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The Active Guard Reserve (AGR) Community:
Toxic Leadership, Mental Trauma, and Treatment Barriers

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Preface

The basis for this essay stems from my personal experience as an Active Guard Reserve (AGR) Soldier in the US Army Reserve (USAR). The program is commonly known as the “best kept secret” in the Army because AGR soldiers have the added benefits of being on active duty orders while serving with USAR units. For many USAR Soldiers, little is known about the inner workings of the program or the role that AGR soldiers play until their first USAR tour. This was certainly the case for me. I learned very quickly, however, that serving as an AGR soldier was not what I expected as it can be very stressful, surprisingly so, depending on the command climate. Over the course of three AGR assignments, I have experienced various forms of toxic leadership, and have personally witnessed the impact of toxic behavior on fellow AGR soldiers. I have also learned that my experience is, regrettably, fairly typical. USAR leadership must address these issues immediately, weed out or educate the bad actors, provide leadership training for new commanders, and empower AGR soldiers so that they feel comfortable reporting toxic leaders through appropriate channels.

I will review the reasons why these issues impact the AGR Community more than our active duty and part-time counterparts. None of these issues are unique to the AGR community but the lack of full-time personnel that are assigned to each unit make it difficult to complete tasks at the same tempo as active duty units with fully manned and available staff sections. In this essay, I will recommend courses of action that I believe, if implemented, will greatly reduce toxic leadership in the AGR community.

I would like to thank my wife, Helen, and my kids: Aaron, Zachariah, Naomi, & Tyler for their patience and support over the course of my military career. The constant

moving, late night teleconferences, and weekend training took up a lot of personal time and really put my work/life balance to the test. Everything I do is for them and I hope as they get older, they will understand the pride that comes with wearing this uniform. I would also like to acknowledge all the leaders that took me under their wing and shaped me into the Officer that I am today.

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Executive Summary

Title: The Active Guard Reserve (AGR) Community: Toxic Leadership, Mental Trauma, and Treatment Barriers

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Thesis: USAR AGR Soldiers experience situations that, although not unique to the AGR community, can have a profound effect on their morale, mental health, and family members. Toxic leadership, a high operational tempo (OPTEMPO) and minimal AGR staffing can exacerbate the mental health issues that AGR Soldiers experience to an extent that they begin to experience symptoms of traumatic stress. Treatment can become an issue for families that live in a remote area with little to no medical professionals that accept TRICARE. Measures must be taken to better support Soldiers and families within the AGR community with more full-time support and mental health options for those that live in remote areas. USAR commanders can also better support their AGR Staff by working to ensure that an ethical climate is established, free of toxic behavior, and that part-time Soldiers are doing their part in supporting the full-time staff by fulfilling their roles.

Discussion: The USAR AGR program is known as one of the U.S. Army's "best kept secrets" due to the added benefits of being on active duty orders while performing duties for USAR units. Upon entry into the program, AGRs are expected to receive on-the-job training from their predecessors or superiors but in some cases this does not happen. The AGR program is a very unique program, but very little is published about the experiences that AGR Soldiers can expect during their tenure. This research paper will discuss the culture and biases associated with being an AGR Soldier from the point of view of active AGR Soldiers. This point of view is extremely important, because AGRs are in a category of their own separate from active duty and reserve personnel. Most publications reflect on the issues that either active duty and reserve personnel go through, but very few focus on the full-time staff keeping those USAR units running smoothly. In the following sections, this research paper will explore traits of toxic behaviors, signs of mental trauma and secondary traumatic stress, impacts on families and morale, solutions for dealing with toxic leaders, and methods for encouraging ethical leadership and behavior in the workplace.

Conclusion: The United States Army Reserve Command (USARC) and Human Resources Command (HRC) need to work together to reevaluate the manning criteria for unit fills in order to better support AGR Soldiers with daily tasks. Units with a high number of assigned personnel or high OPTEMPO need to be better manned to deal with the increased workload that comes with maintaining and running full-time operations in a USAR unit. AGR Soldiers need to be provided with some form of integration training prior to receiving their initial assignment and commanders need to be trained on how to properly utilize AGR personnel. The part-time personnel must share some of the workload and be held accountable for failing to support the AGR staff with completing

unit tasks that require their input. These measures will help to diminish the stress that is being placed on the AGR staff and will lead to higher morale and retention rates throughout the AGR community. Mental health and treatment barriers continue to be significant issues for Soldiers and families that live in remote areas. Expanding the number of medical and mental health professionals that accept TRICARE in remote areas that are not within commuting distance of a military treatment facility (MTF) would help to alleviate stress in these areas as well.

INTRODUCTION

In the United States Army Reserve (USAR), a program exists for full-time reservists called the Active Guard Reserve (AGR) program. According to Army Regulation 135-18, AGRs are responsible for providing full-time support to reserve (USAR) & National Guard (NG) units in order to accomplish readiness requirements. These duties vary by unit but include everything relating to administrative requirements, training, logistics, and official military travel.¹ The issue that many units face when it comes to AGRs, however, is proper staffing and delegation of duties. Since AGRs are full-time staff, they are expected to bear the load of all requirements needed by the unit as opposed to just the duties that fall within their job description. This is a significant problem as this mentality leads to part-time Soldiers becoming complacent while AGRs are overloaded with tasks and duties typically done by the troop program unit (TPU)/part-time leadership.

