Mental Resilience Training: The Role of Individuals, Teams and Leaders

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WRAIR
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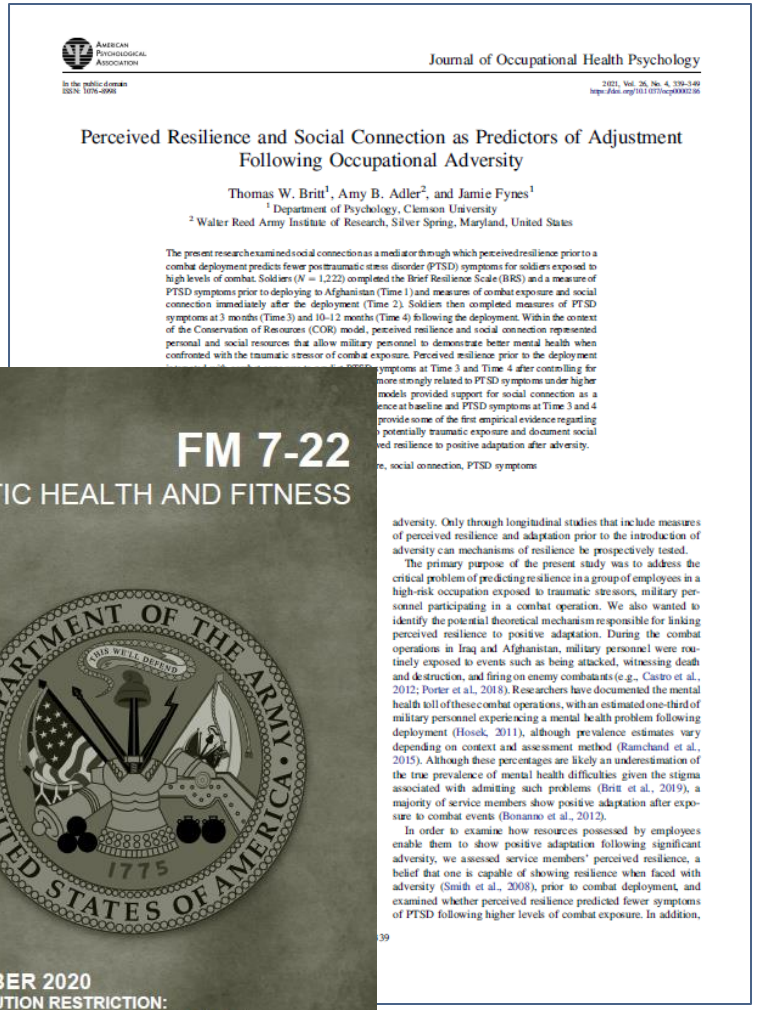
Resilience Fundamentals

- Resilience is
  - Something that can be strengthened
  - Not a replacement for addressing structural problems

FM 7-22. *The ability to face and cope with adversity, adapt to change, recover, learn, and grow from setbacks.*



Journal of Occupational Health Psychology

Perceived Resilience and Social Connection as Predictors of Adjustment Following Occupational Adversity

Thomas W. Britt[1], Amy B. Adler[2], and Jamie Fynes[1]

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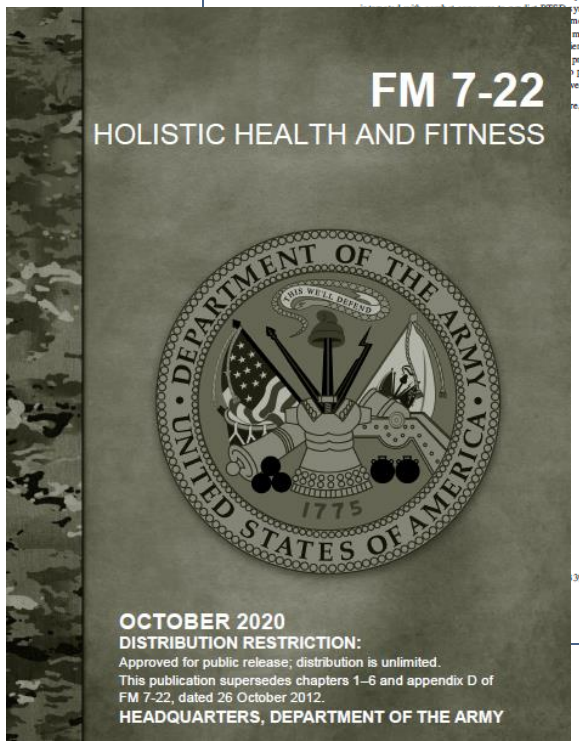
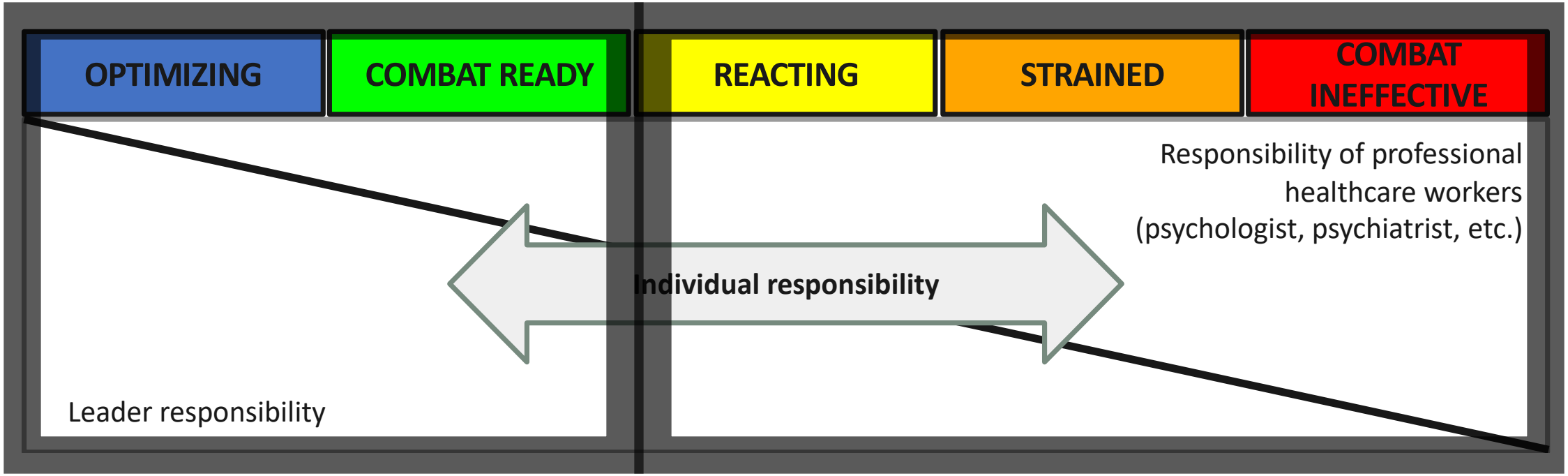


Mental Health Continuum

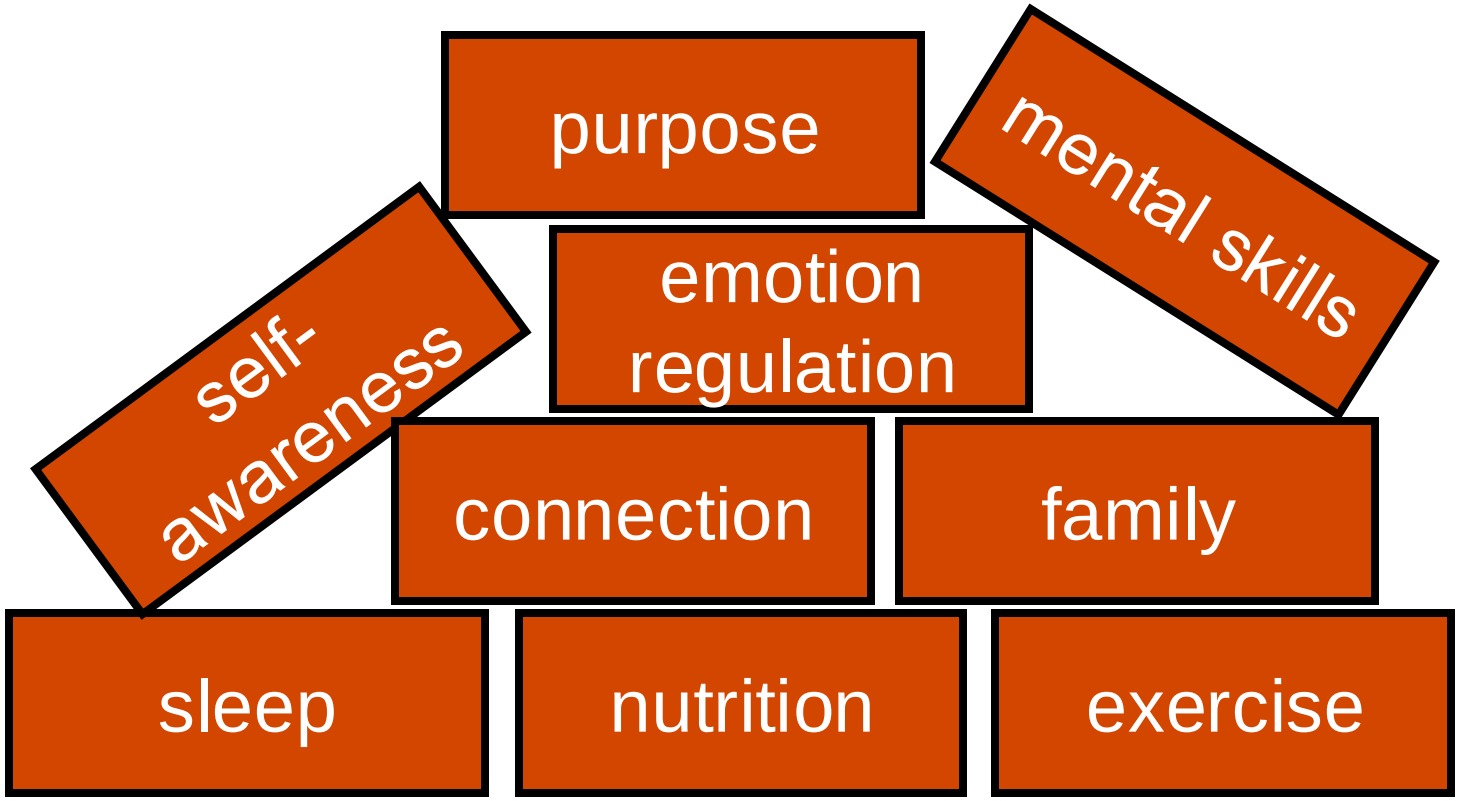


Adapted from Canadian Armed Forces, US Marines, and Danish Defense Force

	Optimize	Maintain	Counteract	Seek help	
Self care	Cultivate an agency mindset Practice «visualization» Develop «routines» Maintain relationships and build social support networks Employ «goal setting»	Maintain healthy eating, exercise, and sleep Control the controllables Use social support Maintain perspective with «5,5,5» Engage in «self-talk» Conduct «Personal AARs»	Reach out to others Practice «grounding» «Control the controllables» Use «worry postponement» Practice «deliberate breathing» Identify «What's Important Now» «Reframe» challenges Moderate alcohol use	Seek social support! Contact health personnel Talk to your leadership about your situation Be kind to yourself Use «Distraction by Design»	Seek immediate assistance from health personnel or other available resource Expect recovery
Buddy care	Encourage «goal setting» Build strong cohesion Cultivate optimism Practice «active appreciation» Establish «cue words» Leverage «emotional contagion» «Respond well» to good news	Listen actively Normalize Be inclusive Encourage use of mental skills Engage in «buddy talk» Foster «group mind» «Recognize contributions»	Listen actively and acknowledge stress Prompt mental skills Challenge negative thinking and use problem solving Lighten the mood Encourage moderation in alcohol use «Read nonverbal signals»	Listen actively and acknowledge stress Coach mental skills Have a «check-in» conversation Confer with support systems Provide practical support	Perform iCover Escort the person to care Help unit stabilize in aftermath of trauma Reach out to resources Encourage purposeful action in team

Sources of Resilience

- Individuals
- Teams
- Leaders



Mental Skills

U.S. ARMY

State of mind: Army to start mental fitness program

By SUSANNE KAPPLER, Fort Jackson Leader August 6, 2009

BUILDING CONFIDENCE
ATTENTIONAL CONTROL
ENERGY MANAGEMENT
GOAL SETTING
IMAGERY

Journal of Applied Psychology

http://dx.doi.org/10.1037/apl0000021

Mental Skills Training With Basic Combat Training Soldiers: A Group-Randomized Trial

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Research Triangle Institute, Research Triangle, North Carolina

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Army Resiliency Directorate, Crystal City, Virginia

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Apex Performance, Inc., Charlotte, North Carolina

Bernie Holliday and Carl Ohlson
United States Military Academy

Cognitive skills training has been linked to greater skills, self-efficacy, and performance. Although research in a variety of organizational settings has demonstrated training efficacy, few studies have assessed cognitive skills training using rigorous, longitudinal, randomized trials with active controls. The present study examined cognitive skills training in a high-risk occupation by randomizing 48 platoons (N = 2,432 soldiers) in basic combat training to either (a) mental skills training or (b) an active comparison condition (military history). Surveys were conducted at baseline and 3 times across the 10-week course. Multilevel mixed-effects models revealed that soldiers in the mental skills training condition reported greater use of a range of cognitive skills and increased confidence relative to those in the control condition. Soldiers in the mental skills training condition also performed better on obstacle course events, rappelling, physical fitness, and initial weapons qualification scores, although effects were generally moderated by gender and previous experience. Overall, effects were small; however, given the rigor of the design, the findings clearly contribute to the broader literature by providing supporting evidence that cognitive training skills can enhance performance in occupational and sports settings. Future research should address gender and experience to determine the need for targeting such training appropriately.

Keywords: cognitive training, sport psychology, performance, basic combat training, soldiers

Numerous studies have examined how training can benefit employee outcomes, including skills acquisition (e.g., Taylor, Russ-Eft, & Chan, 2005), self-efficacy (e.g., Frayne & Geringer, 2000), and job performance (e.g., Arthur, Bennett, Edens, & Bell, 2003). Although training content may differ across organizations, training that emphasizes cognitive skills has been identified as particularly effective (Aguinis & Kraiger, 2009). Conceptualized broadly, cognitive skills training encompasses self-instructional

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Paul D. Bliese is now at the Darla Moore School of Business, University of South Carolina. Bernie Holiday is now with the Pittsburgh Pirates, Pittsburgh, Pennsylvania. Carl Ohlson is now an independent consultant and adjunct faculty member at the College of Education, The Pennsylvania State University.

The Army Center for Enhanced Performance, the original cosponsor of this research, has been restructured and is now part of the Army Resiliency Directorate. We thank study associates Antonio (Tony) Best, Ryan McCausland, William (Tony) Barnes II, Julie Merrill, Robert Klocko, Rachel Eckford, Victor Martinez, Angela Salvi, Steven Terry, and Joe Womble; Tom Powers of the University of South Carolina Sumter; Major General Bradley May, Sonya Cable, and Stephanie Muraca from the Training and Doctrine Command; Brigadier General (Retired) Rhonda Cornum; the military history instructors, performance enhancement specialists, and Basic Combat Training soldiers; Army Community Services; and Robert Bray, Marion (Becky) Lane, and the Research Triangle Institute. The views expressed in this article are those of the authors and do not necessarily represent the official policy or position of the U.S. Army Medical Command or the U.S. Army.

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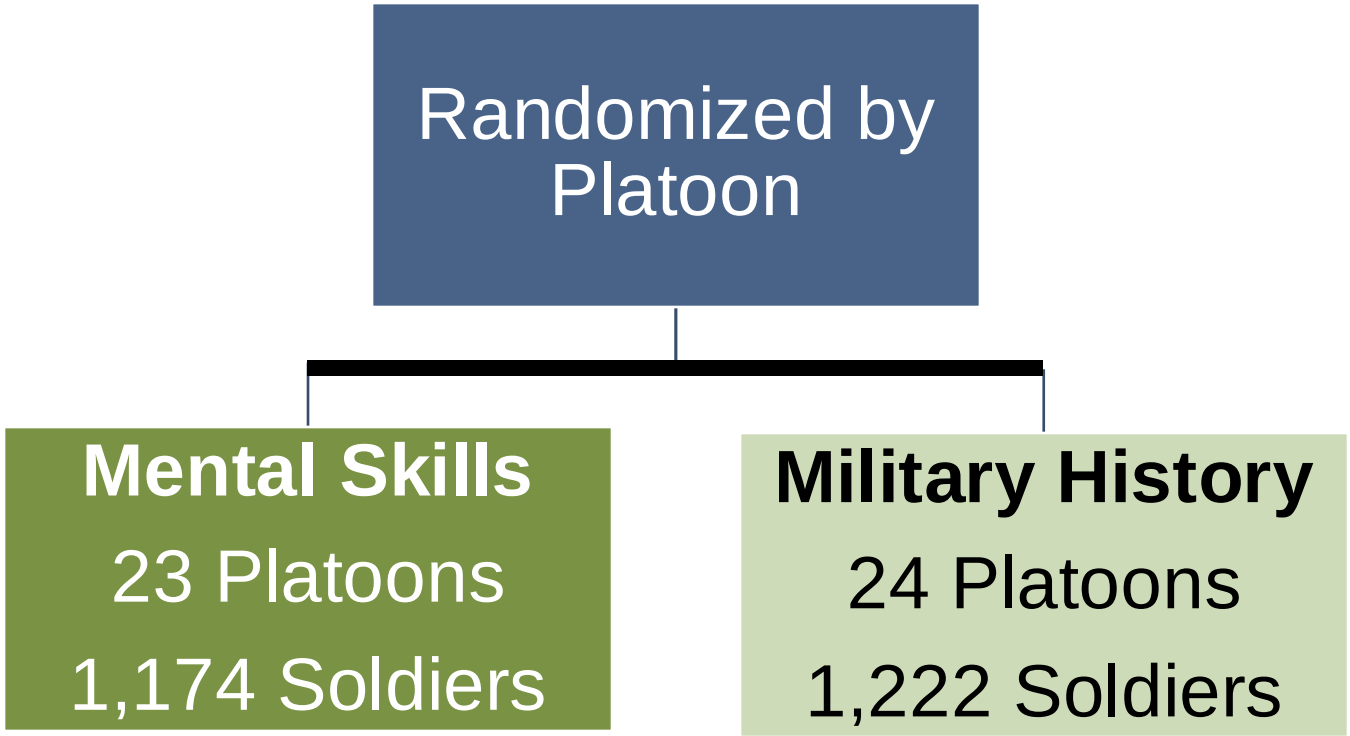
Study Design

