

CARLSON: Welcome and thanks for tuning in. You're listening to DotMilDocs, the Military Health System's official podcast. I'm Russell Carlson and it's Thursday, January 14, 2010. This January, the Military Health System is recognizing Healthy Lifestyle Month. Learn more about this monthly theme at health.mil/healthylifestyle. This week's episode is all about maintaining a healthy lifestyle. We are joined by Brigadier General Rhonda Cornum, the director of the Army's Comprehensive Soldier Fitness Program. Comprehensive Soldier Fitness aims to increase the resilience of soldiers and families by increasing their physical, emotional, social, spiritual, and family strength, and that ensures a more resilient force. General Cornum, welcome to DotMilDocs.

CORNUM: Thank you very much.

CARLSON: Sure. So the Army has equipped and trained its soldiers for the physical rigors of war for many years, and now the Army is taking a deliberate approach to raise the level of mental fitness up to that of physical fitness through the Comprehensive Soldier Fitness Program.

CORNUM: That's correct.

CARLSON: How will the Comprehensive Soldier Fitness Program implement such a culture change?

CORNUM: Well, I think we're doing it in a number of ways. Certainly, getting the word out starting at the top from the chief of staff because he recognizes and started this initiative. And down in every school, in every conference, in every pre-command course. From the other end, starting with accession and having our master resilience trainers in basic training and in AIT and BOLC. I think we will eventually get to everybody.

CARLSON: Can you talk about what the program is, what it's made up of?

CORNUM: The program is really modeled after physical fitness, where you have standards and then you have an assessment and reassessment, just like we do the PT test. Every six months, you'll do the global assessment, which measures psychological fitness. You will be the only person who has access to your results, but you will be required to assess yourself. There'll be training both in schools as well as individualized, either online or in some other format to improve, and then a reassessment to see if you've accomplished that. And then trainers in units that are not, we're not intending this to be provided by psychologists and psychiatrists and social workers, this is really just enhancing leadership and counseling skills.

CARLSON: Sure. So how do you set the baseline in somebody's progress? I imagine there must be an assessment at first.

CORNUM: There is a global assessment tool and it is a scientifically validated survey that we will start with basic trainees, but we will start everybody, starting this year. And then, they will redo it. Currently, the requirement is annually but you will be able to do it more frequently. If you have done some training and if you have done something that you think has changed your psychological fitness, you'll be able to do it more frequently if you choose to. And then, there'll be training in between times so that you can map your own progress.

CARLSON: And how would a soldier access that global assessment tool?

CORNUM: It's currently provided through AKO, so it's on a dotmil Website at <https://www.sft.army.mil>.

CARLSON: AKO.

CORNUM: AKO.

CARLSON: That's Army Knowledge Online.

CORNUM: Right.

CARLSON: Right. So after you –

CORNUM: And –

CARLSON: Oh, go ahead.

CORNUM: Go ahead. Well, just that it's currently on the front page as you open your AKO account.

CARLSON: Oh, OK, great. And then, after they use the assessment tool, what training are soldiers able to begin immediately afterward?

CORNUM: Immediately, at that very millisecond that they get the results, they can go to the online modules that are on that same Website.

CARLSON: And what would be in those modules?

CORNUM: We are adding new ones as we build them, but the first ones have, for example, the same kind of training we offer at master resilience training in terms of learning how to respond and communicate in a more active and constructive manner. We have a module on how to work through the steps to put things in perspective instead of catastrophizing about what has just happened if something negative has happened. We have modules on what we call hunting the good stuff because positive emotion and keeping positive and negative emotion in balance is important to your psychological and physical health.

CARLSON: Now, you mentioned master resilience training. What is that?

CORNUM: It's 10 days of fairly intense training on both recognizing and building your own personal resilience and recognizing the thinking skills that go to do that. And then, the next five days and how to teach that to others, so it is intended for drill sergeants and first line supervisors so that they have the skills and learn how to instill them in their subordinates.

CARLSON: I guess I've read a little bit about it online but it's pretty new, right?

CORNUM: Well, the training is based on several things. One is on the Penn Resilience Program, which is being very successfully instituted in education by teachers to instill resilience in their students for about the last 20 years. But it also incorporates sports psychology techniques, teaching (inaudible) visualization, goal-setting, energy management in terms of controlling their breathing, their heart rate, that sort of thing, to become more effective, as well as some coping skills that are really primarily militarily focused on the importance of cohesion and trust, and accepting as a coping strategy as opposed to trying to change something. Whereas in civilian life, you might always choose actively changing something as a coping strategy, that does not work well in a military organization all the time.