USAR AGR Soldiers may experience situations that, although not unique to the AGR community, could possibly have a profound effect on their morale, mental health, and family. Toxic leadership, a high operational tempo (OPTEMPO), and minimal AGR staffing are a few factors that could potentially exacerbate pre-existing traumatic stress issues.² Treatment can become an issue for families that live in a remote area with little to no medical professionals that accept TRICARE. Measures must be taken to better support Soldiers and families within the AGR community with more full-time personnel and mental health support for those that live in remote areas. USAR commanders can also better support their AGR Staff by working to ensure that a sound ethical climate is

established free of toxic behavior, in which part-time Soldiers are doing their part in supporting the full-time staff by fulfilling their roles.

The situations that AGR Soldiers experience are not necessarily unique to their full-time USAR status. To be sure, active duty (AD) and USAR personnel all experience varying degrees of toxic leadership, mental trauma, and treatment barriers within their own communities. For example, USAR units that have a high OPTEMPO may only have one to five AGR Soldiers fulfilling those duties, which in an AD unit would be run by multiple fully manned sections. What makes situations like this unique to the AGR community is the minimal staffing of each section that usually consists of one or no assigned AGR Soldiers due to manning guidance. In these instances, the duties of the vacant section will fall in the hands of another AGR section lead thus adding additional duties to their daily workload. In a typical AD unit, a unit would have fully manned sections that would be available full-time to work on unit operations as a team with additional support from the assigned Soldiers that are present and available daily.

This research paper is primarily divided into multiple sections that will first discuss different aspects of AGR culture and experience and then address how these occurrences may impact their mental health. Noted throughout are similarities and differences that both AD and reservists experience, and the primary focus is to understand that those similarities and differences can be magnified due to the nature of their full-time duties in a part-time unit. The first section will cover AGR culture and biases. The next section focuses on the impacts that toxic leadership can have on a Soldiers mental well-being. Following this section, the focus will shift to the family members of the AGR Soldiers and their struggles with secondary traumatic stress (STS)

and barriers to treatment as a result of serving in remote areas. Indeed, traumatic stress is a real issue and it is not easy to detect when the individual in question has not experienced a significant traumatic event. The build up of experiencing repeated instances of traumatic stress over and over can lead to PTSD-like symptoms which can in turn be transferred to spouses and children as well.³ The final section focuses on treatment barriers and solutions for dealing with toxic leadership to include methods for encouraging ethical leadership within the unit.

AGR CULTURE & BIASES

There are many benefits to being a member of the AGR program in the USAR. AGR service-members (SM) receive full pay, allowances, and experiences they would not be able to receive as an AD or TPU SM. For example, AD SMs have the benefit of seeing their formations for most of the week while USAR SMs only see one another one weekend a month. This makes keeping track of USAR SMs a bit more tedious in some units, especially due to the distance that some TPU personnel travel in order to attend Battle Assembly (BA)/Drill.⁴ USAR personnel are not required to be local to their unit in order to attend BA, so some will choose to travel across the country to attend BA for various personal reasons. AGR SMs, on the other hand, typically remain within a fifty-mile radius of their units because they are expected to report to duty at least five days a week as full-time personnel. In another example, TPU SMs have to balance the workload of their full-time civilian jobs and their part-time reserve duties while AGR SM only have one full-time job. This is one of the main reasons why AGR personnel must be competent in multiple areas of expertise.⁵

In the USAR community, some units experience friction between the part-time and full-time SMs due to differences of opinion in regards to job responsibilities and duties. One reason why this could be happening is due to the fact that the units in question may not have a full complement of AGR and military technicians (MILTECHs). For example, units have anywhere from one to ten full-time personnel are responsible for keeping the unit running throughout the month, and the workload can vary depending on the units OPTEMPO.

According to research conducted by the RAND Corporation for the Office of the Assistant Secretary of Defense (Reserve Affairs) regarding issues relating to full-time manning in the USAR, there are two premises in determining each unit's requirement for AGR personnel.⁶ First, the unit needs to consider what alternative manpower structures they have on hand that can accomplish any given workload. Based on the conclusion of this assessment, the option that produces the best results with the lowest costs will be considered the best option. The intent is that the unit will receive the AGR staff they require in order to maintain readiness and deployability. The second premise involves identifying specific workloads that can be accomplished with fewer people than the stated requirement.⁷ Both these premises can be summed up using a three-part strategy: Identify the workload, Alternative full-time manpower structures, and Estimated costs of each alternative structure.⁸ Once these tasks are complete, the chain of command will select the option that involves the least amount of funds.

This strategy is part of the reason why most USAR units have a mix of AGR and MILTECHs assigned to them.⁹ This mix of military and civilian personnel can at times cause some friction, but all personnel have to respect the established chain of authority.

