) or volunteer to be a recruiter as it is considered to be a broadening assignment. As this is MOS-non-specific, Soldiers are selected from across the Army to be recruiters, to include infantrymen (11B), medics (68W) and Behavioral Health Technicians (68X). All of the individuals recruited into recruiting are Noncommissioned Officers (NCOs) and are expected to have leadership experience. In addition to leadership experience, all potential recruiters must undergo medical and behavioral health screenings to ensure they are mentally and physically fit to complete the tasks that are required of them as recruiters.

Some other criteria for being selected for recruiting are:

- SMs must not currently be, or have not been in the past 36 months, enrolled in a drug or alcohol dependency intervention program of any type (waiver not authorized).
- SMs must never have been the subject of legal adjudication (including proceedings under the provisions of Article 15, Uniform Code of Military Justice), had any offense under the UCMJ, or had adverse action taken by any authority for any offense that involves moral turpitude, regardless of sentence received (waiver not authorized).
- SMs must be screened against the National Sex Offender Registry database.
- SMs must have no history of domestic violence or assault, or marital, emotional, or major medical problems (to include among immediate family) that would hamper performance on recruiting duty (waiver authorized).
- SMs must not be a sole parent or guardian (waiver authorized with strong documentation supporting good finances and family care plan).
- SMs must be financially stable, have not filed a petition claiming bankruptcy within the last three years, and not currently be responsible for making any payments as a result of any such action.

So, in theory, recruiters who are selected to USAREC are established leaders and are mentally and physically healthy when assigned to recruiting duty. They should be able to operate independently and need little care.

Figure 1: Map of the USAREC Brigades
during their three-year assignment; this is particularly critical as the geodispersement of USAREC means that over half of recruiters are located more than 50 miles from any military treatment facilities (Figure 2).

However, anecdotally we in USAREC are seeing an increase in the number of recruiters who arrive with previous diagnoses that were either overlooked or not mentioned to screeners, and who are later requiring more support and care than can be offered in a dispersed environment. One possible contribution to this increase is a misconception of both prospective recruiters and screening providers in believing that recruiting assignments are a break from the regular Army and that individuals will have the time to spend with family and get care for any concerns they are experiencing. In contrary, however, the stressful nature of the recruiting environment may lead to or exacerbate previously existing behavioral health concerns. The following concerns have been observed among individuals once in the recruiting environment:

- Increase in back and knee problems: due to extensive driving
- Increased stress: due to public speaking, pressure for school visits
- Sense of rejection: due to interacting with prospects
- Feeling cognitively challenged: due to the need to develop centers of influence, frequent networking
- Feeling physically challenged: due to frequent standing, sitting, marching, walking, running
- Sense of constant 24/7 observation: due to operating out of small offices with no privacy

This has led to Serious Incidents Reports occurring related to the following areas:

- Substance-related
- Stress and suicidal ideations

- Violations of Army standards
- Sexual misconduct
- Family abuse
- Aggressive behaviors
- Deaths

As a result of the recent increase in behavioral-health related SIRs and demand for care, USAREC developed the Office of Command Psychology (OCP) to help oversee the regulations related to recruiter selection. This team conducts training with behavioral health providers across the country in order to provide foundational background for behavioral health screenings. An additional initiative of the OCP is assigning a psychologist (labeled a Behavioral Health Consultant, BHC) and a BH NCO (E7) to each Brigade. The role of the BHC/BH NCO is to serve as subject matter experts to command teams and recruiters, assess wellness of individuals within the Brigade, and to serve as a liaison to BH resources/care in the individuals’ surrounding communities. A major responsibility of the BHC is to develop a Wellness Program to assess the wellness of their Brigade and to offer resources to geodispersed Soldiers and families. The remainder of the article will briefly describe a Wellness Program developed to cover and provide resources to the 5th BDE SMs.

**Three Steps for Building a Wellness Program**

1. **Obtain Necessary Buy-In**

   Although OCP has established the BHCs as a resource for command teams, the resources are often underutilized. Some of this is due to limited knowledge of what the BHC offers and some is due to the continued stigma about behavioral health that persists in the military in general and recruiting command in particular. Anecdotally, many recruiters note that since they had to “pass a mental health screen” to get into the position, they are afraid of being removed if they were to talk to behavioral health. Therefore, command advocating for the wellness program as just a natural part of the position is vital. Ways to enhance command and Soldier buy-in include the following:

   - Pinpoint the strongest supporters and toughest critics of these efforts and bring them together to discuss the importance of these efforts.
   - Conduct a current assessment of the recruiters’ health using a Unit Needs Assessment or other type of survey.
   - Organize a meeting with commanders and present recommendations for wellness programming.

