Tactical Performance Index:
Creating a Human Performance Optimization Culture

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7th Special Forces Group (Airborne)

- US Army Green Berets and Enablers
- 2500 Soldiers; 4600 Family Members
- SOUTHCOM Area of Responsibility
- 12+ Afghanistan deployments since 2001

2013: SOCOM POTFF Lines of Effort

The Model as it is Supposed to Be

<table>
<thead>
<tr>
<th>Capabilities</th>
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<tbody>
<tr>
<td>Embedded Model</td>
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<tr>
<td>Specialized Staff</td>
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<tr>
<td>Rapid Rehabilitation</td>
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<tr>
<td>Strength and Conditioning</td>
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<td>Mental Performance</td>
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<td>Assessment &amp; Selection</td>
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"POTFF builds resilience, improves operational performance, and ensures SOF readiness"
What Actually Happens: Silos

- Human Physical Performance
- Psychological Performance
- Social/Family Performance
- Spiritual Performance

Crosstalk

- Collaboration
- Shared Resources
- Competition, Lack of Trust, Half-Measures

Decisive Point: Summer 2017

“Everyone looked good on paper but we knew they weren’t doing well”

- PDHAs unremarkable → “Green” / Still “ready” to deploy
- Metrics and utilization not telling whole story → low P3 Clinic utilization did not equal low BH problem base rate
- Latent, lurking variables → combat stress, substance use, family problems
- We had POTFF resources, but they were underutilized

Trust is Essential

- Successful POTFF/Med integration depends on trusting relationships
- It starts with people → it’s enriched by systems
- Systems must emphasize human-to-human interaction
  - “Humans over Hardware”
Performance Optimization Culture

“7th SFG(A) is to promote a Performance Optimization Culture and proactive care across the biological, psychological, spiritual, and social domains.”

–Group Policy #8, 26 JUL 2018

<table>
<thead>
<tr>
<th>LOE 1</th>
<th>LOE 2</th>
<th>LOE 3</th>
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</thead>
<tbody>
<tr>
<td>Maintenance</td>
<td>Care</td>
<td>Transition</td>
</tr>
<tr>
<td>▪ Humans over Hardware</td>
<td>▪ Provide medical care to those who need it</td>
<td>▪ Set up Soldiers for success at the next phase</td>
</tr>
<tr>
<td>▪ Leverage POTFF and other resources</td>
<td>▪ Coordinate treatment plans earlier when easier to manage</td>
<td>▪ Use all available resources (e.g., Care Coalition)</td>
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<tr>
<td>▪ Left of bang</td>
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Command Endorses Proactive Care

▪ Senior leaders reducing stigma of using resources
  – Emphasis on family and Soldier holistic readiness programming
  – Personally using and publicly encouraging Soldiers and Teams to utilize THOR3, P3, Chaplain, and MFLC
  – Providing offices in BN HQs for MFLCs and P3 staff to use
▪ Inviting enablers to support training and deployments ➔ “part of the team”
▪ Culture change ➔ Emphasis on long-term well-being of Warriors and their Families

POTFF/Med Synchronization Plan

▪ Break down silos and collaborate with each other
▪ Integrate P3 & THOR3 POTFF enablers and MFLCs ➔ OS level HQs
▪ Entire system is designed to encourage continuity & Soldier-provider relationship building
▪ Robust P3 clinic & TMDC walk in and/or appointment availability
▪ Monthly POTFF syncs at HPTC, Monthly Performance Optimization Culture Syncs at BNs, and Monthly Commander Multi-D meetings
  – Innovate and share best practices
  – Build situational awareness & leverage every possible resource
  – Build relationships ➔ Effective referrals
Trust Starts with People

It’s Enhanced with Systems
“We need a better assessment of how we are doing”

Requirements:
1) Links Soldiers and Families with the right resources at the right time
2) Supports Soldier’s schedule and gives them direct (real) feedback in comparison to their peers
3) Makes Soldiers holistically better at executing their missions
4) Low threat assessment, command protected time