- 8 hours of training
- 20-40 minute sessions over 10 weeks



mental skills

Source: Adler et al. (2015) J of Applied Psychology

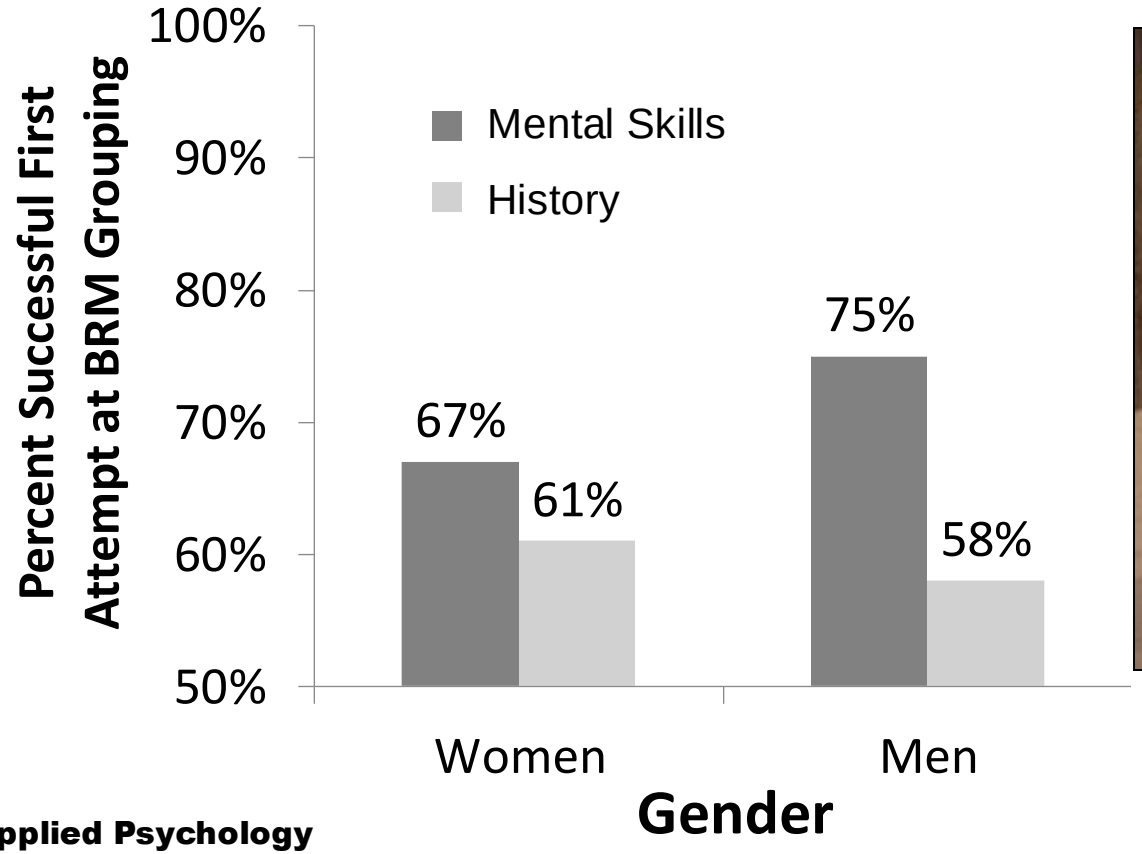
Results

- Mental Skills condition better on
  - Performance
    - Basic Rifle Marksmanship Grouping
    - Slide to Victory
    - Wall Hanger
    - Physical Fitness Diagnostic Scores
  - Cognitive skills
- No difference on
  - Victory Tower
  - Confidence Climb
  - Pre-NBC Anxiety

Source: Adler et al. (2015) J of Applied Psychology

Basic Rifle Marksmanship

- The Mental Skills condition "grouped" more successfully than Military History in a gender by condition interaction

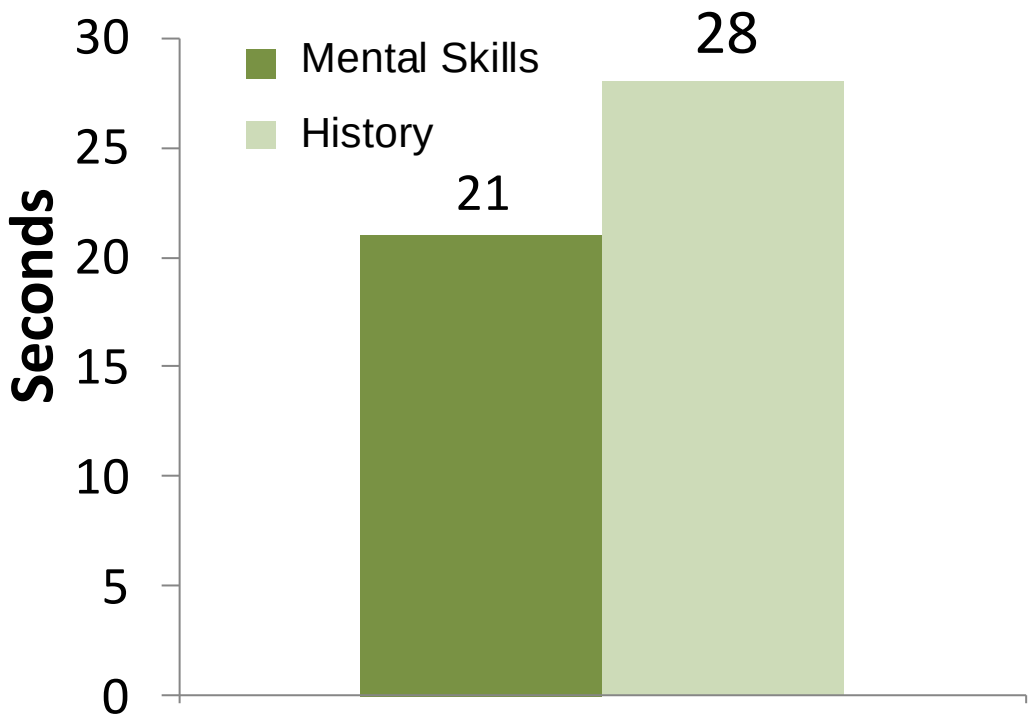


Gender by condition Interaction
*p<.10, two-tailed test

Source: Adler et al. (2015) J of Applied Psychology

Slide to Victory

- Compared to the Military History condition, the Mental Skills condition was 25% faster walking along a high beam*



*p<.01

Source: Adler et al. (2015) J of Applied Psychology

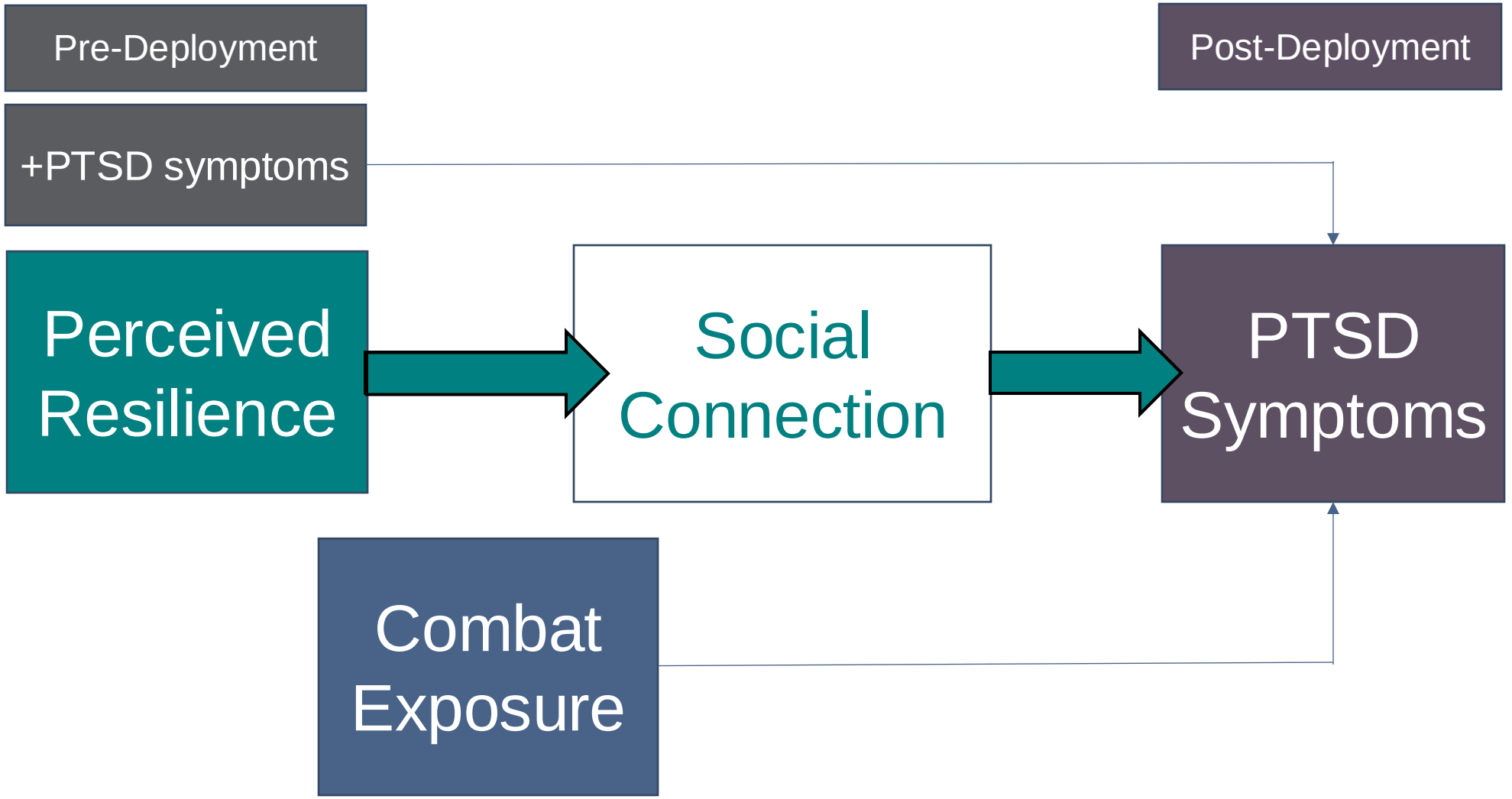
Lessons Learned

- Randomized trials can identify effective interventions
- Training uptake needs to consider timing, amount, source
- Opportunities to reinforce training are critical
  - Chunked information
  - In context
  - Reinforced by battle buddies and leaders
- Optimal trainers
- Decision point regarding when to conduct an RCT vs. other form of assessment

Emotion Regulation

emotion regulation

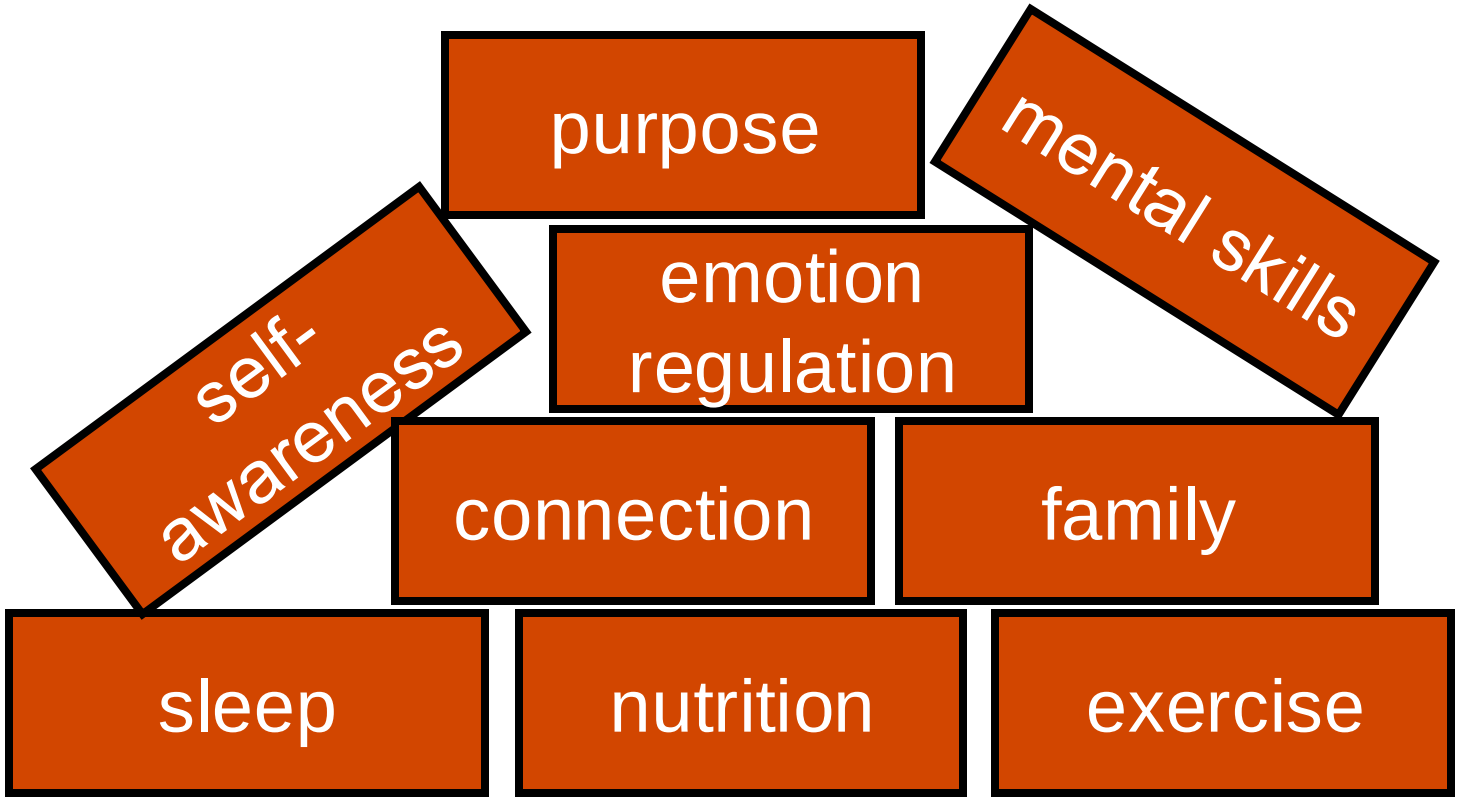
Resilience Predicts Adjustment Under Stress



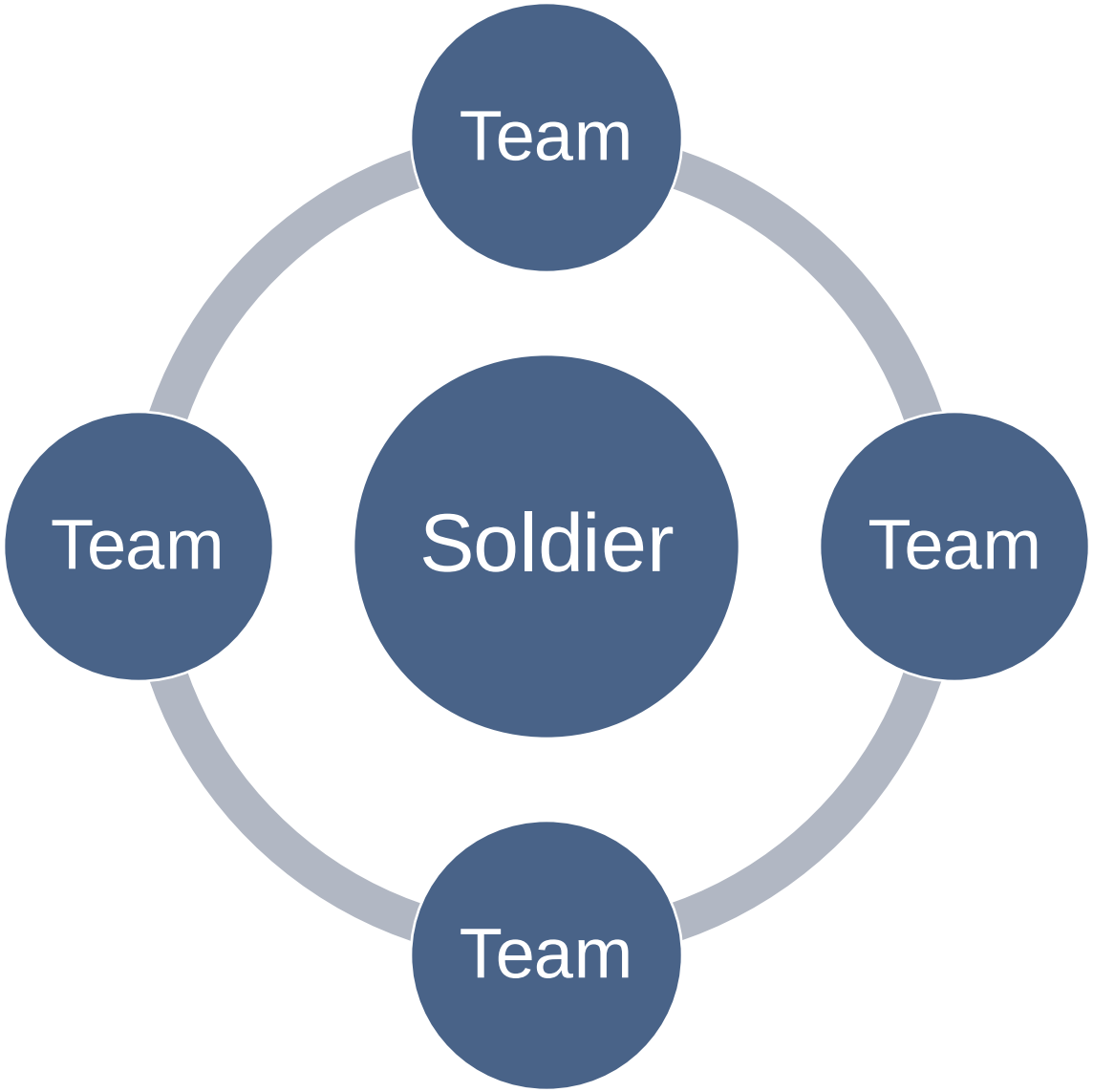
Source: Britt, Adler & Fynes (2021) J of Occupational Health Psychology