In addition, the AGR staff must be able to work alongside MILTECHs who in some cases may have supervisory authority over them. It is advantageous for units to have both MILTECHs and AGRs working together but their duties should compliment one another and not cause conflict.¹⁰ MILTECHs have more longevity than AGRs so they are able to help the unit maintain consistency, while also assisting the incoming AGR staff with settling in upon their initial arrival.

IDENTIFYING & MITIGATING TOXIC LEADERSHIP/BEHAVIOR

Regardless of duty status or military branch, many SMs have either witnessed or experienced the negative impacts caused by leaders who disrespect or belittle their subordinates. This type of behavior is characterized as “toxic leadership” and its psychological impacts can vary depending on how the victims react psychologically to the negative behavior.¹¹ In this section, methods for identifying and mitigating toxic leadership within the AGR community will be explored.

Once a toxic leader has been identified, it can be extremely difficult for Soldiers to initiate any actions against them through the Inspector General (IG) without physical proof that the leader is having an adverse effect on the organization as defined by Army Doctrine Publication 6-22 (ADP 6-22), Army Leadership.¹² This standing publication defines the purpose and components of Army leadership as well as techniques for shaping leadership development.¹³ Toxic behavior can occur at any level within the chain of command to include leaders, peers, and even subordinates. There are instances where toxic behavior can be unintentional, which is why it is important to address this issues directly with those individuals. Within the AGR community, some or most of these

instances occur between fellow AGRs at varying levels of the command. These instances may occur more often as the OPTEMPO increases and the frequency of administrative taskers increase as well.¹⁴

AGR SMs need to be able to multi-task and balance multiple responsibilities in order to accomplish the mission. The same is expected of AD and TPU Soldiers, but in some cases this shared responsibility may fall on the full-time staff to complete on their own. The primary mission for most USAR units is to maintain readiness and deployability by completing administrative and training tasks as required.¹⁵ Meanwhile, some commands place the responsibility of completing or failing to complete a task on the shoulders of the AGR Officer-in-charge as opposed to the unit commander. This is not a prevalent issue across all USAR units as the unit commander is the only individual that is supposed to bear the responsibility of ensuring that tasks are completed as needed. In the case of those AGRs that are used as scapegoats, they may end up becoming frustrated with their duties and resort to looking for an escape from the unit. This could result in the AGR SM initiating a Release from Active Duty (REFRAD) or retirement packet if they are unhappy with their current responsibilities within the AGR program.¹⁶ This is an issue that affects the entire Army Reserve, because when a unit loses an AGR SM, they are either left with a vacancy that goes unfilled for a stretch of time or they receive a backfill that has performance issues. In both cases, both the unit and USARC suffer because units need to maintain their readiness and training metrics in order to deploy.

USAR Commanders have a responsibility to ensure that their AGR staff members are receiving the assistance and responses they need from the TPU Soldiers.¹⁷ An

example would be the delegation of additional duties to multiple members of the unit as opposed to just the AGR staff. This may happen in some USAR units, because in most instances it is easier to give those duties to the AGR staff since they are available most of the time. However, the problem with this is that those AGR SMs can potentially become a single point of failure for the unit, causing issues when the AGR Soldier is on leave or in the process of PCS'ing (Permanent Change of Station) to their next duty station. This is why it is important to have commanders that are both reasonable and understanding of the workload that is placed upon the AGR staff. A good leader would ensure that any and all single point of failure are identified and rectified by assigning alternates that are able to perform those additional duties as well.¹⁸ These extra tasks are difficult to accomplish for reservists because they only conduct military duty one weekend a month yet commanders are expected to make time during the week to reach out to Soldiers. The responsibilities and tasks that commanders are meant to complete cannot be confined to just one weekend a month, although this is attempted in some instances.

TPU Officers serving in command billets are held to a higher standard since they are the highest ranking individual in their respective units and they are expected to balance both their military and civilian responsibilities throughout their command tenure. The USAR community is known as the part-time military force that only conducts duty one weekend a month and two weeks a year. This is a well-known stigma that the USAR community has been quietly trying to extinguish since the operation tempo (OPTEMPO) drastically increased following the events of 9/11.¹⁹

As a Commander, Officer in-charge (OIC), or Non-commissioned Officer in-charge (NCOIC) the expectation is to complete tasks and follow up with subordinates and

chain-of-command officials throughout the month. This places added pressure and stress to individuals that may already be stressed out and overworked due to civilian and family workloads. The drive to maintain a constant state of high readiness metrics has led to a drastic increase in stress on these individuals since they must take time away from their families to deal with USAR matters on weeknights and off BA weekends. Reserve duty for some USAR Soldiers can begin to feel less like a part-time job and more like a second full-time job, which could have significant detrimental effects on the SMs mental well-being and family.²⁰ Less time is being spent with family and friends in some instances, leading to resentment and animosity towards the close associates. Issues like this can be difficult to alleviate because everyone handles stress differently and not every reservist has a demanding civilian job or family.

