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# Comprehensive Soldier Fitness

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## *A Vision for Psychological Resilience in the U.S. Army*

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*The stress and strain on the U.S. Army's community due to nearly a decade of protracted war is well documented in the press and in scientific literature. In response, the Army's Comprehensive Soldier Fitness (CSF) program is a preventive program that seeks to enhance psychological resilience among all members of the Army community, which includes soldiers, family members, and Department of the Army civilians. CSF is not a medical treatment program. Rather, CSF helps those community members who are psychologically healthy face life's adversities—including combat and prolonged separation from loved ones—by providing evidence-based training.*

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**T**o begin, I first want to express my sincere gratitude to the American Psychological Association and to the editor of the *American Psychologist*, Norman Anderson, for spearheading this special issue on the U.S. Army's Comprehensive Soldier Fitness (CSF) program. It is a privilege for me—and our collaborating scientists—to have this prestigious platform from which to communicate with such a large group of teachers, researchers, and practitioners of psychology. It is also an opportunity to widen the aperture for discussion.

The Army's CSF program is an integrated, proactive approach to developing psychological resilience in our soldiers, in their family members, and in the Army's civilian workforce. CSF was born out of our recognition of the following: First, American soldiers have rotated between combat and home for more than nine years, incurring cumulative levels of stress that are impacting their performance, their readiness, and—in many cases—their personal relationships. Second, we are operating in an era of persistent conflict. *Persistent conflict* is defined as protracted confrontation among state, nonstate, and individual actors who are increasingly willing to use violence to accomplish their political and ideological objectives. While we in the Army cannot determine when this era of persistent conflict is going to end, we know that—for the foreseeable future—American servicemen and women will continue to be in harm's way defending our way of life. It is the responsibility of the senior Army leadership, therefore, to ensure that our soldiers, family members, and Army civilians are prepared—both physically and psychologically—to continue to serve and/or to support those in combat for years to come.

So, the Army is leveraging the science of psychology in order to improve our force's resilience. More specifically, we are moving beyond a "treatment-centric" approach to one that focuses on prevention and on the enhancement of the psychological strengths already present in our soldiers. Rooted in recent work in positive psychology, CSF is a "strengths-based" resiliency program that shows promise for our workforce and its support network so our soldiers can "be" better *before* deploying to combat so they will not have to "get" better *after* they return.

To develop the CSF program, the Army has consulted with some of the nation's top behavioral health experts—many of whom have contributed articles to this special issue. While I will leave it to those authors to provide greater detail about the science underpinning CSF, I want to share a bit about the program's structure. First, the training and education initiatives associated with CSF take a holistic approach to developing psychological resilience within five dimensions: physical, social, emotional, spiritual, and family. Second, the program uses several teaching strategies—didactically in the classroom and also via the Web—in order to reach the entire Army community, while also catering to a variety of learning styles. Third, in its recognition that the developmental needs of an 18-year-old private are significantly different from those of a 40-year-old colonel, CSF is not a "one size fits all" program but rather one that adapts to each individual's psychological resilience level.

Broadly speaking, this program consists of four components: The first is an online self-assessment to identify resiliency strengths. This assessment—called the Global Assessment Tool, or GAT—has already been taken by nearly 900,000 soldiers. The second component consists of online self-help modules tailored to the results of the assessment. The third component, the training of master resilience trainers, was designed so that resiliency training could be conducted down to the unit level. We have trained over 2,500 master resilience trainers at the University of Pennsylvania already, and we are targeting to have them in

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every battalion and brigade in the Army to help design training plans and to teach our leaders how to instill resiliency in their subordinates. Finally, the fourth component of the CSF program includes mandatory resilience training at every Army leader development school.

We believe that this program not only will help our soldiers, their family members, and our civilian workforce but may also have important implications for the larger field of psychology. And when one considers that our soldiers and civilians leave the Army eventually to pursue their goals as private citizens, the Army—with its CSF program—will have grown a cohort of people with life skills that have the potential to positively influence our society.

### **The Vision for Comprehensive Soldier Fitness**

The CSF program will serve as the primary vehicle for developing psychologically resilient soldiers, family members, and Army civilians. It will become an enduring component of our Army's fabric for years to come. To be clear, CSF will serve as a catalyst for changing Army culture—from a culture in which behavioral health was once stigmatized to a culture in which psychological fitness is recognized as every bit as important as physical fitness. Because the readiness of the force is an operational Army issue, I have placed this program within the purview of the Army's operational leadership. While our medical leadership is involved in the program's development and evaluation, I felt that we would receive the greatest traction if CSF became a command program sewn into the fabric of Army operations and leadership. It is here—at the unit level—where we will have the greatest chance to attain a cultural change within the Army. This decision also ac-

knowledges a fundamental program tenet: CSF is a training program—not medical treatment—and training is the leadership's responsibility.

