Focus Group & Interview Summaries

NCO Focus Groups

There were two focus groups conducted with NCOs that were from different Army combat brigades. There were 11 total NCOs in the group who were all male, had a median of 5 years in the Army, nine were married, and eight were multiple deployers. The first group was deployed for three months while the second was deployed for fifteen months.

Most group members described their personal morale as doing pretty good. To maintain their morale, they did PT, talked to people, used the computer, and sometimes they tried to isolate themselves to get alone time. They described taking care of each other by trading movies, talking to each other, and trying to give subordinate Soldiers as much time off as possible. One group stated that leaders could help maintain well-being by easing normal garrison rules in this field environment. Some also thought that their living arrangements were not as good as they should be, especially when individual augmentees, with lower rank, were living in more spacious quarters.

The second group described frustration among their family members over the unit's extension. Anger was expressed from all points of view among the families. These NCOs found that strategies that were taught to help kids with deployments (i.e. countdown calendars) were no longer useful. One NCO told of his 13 year-old throwing a smoothie at a gate guard that told his child and wife that the NCOs unit was extended.

All agreed that getting to know the Iraqi people with the hope of gaining familiarity and trust was better for mission success. They found it hard dealing with civilians and members of the Iraqi Police or Iraqi Army. They expressed distrust from Iraqi civilians towards the Iraqi Police. They also thought that the Iraqi Army distrusted the Iraqi Police. One group expressed disdain over the Iraqi Army refusing to go on missions in which they did not want to participate. The NCOs thought it was tough going out on patrols and dealing with snipers and IEDs. Members of one group did think that the war was "not pointless but lacks a point." They experienced Iraqi kids throwing rocks at them when the Soldiers thought that they were trying to help. They were working on winning hearts and minds. Some believed America would be better off if we pulled out and let them kill each other. They described the tribes as warring for thousands of years and did not think it was possible to make it advance so fast or so quick. They did not believe that guys in their platoon as seeing success. They characterized their successful missions as no guys hurt and no vehicle catastrophes. Soldiers in this unit were angry because they thought they would be here for a year and they expected to be here for another year to be back over here.

One group was asked about ethics on the battlefield including any training that they received on the subject. They remembered learning about customs and courtesies and they learned to follow ethics to try not to make any more terrorists. They also received an in theater refresher which covered things like cultural differences in dealing with women.

They acknowledged following the ROEs, but did state that they may curse at Iraqi civilians during raids when adrenaline was high. They did state that in following the ROEs, they still prioritized getting the target and getting out alive. There were differences on how they would deal with a violation depending on what they thought the severity of the violation was. They expressed they would turn a team member in to the chain of command for kicking a civilian if he was down but doing an on the spot correction for stealing. They agreed with the issues in General Order #1(GO1), except for not being able to have pornography. They stated that the United States already has a bad international image and that that is why the U.S. is interested in the issue of ethical decision making.

Junior Enlisted Focus Groups

There were two focus groups conducted with junior enlisted personnel from two Army brigade combat teams. One group was deployed for fourteen months while the other was deployed for one month. All together, there were eight members and all were male, on their first deployment, and had a mean of 2.3 years for time in the military.

The two groups had different descriptions for their personal morale. The group that was deployed for one month described their morale as high and the group that was deployed for fourteen months described their moral to be low on average which was explained by not having a definite date on which they were leaving. They expressed that their morale was high before being extended and that they were upset that they heard they were being extended on the news before their chain of command told them. Both groups stated that they used the gym, internet, movies and the phone to relax to avoid the realities of war. They explained taking care of each other by joking around and just listening when others wanted to talk. They thought that their leaders could help maintain Soldier well-being by keeping members of their unit better informed about operations and giving guys time off to relax and reset. They thought that MWR stuff should be better distributed, including having more USO shows that were scheduled when Soldiers, who were usually outside the wire, could attend. The first group stated that while some family members were taking this deployment hard, most were doing ok. The group that was extended described their families as having a hard time and these members were angry that their families found out about the extension, before the members of the unit.

The two groups also showed differences when asked about the success and purpose of the mission. The first group thought the mission was going "pretty good" and talked about successes that they had finding weapons caches, taking prisoners, and finding IEDs. The group that was extended expressed frustration over ROEs and insurgents hiding weapons in mosques so that U.S. Soldiers could not get to them. They thought that this undermined their ability to do their job. They also expressed unhappiness over Iraqi Civilians throwing rocks, cinder blocks, and gasoline bottles at them. They thought that they did not have the ability to respond to these threats. The first group thought that they were doing a job that was important in fighting terrorism in Iraq instead of letting

the terrorists fight in the United States. They also thought that the Iraqi Army was doing a good job and were motivated, while the Iraqi Police was unreliable. The second group did not see a purpose in being in Iraq. They thought that either we should leave and let the Iraqi's fight a civil war, or let Soldiers go after insurgents no matter the risk of collateral damage. They thought that Iraqis would learn to cooperate with coalition forces in fear of their cities being destroyed. They also stated that a psyops unit should be attached to infantry battalions to conduct the information operations.