When people discuss the negative impacts of toxic leadership, most tend to focus on the ones in command positions and not the culture or environment that is reinforcing their behavior.²¹ Key leaders working in staff levels at higher echelons can also contribute to a toxic work environment without ever setting foot in the SMs office. For example, in an average USAR unit, the Battalion S3 is usually responsible for ensuring that training and operations are running smoothly. In addition, they are also the full-time representatives for the Battalion Commander (BC) during the week, which means ensuring that all operations and missions are running smoothly.²² These officers may be unprepared for this responsibility in some cases and this could cause unwanted pressure from higher echelons that request answers to command decisions with little warning. These issues are not AGR specific and can occur in AD units as well. The primary difference is that the commander is usually available in an AD unit while the BC and

Executive Officer (XO) may not be as available since they are more likely to be busy with their civilian jobs. AGR Officers and NCOs have to be prepared to step out of their comfort zone and make command decisions in the absence of the commander if the situation calls for it.²³

Toxic behavior that stems from a higher echelon can be extremely difficult to report without proof that the behavior occurred and that it warrants corrective action.²⁴ These difficulties can stem from staff members at higher echelons that harass and belittle AGR staff members in their subordinate units. There are unsubstantiated claims that some AGR staff members at the higher levels take advantage of their position and take out their frustrations on other AGR staff members. Those commanders may not be aware of the toxic behavior that their own AGR staff members are exhibiting to the staff of their subordinate units, so the behavior continues until something drastic happens.²⁵

According to Army Regulation (AR) 600-20, regarding Army Command Policies, command climate surveys are to be initiated within 120 days of assuming command for USAR units.²⁶ The issue is that not every USAR unit follows the mandate, which is why having forcing mechanisms at the next higher level is so important.²⁷ In USAR units, command climate surveys are not a requirement so not every unit conducts one when a new commander takes command. A command climate represents the feelings of the individuals concerning the organization.²⁸ These extend to all Soldiers, but some may argue that the opinion of the key leaders and AGR staff hold more weight than the TPU SMs in non-leadership roles. This is because AGR SMs and key leaders have more contact with their higher echelons throughout the month as opposed to just BA weekend.

This is also an issue that does not extend to AD units, because they have more contact with one another to include their higher echelons on a regular basis.

The Multi-Source Assessment and Feedback (MSAF) tool is one example of a self-assessment tool that the Army relies on for officers and non-commissioned officers to assess their own strengths and weaknesses.²⁹ The MSAF is intended to gather 360-degree feedback from supervisors, peers, and subordinates across the force.³⁰ Overall, the intent was not necessarily met and multiple issues arose after it was initiated across the force. First, the rated officer could choose whom to send the MSAF request to, which allowed them to selectively choose other individuals that would either ignore the request or give them a good rating.³¹ Second, imitating the MSAF was a requirement for Officer Evaluation Reports (OERs), but the completion of the MSAF was not required. This meant that all the officer had to do was send out the request and the requirement was met. Third, the MSAF was seen by many as more of a nuisance than an actual survey so most Soldiers would dismiss it.³² Ultimately, the MSAF did not accomplish the mission it was initially created for and it is no longer being emphasized as a reliable self-assessment tool for OERs. The best method for senior raters to get a good self-assessment of their junior leaders is to enforce command climate surveys and talk to the junior enlisted Soldiers of those junior leaders.

SIGNS & SYMPTOMS OF MENTAL TRAUMA

The impacts and consequences of toxic leadership or behavior in the workplace can lead to other physical and mental issues for Soldiers that are constantly being exposed to it. This section will explore the signs and symptoms of mental trauma that

can be caused by long-term/continuous exposure to a toxic work environment. SMs can experience traumatic stress and develop PTSD-like symptoms without ever deploying to a combat zone.

AGR Soldiers that are exposed to toxic work environments may be at a higher risk of developing PTSD-like symptoms over time, without ever deploying to a combat zone or experiencing a significant traumatic event.³³ AGRs can develop PTSD as a result of a prolonged traumatic experience or repeated exposure to traumatic situations. As the role of the military continues to evolve, there has been a steady increase of humanitarian and disaster relief missions conducted by U.S. military forces around the world. These unexpected missions, coupled with combat deployments, can lead to higher levels of psychological distress for some SMs.³⁴ Studying these factors and identifying solutions is extremely important, because SMs are more likely to make “mistakes and judgment errors that could cost lives” or essential resources during a mission.³⁵ Soldiers need to be in the right state of mind both at home and during a deployment. This will require “solutions for reducing the negative impact of work stress on their morale and emotional health”.³⁶

Symptoms of STS are similar to those of PTSD because both are related to one another. Military dependents that live with SMs diagnosed with PTSD are indirectly exposed to the trauma that the SM experienced which is what leads to STS.³⁷ This applies to both adults and children in the household because they have to deal with the PTSD triggers and heightened emotional sensitivity. This is why it is important for all parties involved to understand the causes and implications of PTSD and STS.