CARLSON: And where would a soldier access master resilience training?

CORNUM: Well, the master resilience training is right now, we have about 180 people going through it once a month. And so we've got it with TRADOC and with Forces Command and MEDCOM. We have an order of merit list of units and representatives from those units going through it, so right now you have to be selected.

CARLSON: So it's kind of a traveling show.

CORNUM: No. Well, it happens right now up in Philadelphia with satellites. For example, this month, we're doing a satellite of 30 people at Fort Campbell, where we teleconference in the lectures and they answer their questions but we have live facilitators at the one to 10 ratio who we have sent down there, so that happens. We did it last time at Fort Jackson. We're doing it this time at Fort Campbell. Ultimately, we intend for this to be transitioned to Victory University in TRADOC.

(music)

CARLSON: We are going to take a quick break for the DotMilDocs Health Beat News and Information from the Military Health System. When we come back, we'll talk more with Brigadier General Cornum about the Comprehensive Soldier Fitness Program.

WOMAN'S VOICE: DotMilDocs Health Beat.

(music)

LOCKWOOD: Compression chambers used to treat divers who experience the bends after ascending too quickly may offer clues to treating wounded warriors suffering traumatic brain injuries. An Air Force study at Wilford Hall Medical Center in San Antonio was launched last year to determine if hyperbaric oxygen therapy could help treat patients with mild to moderate TBI. The study seeks to determine if patients experience improvements in their cognitive abilities after being exposed to pressured 100% oxygen in a hyperbaric chamber. Researchers hope to have preliminary results as soon as this summer.

While research into treating TBI continues, organizations across the MHS are compiling resources and creating services that help warriors suffering from TBI. TRICARE has created the toolkit for wounded, ill, and injured service members. The toolkit is located at www.tricare.mil/wii – that's W-I-I – and it's a great resource for wounded service members seeking information about health care. Check it out for information explaining Medicare eligibility for wounded service members, and an explanation of how TRICARE and Medicare work together to reduce the service members' out-of-pocket costs. Other tools offered include a widget and the latest news about new programs and changes in care.

Finally, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, also known as DCoE, and the Department of Veterans Affairs, the VA, hosted the DOD/VA Suicide Prevention Conference this week in Washington, D.C. More than 1,000 participants gathered at the largest conference of its kind for active duty service members, National Guard and Reserve veterans and their families. All these stories and more are available at health.mil. Log on to stay up to date. This has been your DotMilDocs Health Beat. For the Military Health System, I'm Elizabeth Lockwood.

CARLSON: Welcome back to DotMilDocs. Today, Brigadier General Rhonda Cornum is here from the Comprehensive Soldier Fitness Program and she's talking with us about how focusing on improving physical, emotional, social, spiritual, and family strengths ensures a more resilient force. And so getting back to the wider Comprehensive Soldier Fitness Program, what are the plans for the future?

CORNUM: Well, the plans for the future include getting an increasingly large number of resilience trainers trained. It includes incorporating some physical fitness measures as well, from both the Center for Health Prevention and Preventive Medicine and some things from your medical history, so we can map your physical health and fitness at the same time we're doing your psychological health and fitness. It includes getting a greater percentage of our noncommissioned officers and junior leaders through MRT training, and it includes having increasingly large numbers

and more sophisticated training modules for the individual domains of emotional, social, family, and spiritual health on the Web, available to people.

CARLSON: Can family members participate in it at this time?

CORNUM: Starting at the end of this month, adult family members will be able to participate.

CARLSON: Oh, really?

CORNUM: Yes, sir.

CARLSON: Will it expand to any other groups of people over time?

CORNUM: Army civilians.

CARLSON: Really?

CORNUM: Yes. We expect that we will have an assessment available for Army civilians as well as the training modules, probably by the end of March.

CARLSON: This is a voluntary program?

CORNUM: Well, it's not voluntary for soldiers. It's voluntary for family members and civilians.

CARLSON: Right, right. Yeah. Well, I want to thank you for your time, today –

CORNUM: Well, thank you for inviting me.

CARLSON: – and speaking to us.

CORNUM: It's a great pleasure.

CARLSON: Sure. Thank you very much.

CARLSON: That does it for us this week on DotMilDocs. Join us again next week when DotMilDocs returns with a visit from Chuck Watkins, the chief of communications research and requirements at TRICARE Management Activity. Mr. Watkins will talk to us about DOD's "That Guy" program. It's a campaign to increase awareness of the problems associated with binge drinking. Until then, see you on health.mil.

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