Both groups acknowledged receiving ethics training in Kuwait, while the second group also received the training at JRTCD and after a specific situation in Iraq. All thought that the training was common sense. Both groups stated that it would depend on the violation if they were to turn in a soldier to higher headquarters or if they would try to handle the situation internally. As far as GO1, both groups thought all made sense except for pornography. They expressed importance of having GO1 as it kept units safe and out of further trouble. When it came to violations of the ROE, GO1, and ethical violations they stated that when unit safety was jeopardized that they would act to keep themselves and their fellow Soldiers safe. As far as future training, one group thought that hands on training involving the situations that deployers face would be helpful.

Behavioral Health Interviews and Focus Groups

A total of seven interviews and two focus groups were conducted in Iraq. Seventeen respondents were officers and six were enlisted Soldiers. There were five social workers, five psychiatrists, five mental health specialists, three psychologists, two occupational therapists, one psychiatric nurse, one brigade surgeon, and one psych tech. The U.S. Army, U.S. Navy, and U.S. Air Force were represented during these interviews/focus groups.

One emerging theme was the lack of supplies that the respondents believed would make them more effective. Lack of communication devices, being without proper computer and internet connections, poor availability of transportation, and the lack of professional material were mentioned throughout the interviews/focus groups. The lack of commo equipment and email caused difficulties with performing outreach and clinical consultation with other providers. Most providers responded that they did not have the means for transportation and that this provided great difficulty when providing outreach to Soldiers who were based outside their FOBs. The behavioral health staff also expressed frustration on materials that were available to them, including professional therapy material. Many participants mentioned that they purchased material with their own money, including therapy books, that they could not purchase using unit funds. Two interviewees stated that the mental health sets are inadequate, as they are outdated hand-scored style of tests in an "electronic battleground", and did not include enough assessment tools.

Common issues were identified throughout the interviews/focus groups of Soldiers who come see mental health. Most providers claimed that soldiers

presented most commonly with problems in their personal relationship issues (i.e. home front). They also experienced a greater spike in patient care after the soldiers returned from R&R. They also responded that they frequently saw soldiers who had problems with their leadership. One provider was asked about problems that he has encountered with multiple deployers. He believed that soldiers with PTSD & COSRs may be having greater difficulty dealing with issues on this deployment. He stated that more research needed to be done on the issue of multiple deployers. Other issues mentioned were interpersonal/anger, closed head injuries, operational stress and low morale.

Most of the respondents stated that they had good visibility with the units that they supported. "Walk abouts" are still being done by many of the mental health assets as a form of out reach and providers who had visibility in the units had the easiest time providing behavioral health care to Soldiers/Marines. Active duty behavioral health assets expressed that being involved in unit activities built trust between leadership, Soldiers/Marines, and the provider. One provider desired to change the normal saying of "go to see mental health" by 1SGs or NCOs saying "go see Doc (name)." This provider believed that this would be possible by going out and meeting Soldiers/Marines, and answering their questions. "Don't sit in your office or you end up eating chow alone."

CEDs/CISDs are being done in theater, though they are not systematic. Each provider that responded to doing them had a different way of conducting them. These ranged from "loosely done" Mitchell model CISDs, to the "least harm done" model which was characterized as being supportive of the Soldiers/Marines and telling the Soldiers/Marines what a good job they are doing. Two Naval respondents stated that CISDs/CEDs were not being asked for anymore, one of which stated that their particular reserve units had lots of firefighters and police that were conducting CISDs based on their civilian experience. Another Naval officer stated that conducting them was a good way to identify those who need further help.

Documentation was expressed as an issue with those that were asked. The need for standardized forms and procedures was a key issue that was uncovered. One social worker expressed a need for a standard intake form. A Psychiatrist stated that he received only COSCWARS from the Corps and that he did complete ASERs. He believed that it took too long to complete and that it contained a lot of items that only related to a garrison environment. Others gave mixed responses to whether they used COSCWARS or not. One respondent stated that the standard for documentation was not clearly explained to her when coming to theater which in turn "set her up for failure" when she received a peer review. This spurred her belief that more documentation and medical administration should be done. Other questions that came up that some providers were confused about where records go when unit leaves, and how long records should be kept for.

Mental Health Specialists (91X) and Psych Techs were being used in different ways throughout theatre depending on their experience and whom they were teamed with. All providers found them to be useful to the tasks that they assigned. Main tasks included doing intakes, classes, CEDs/CISDs and

outreach. Some 91Xs were allowed to perform therapy but only under close supervision. Most providers were continuing to develop their 91Xs and psych techs' counseling skills when time was available.

One common response by most of the behavioral health personnel was that they needed more training in dealing with combat stress control issues, especially occupational therapists and enlisted mental health assets. Some did not hear of the COSC course until it was too late to attend and make their deployment date. A majority believed that deploying soldiers should have better access to this class. 91xs also believed that their initial training should involve more on counseling. Some reservists' issues thought that they were not given the opportunity to improve their mental health skills during drill weekends, annual training, and during pre-deployment mobilization.

Those who were asked about ethics stated that the training that they received was inadequate. Most did not remember much about the training and those who did, described it as a power point presentation that they perused on their own. Leadership was a common theme when questions about ethics were asked. One stated that leaders in the unit should teach ethics. Another respondent stated that "good ethical behavior starts with good leadership."