Tactical Performance Index (TPI)

What we want in an assessment:
1) Scalable
2) Supports tele consult / remote assessment capability
3) So simple so that a single person can run & interpret it
4) Time efficient
5) Low cost / no cost / minimal use of proprietary resources to assess (all money is focused on hiring)
6) The assessment is just a tool, the human to human interaction, emphasis on the appropriate manning, and follow on care produces the result!
Tactical Performance Index (TPI)

- Leader driven performance assessment
- Run by THOR3 staff at HPTC
- Designed to holistically assess and connect Soldiers to resources
- Consists of two parts:
  - Physical assessment of strength, power, endurance, and cognitive agility
  - Self-report questionnaire of variables known to impact performance and readiness

TPI Questionnaire (TPIQ)

- PDF-fillable form
- Automated data collection
- Non-attributional
- Assesses the following:
  - Demographics
  - TPIQ Total Score
  - Psychological stress and coping
  - Emotional stability
  - Family and social connectedness
  - Performance/Self-efficacy
  - Mindfulness/Spirituality
  - Sleep Problems
  - Pain and Physical concerns
  - POTFF Utilization

TPI Feedback Model

- Coaches provide feedback to individuals and teams → Human-to-human contact
- Highlight strengths, weaknesses, and deficiencies relative to their peers
- Connect Soldiers to the right resources at the right time
- Focuses on performance enhancement, maintenance, and maximizing quality of life
### TPI Feedback Sheet for Soldiers
- Focuses on sleep problems, pain problems, and TPI Survey Total Score
- Visual comparison of a Soldier to peer group
- Explains results and gives recommendations
- Lets Soldiers decide what to do next

### TPI Feedback Sheet for POTFF Coaches
- Detailed breakdown of TPIQ items
- If Soldier’s score exceeds a cutoff score, the file automatically gives specific guidance on relevant POTFF/Med resources
- THOR3 Coaches provide direct referrals to Soldier’s embedded POTFF/Med resources

### TPI Questionnaire Validation
176x Green Berets completed TPI-Q from July 2017 - July 2018

<table>
<thead>
<tr>
<th>Total Sample Variables (n=176)</th>
<th>Mean (SD)</th>
<th>Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in Years</td>
<td>32.8 (4.5)</td>
<td></td>
</tr>
<tr>
<td>Time in Service in Years</td>
<td>11.2 (4.6)</td>
<td></td>
</tr>
<tr>
<td>Time in SOF in Years</td>
<td>4.0 (2.0 - 8.8)</td>
<td></td>
</tr>
<tr>
<td>Months Deployed, Combat</td>
<td>17.0 (6.0 - 29.0)</td>
<td></td>
</tr>
<tr>
<td>Months Deployed, Noncombat</td>
<td>7.0 (6.0 - 13.5)</td>
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**MOS Distribution**

**RANK DISTRIBUTION**
8x TPIQ Items with Cut Scores

Cut scores indicate a Soldier is in the bottom 25% of peers. If a Soldier exceeds a cut score, the coach will recommend a POTFF resource.

<table>
<thead>
<tr>
<th>TPI-Questionnaire Component</th>
<th>Max Score</th>
<th>Coaching Recommendation</th>
<th>Cut Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPI-Questionnaire Total Score</td>
<td>115</td>
<td>81 or below</td>
<td></td>
</tr>
<tr>
<td>Psychological Stress &amp; Coping</td>
<td>15</td>
<td>11 or below</td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>15</td>
<td>10 or below</td>
<td></td>
</tr>
<tr>
<td>Family &amp; Social Connectedness</td>
<td>20</td>
<td>14 or below</td>
<td></td>
</tr>
<tr>
<td>Self-Efficacy/Performance</td>
<td>30</td>
<td>17 or below</td>
<td></td>
</tr>
<tr>
<td>Mindfulness/Spirituality</td>
<td>35</td>
<td>23 or below</td>
<td></td>
</tr>
<tr>
<td>Sleep Problems (ISI Total)</td>
<td>28</td>
<td>10 or above</td>
<td></td>
</tr>
<tr>
<td>Physical Pain Levels (DVPRS Total)</td>
<td>50</td>
<td>15 or above</td>
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</tbody>
</table>