Recognizing symptoms of trauma and self-reporting can be daunting tasks for Soldiers, because most SMs may not want to appear weak or incapable of performing their duties. These self-inflicted stigmas are the reasons why Soldiers avoid reporting their issues and steer clear of mental health services.³⁸ Officers and NCOs that want to compete for command positions may be afraid of being overlooked if they divulge mental issues to their Commanding Officers.³⁹ Those commanders may feel like they are doing them a favor by giving the command opportunity to someone else but in reality they are cheating the SM out of a career enhancing opportunity that is needed for promotion to the next rank. Commanders must remain fair and impartial even in light of physical or mental issues that could conflict with the SM receiving a higher level of responsibility. The numbers of physical and mental issues that can develop within a toxic command are too numerous to name, but depression, stress, insomnia, traumatic stress, and suicidal thoughts are at the top of the list. Furthermore, these psychological issues can lead to heart issues or other chronic diseases that the Soldier may not realize until the symptoms become serious enough to hinder their military duties.⁴⁰ More studies need to be conducted among the USAR AGR demographic in order to obtain more factual data and statistics regarding mental health, physical symptoms, and overall work experiences within their respective units. Current studies may include USAR AGR data along with the TPU data, but unless both demographics are separated and analyzed, it will not be able to provide a specific outlook of the AGR experience. Data, specific to the AGR community, needs to be collected and analyzed in order to identify and mitigate issues that are negatively impacting AGR SMs and their family members. This data also needs

to be made public so that the public can have a better understanding of the issues that members of the AGR community are experiencing.

STS can be difficult to identify or detect, because in many cases the victim is unaware that they are experiencing PTSD-like symptoms. This is due to the fact that the individual suffering from PTSD is considered the true victim because they have what other people consider a “real problem”. Victims suffering from STS tend to focus so much on the PTSD victim that they overlook their own psychological needs because they do not understand the symptoms of STS.⁴¹ Victims of STS or secondary PTSD are overlooked because they do not fit the criteria for PTSD, so many are forced to deal with the symptoms alone because they are focusing most of their emotional energy on the spouse experiencing actual PTSD symptoms.

The signs of STS vary just like those for PTSD, which is why many people never notice the symptoms right away. Some people that experience STS tend to be overcome with feelings and emotions that deprive them of their will or desire to be around the people they love or interact with them in a positive fashion. That person becomes emotionally unavailable and this creates friction in the relationship, which only adds to the stress of being a military spouse.⁴² As a military spouse, it can be mentally taxing to deal with the stress of sacrificing personal emotional needs to care for the person that would normally support those needs. For example, if a Soldier is experiencing symptoms of traumatic stress, there is a possibility that it could carry over into their personal lives and negatively impact their spouse and children. They can become more argumentative, quick to anger, less compassionate, or in some cases, more abusive towards their family members. This type of behavior can take a dramatic toll on spouses and children, which

can lead to the development of STS-like symptoms. Situations like this may not be a common result of toxic leadership in the workplace, but it is possible if the AGR SM does not possess the mental resilience to separate their workplace issues from their personal lives.

The Department of Defense (DoD) has a responsibility to these families to provide assistance for the affected household and not just the SM. SMs serve their country in order to protect their families and discovering that they are the cause of their STS symptoms could actually worsen their PTSD symptoms. When dealing with symptoms of STS it is very important to identify the triggers in order to develop strategies to avoid or cope with them as they arise.

Since STS is not commonly known it can go undiagnosed for nearly an entire lifetime if the affected person does not realize it. The causes can even stem as far back as the victim's childhood and may not really surface until after a traumatic event like extreme workplace stress or a combat deployment. For example, AGR Soldiers in the USAR are charged with running the unit on a full-time basis in between BA weekends. Some units are manned with anywhere from one to fifteen full-time personnel and the duties can be extremely stressful for those that are not mentally resilient enough to handle the immense workload.⁴³ Under normal circumstances, PTSD is triggered by a traumatic event, but hostile/toxic work environments can serve as a trigger for these symptoms.⁴⁴ These symptoms are invisible and because of that most of these Soldiers unknowingly bring their drama home to their families, which in turn can lead to STS symptoms among dependents. All of this can occur in a garrison environment, which is what makes it so

dangerous. AGR Soldiers, recruiters, commanders, and reserve Soldiers dealing with civilian workplace stress are all susceptible to PTSD and STS.

There have been claims that SMs who have never deployed fear seeking mental health services for traumatic stress issues, because they have never been in a combat environment. These individuals need to understand that anyone is susceptible to mental illnesses and deployment should not be used as criteria for SMs or dependents seeking assistance for PTSD or STS symptoms. For example, “Vet Centers” are available to veterans that require assistance and meet the eligible criteria.⁴⁵ According to the U.S. Department of Veterans Affairs, veterans must have served on active duty in a combat theater or experienced sexual trauma in order to receive counseling services. These criteria may be unaccommodating to AGR SMs that may have never deployed to a combat environment.⁴⁶ In addition, they will need to locate a Vet Center that is a reasonable distance from their home of record (HOR). SMs must also be able to recognize that they have an issue and need help before their dependents can utilize the services. This may not be an issue for many AGR SMs, because most have deployed to a combat zone and those that have not, still have the option of seeking mental health from a civilian counselor.⁴⁷

There are multiple factors that can be attributed to the development of traumatic stress symptoms among AGR SMs and family members. USAR AGR SMs that work in remote locations with minimal AGR staff members may be more susceptible to traumatic stress than an AD SM in the same position. This is due to the fact that all Soldiers in AD units are full-time and have the ability to support one another on a daily basis. AGR SMs do not have this support system as most of their assigned strength is made up of TPU

SMs that are only required to show up to duty once a month and even this is contingent upon there being conflicts with their civilian work schedules. The workload that goes into running and maintaining a USAR unit that has a high OPTEMPO can be extremely stressful, even for a fully manned AD unit. It is always easier to handle stressful tasks or situations with a large group than it is to deal with it alone. The workload can be shared and completed at a faster pace with less effort and stress than it would one person with the same task. This is the key difference between AGR and AD SMs when it comes to workplace stress.