Sources of Resilience

- Individuals
- Teams
- Leaders



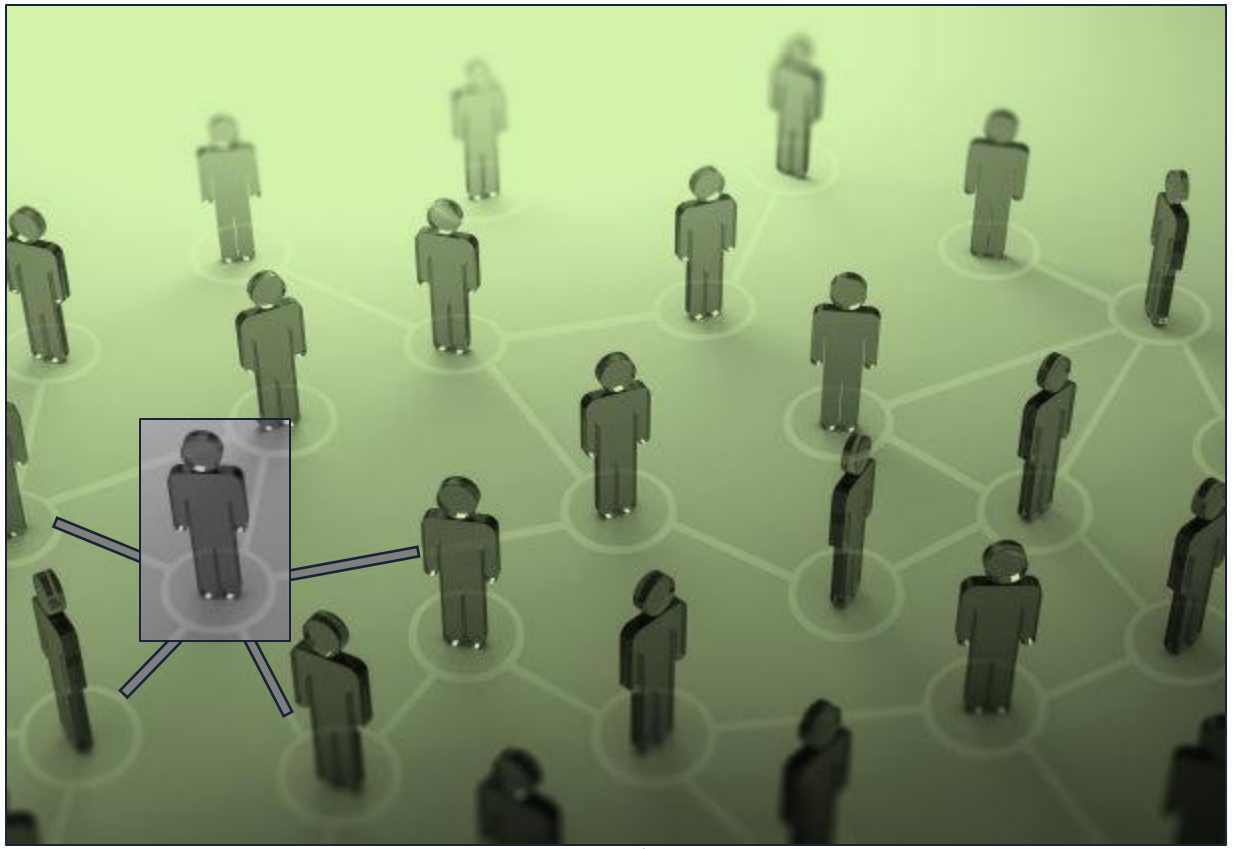
Cohesion



connection

Social Isolation

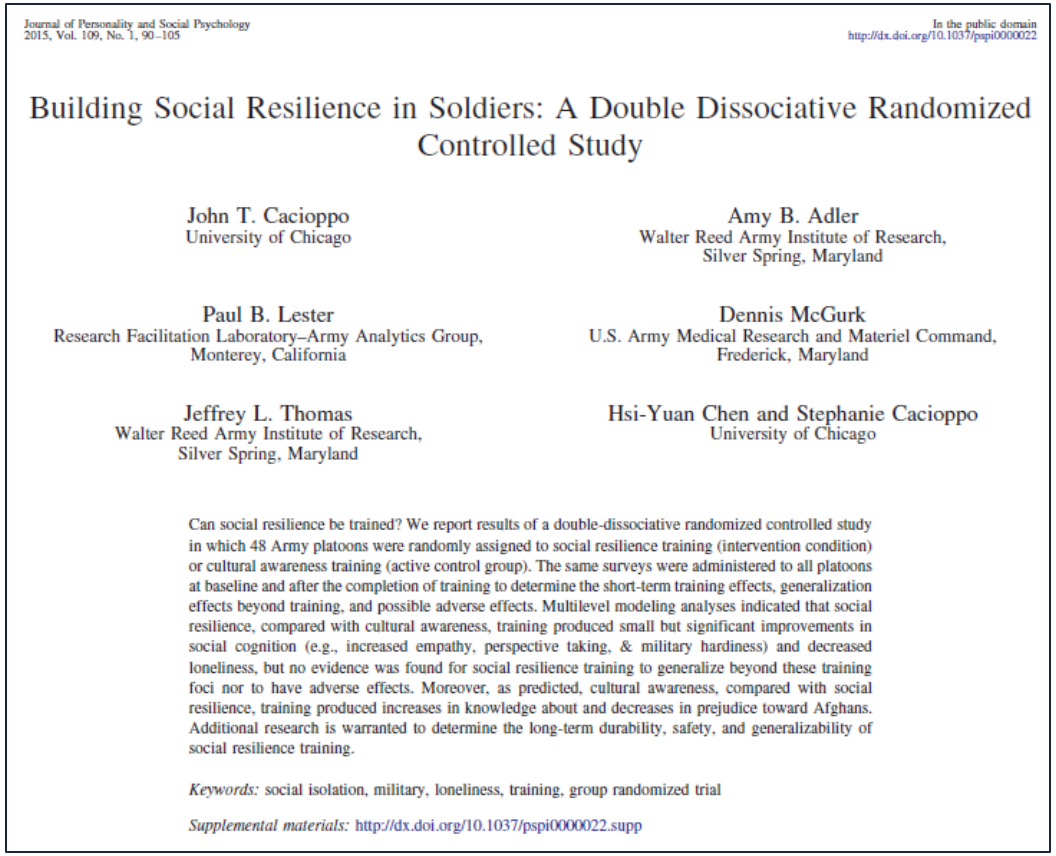
- Social isolation and loneliness are associated with more[1]
  - depression and behavioral health problems
  - alcohol and substance abuse
  - relationship difficulties
  - suicide-related behaviors



[1]Cacioppo et al. (2007); Cacioppo & Hawkley (2009)

TeamCORE: Background

- Cacioppo et al. developed an 8-hour social connection intervention for military units which resulted in[1]
  - improved social cognition (e.g., perspective taking, military hardiness)
  - decreased loneliness
- WRAIR re-packaged and condensed training
  - 2019 pilot (two 2-hour modules)
  - Identified need for leader component



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2015, Vol. 109, No. 1, 90–105

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Building Social Resilience in Soldiers: A Double Dissociative Randomized Controlled Study

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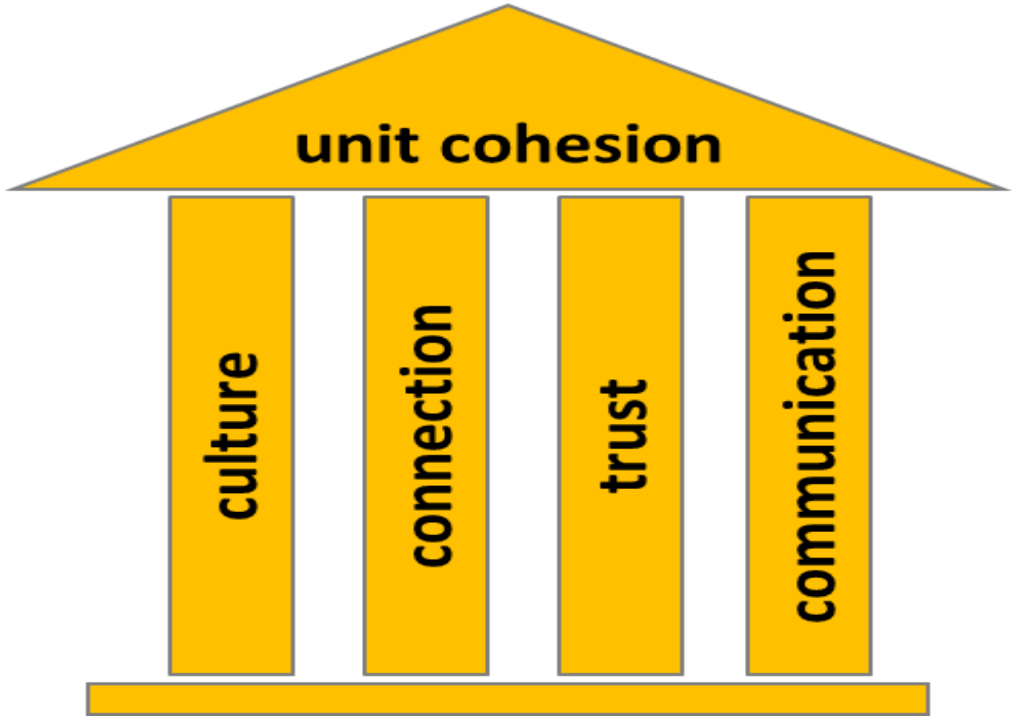
Can social resilience be trained? We report results of a double-dissociative randomized controlled study in which 48 Army platoons were randomly assigned to social resilience training (intervention condition) or cultural awareness training (active control group). The same surveys were administered to all platoons at baseline and after the completion of training to determine the short-term training effects, generalization effects beyond training, and possible adverse effects. Multilevel modeling analyses indicated that social resilience, compared with cultural awareness, training produced small but significant improvements in social cognition (e.g., increased empathy, perspective taking, & military hardiness) and decreased loneliness, but no evidence was found for social resilience training to generalize beyond these training foci nor to have adverse effects. Moreover, as predicted, cultural awareness, compared with social resilience, training produced increases in knowledge about and decreases in prejudice toward Afghans. Additional research is warranted to determine the long-term durability, safety, and generalizability of social resilience training.

Keywords: social isolation, military, loneliness, training, group randomized trial

Supplemental materials: http://dx.doi.org/10.1037/pspi0000022.supp

[1]Cacioppo et al. (2015)

Findings



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Routledge
Taylor & Francis Group

RESEARCH ARTICLE

OPEN ACCESS

Check for updates

Training Military Units in Social Connection: A Quasi-Experimental Randomized Trial

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Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring, MD, USA

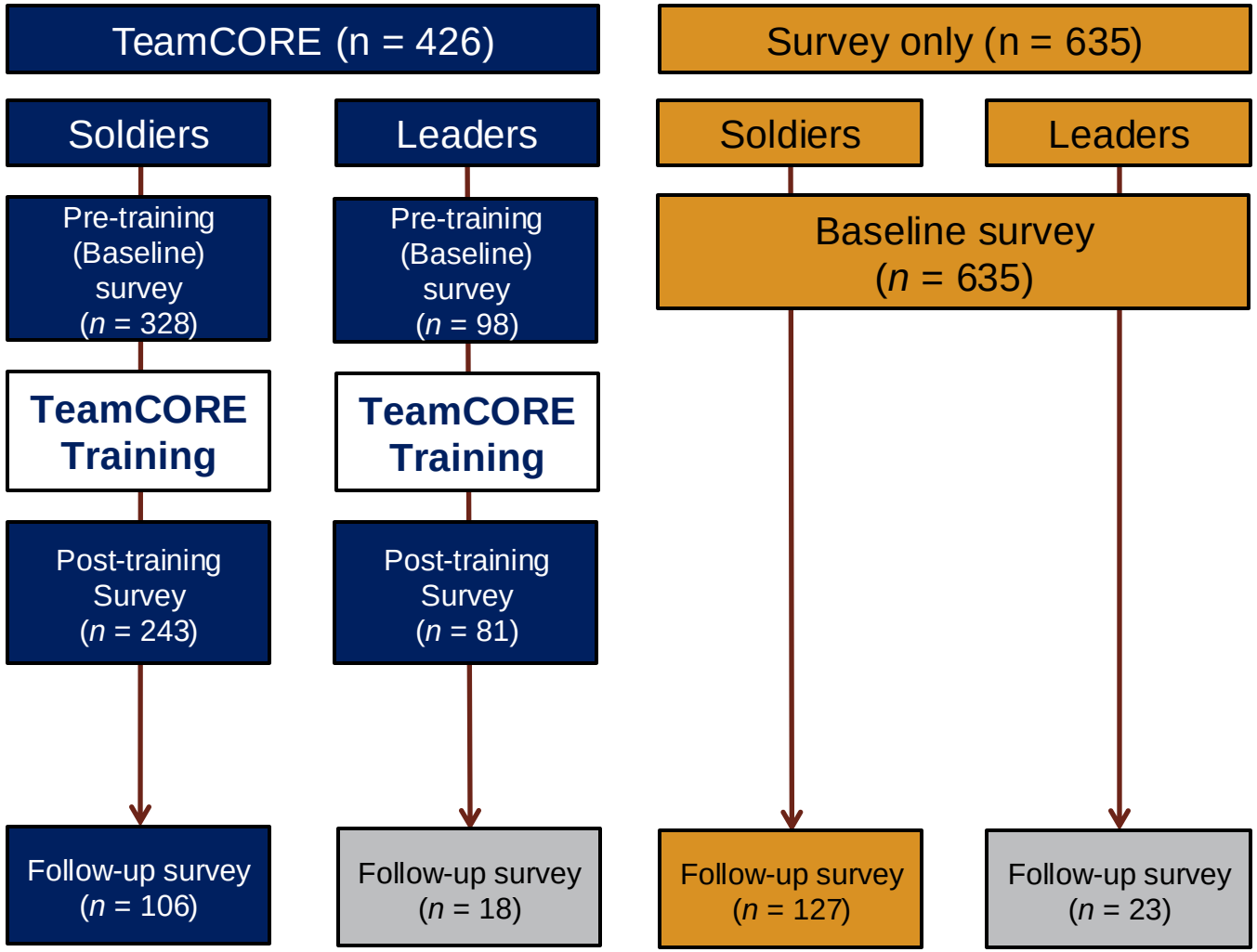
ABSTRACT

In the military, team cohesion and communication are essential. The present study examined the impact of training in social connection on loneliness, cohesion, communication, and connection-promoting behaviors. U.S. Army platoons were assigned to receive Team Cohesion and Organizational Readiness Enhancement (TeamCORE) training ($n=118$; $k=11$) or training-as-usual ($n=135$; $k=15$). TeamCORE consisted of 2.5 h of training for unit members and 1 h of training for platoon leadership teams. TeamCORE trainees completed a baseline survey, post-training survey, and two-month follow-up survey. Training-as-usual completed a baseline survey and two-month follow-up survey. Measures assessed loneliness, cohesion, team communication, connection-promoting behaviors, and shared mealtime. While there was substantial attrition between the baseline and follow-up survey, more than 80% of team members and leaders gave TeamCORE training high acceptability ratings. Multilevel models revealed significant time-by-condition interactions on 1 of 10 cohesion items, 1 of 11 team communication items, 2 out of 12 connection-promoting behaviors and 1 of 2 shared mealtime items; no significant time-by-condition interaction was found for loneliness. For each significant interaction, higher levels of improvement or sustainment were observed in the TeamCORE condition relative to training-as-usual. There were no comparisons in which the training-as-usual condition changed more positively than the TeamCORE condition. TeamCORE resulted in selected improvements in cohesion, communication, connection-promoting behaviors, and shared mealtime. While quite modest, findings demonstrated that brief, scalable training can demonstrate high levels of acceptability and slightly shift some attitudes, potentially improving the team's capacity for social connection over time.

KEYWORDS

Army; loneliness; isolation; cohesion; communication; psychoeducation; leaders; generalized linear mixed models