ISI=Insomnia Severity Index (Morin et al., 2011)
DVPRS=Defense and Veterans Pain Rating Scale (Polomano et al., 2016)

Soldiers exceeding 3+ cut scores, representing bottom 25% of peers.
More Time in SOF → Greater Need for POTFF

<table>
<thead>
<tr>
<th>Test Score Exceeded</th>
<th>POTFF Resource Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TPI-Q Total Score</td>
<td>P3, MFLC, Chaplain, THOR3</td>
</tr>
<tr>
<td>2. Psychological Stress &amp; Coping</td>
<td>P3, MFLC, Chaplain</td>
</tr>
<tr>
<td>3. Emotional Stability</td>
<td>P3, MFLC, Chaplain</td>
</tr>
<tr>
<td>4. Family &amp; Social Connectedness</td>
<td>MFLC, Chaplain, P3</td>
</tr>
<tr>
<td>5. Self-Efficacy/Performance</td>
<td>THOR3, P3</td>
</tr>
<tr>
<td>6. Mindfulness/Spirituality</td>
<td>Chaplain</td>
</tr>
<tr>
<td>7. Sleep Problems</td>
<td>Group Med, P3, PT</td>
</tr>
<tr>
<td>8. Physical Pain Levels</td>
<td>Group Med, PT, P3</td>
</tr>
</tbody>
</table>

Other Notable TPIQ Findings

• Lower Total TPI-Questionnaire Scores associated with:
  – More sleep problems (Spearman’s rho = 0.40)
  – More physical pain (Spearman’s rho = 0.44)

• Months of combat deployments associated with:
  – More psychological stress (Spearman’s rho = 0.24)
  – More family and social problems (Spearman’s rho = 0.25)
  – More problems with mindfulness/spirituality (Spearman’s rho = 0.23)

  All correlations significant at $p = 0.006$ or below

Cross Validated on March 2019 SLC Course

• 37 National Guard, 19 active duty E6-E7s
• Replicated significant correlations from validation sample
  – Sleep (rho = .45) and pain (rho = .44) correlated with lower TPI-Q Total Score
  – Months in combat correlated with family problems (rho = .44) and psychological stress (rho = .46)

  All correlations significant at $p = 0.001$ or below
BH Encounters Increasing

7th SPECIAL FORCES GROUP (AIRBORNE)

*Not shown: Countless non-clinical human to human encounters for performance coaching, psychosocial education, integrated time, resiliency training, consultation, etc.

Summary

Utilization metrics don’t tell the story → The SOF community needs physical, psychological, spiritual, and family/social support services to maintain readiness

Time is the most valuable resource in SOF → Design systems that connect your people to the right resources at the right time

Collaborative POTFF/Med teams foster quality referrals, effective services, and trusting relationships with Soldiers, Teams, Commands, and each other

Command endorsement and Service Member buy-in of POTFF/Med drives the shift towards a Human Performance Optimization Culture

Acknowledgements

THOR3
Patrick Anson
Tamara Copes
Peck Lazarides
Lara Lane
John McKenney
Thomas Palumbo
Riley Ross
Mike Sanders
Dana Bennett
Justin Parent
Brian Wade

CHAPLAINS
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Malorie Smith
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USAJKSWCS
LTC Michael Devries

OKLAHOMA UNIVERSITY
Regina Farnsworth
Andrea Vincent
Brandon Stone

…and the Soldiers, Teams, and Commands at 7th SFG(A)
Questions?