My vision is that CSF becomes a part of our culture over time, with our soldiers understanding the positive dimension of psychological fitness much like professional athletes do. The link between physical fitness and success in combat is well-established, and its importance predates the Roman Empire. While an emphasis on physical fitness has been part of the U.S. Army since before World War I, it was not until the 1940s that we began to codify physical fitness programs and commit to physical fitness tests. Today, organized, systematic physical fitness is a defining element of Army culture. It is the first collective event of the day in every Army unit. Like our physical fitness program, I believe that psychological resilience development can become not just something we in the Army "do," but rather a critical component of our culture that will be integrated throughout our community to develop better soldiers.

### **Why Now? The Challenges We Face**

Developing a more resilient force is our challenge. Many of our soldiers have already served multiple combat tours in Iraq and Afghanistan, enduring long separations from loved ones while simultaneously operating in complex, high-stress situations for months on end. It is not uncommon to find a junior officer or enlisted soldier who serves as a war fighter, counterinsurgency expert, public works official, intelligence gatherer, and peacekeeper—all in the same day. When faced with the intense stress of repeated combat deployments and multiple missions, some soldiers struggle and sometimes—without help from others—fail to cope effectively. The results—in these cases—can be devastating, fueling some disturbing trends we are seeing in the Army. The suicide rate among our soldiers is at an all-time high. The number of soldiers suffering from post-traumatic stress is also high. And the stress of long separations due to combat is felt by our family members too. As such, we are starting not with a blank slate but rather with the challenge of having the preponderance of our force influenced in some way—both positively and negatively—by the effects of sustained, protracted conflict.

We also face cultural challenges. Our Army Values and Warrior Ethos play a significant role in how we see ourselves and, therefore, in how we choose to behave. The prevailing view among many within our ranks is that having problems with stress or seeking help is not only inconsistent with being a warrior but also a sign of weakness. This way of thinking has led to a stigma associated with receiving help and, therefore, an aversion across much of the Army to seeking behavioral health care. The recently released report of the Mental Health Advisory Team 6 (2009) sheds some light on this issue. According to data collected from soldiers serving in Afghanistan, nearly half of those surveyed believed that they would be treated differently by unit leaders if they sought behavioral health care. Nearly 34% believed that doing so would harm their careers. Forty percent believed that leaders would blame

them for the problem. And, over 50% believed that they would be seen as weak. Facing statistics like these, we must ensure that our efforts to become psychologically stronger are not thwarted by a culture adverse to even the word *psychological*. It is clear that we must be diligent in educating our soldiers—and especially those who lead and support our soldiers—on the benefits of the CSF program.

## The Way Ahead

The CSF program is up and running in the Army, and we expect it to become fully operational in the coming months. I have made the implementation of CSF one of my top priorities, and—with the support of Department of Defense leaders and members of Congress—have allocated approximately \$125 million toward this endeavor. And because this program is so important, I have charged our command and medical teams to keep the program relevant over time, since developmental programs can often become stale if they are not updated. So, I would expect that the content of

the CSF program will be adapted in the next few years as different modalities are integrated into the program and additional empirical research emerges.

Our Army exists to protect this country. Our soldiers, family members, and Army civilians have never failed to answer our nation's call during a time of need. We recognize that we must do more to prepare the force for the psychological demands that come with fighting a protracted, decades-long conflict. CSF is designed to do just that—to better prepare our Army community to help protect America in a complex and uncertain future.

## REFERENCE

Mental Health Advisory Team 6. (2009, November 6). *Mental Health Advisory Team (MHAT) 6 Operation Enduring Freedom 2009 Afghanistan* (Report chartered by the Office of the Command Surgeon US Forces Afghanistan (USFOR-A) and Office of the Surgeon General United States Army Medical Command). Retrieved from [http://www.armymedicine.army.mil/reports/mhat/mhat\\_vi/MHAT\\_VI-OEF\\_Redacted.pdf](http://www.armymedicine.army.mil/reports/mhat/mhat_vi/MHAT_VI-OEF_Redacted.pdf)