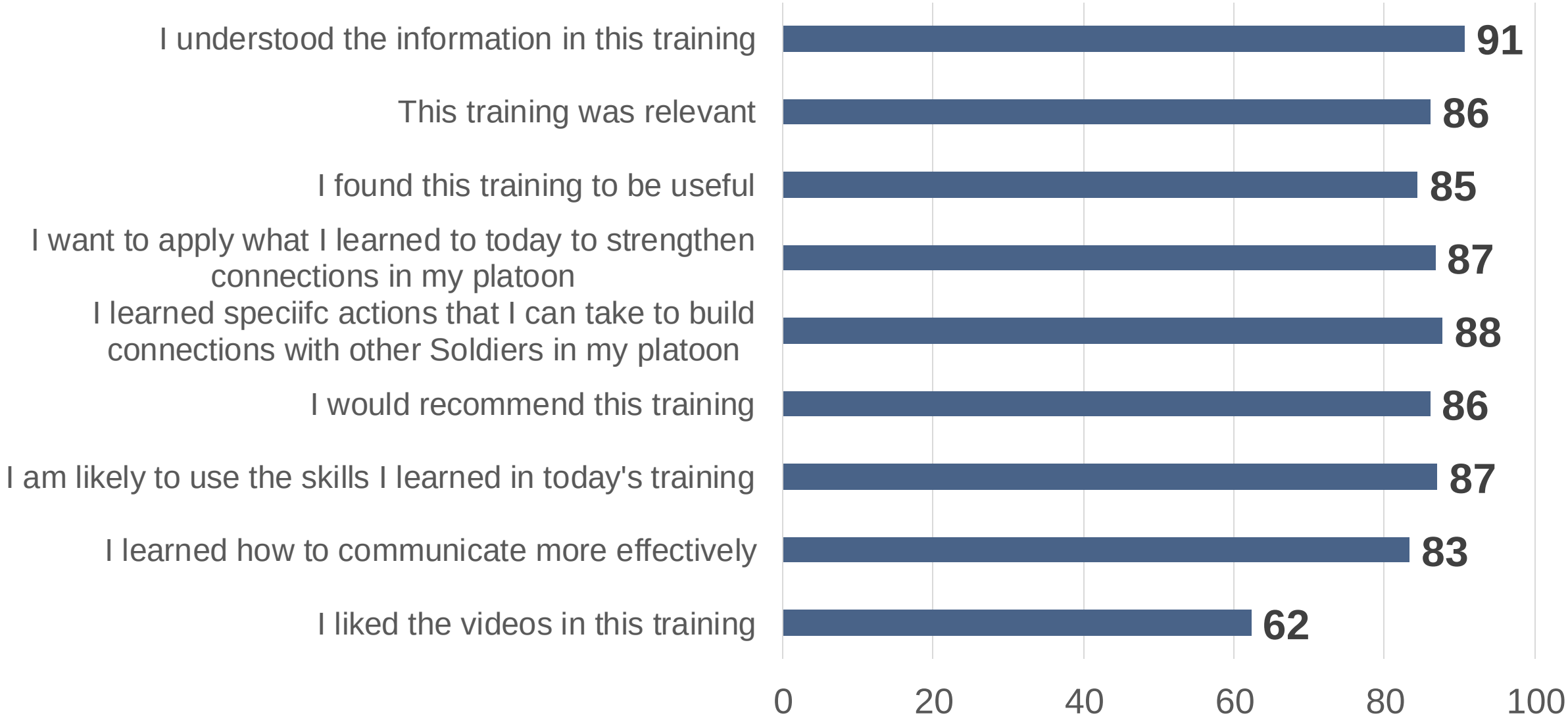
Study Overview



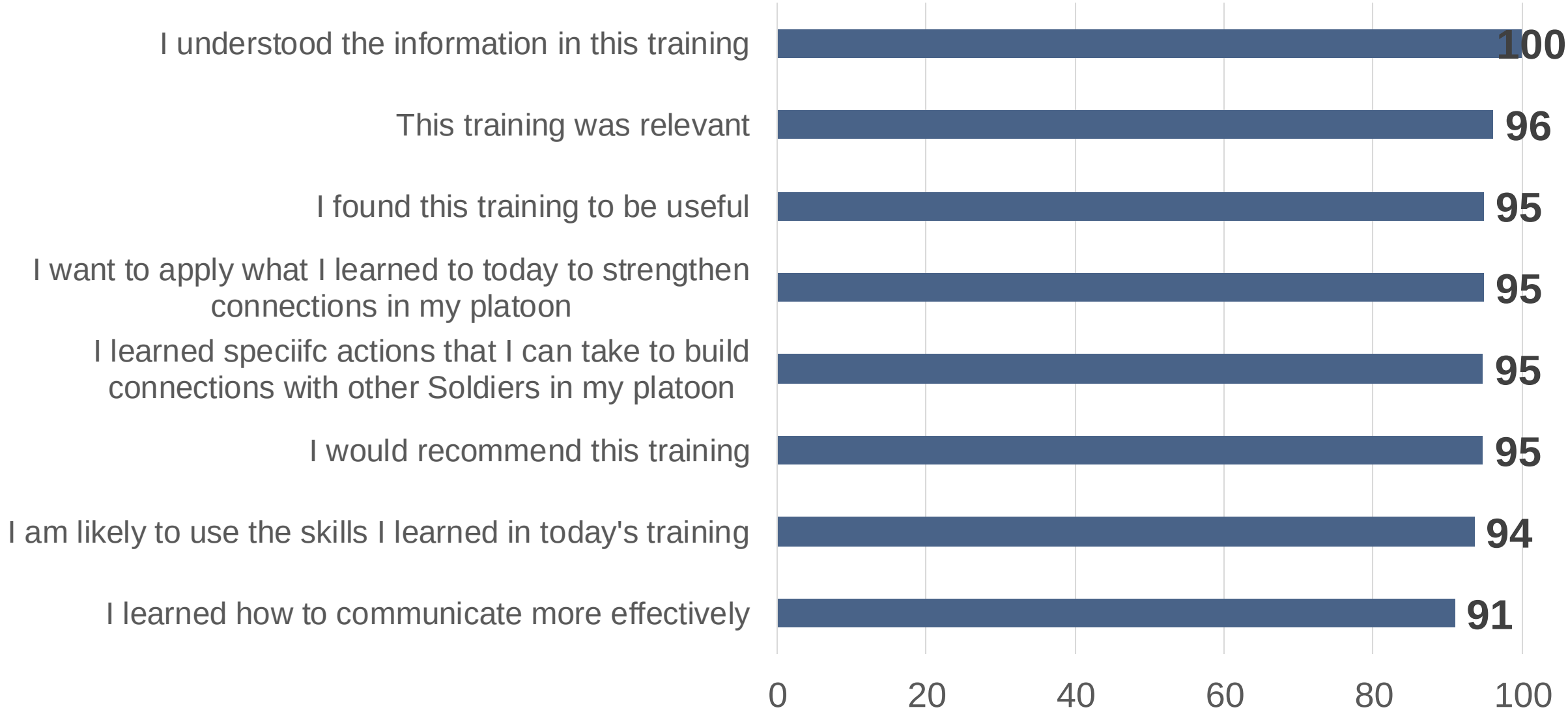
Note: Pre-training n's based on unique IDs (duplicates removed). Post-training survey n's based on pre-training to post-training match. Follow-up survey n's based on pre-training to follow-up survey match for Soldiers/Leaders who could be reliably identified as a member of a platoon with greater than 5 respondents. Leaders defined as Platoon leaders with position of Squad Leader or higher.

Source: Crouch, Gutierrez, Allard & Adler (2024)

Training Ratings: Soldiers



Training Ratings: Leaders



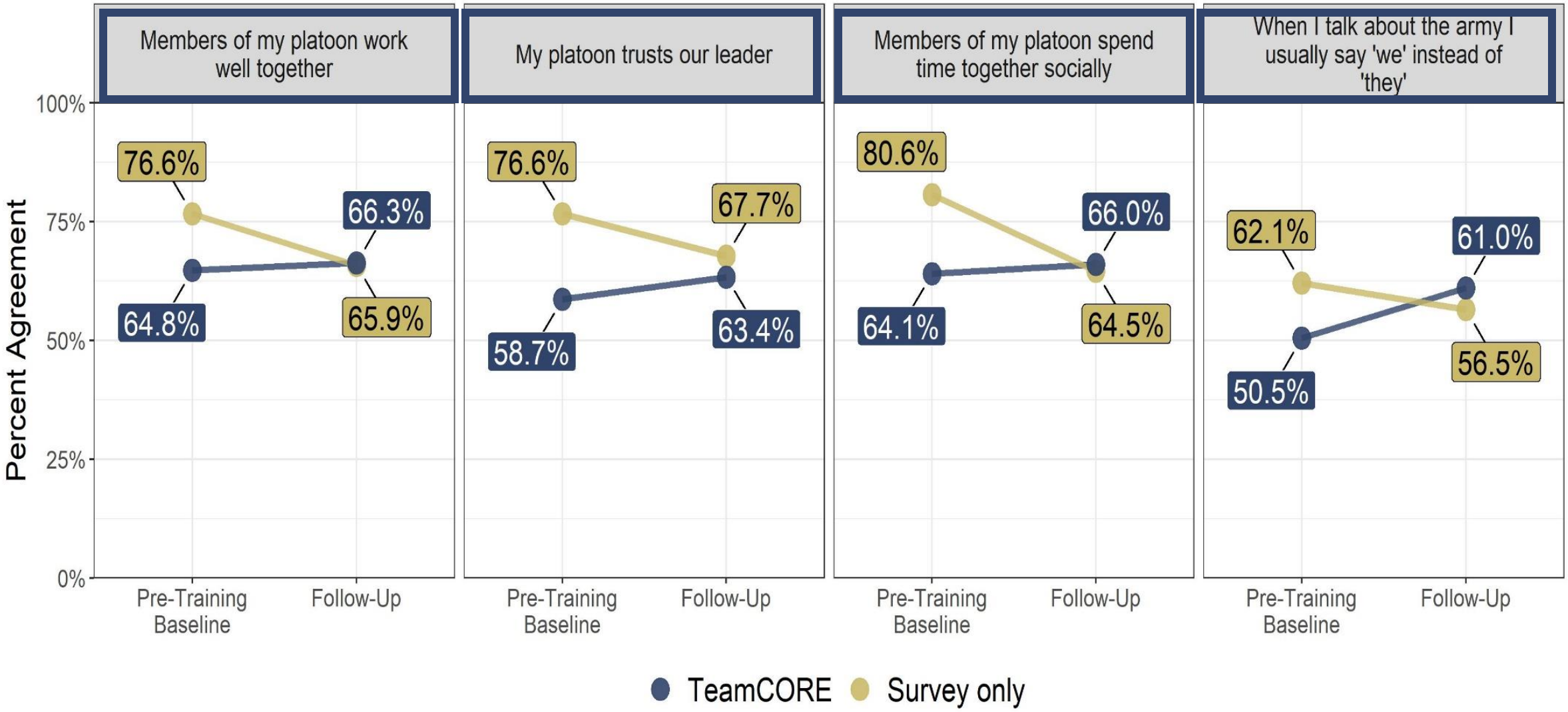
Note: Results from program evaluation data. Leader *n* = 81

Results

- Compared to survey-only, Soldiers who received TeamCORE
  - Improved in 1 of 13 TeamCORE attitudes
  - Improved in 2 of 12 TeamCORE behaviors
  - Improved in 4 out of 18 cohesion items
  - Improved in 2 of 11 team communication items
  - Improved in 1 of 2 sharing mealtime items
- No differences between conditions in terms of
  - 4 self-reported readiness items
  - 7 social skills items

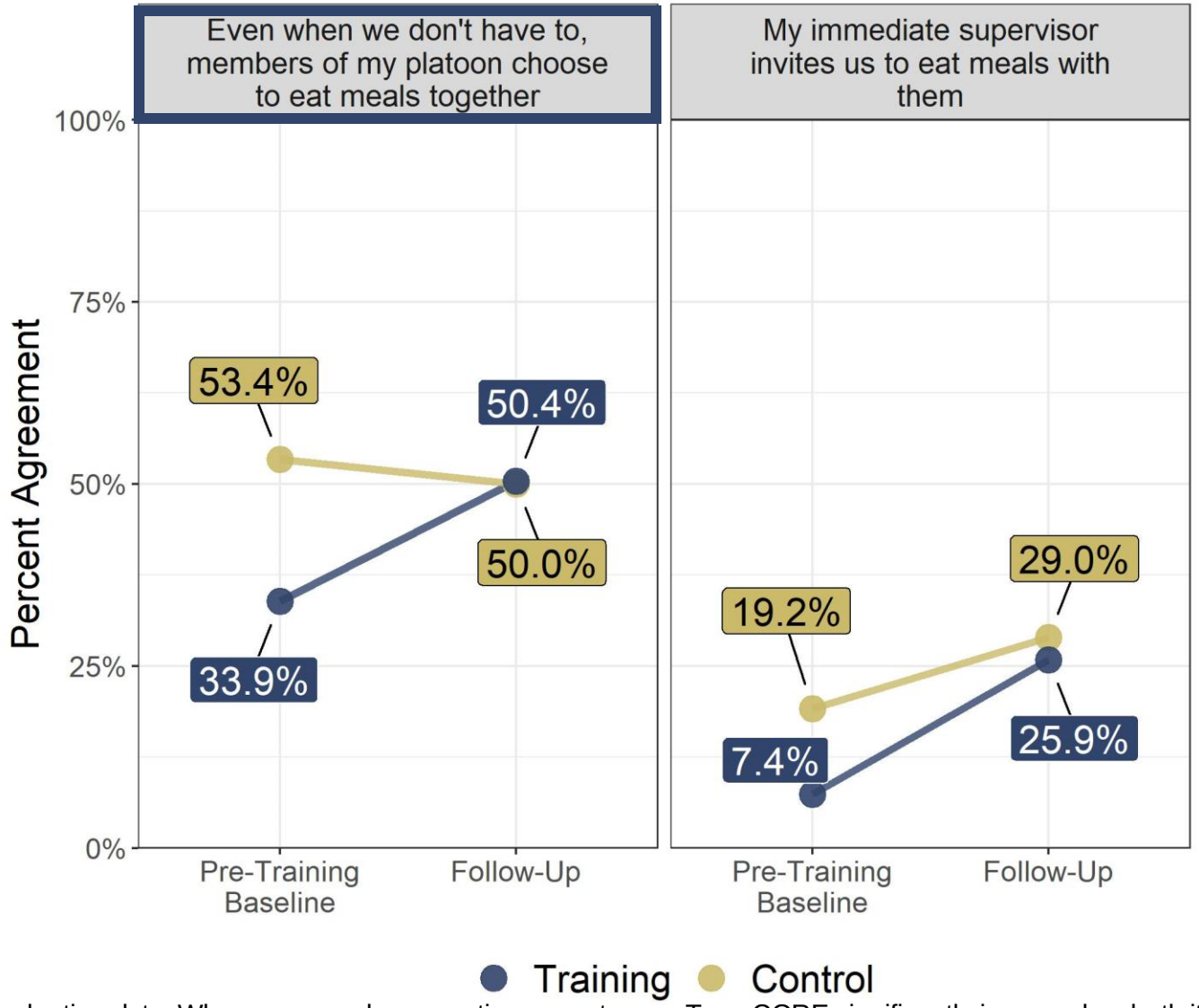
Source: Crouch, Gutierrez, Allard & Adler (2024)

TeamCORE Results: Connection



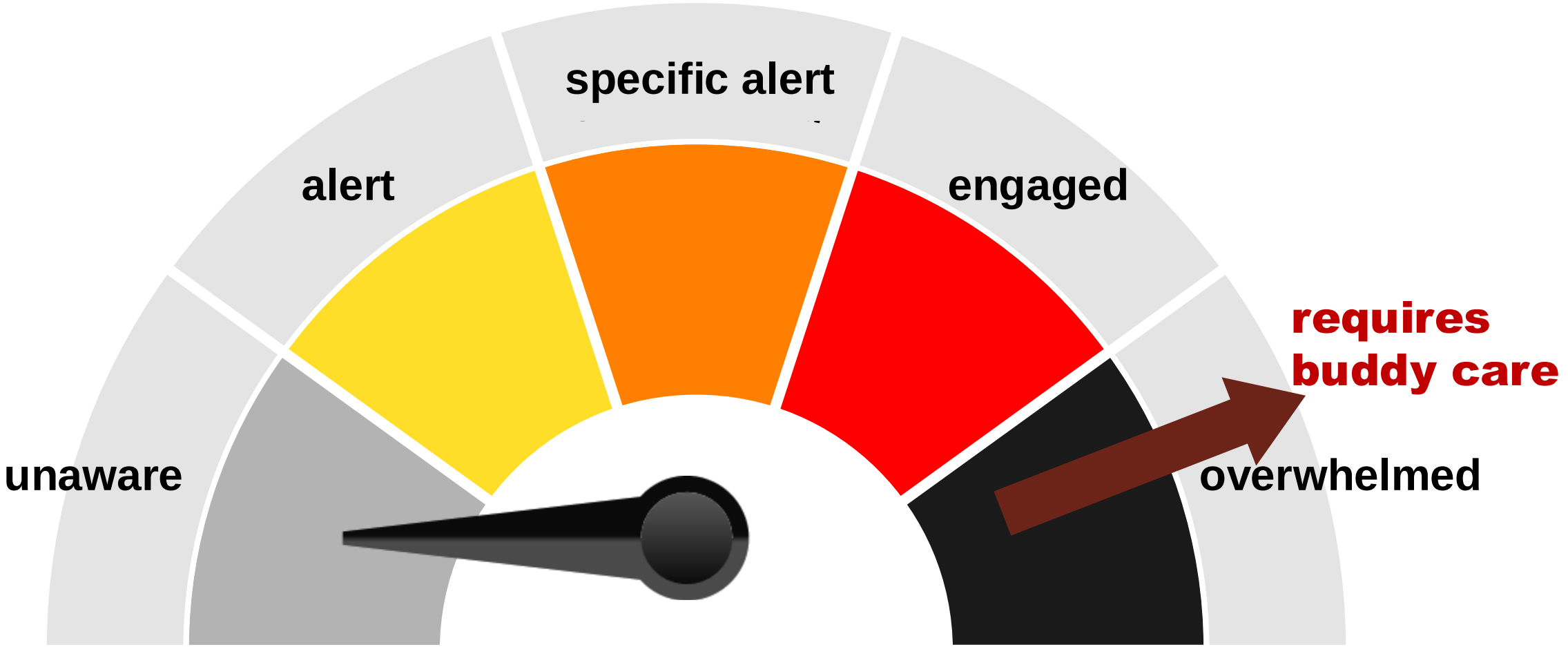
Note: Results from program evaluation data. Sample items provided.
When measured as a continuous outcome, TeamCORE significantly improved on 7 of 11 items relative to survey only.

TeamCORE Results: Shared Mealtime



Note: Results from program evaluation data. When measured as a continuous outcome, TeamCORE significantly improved on both items relative to survey only.

Activation


specific alert
alert
engaged
requires
buddy care
unaware
overwhelmed

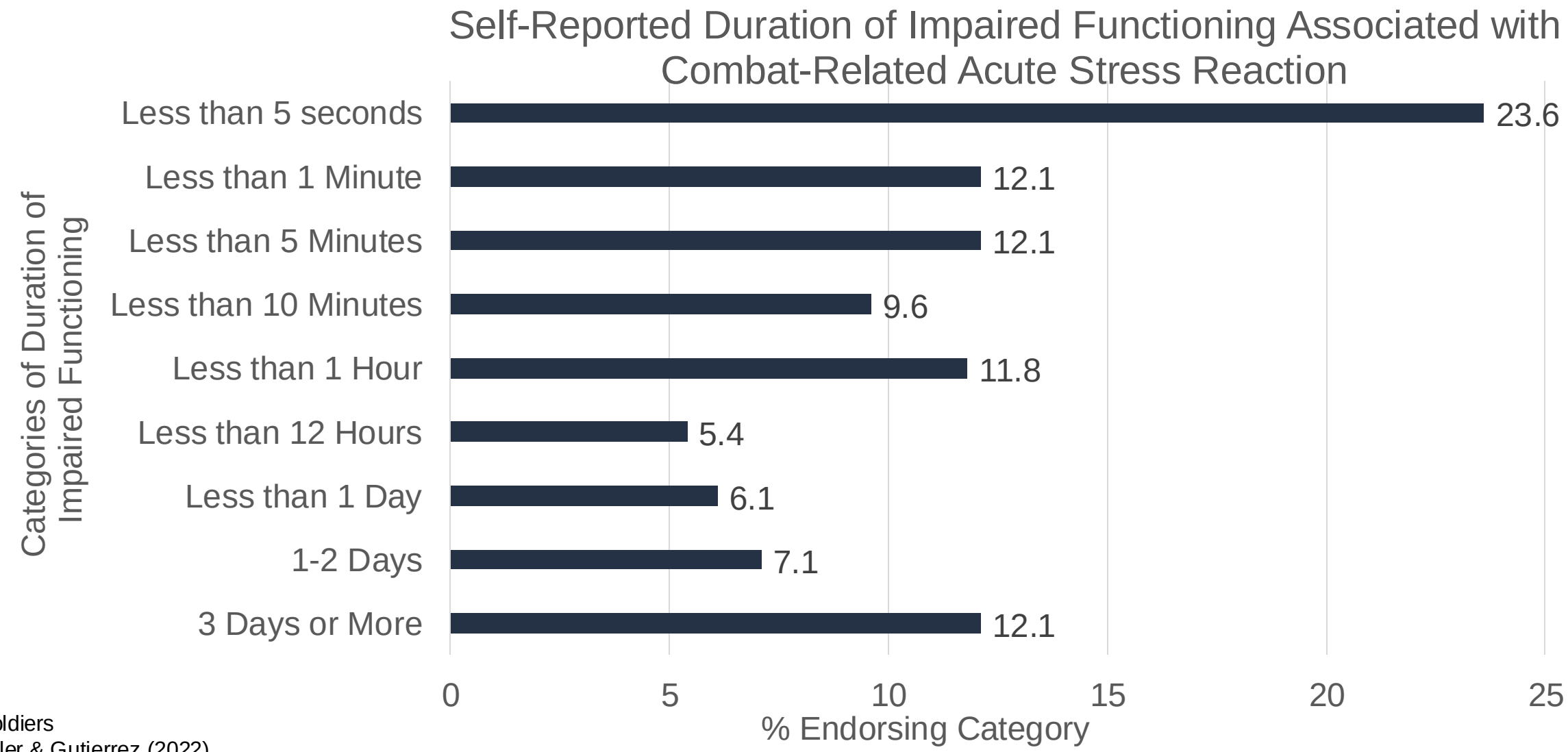
Acute Stress

17% of Soldiers report possibly being so mentally stressed during combat that they were unable to function for a period of time

1 IN 6

Source: Adler & Gutierrez (2022)

Duration



N = 282 Soldiers
Source: Adler & Gutierrez (2022)

What proportion of service members with combat experience report seeing acute stress reaction in team members?