Another important factor to note are the challenges that arise as a result of living in a remote area with a lack of medical providers that accept TRICARE. AD SMs and family members have the benefit in living in military friendly communities that can relate to other military families. AGR SMs and family members may feel more alone and isolated than their AD counterparts because of these differences, which could lead to depression or other symptoms of traumatic stress. In the next section, there will be a discussion and analysis of treatment barriers that AGR Soldiers and family members may experience when seeking health services through TRICARE.

TREATMENT BARRIERS

When it comes to available medical treatment options, AGR Soldiers and family members are able to utilize military treatment facilities (MTF) if they live within a reasonable distance of a military post. Under ideal circumstances, this would be anyone within a 50-mile radius that falls into a specific category of preferences. This is not always the case, and in some rare instances family members may have to travel beyond a

50-mile radius to see a specialist depending on where they live.⁴⁸ AGR SMs and family members face a multitude of barriers when it comes to seeking medical assistance from specialists.

First, SMs must find a primary care manager (PCM) that accepts TRICARE within a reasonable commuting distance. This can be challenging due to issues with redundant and inaccurate information in regards to the list of providers listed on the TRICARE website.⁴⁹ Mental health specialists can be even more difficult to locate since there are not as many in smaller towns as there would be near a military post or major city. In addition, the issues that military families face may not be understood by mental health specialists who have not dealt with members of the military community in the past. This is important because families suffering from STS or AGR SMs dealing with symptoms of traumatic stress need to see someone that has the experience necessary to assist them with those issues. In addition, many of these specialists may have a lot of patients and the earliest they can see new patients for an initial appointment could be upwards of several months.⁵⁰ This forces the SM to have to deal with their problems on their own while they wait to be seen, thus exacerbating the feeling of loneliness and depression they may already be feeling at that time. When it comes to dealing with mental health issues and workplace stress, having someone to talk to can make all the difference.

Picking up and moving every few years is another issue that impacts medical & mental health treatment because this pushes the “reset” button on all of the tasks necessary to locate a PCM and specialist and it also forces the SM to have to re-explain all of their issues to their new doctor. This can be a huge stress factor, because there is

always the chance that the next person may be farther away or less capable of understanding military issues.

There is a sense of pride within the military community that causes some SMs to question or reconsider asking for help because they do not want to be seen as weak.⁵¹ This is especially prevalent among SMs that have never deployed but are experiencing traumatic stress related symptoms nonetheless. Everyone plays a role in stressing the importance of seeking health if there is any doubt that someone is feeling lonely, depressed, or extremely stressed out. Some of these issues can be solved at the unit level without external assistance if the SM feels that their work environment promotes open discussion concerning personal issues. Military OneSource and the unit Chaplain are two of the most referred sources that many commands recommend their SMs use since both are readily available and do not require the same amount of time and effort that it takes to find a PCM.

Social media provides an outlet for AGRs that need to ask questions or discuss real issues that are hampering their work ethic. One group in particular called the “AGR and MILTECH Support Forum” on Facebook provides an outlet for full-time personnel to discuss issues relating to their personal lives, work environment, and SM issues.⁵² Many Soldiers have posted claims of having to deal with toxic leaders and poor command climates. Several stated that they “feel trapped and alone” and that “no one cares about their well-being”. Some have even reported significant health and psychological issues relating to the “tremendous amount of stress” associated with their duties.⁵³ Others claim that they remain in the program for the benefits and the hope that they will PCS to a better unit, while others regret their decision and look for ways to

revert back to TPU status. These individuals remain mostly anonymous due to the privacy of the group and the rules that forbid anyone from calling out the names of their leadership or units out of respect for operational security (OPSEC). These issues are not necessarily specific to the full-time staff alone, but since they are the full-time representatives during the week they are left to combat the toxic behavior on their own in most cases.

According to a report released by the Department of Defense (DoD) on 26 September 2019, the suicide rates are continuing to rise among all three-service components. The report stated that in 2018, the AD suicide rate was 24.8 per 100k personnel, the USAR was 22.9, and the NG rose to 30.6. According to a research article published by BMC Psychiatry, the overall suicide attempt rate among activated enlisted USAR SMs was more than four times higher than the rate for Officers.⁵⁴ This data shows that there is a major issue with mental health in the USAR and NG communities and that the strain being placed on these reserve forces needs to be reevaluated. This data needs to be broken down by duty status so that it can be analyzed and reviewed to see if there are trends among the USAR AGR population. The suicide rate of the USAR is almost equal to that of the AD force even though they only perform military duties part-time when they are not deployed. A conclusion can be drawn from this data that reserve forces are experiencing a higher rate of suicides than AD forces when taking into consideration their respective duty statuses. There is a wide range of speculations regarding this data pull and most believe that these suicide rates are a result of the increased OPTEMPO and lack of mental health support systems within commuting distance of USAR centers.