2. **Build a Referral Network**

   Identify local health and wellness entities such as personal trainers, physical therapists, nutritionists, and mental health clinicians, to include psychiatrists and substance abuse counselors.
June Is PTSD Awareness Month

In 2010, the U.S. Senate declared June 27 to be National PTSD Awareness Day. However, in 2014, it designated the whole month of June to be observed as National PTSD Awareness Month.

What is PTSD?

PTSD is not a newly recognized mental disorder. The disorder dates back to 50 B.C. when it was described in a poem by Hippocrates. He talks about the experiences of a soldier returning home after a battle. PTSD was previously called ‘Shell Shock’ and ‘Battle Fatigue’. It was during the 1970s’ Vietnam War that the mental disorder was renamed PTSD. It is common and not just related to combat - it can occur from national disasters, sexual assault, other tragedies.

Symptoms include:
- Reliving the event (also called re-experiencing symptoms).
- Avoiding things that remind you of the event.
- Having more negative thoughts and feelings than before the event.
- Feeling on edge or keyed up (also called hyperarousal).

Treatment usually includes "Trauma-focused" care which means it focuses on the memory of the traumatic event or its meaning.

Learn more: PTSD Basics - PTSD: National Center for PTSD (va.gov)

Did you know?
Freebies during Summer Months (not federal endorses)

HeadSpace App:
HeadSpace is an app that has hundreds of meditations and mindfulness exercises to help teens learn the skills to be healthier and happier. HeadSpace is now FREE for all teens in the US. If you’re between the ages of 13–18 years old in the US.

HeadSpace for Teens

Planet Fitness Free
Teen 14-19 can work out for free all summer with us through August 31.

Free Summer Gym Membership for Teens

Kids bowl Free
Kids can get 2 Free games every day!

KidsBowlFree.com Kids Bowl Free All Summer Long!

Summer Reading Programs:
DoD MWR program-Free prizes-Beanstack: Reading Challenges and Personalized Recommendations

Pizza Hut- Free pizza every month-

Visit museums for Free:
Blue Star Museums | National Endowment for the Arts

Figure 3: Newsletter 5th Recruiting Brigade Wellness Team
Develop relationships with wellness organizations and treatment centers and call/visit to ensure legitimacy of services.

Maintain an updated referral list and distribute command wide. Input from recruiters on the quality of services is critical when referring others to providers.

As mentioned, the BHC covers a large network—over 10-15 states and millions of square miles. Army recruiters are going to military clinics across the footprint which can include Army, Air Force and Navy facilities. In addition, they are attending civilian programs. The BHC has to have a list of these facilities and keep up to date with the points of contact (POCs) for these areas. This allows the BHC to quickly be able to arrange care for the recruiter and to give the commanders information if an issue arises. Also, since the BHC is not able to be there, this helps keep the communication going so civilian providers will send information to the BHC when something occurs. It helps build trust between the recruiters and BHC if there are high quality referral sources who can quickly manage the needs and recruiters and commands are more likely to reach back out to the BHC if something else arises. In addition, if individuals have a positive experience, then they are more likely to recommend the BHC or the resource to another when they see someone struggling. This is very important to reduce stigma.

3. **Conduct Regular Outreach**

Ensure ample visibility of program.

- Market the program to outline benefits of health and wellness and gain interest
- Use a wide array of platforms (e.g., flyers, social media, word of mouth, presentations, email) to put out information. In 5th Brigade, the BHC team produces a monthly two-page newsletter that outlines available resources (Figure 3).

We also have Facebook and Instagram pages where we post health-related information and follow the pages of the recruiters in order to send them encouragements (Figure 4).

Recruiting is a stressful environment. Thus, the Office of Command Psychology has developed wellness to support the unique needs of recruiters and their families. The methods detailed above have been shown to be effective for this dispersed environment but anyone embarking on developing a wellness program can begin with these techniques and cater them for their specific environment.

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**Figure 4:** Facebook & Instagram Pages for 5th Recruiting Brigade Wellness Team