40-50%

source: Adler, Svetlitzky & Gutierrez (2020) BJPsych Open

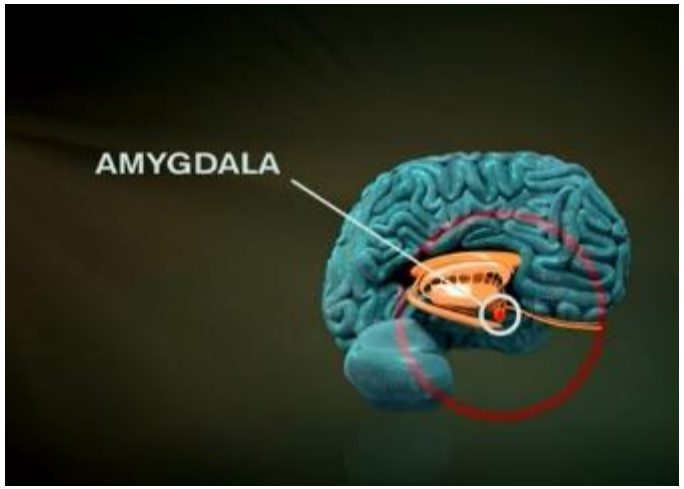
Translating and Adapting

YaHaLOM
Israel Defense Forces

iCOVER
US Army

iCOVER Steps

iCOVER



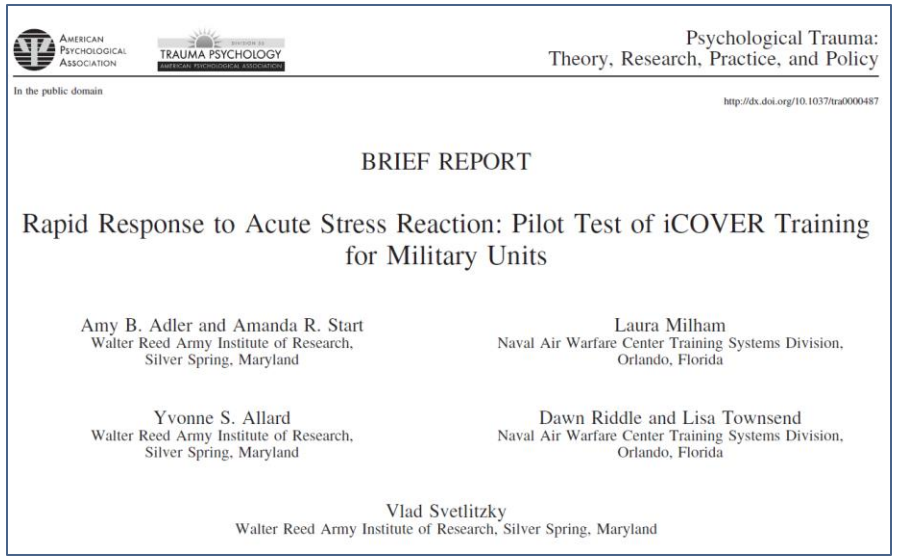
https://www.youtube.com/watch?v=t84_QvbnIT0

YouTube Search:
“WRAIR” and “iCOVER”

Realistic Training

Source: Adler, Start, Milham, Allard, & Svetlizky (2019) Psych Trauma

iCOVER Knowledge



American Psychological Association | Division 56 Trauma Psychology

Psychological Trauma: Theory, Research, Practice, and Policy

In the public domain

http://dx.doi.org/10.1037/tra0000487

BRIEF REPORT

Rapid Response to Acute Stress Reaction: Pilot Test of iCOVER Training for Military Units

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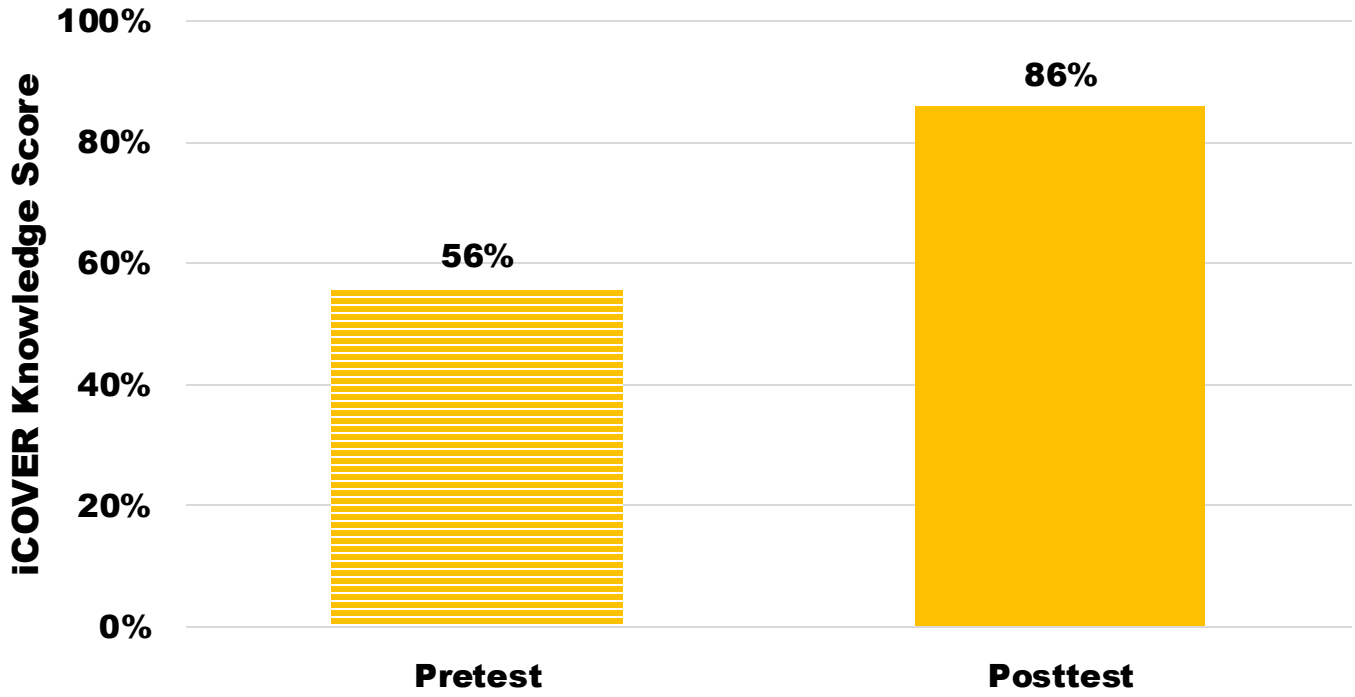
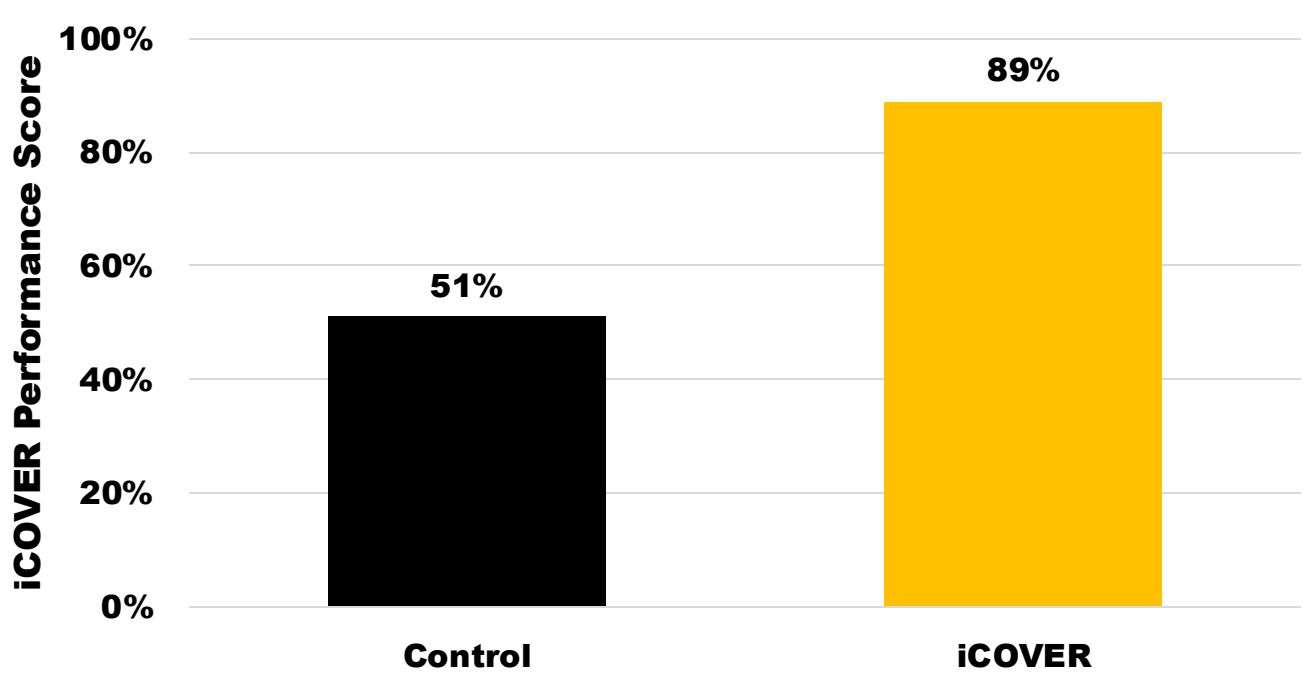


Source: Adler, Start, Milham, Allard, & Svetlizky (2019) Psych Trauma

iCOVER Performance

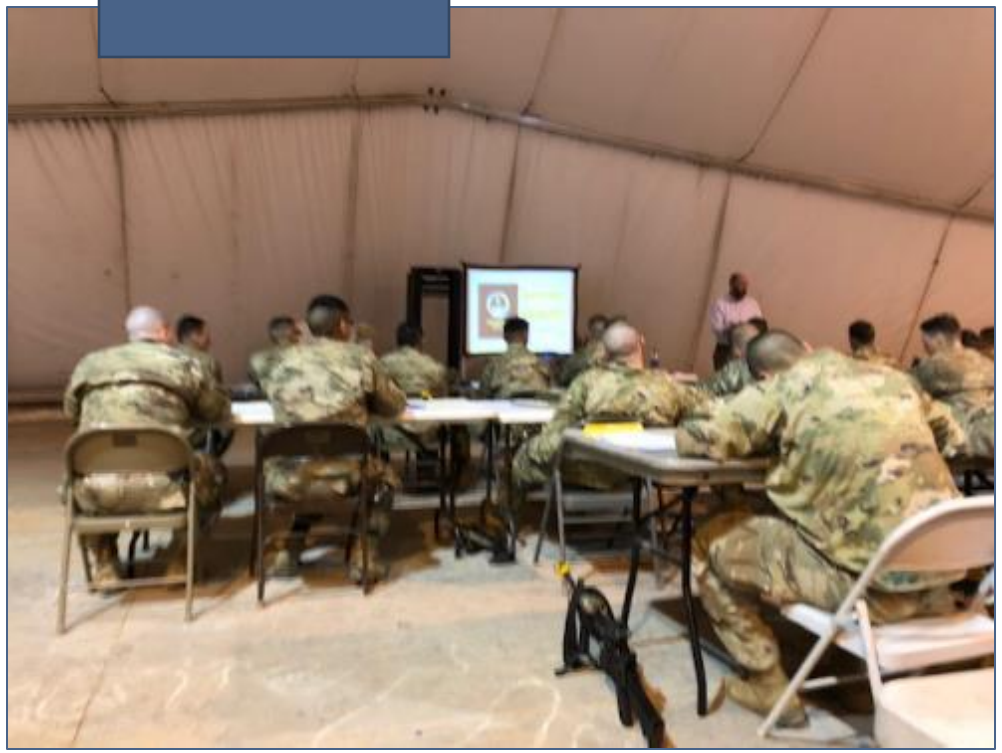


Source: Adler, Start, Milham, Allard, & Svetlizky (2019) Psych Trauma

Note: iCOVER Standard (in-person practice)

iCOVER Deployment Study

Pre-Training Baseline → 45-Minutes iCOVER Training (n = 161) → Post-Training

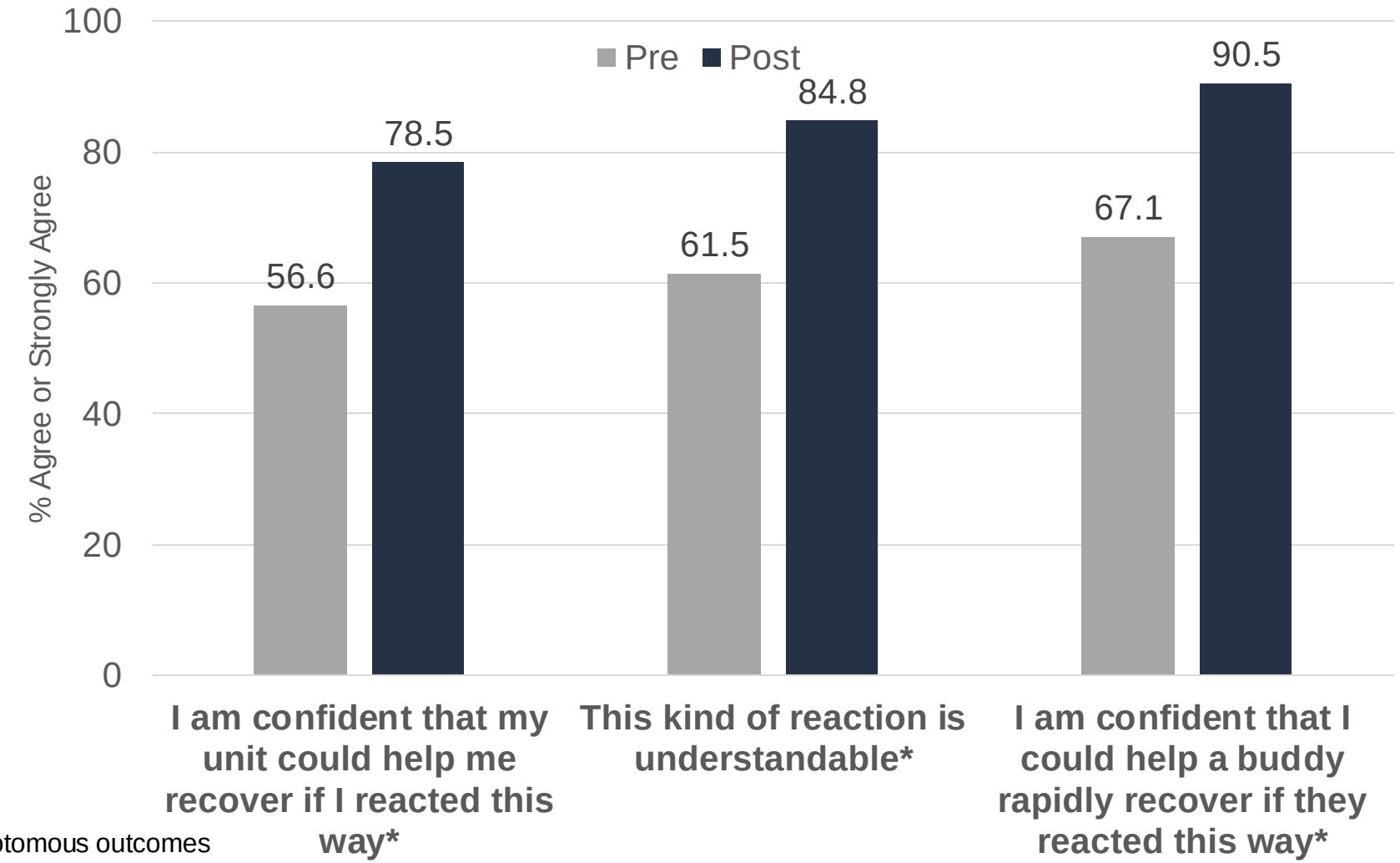


Source: Adler & Gutierrez (2022) Psychiatry

Perceptions of iCOVER

Source: Adler & Gutierrez (2022) Psychiatry

Attitudes about Acute Stress Reactions

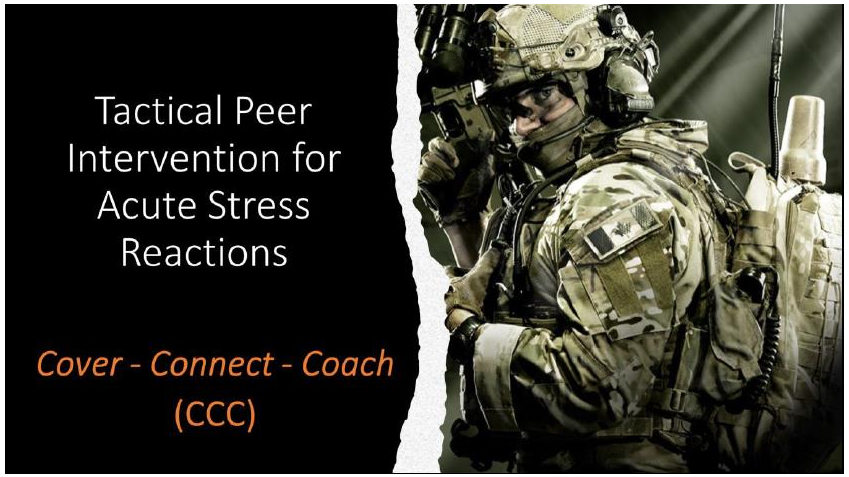


* $p < .05$, two-tailed for dichotomous outcomes

Source: Adler & Gutierrez (2022) Psychiatry

Other Nations: Examples

Norway



Canada

Germany

Mindfulness in the Army

Mindfulness Operational Outcomes Study

- Mindfulness-Based Attention Training (MBAT; Dr. Amishi Jha, U of Miami)
  - 2-hour MBAT session/week for 4 weeks
  - MBAT Practice 3-5 times/week

MILITARY MEDICINE, 00, 0/0:1, 2021

Optimizing Performance and Mental Skills With Mindfulness-Based Attention Training: Two Field Studies With Operational Units

CPT Thomas H. Nassif, PhD, MS, USA; Amanda L. Adrian, PhD*; Ian A. Gutierrez, PhD*; Alexis C. Dixon, MPH*; Scott L. Rogers, JD†; Amishi P. Jha, PhD†; Amy B. Adler, PhD**

ABSTRACT

Introduction:
Mental skills such as focusing attention and managing emotions are essential for optimal performance in high-stress occupations. Studies with military samples have demonstrated that mindfulness training (MT) led to improved computer-based cognitive performance.

Materials and Methods:
To examine the impact of MT on operational performance, mental skills, and psychological health, a short-form program, Mindfulness-Based Attention Training (MBAT), was delivered to active duty soldiers as part of two randomized trials. Participants in study 1 ($n = 121$) and study 2 ($n = 77$) were randomized to one of three conditions: MT with proctored practice, MT with unproctored practice, or a waitlist control. Weekly 2-hour MBAT sessions were offered to participants in both MT conditions for 4 weeks. Beyond these sessions, participants also engaged in mindfulness practice that was proctored (within the occupational context) or unproctored (left up to the individual) for four subsequent weeks.