In the next section, the differences between the support that AD and AGR families receive will be discussed along with the secondary impacts of toxic leadership on military dependents. AGR SMs suffering traumatic stress symptoms can suffer from symptoms that include: depression, anxiety disorders, substance abuse, or suicide ideations.⁵⁵ The families of these Soldiers are forced to deal with the repercussions of these symptoms, and in doing so, put themselves at higher risk for developing some of those symptoms themselves.

IMPACTS OF TOXIC BEHAVIOR ON FAMILY & MENTAL HEALTH

One of the biggest differences between AD and USAR SMs is the lack of support from a military community.⁵⁶ Dependents of AD SMs tend to live on or near post and are generally surrounded by other military families and resources. Since most USAR units are not near a military post they end up having to either deal with military issues on their own or reach out to other military dependents through social media. Family Readiness Groups (FRG) are command-sponsored programs that offer support and community resources for families, but do not offer mental health support.⁵⁷ FRGs are an all-volunteer group that is made up of spouses and although most units struggle to appoint an FRG leader, it is even harder to garner participation since dependents are not generally involved in BA activities. This is a serious issue because military spouses need to be able to vent their feelings and frustrations to other military spouses that are able to relate to their situation. This type of camaraderie rarely exists in the civilian community because most have either never served or do not care about those that currently serve. This can lead to a sense of loneliness or isolation when issues like PTSD or STS arise following a

deployment or traumatic experience. From the perspective of the FRG, there is not a viable solution to garnering volunteers in order to maintain its relevance and provide adequate support to the spouses of the SMs assigned to the unit. This is especially true since many of those families are not local to the unit and are mostly scattered across the country.⁵⁸

In some USAR units, reserve spouses have little to no involvement in their military spouses' reserve activities. It could be argued that many of them feel disassociated with the USAR lifestyle since there is little to no communication beyond family events. Military dependents experiencing STS-like symptoms may not realize what is happening because many of them may believe that they are the only ones with these negative emotions. Reserve spouses may not have access to the same mental health services that are available to the spouses of AD Soldiers since most do not live on a military installation. This becomes a serious issue if the military spouse suspects they are experiencing symptoms of STS due to their military spouses traumatic experiences.⁵⁹ There needs to be a mechanism in place that authorizes dependents of SMs experiencing PTSD-like symptoms to see a mental health specialist as well. Dependents need to be better educated on the mental health services they are authorized to receive if they feel that their own mental health has taken a significant hit due to symptoms of STS. When a family member has PTSD, everyone within the household experiences it with them because they are in direct contact with the individual daily. Children of SMs suffering from PTSD are highly susceptible to developing STS symptoms because they will mirror the actions and interactions of their parents.⁶⁰ They feel that everything is up to them and if they cannot keep up then everything will fall apart. This is too much to ask of a spouse

that in most cases are not SMs and do not understand how to deal with this type of stress. This is why raising awareness of STS and the resources available is of utmost importance to not just AD combat veterans, but all SMs and families.

Unless the DoD takes the initiative to address the lack of resources addressing STS as well as the lack of professional help for dependents outside of MTF's, these issues will continue to plague SMs and their families. The reality is that there are not enough resources for the families and friends of SMs suffering from PTSD, and the DoD needs to understand that the dependents of these SMs deserve more.⁶¹ Military spouses and children cannot be expected to care for these veterans while also avoiding the pitfalls of STS. Families of veterans suffering from PTSD share stories of their spouses returning from deployments a completely different person. Military spouses under this strain have a higher chance of committing suicide due to the increased stress of feeling like they cannot handle the burden.⁶² The challenge with helping these spouses is first raising awareness of the support systems and networks that are already in place and ensuring that they do not feel that the DoD does not care about their feelings and well-being. They are part of the DoD family and should be given the same access to mental health and counseling services.

The USAR could benefit from initiating surveys specifically geared towards AGR Soldiers and their family members to build an analysis of how many feel that they are experiencing traumatic stress symptoms as a result of their work environment.⁶³ Another point of view that many people do not discuss are the mental disorders that may occur during a deployment once the spouse realizes that they no longer have the support of their spouse and that they have to handle everything on their own. This can cause a

tremendous amount of stress and anxiety on the spouse that is left behind to take care of the household while the SM is away.

