

# **Enclosure 58**

POLICY OR PRECEDENT

SUBJECT: 5<sup>th</sup> SFG (A) Human Performance and Wellness Program Policy

02 August 2021

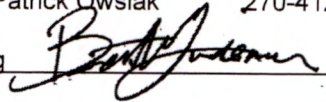
POLICY NUMBER  
21-27

ORIGINATING SECTION  
Group Surgeon

ORIGINATOR  
LTC Patrick Qwsiak

PHONE  
270-412-2374

APPROVED BY: BRENT W. LINDEMAN, COL, SF, Commanding



SYNOPSIS

1. PURPOSE: To prescribe minimum mandatory use of Human Performance and Wellness (HPW) resources by select 5<sup>th</sup> Special Forces Group (Airborne) (5<sup>th</sup> SFG (A)) personnel to increase readiness and improve Soldier performance. This policy seeks to prioritize the use of limited resources by categorizing personnel based on operational requirements. The execution of this policy should not prevent the larger HPW Program from accomplishing its mission of facilitating all Army-mandated readiness requirements, general wellness of the force, duty-specific physical exams, and the Army Combat Fitness Test (ACFT).

2. SCOPE: This policy applies to all units assigned to 5<sup>th</sup> SFG (A).

3. GENERAL: The HPW initiative incorporates readiness efforts, seeks to optimize individual performance, and emphasizes the wellbeing of Special Operations Forces (SOF) and their families.

a. For SOF-qualified personnel, HPW includes a comprehensive day-long performance review. Conducted at the organizational level every 16-24 months based on the unit's readiness model, this event will assess individual wellness within the construct of team performance in order to identify areas for personal and collective improvement.

b. For non-18, 37, and 38 Military Occupational Specialty (MOS) series personnel, HPW includes a behavioral health assessment for each E6 and below upon entering the unit through the Special Operations Forces Enabler Integration Course (SOFEIC).

c. Regardless of MOS, all members of the Legion will retain access to HPW resources and facilities on an as-needed basis.

4. POLICY:

a. The intent is to maximize performance within the context of a unit of action within 5<sup>th</sup> SFG (A). As such, all personnel will be categorized as follows:

1) Category I. All 18 series personnel and enablers assigned to an SFOD-A, SFOD-B, SFOD-E, SFOD-F, SFOD-G, or SFOD-H. The designation of enablers is at the discretion of battalion commanders.

2) Category II. This includes any SOF-qualified personnel (18, 37, or 38 series MOS) not directly assigned or supporting an SFOD-A, SFOD-B, SFOD-E, SFOD-F, SFOD-G, or SFOD-H.

3) Category III. All other personnel in combat, combat support, and combat service support MOS are deemed Category III.

6. RESPONSIBILITIES:

a. Battalion commanders may adjust, in writing, the category of any personnel to meet personal or mission requirements.

b. S1 (Personnel). The Group and subordinate S1s will track and monitor the assignment of Soldiers within Category I, II, or III billets.



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c. S3 (Operations). The Group and subordinate S3s will task participation in unit-level HPW performance reviews on every duty Thursday during a unit's red cycle.

d. The Group Surgeon is responsible for the execution and oversight of the HPW program. In addition, he or she will implement policy, monitor outcomes, and advise the commander on recommended changes to the HPW program.

1) Battalion medical sections will participate in, and maintain the records produced from, a performance review conducted for members of their battalion.

2) Strength coaches.

(a) Strength coaches will establish an HP plan, based on individual assessment and unit requirements, for each category I and II Soldier.

(b) Strength coaches will provide a direct unit-based interaction with Category I personnel every 90 days. This consists of a face-to-face meeting with at least one representative of the unit to discuss unit physical performance. These interaction include, but are not limited to; guided workouts, coaching sessions, evaluation of unit PT program, or classes.

(c) Category II personnel will have either direct or indirect interaction with a strength coach every 180 days. Indirect interaction can include email correspondence or following a workout program provided through an app.

(d) Leadership of Category III personnel will interact with strength coaches every 90 days to develop unit PT solutions.

3) The Mental Performance Specialist (MPS) will conduct an appropriate evaluation of each individual during the performance review and recommend interventions necessary to redress any discovered deficiencies.

4) The Performance Dietician will conduct an evaluation on each performance review participant.

5) The Group Psychologist is responsible for the behavioral health screening portion of both the performance review and SOFEIC. In order to balance the clinical demands with the HPW program, the Group Psychologist will ensure no more than 20 percent of Group's behavioral health resources are applied towards the performance review and SOFEIC screening processes.

6) Chaplains have indirect involvement in the unit performance review process, but are expected to be prepared to address issues identified during this evaluation. Within SOFEIC, the chaplain will conduct one informational session with each incoming cohort.

7) The Military and Family Life Counselor (MFLC) has indirect responsibilities involving the unit performance review process, but is expected to be prepared to address issues that may be identified during this evaluation. The MFLC will also be referred cases as identified by the HPW staff during the SOFEIC evaluation.

PRESCRIBING DIRECTIVE(S): USSOCOM Policy 18-35, January 2019, USASOC Policy 21-16, 30 August, 2016, and FM 7-22 Army Physical Readiness Training, 26 October, 2012.

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