Results:
Overall, the frequency of mindfulness practice was generally associated with better performance and improvements in mental skills. In study 1, those who practiced 3 or more days per week performed better on marksmanship under physical stress and reported fewer attentional lapses, less emotion regulation difficulties, greater mental toughness, and higher self-reported mindfulness compared to those who did not practice. In study 2, the frequency of mindfulness practice was associated with fewer attentional lapses and emotion regulation difficulties.

Conclusions:
Consistent with prior findings, results suggest that regular engagement in MT practice may help to optimize operational performance and improve mental skills in military cohorts.

INTRODUCTION

"The most important six inches on the battlefield is between your ears." This quote from General James Mattis underscores the need for service members to be mentally fit to perform optimally in high-stress occupations. Yet, exposure to work-related stressors in high-risk environments can deplete mental resources needed to perform, stay focused on essential tasks, and regulate emotions.[1,2]

A potential strategy to address these concerns is mindfulness training (MT). Although MT supports cognitive performance in military populations,[2] it is unclear if MT improves operational performance, mental skills, or psychological health. Research also needs to clarify the role of mindfulness practice and if benefits can be sustained over time. The current studies aim to address these questions in a sample of U.S. Army soldiers.

Mindfulness is a mental practice involving focusing attention on the present moment without elaboration or judgment.[3] Mindfulness training programs emphasize concentrative attention, open monitoring, and receptivity to inner and outer experiences to reduce inattention and manage stress.[2] These attributes are especially relevant for high-stress occupations like the military.[4] Studies with service members have found that MT resulted in better cognitive performance using laboratory-based measures,[2,5,6] and there are mixed results regarding the benefit of MT on marksmanship among civilians.[7–13] Most of these civilian studies, however, were limited to assessing performance immediately following a mindfulness induction.

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Study results were presented in part at the AMSUS Annual Meeting, December 2019, National Harbor, MD; the Military Health System Research Symposium, August 2019, Kissimmee, FL; and the American Psychological Association Annual Meeting, August 2020.

This article has been reviewed by the Walter Reed Army Institute of Research. There is no objection to its presentation and/or publication. The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting true views of the Department of the Army or the Department of Defense. The investigators have adhered to the policies for the protection of human subjects, as prescribed in AR 70-25.

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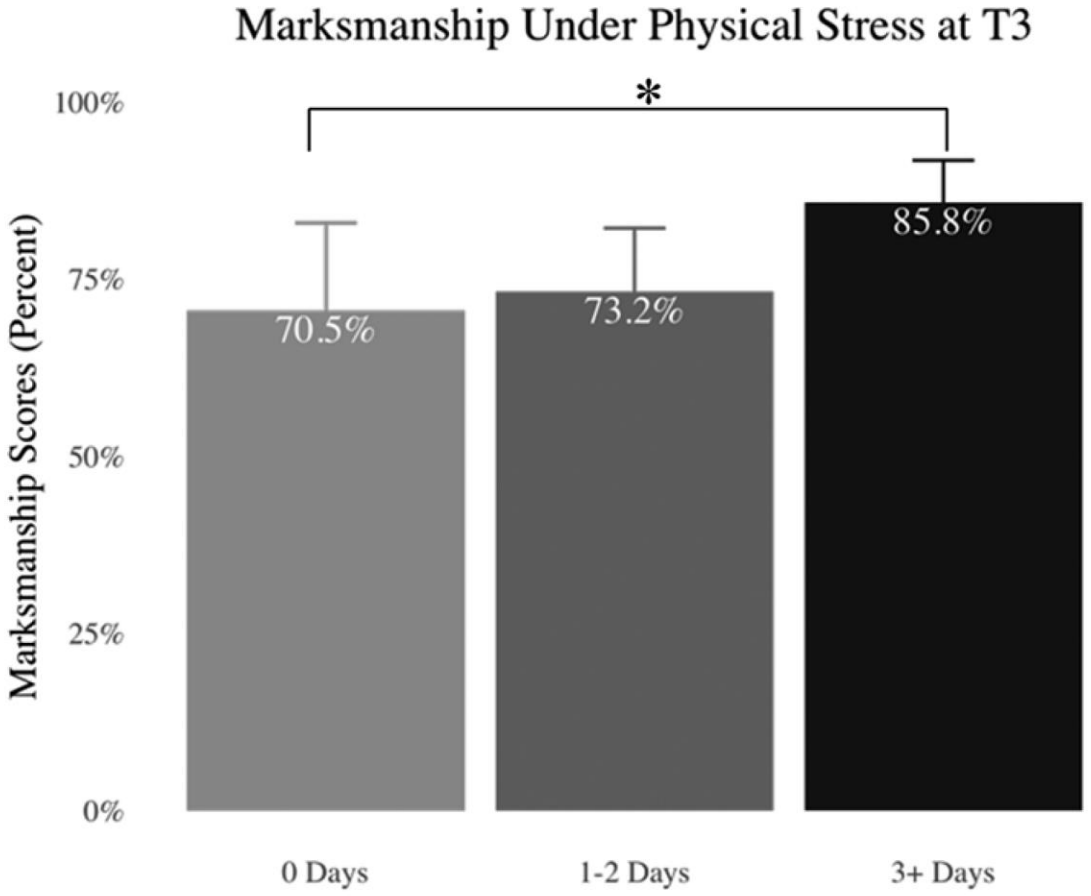
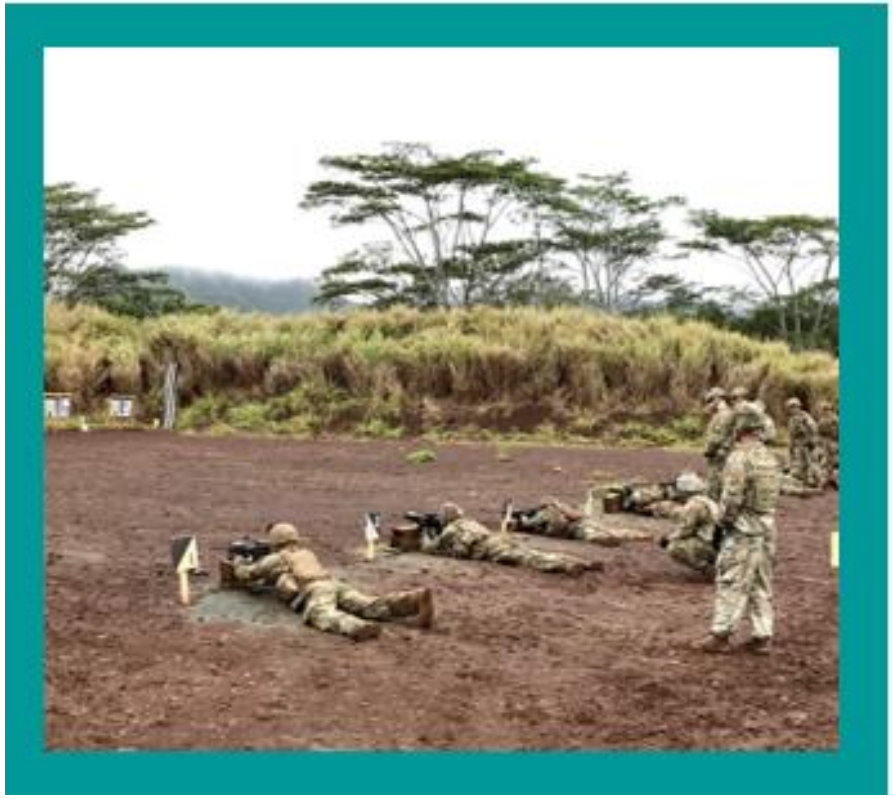
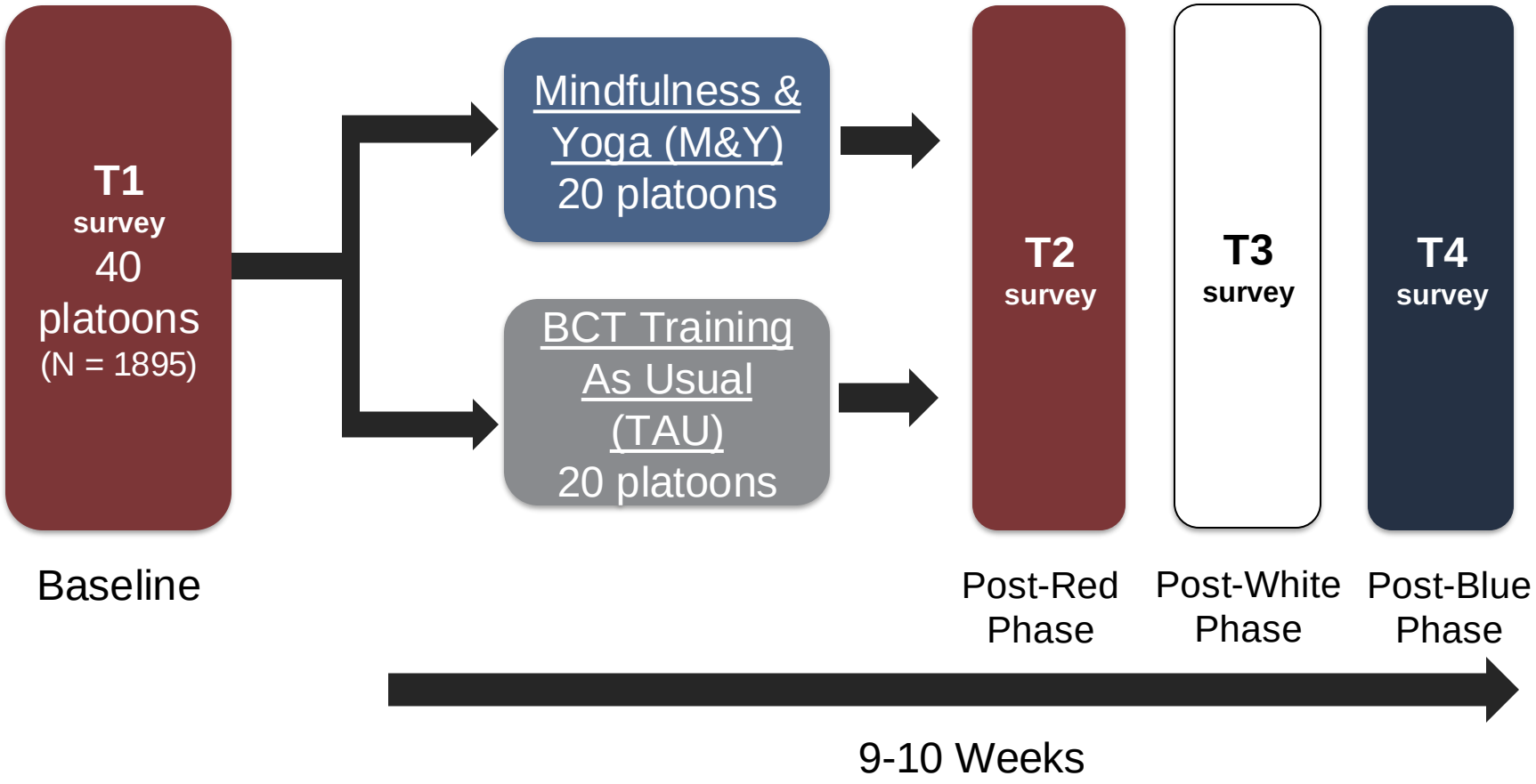
Stress Shoot





Nassif et al. (2021) in *Military Medicine*

Study Design



Training: Yoga-PRT and MBAT

Typical Day of M&Y Practice (During and Following 8hr MBAT Course)

15 min Yoga Pre-PRT

15 min Yoga Post-PRT

Recommended Embedded Individual MBAT Practice (37% of trainees report 3+ days/week)

15 min Group MBAT Practice

Source: Nassif, Gutierrez, Smith, & Adler

*Partially funded by TRADOC

Physical Health

frontiers | Frontiers in Psychology

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doi: 10.3389/fpsyg.2023.1214039

Impact of mindfulness training and yoga on injury and pain-related impairment: a group randomized trial in basic combat training

Carl D. Smith[1]*, Ian A. Gutierrez[1], Thomas H. Nassif[1], Kimberley L. Jordan[2], Kathryn M. Taylor[3], Amishi P. Jha[4] and Amy B. Adler[1]

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Introduction: Service members are at risk for pain-related difficulties in functioning and physical injury. Previous studies suggest that mindfulness training (MT) and yoga may prevent these outcomes. The present study was designed to determine the impact of MT and yoga on the health, pain, and injury of Army trainees completing 10 weeks of basic combat training (BCT).

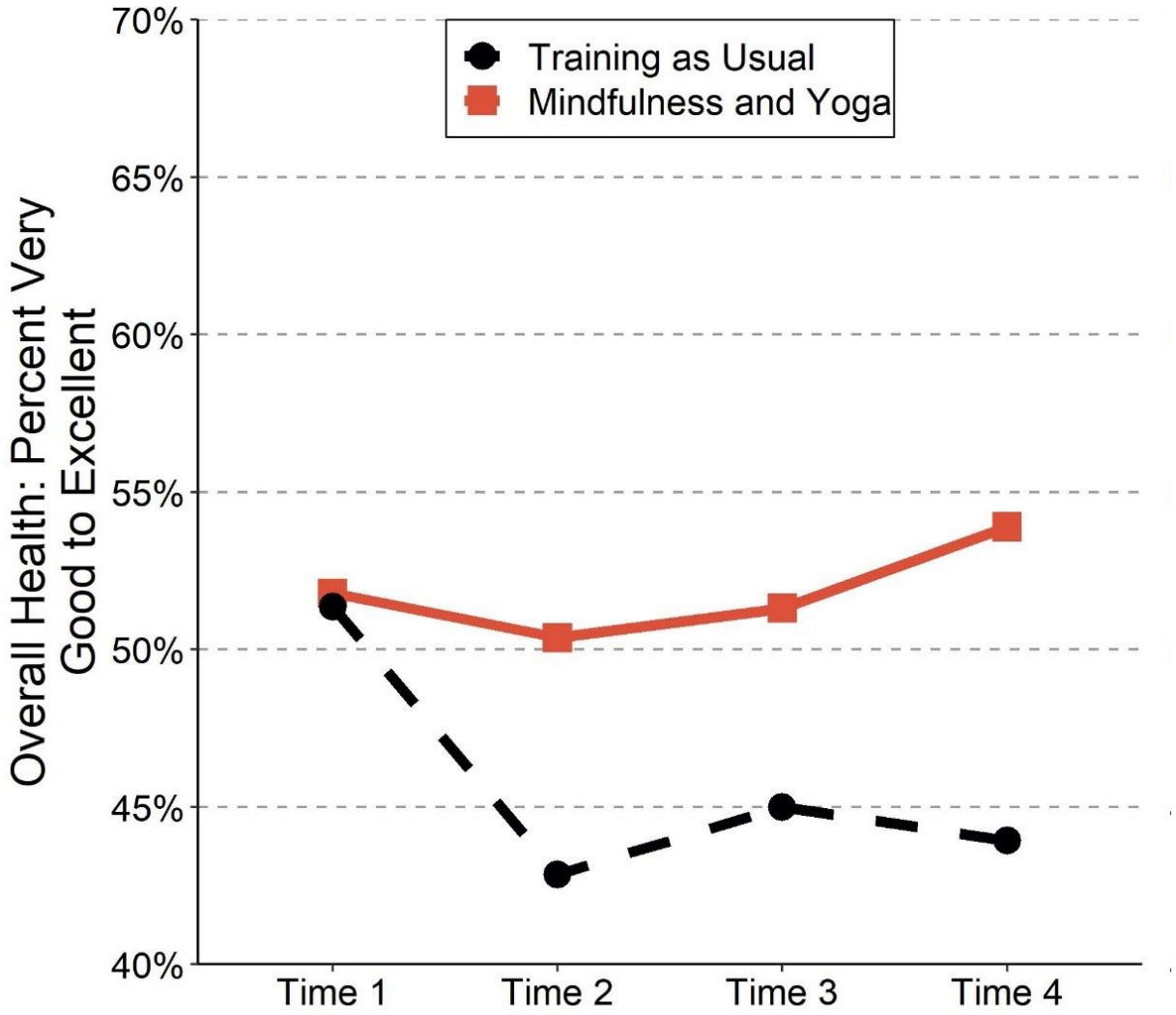
Methods: Platoons (≈40 trainees per platoon) were randomized to MT and yoga or training-as-usual in October to December 2020 at a large installation in the US. Self-reported outcomes were health, pain level, and pain impact on training, sleep, mood, and stress. Objective outcomes were injury-related medical encounters and number of diagnoses. The trial was registered at ClinicalTrials.Gov (NCT05550610).

Results: Intervention trainees reported significantly better health (OR = 1.05, 95% CI [1.00, 1.10]) and less impact of pain on training (OR = 0.81, 95% CI [0.74, 0.90]), sleep (OR = 0.88, 95% CI [0.81, 0.95]), mood (OR = 0.86, 95% CI [0.78, 0.96]), and stress (OR = 0.88, 95% CI [0.79, 0.98]). There was no significant difference in injury-related medical encounters (AOR = 0.70, 95% CI [0.48, 1.03]), but intervention trainees had fewer diagnoses (OR = 0.67, 95% CI [0.47, 0.95]) and were 30% less likely to have a first medical encounter at any time during BCT. This difference emerged 3 weeks into BCT.

Discussion: A combined MT and yoga intervention resulted in better trainee health. The US Army and other organizations requiring resilience under extreme stress should consider implementing MT and yoga to offset risks to employee health.

KEYWORDS
military, mindfulness, yoga, injuries, pain

Self-Reported Health



Note: Practice level defined by trainees' reported level of practice at T4.