ENCOURAGING ETHICAL BEHAVIOR

There are units that understand and appreciate the hard work their AGRs perform on a daily basis and their methods are likely not difficult to emulate across other USAR units. All Soldiers, regardless of status or rank, want to be appreciated and treated like any other member of the team. AGR SMs are not perfect and as with any USAR SM they have their flaws. These issues can occur for various reasons but this is all the more reason for AGRs to be counseled, trained, and mentored in the same manner as any other USAR SM. The military duties that AGRs perform in comparison to their TPU counterparts will always be uneven.⁶⁴ That is the primary purpose of the AGR program, and this is exactly what should be occurring in all USAR units. Issues arise when AGR SMs are either performing the duties of their TPU counterparts or are being ignored by their TPU leadership. Leaders that take the time to either provide or receive advice from their AGR staff may very well see a stark difference in their attitude and behavior. This may not work for everyone, but this tactic will help to make those that may feel overlooked feel more appreciated. Counseling can also make a difference because many commanders assume that AGRs know what they are supposed to do when in fact it is hardly ever explained to them.⁶⁵ On the job training is how many AGRs learn their duties, but if formal training were to be established it would definitely help with the development of higher quality AGR SMs for USAR units to utilize. AGRs may not

necessarily be the subject matter experts (SME's) that many commanders expect them to be upon arrival.

The responsibility of raising exceptional leaders does not fall on the leaders alone. Subordinates can do their part in raising exceptional leaders by communicating their opinions of their work ethic on a regular basis. Good leaders are not given the credit they deserve in some cases which leads to them believing that they need to be more like the leader that overuses or even abuses their subordinates to get results.⁶⁶ If more subordinates took the time to reach out to senior raters about how well their commander is performing, as opposed to focusing on just the toxic leaders, it would be easier for those leaders to continue on that path. Many Army Reserve units have shifted their focus from SM well-being to metrics due to the increased OPTEMPO and demands for deployable units.⁶⁷ This metric-focused culture is one of the reasons why leaders have become less empathetic and more aggressive towards their subordinates. The current evaluation system is another issue that does not take into account the morale of subordinates because they are rated top-down instead of a down-up. Leadership skills and ethical leadership are valuable traits for future leaders to be taught. Every Soldier plays a part in producing ethical work environments that are free of discrimination and toxic behavior. Working as part of a team, communicating well with others, and ensuring every member of the team participates are valuable skills that need to be enforced by leaders at all levels. Bringing out the best of each member of a team is not an easy task, which is why the USAR needs to focus its efforts on shaping junior leaders for future commands.⁶⁸

CONCLUSION

All SMs regardless of duty status or service component have most likely experienced some form of toxic behavior and significant workload stress at some point in their military career. The intent of this research paper is to bring awareness to some of the issues that USAR AGR Soldiers experience regarding toxic behavior, traumatic stress, and treatment barriers. AD and TPU SMs have the full support of their unit while on duty, while the USAR full-time staff only have a small team to support them while they are on duty. This makes sharing the workload more difficult and strenuous as taskers and unit requirements increase in relation to the units OPTEMPO.

There is no perfect solution to the issues that plague AGR SMs and their family, but there are steps that can be taken to alleviate some of the negative experiences that they may be going through. First, USARC can mandate all USAR units to conduct classes concerning the duties and responsibilities of all unit members. This is something that all reserve Soldiers, regardless of duty status, need to understand in order to eliminate some of the biases that exist concerning the full-time staff. Second, providing an incentives-based program to encourage spouses to join and participate in the FRG program would increase their unit involvement. More spouse involvement would be beneficial for both the SM and their families, because it would allow those families to establish a better relationship with the unit.

Third, prioritizing morale and well-being versus readiness and reporting metrics would be beneficial for the unit overall.⁶⁹ Toxic leaders are achieving results at the cost of morale and it seems that in many cases it is the AGR community that suffers the most due to their full-time status. It is true that AGRs have a bigger responsibility to the unit

than most other SMs, but bending them until they fold is not the answer. The unrealistic workload is causing AGR Soldiers to quit or work themselves into a PTSD-like state, potentially impacting their dependents as well. Raising awareness of the symptoms that accompany PTSD and STS is the step that precedes reaching out to mental health resources for help. Ethical leadership will encourage ethical behavior among subordinate units, which will in turn decrease attrition and improve metrics. Training higher quality leaders that prioritize SM morale will be beneficial to the USAR as a whole and that includes the AGR community as well.

Fourth, the United States Army Reserve Command (USARC) and Human Resources Command (HRC) need to work together to reevaluate the manning criteria for unit fills in order to better support AGR Soldiers with daily tasks. Units with a high number of assigned personnel or high OPTEMPO need to be better manned to deal with the increased workload that comes with maintaining and running full-time operations in a USAR unit. AGR Soldiers need to be provided with some form of integration training prior to receiving their initial assignment and commanders need to be trained on how to properly utilize AGR personnel. The part-time personnel must share some of the workload and be held accountable for failing to support the AGR staff with completing unit tasks that require their input. These measures will help to diminish the stress that is being placed on the AGR staff and will lead to higher morale and retention rates throughout the AGR community.

Lastly, mental health and treatment barriers continue to be significant issues for Soldiers and families that live in remote areas. Expanding the number of medical and mental health professionals that accept TRICARE in remote areas that are not within

commuting distance of a military treatment facility (MTF) would help to alleviate stress in these areas as well.

Notes

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