



# INVISIBLE WOUNDS ROLE OF LEADERSHIP

Leaders have an integral role supporting Airmen and Guardians through mental health challenges such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The following guide outlines key responsibilities and actions that Commanders and Command Team (CT), Officers, and Non-Commissioned Officers (NCOs) can leverage to best support their units and each other in addressing invisible wounds.

## Advocating for Resilience

### Foster a Supportive Culture

**All Leaders should:**

- Share positive recovery stories to reduce stigma and misinformation
- Participate in unit forums to discuss mental health topics
- Engage your unit members actively and get to know them personally through informal events like inviting them to lunch
- Recognize and reward positive behaviors such as Airmen engaging in peer support groups or Guardians promoting help-seeking behavior

### Educate & Provide Available Resources

**Flight Commanders/Flight Chiefs/Supervisors should:**

- Teach the signs and symptoms of PTSD, TBI, and depression
- Introduce support resources and installation contacts during unit engagements
- Educate Comprehensive Airmen Fitness (CAF) and other resilience or life skills, such as maintaining relationships, healthy coping mechanisms, stress management, and financial literacy

### Establish & Maintain Key Spouse Program

**Commanders and CT should:**

- Schedule recurring meetings with unit Key Spouse program (KSP) team to identify family needs
- Encourage family involvement in commander calls to help them understand mission demands and support structure
- Communicate all eligible resources available to families, such as Airmen and Family Readiness Center (A&FRC), Military Family Life Counselor (MFLC), and Military Treatment Facility (MTF)
- Develop relationships with installation treatment facilities/clinics, personnel services, chaplain services, A&FRC for points of contact

## Encouraging Treatment

### Identify Impacted Service Members

**All Leaders should:**

- Recognize when a unit member is displaying symptoms
- Talk privately with impacted Airmen or Guardian, using positive language to understand their circumstances (i.e., meet service members where they are at)
- Authentically empathize with impacted service member and legitimize their feelings
- Identify potential work stressors and take immediate action to reduce impact

### Guide Service Members to Resources and Care

**All Leaders should:**

- Know all available resources and suggest relevant ones to help service member understand next steps such as MTFs, Military OneSource, and MFLC
- Advise or seek advice from other leaders on how they guided Airmen or Guardians to the proper resources
- Seek out information through your MTF for help on the best ways to assist

### Remain Engaged & Mitigate Barriers

**All Leaders should:**

- When appropriate, attend appointments with your service member to reduce stigma, show support, and act as care advocate
- Communicate, as necessary, with family/spouses about further support
- Provide support for getting care, such as time off work, transportation, or help scheduling an appointment

## Supporting Recovery

### Provide Ongoing Support

**Commanders, CT, and Supervisors should:**

- Serve as intermediary between service member's Care Management Team (CMT) and his/her family to ensure service member and family needs are being met
- Support medical evaluation process by providing relevant stakeholders with required documentation
- Plan unit labor and resources accordingly based off service-members treatment schedule

### Reintegrate or Transition Service Members

**Commanders, Supervisors, and NCOs should:**

- Work with helping agencies and relevant stakeholders on supportive reintegration plan, including a safety/treatment plan
- Establish a communication plan to address absence to the unit
- Discuss concerns about resuming normal duties and plan for monitoring environmental stressors
- Adhere to the separation/retirement process so that service-members can transition to civilian life at a location of their choosing, and the unit can start the process to requisition a replacement to help them meet mission requirements

### Monitor Long-Term Recovery

**All Leaders should:**

- Recognize the progress the impacted service member has made and emphasize the benefits of treatment to generate dialogue within unit (can be anonymous)
- Remain flexible and give them the opportunity to attend recovery events and rehabilitation activities as needed
- Watch for indicators through a supportive lens for relapse and discuss with service member's supervisors if anything changes

## For Helpful Resources, Please Visit the Following



> [Invisible Wounds Initiative \(IWI\)](#)

> [Air Force Wounded Warrior \(AFW2\) Program](#)

> [Department of the Air Force Resilience](#)

> [Department of the Air Force Medical Service MTF Locator](#)

> [National Center for PTSD](#)

> [VA National Resource Directory](#)

> [National Institute for Mental Health](#)

> [SAMHSA Resources for Military Personnel](#)