Smith et al. (2023) in *Frontiers in Psychology*

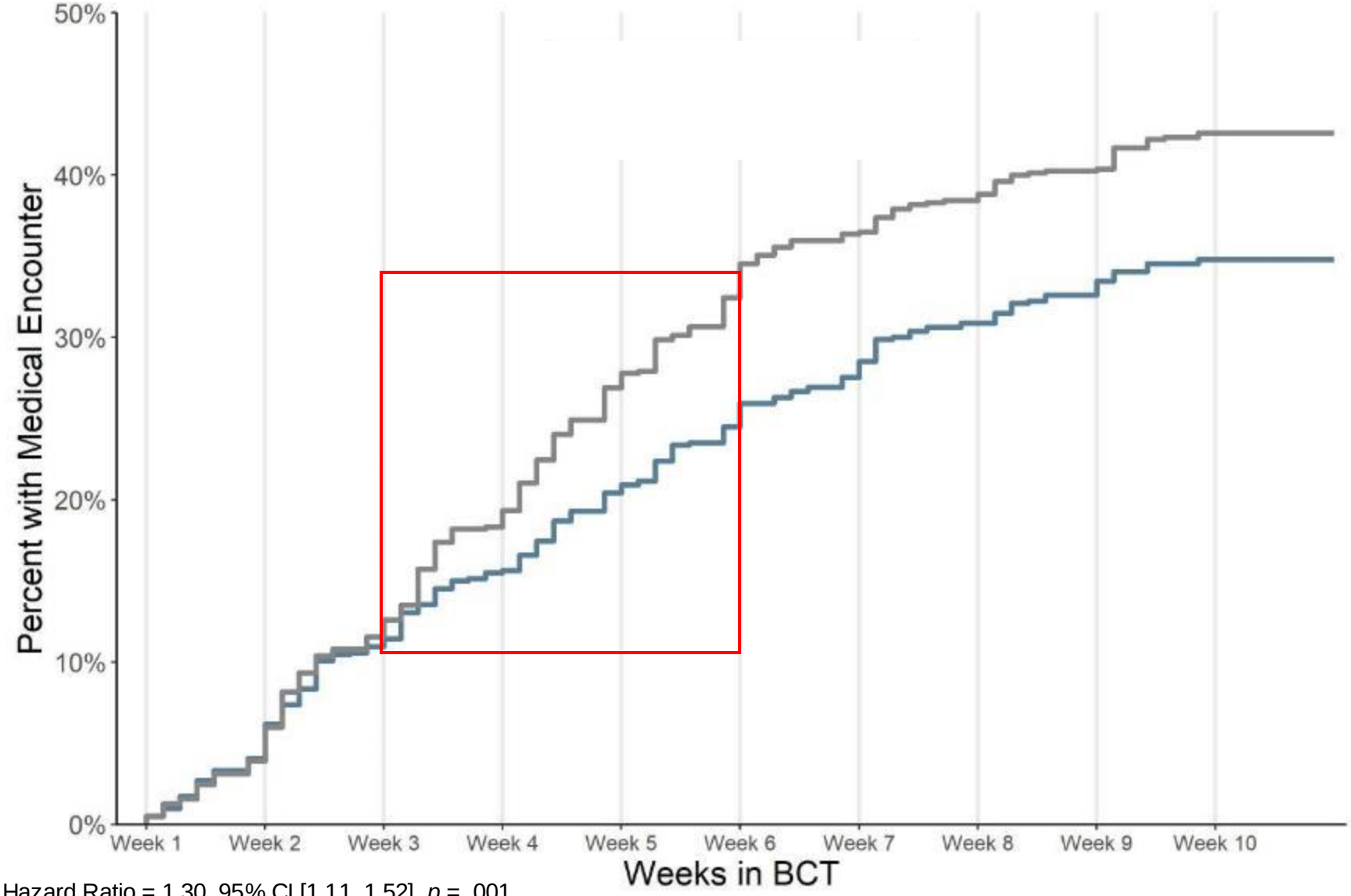
Pain

- No significant difference for
  - pain level
  - pain intensity
- Trainees in the Mindfulness & Yoga condition reported less pain interfering with

Training **Sleep** **Mood** **Stress**




Medical Encounters



Training as Usual

Mindfulness & Yoga

Smith et al. (2023) in *Frontiers in Psychology*

[1]Cox Regression Hazard Ratio = 1.30, 95% CI [1.11, 1.52], p = .001.

Mental Health

Hindawi
Depression and Anxiety
Volume 2023, Article ID 6069543, 11 pages
https://doi.org/10.1155/2023/6069543

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Research Article

The Effect of a Combined Mindfulness and Yoga Intervention on Soldier Mental Health in Basic Combat Training: A Cluster Randomized Controlled Trial

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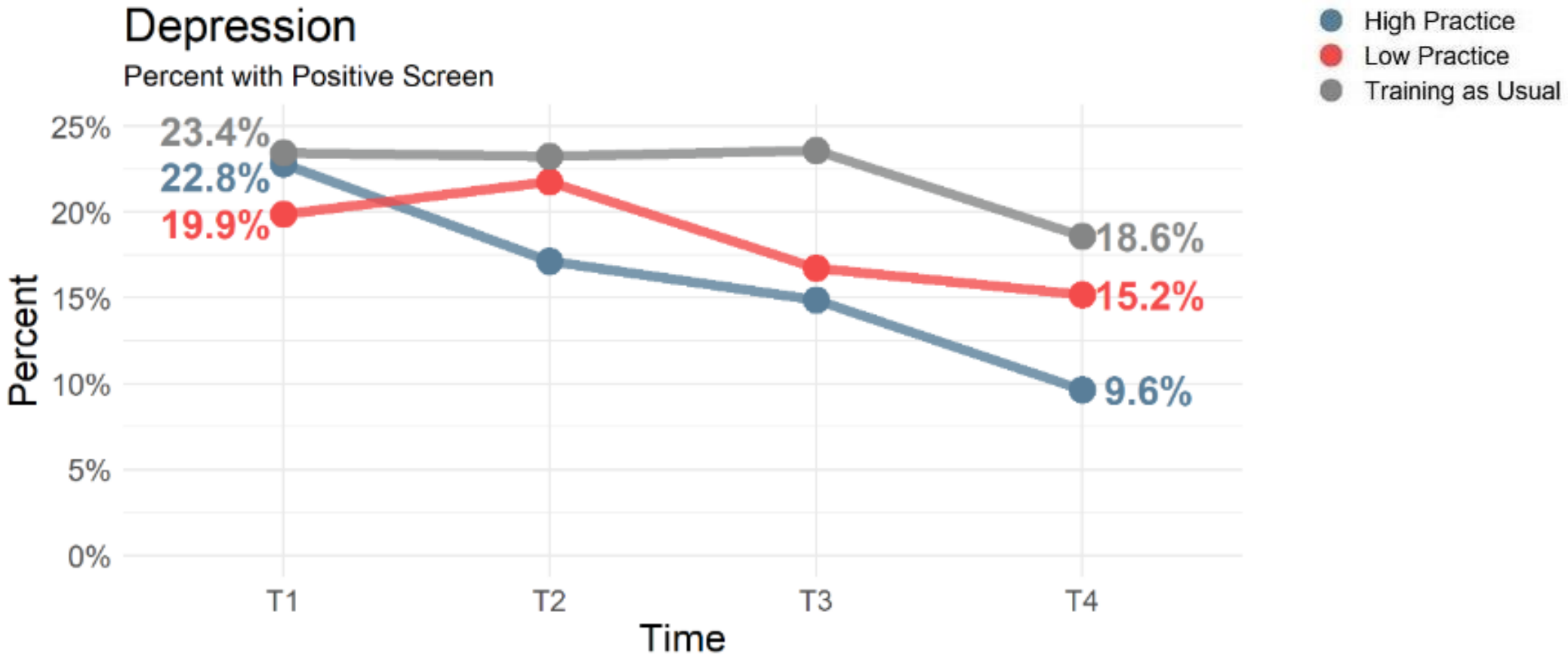
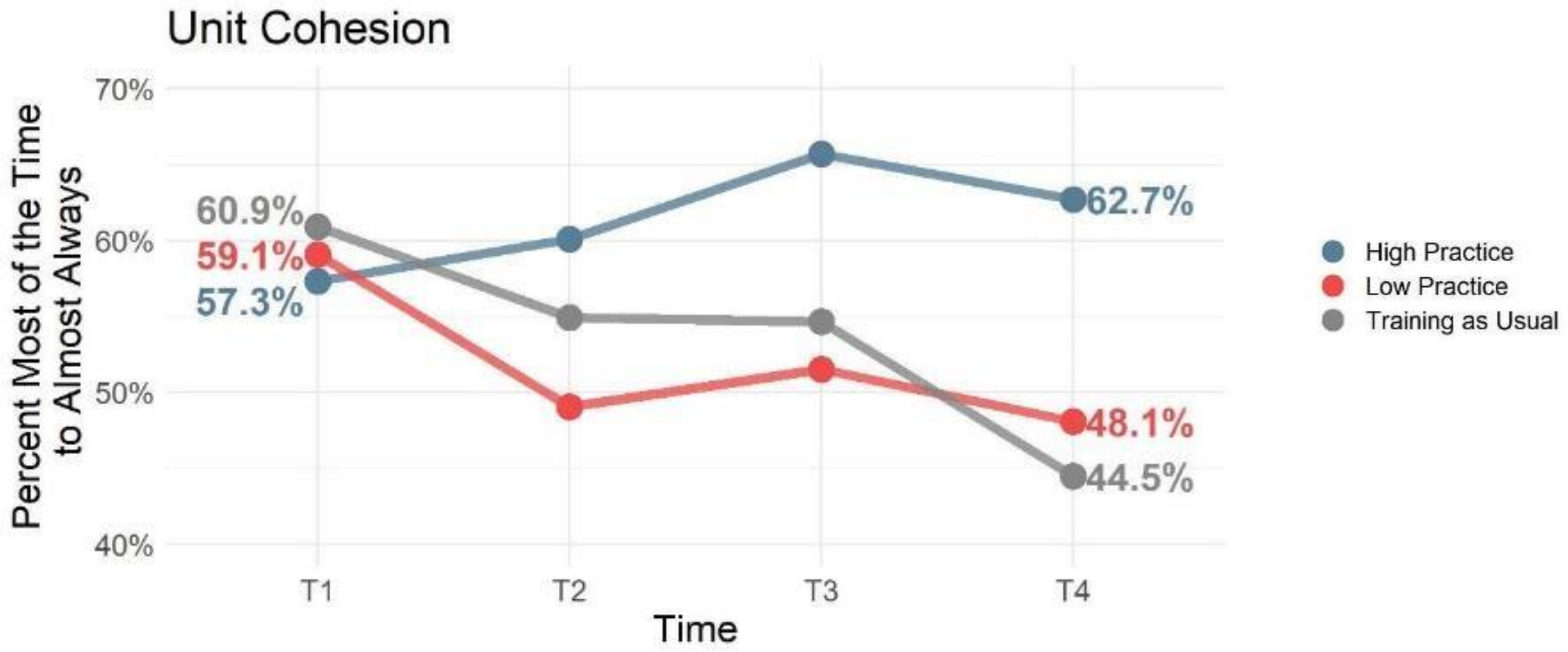
Mental Health



Note: Practice level defined by trainees' reported level of practice at T4.
Also significant differences for depression by training condition regardless of individual practice frequency.

Nassif et al. (2023) in *Depression and Anxiety*

Unit Climate

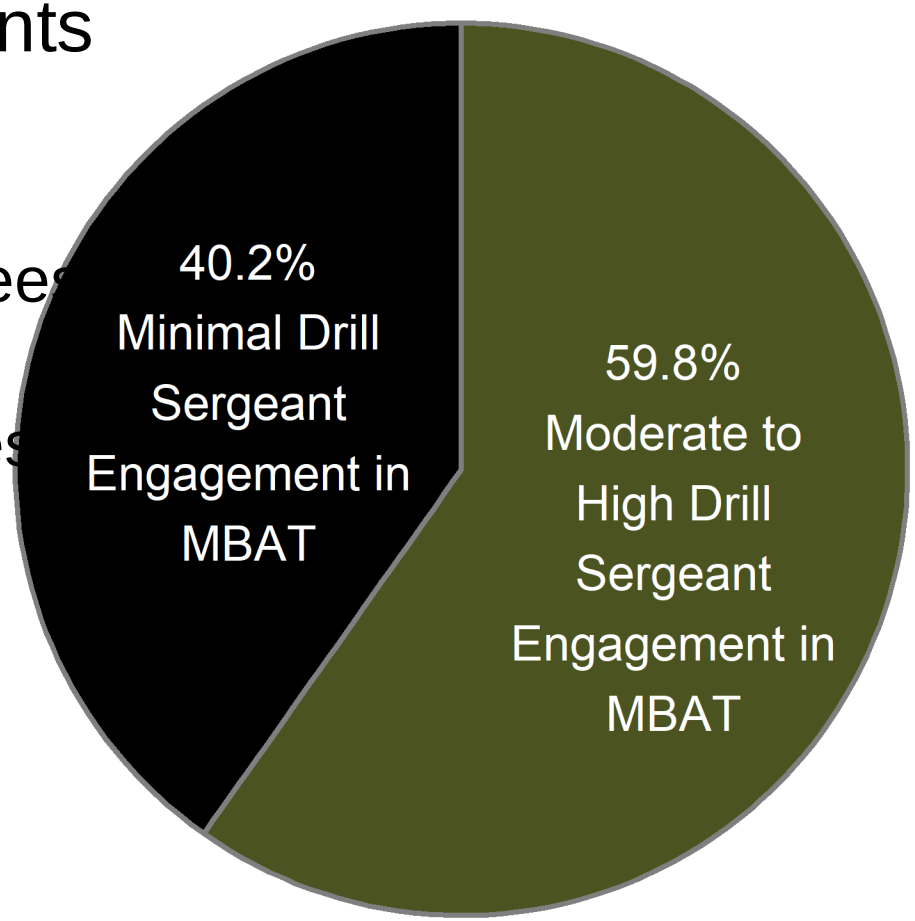


Note: Data from program evaluation data. Practice level defined by trainees' reported level of practice at T4

**High practice significantly improved relative to low practice and Training as Usual at p<.05 on continuous outcome. Also significant differences by training condition regardless of individual practice frequency.*

Trainee Survey: Drill Sergeant Engagement

- Trainee ratings how much Drill Sergeants
  - Attended MBAT activities
  - Emphasized importance of MBAT
  - Referred to MBAT when talking with trainees
  - Encouraged trainees to use MBAT
  - Talked about using MBAT in their own lives



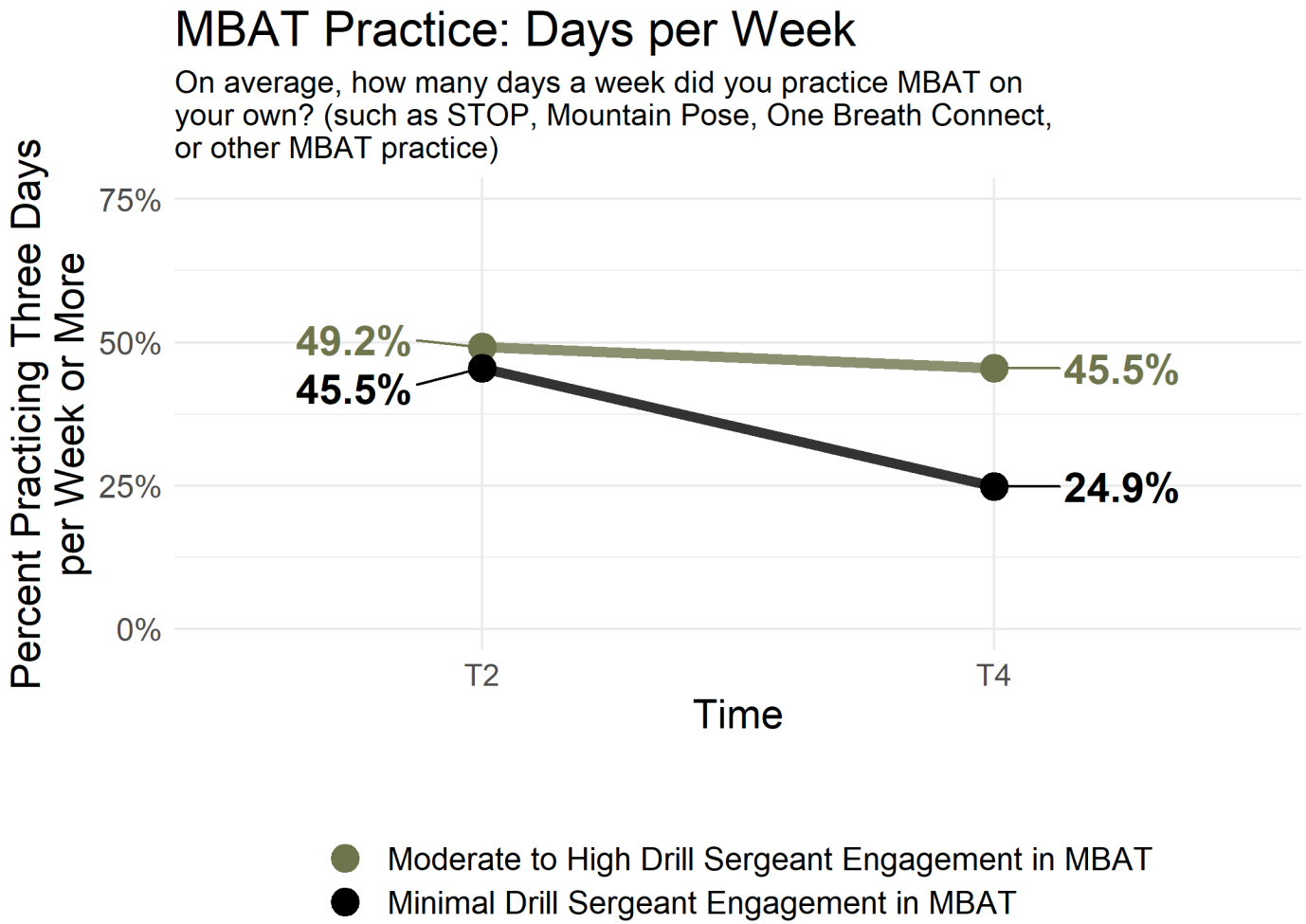
M&Y Leadership Engagement

Minimal — Moderate to High

Not at all—A little bit—Occasionally—Quite a bit—A lot

Note: Minimal engagement defined as an average rating of “Not at all”);
Moderate to high drill sergeant engagement defined as an average rating of “A little bit” or more; Data from T4 MBAT Survey

