Developing a Standardized Framework to Assess Military Readiness In and Outside of the Clinic

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Defining Military Readiness

Military clinical psychologists often manage multiple responsibilities at once (Kennedy & Zillmer, 2022). Two main responsibilities are delivering mental health services to active-duty service members and evaluating service members' overall readiness or fitness for duty. Military readiness, as defined in the 2020 Congressional Research Service Report, is the "ability of military forces to fight and meet the demands of assigned missions" (Herrera, 2020, p. 2). However, the application of this definition varies widely across service branches, occupational specialties, rank, and component, making it inherently complex, dynamic, and obscure.

Historically, military readiness has been assessed through medical and physical fitness standards (Engel et al., 2021; Herrera, 2020; O'Connor et al., 2010; Taylor-Clark et al., 2023). Measures such as days absent, medical leave, and profile status have been used as indicators of a service member's ability to deploy and perform essential military tasks (Taylor-Clark et al., 2023). Physical exams, vaccinations, and substance use assessments are additional approaches used to evaluate readiness (Jonas et al., 2010). However, current operational demands of service members, including deployments and psychological and family strain, can cause negative outcomes not buffered by traditional preventative models readiness (Jonas et al., 2010). Further, the long-term impacts of psychological injuries create spillover effects into one's homelife, negatively impacting the service member's family (Jonas et al., 2010; Najera et al., 2017). These medical measures may not adequately capture the complexities of readiness.

In the last few decades, military research has started to emphasize the importance of transitioning from a medical and physical lens of readiness to a more holistic view that addresses the full spectrum of a service member's needs (Bates et al., 2010; Engel et al., 2021; Jonas et al., 2010). The high rates of mental health diagnoses, physical injuries, family conflict, and rising suicide rates illustrate that the burden on military personnel extends beyond medical and physical health alone (Engel et al., 2021; Jonas et al., 2010; O'Connor et al., 2010). This shift reflects a growing recognition of the importance of psychological, emotional, social, and spiritual well-being in sustaining a capable and mission-ready force as well as fostering psychological flexibility, unit cohesion, purpose, and adaptability in the face of ongoing change (Evans et al., 2024; Herrera, 2020).

Each branch of the military defines readiness differently and prioritizes different pillars or focus areas (Figure 1). For example, while some branches may stress spiritual and mental fitness, others place additional weight on family wellness and social connection. These differences can be attributed to various factors, including military culture, mission, and values (Herrera, 2020). The stark differences among branches in number and type of pil-

Army	Marine Corps	Navy	Coast Guard	Air Force	Space Force
Physical	Mental	Mind	Psychological	Mental	CFA*
Social	Physical	Body	Physical	Physical	PHO*
Spiritual	Social	Soul	Social	Social	Education
Emotional	Spiritual		Spiritual	Spiritual	
Family			Behavioral		
			Medical/Dental		
			Environmental		
			Nutritional		
			Financial		
			Resilience		

TABLE 1. Readiness Pillars by Branch

Note. CFA: Continuous Fitness Assessment; PHO: Performance Health Optimization

FIGURE 1. Word Cloud of All Readiness Pillars

lars highlight both the disparities present within the Department of Defense (DoD) in establishing a standardized conceptualization of readiness, and the use of different terminology to refer to similar topics. This lack of standardization can create confusion, hinder effective communication between branches, and complicate efforts to assess and promote readiness in an effective and consistent manner (Herrera, 2020).

Research demonstrates that relationship satisfaction and family well-being contribute to service member morale, readiness, and retention (Bowles et al., 2015; Hawkins et al., 2018). As a result, it is essential to evaluate the literature that defines readiness within the context of the family domain as well. The DoD defines and operationalizes Military Family Readiness (MFR) in the DoD Instruction (DoDI) 1342.22 as "the ability of individuals and families to maintain positive outcomes across MFR domains. Military family well-being contributes to retention, resilience, readiness, and quality of life" (p. 14). This is the only DoDI that provides a standardized application of readiness for all service members and their families. DoDI 1342.22 outlines that MFR is supported across five primary domains: career (e.g., satisfaction with one's occupation and the military as a career), social (e.g., ability to engage in and possess meaningful relationships), financial (e.g., ability to effectively manage finances), health (e.g., ability to maintain good physical and mental health), and community (e.g., feeling connected and involved with one's community). This instruction presents an additional approach to readiness, outlining both similar and distinct elements intended to support readiness among military families and individuals.

Developing a Standardized Framework

Disparities among military branches and DoDI instruction underscore the importance of establishing a standardized framework that encompasses the diverse definitions of readiness while ensuring consistent and well-defined criteria. To address these differences, a cross-branch framework was developed. The framework was developed by compiling the individual readiness pillars from each military branch into a word cloud (Figure 1) to identify the most frequently emphasized pillars. This approach allowed for the examination of overarching similarities across branches, which primarily centered on physical, social, and spiritual readiness. To broaden this framework, the five domains outlined in DoDI 13422.22 on MFR were incorporated, as this is the only instruction to apply readiness principles to both individuals and families across the DoD, which ultimately supports the operational effectiveness of the military as a whole. Within DoDI 1342.22, "health" refers to both physical and mental health. For the purposes of this framework, these two components were delineated to provide a more comprehensive and inclusive representation of readiness.

The developed framework (Figure 2) identifies three interconnected spheres of individual service member readiness: personal, professional, and interpersonal. In doing so, it emphasizes that readiness extends beyond the individual and encompasses one's goals, environments, and relationships. This framework highlights that readiness is not merely the absence of illness or injury, but a holistic state of well-being. These spheres are interrelated, proving that deficiencies in one can impact the other (e.g., financial difficulties can exacerbate mental health difficulties). The framework adopts a strengths-based, rather than a pathology-based, approach; focusing on the resources and capabilities that individuals possess within these inter-connected spheres rather than their deficiencies.

The framework allows peers, supervisors, and commanders to play a role in assessing readiness as well, prompting them to consider career satisfaction and unit cohesion, for example, as a mechanism for promoting readiness. The goal with this development is to make readiness a community issue rather than a mental health problem. This approach not only helps with clinical throughput problems, an issue that continues to negatively impact military mental health clinics across the world (Hepner et al., 2023), but also encourages a more supportive and collaborative

FIGURE 2. Proposed Standardized Framework for Military Readiness

environment in the unit. By involving the community in the readiness process, the framework promotes a sense of shared responsibility and support among military personnel for ensuring readiness across the DoD.

Implementing this framework enables clinicians, commanders, and peers to actively contribute to monitoring and supporting the well-being of service member's. Readiness assessment should extend beyond clinical settings and become integrated into the DoD's standard practices, allowing it to be readily identified, addressed, and communicated by all service members. While military clinical psychologists will continue to maintain primary responsibility for assessing readiness, the adoption of this framework offers a standardized tool for evaluation.

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