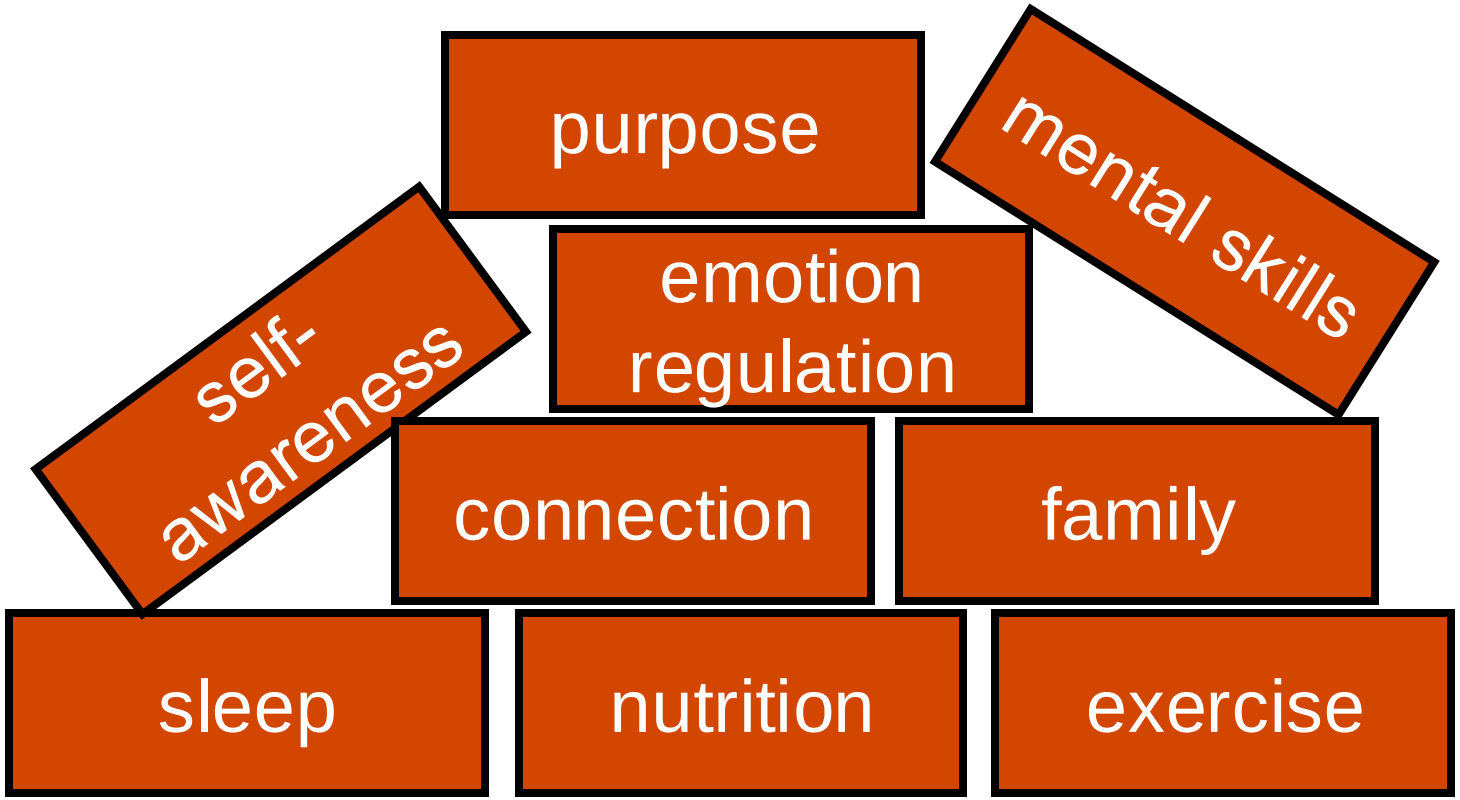
Perceptions of Drill Sergeant Engagement and Trainee Practice



Note: Engagement defined by trainees' perceptions of drill sergeants at T4 (Not at all vs. A little bit or more) for items such as attended MBAT activities, emphasized importance of MBAT, Referred to MBAT when talking with trainees, Encouraged trainees to use MBAT

Sources of Resilience

- Individuals
- Teams
- Leaders

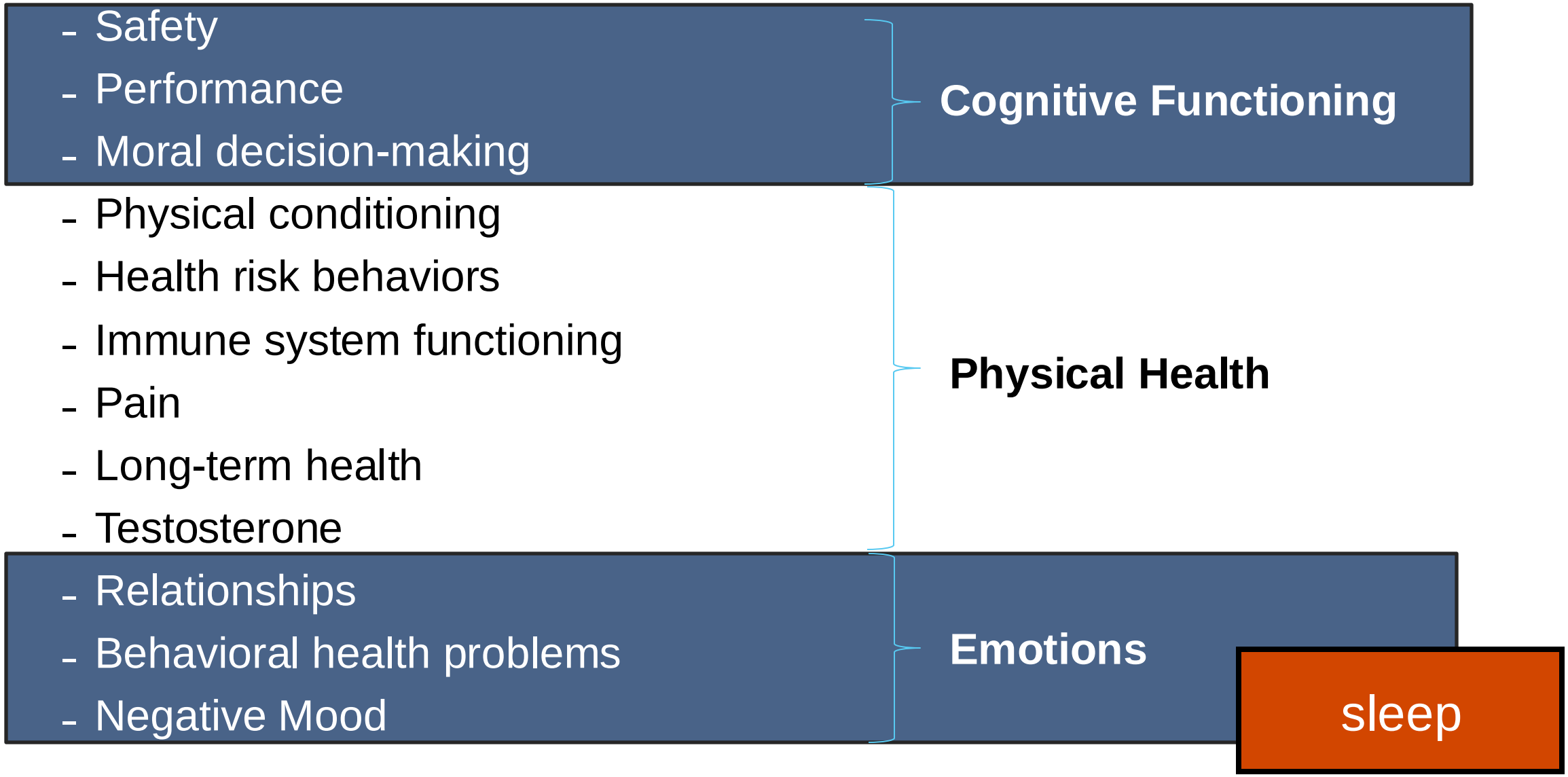


Leadership

- Good military leadership is associated with Soldier mental health and performance
- General leadership skills are
  - Relatively “blunt instrument” for addressing specific challenges
  - Harder to teach

Domain-Specific Leadership

Sleep Matters



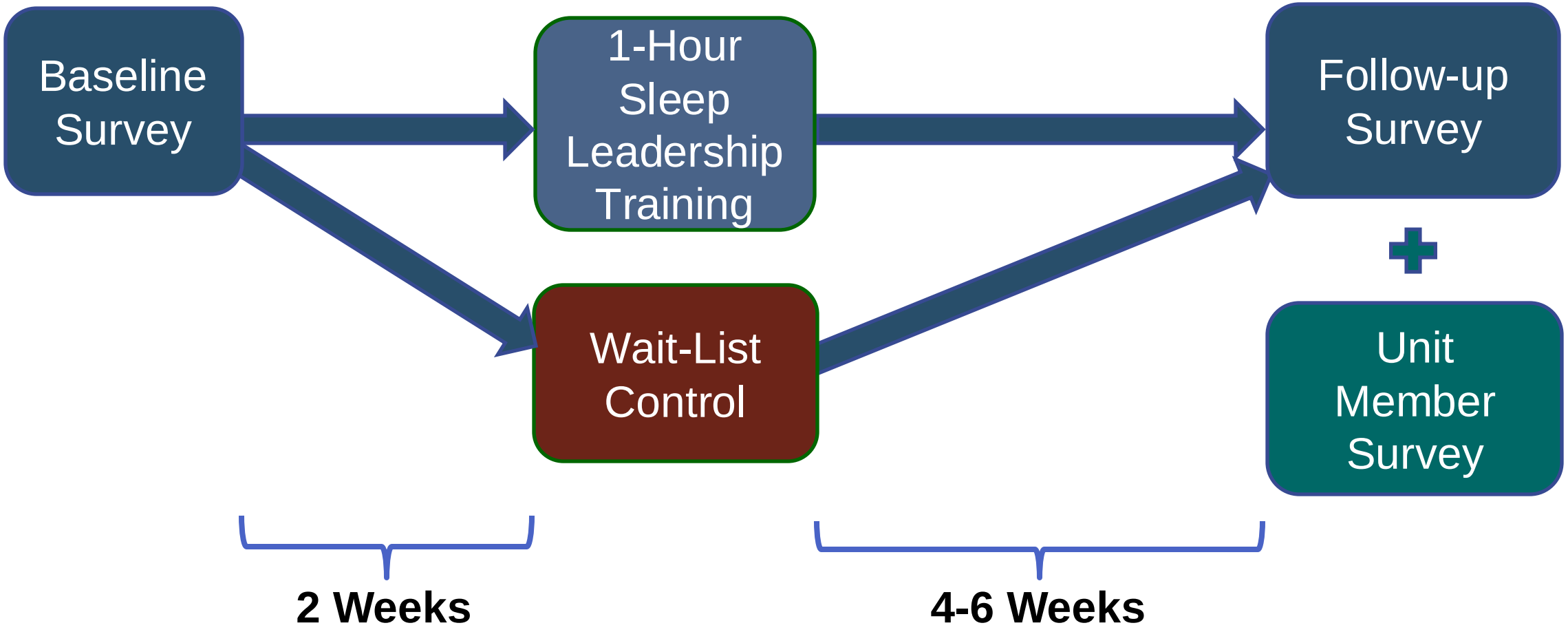
Sleep Leadership Behaviors

	Immediate Leaders Often/Always
Considers sleep as an important planning factor	34.7%
Encourages Service Members to get extra sleep before missions that require long hours	34.6%
Encourages Service Members to try to go to sleep on time	29.8%
Works to ensure Service Members have a good sleep environment (quiet, dark, not too hot or cold)	23.6%
Discourages the use of caffeine or nicotine within several hours before trying to go to sleep	14.1%
Encourages Soldiers to reduce sleep distractions by using earplugs, eye-masks or other strategies	10.8%
Asks Service Members about their sleeping habits	5.8%

Sleep Leadership and Positive Changes

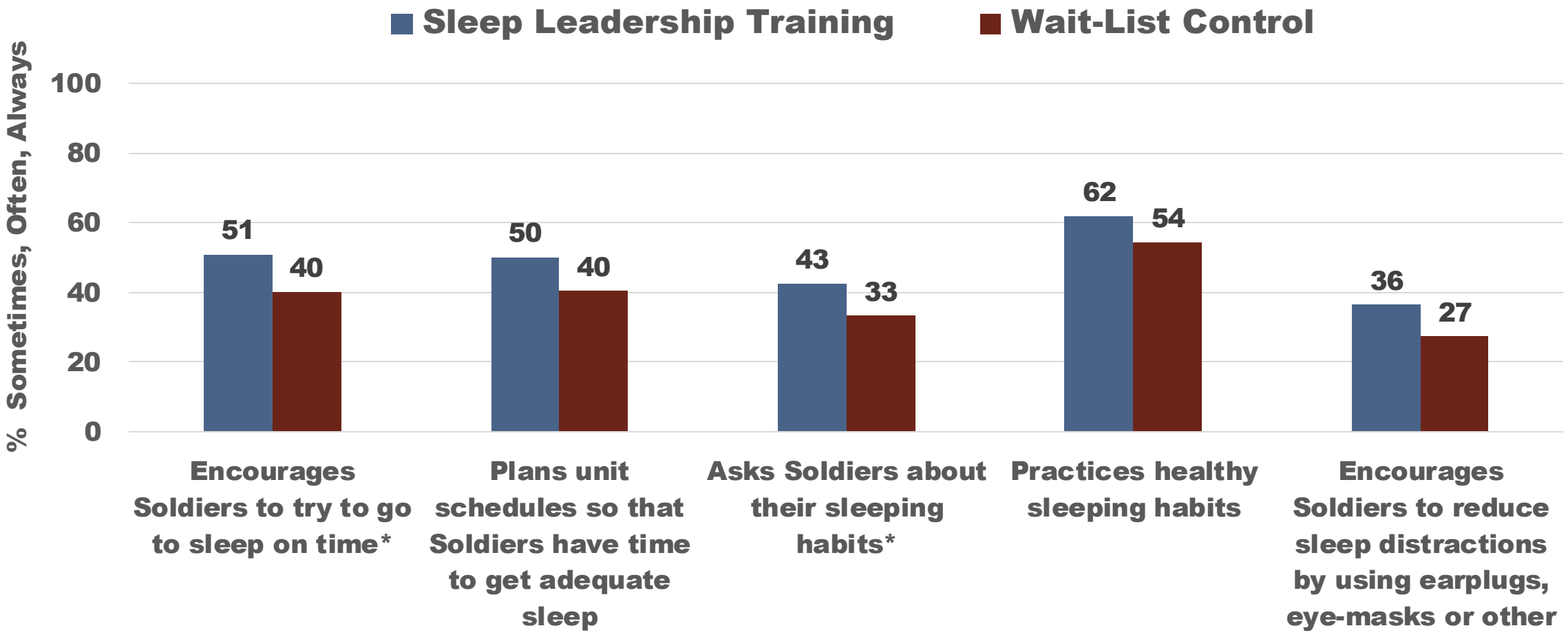
Source: Gunia, Adler, Bliese, & Sutcliffe (2021) Occupational Health Science

Group Randomized Trial



Source: Adler, Bliese, LoPresti, McDonald & Merrill (2021) Sleep Health

Do Unit Members Rate Platoon Leaders with Training Higher?



* $p < .05$, one-tailed, controlling for platoon-level membership >4 Soldiers/platoon (39 platoons in 14 Companies)

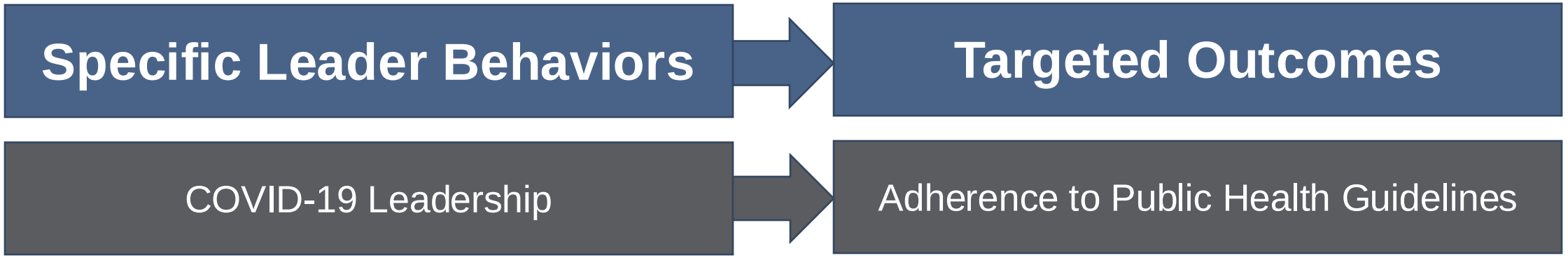
Source: Adler, Bliese, LoPresti, McDonald & Merrill (2021) Sleep Health

Do Unit Members Report More Sleep if Leaders Received Training?

* p < .05, one-tailed
>4 Soldiers/platoon (39 platoons in 14 Companies)

Source: Adler, Bliese, LoPresti, McDonald & Merrill (2021) Sleep Health

Other Leadership Targets



Senior Leaders: Prioritizing Resilience

After 15 Years of Conflict

Enhancing Resilience in an Operational Unit

Douglas A. Sims II and Amy B. Adler

ABSTRACT: Leaders understand the importance of training their soldiers for rigorous combat assignments, but frequently misunderstand the importance of engaging in the resilience training activities discussed in this article.

Resilient soldiers, cohesive teams, and adaptable leaders serve as the backbone of the human dimensions concept, enabling effective performance in decentralized operations over protracted periods of conflict.[1] While there are many ways to build these capabilities, including tough realistic training, soldiers can also be trained in specific resilience skills that help them withstand and recover from significant stress. Such training can yield surprising benefits; but with competing requirements for units' time, leaders want to be confident that resilience training is worth the effort.

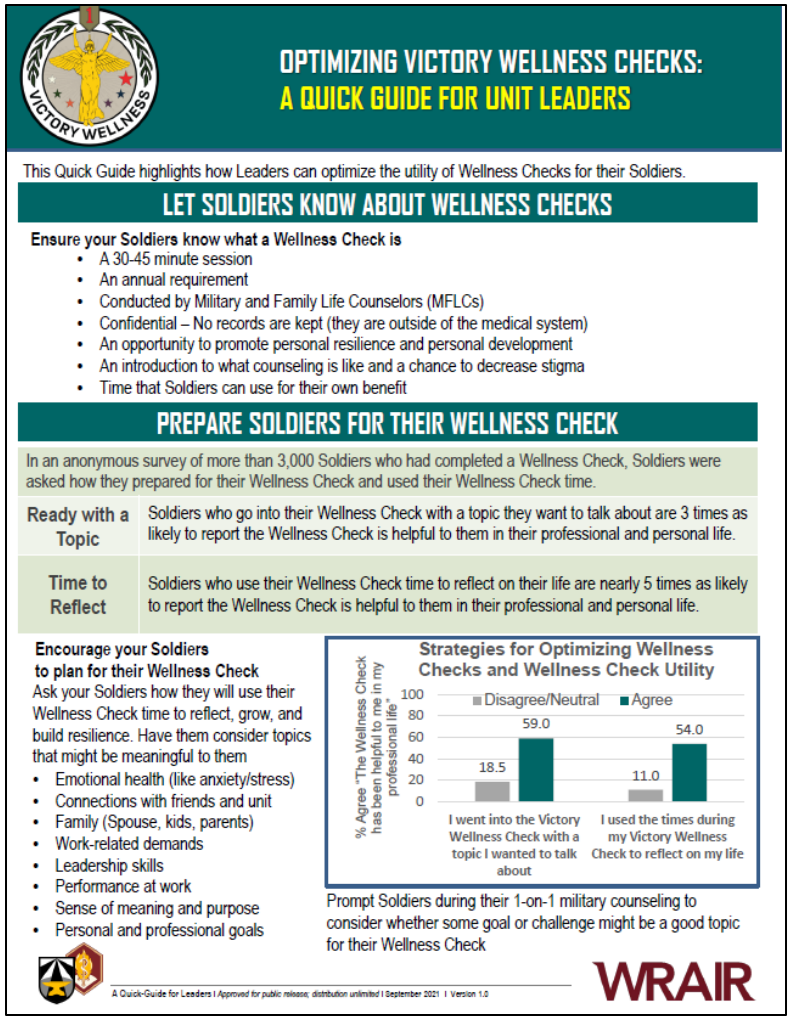
While evidence-based resilience training that has proven effective with servicemembers is a wise investment, both financially and in terms of human resources, even good, empirically validated resilience training implemented half-heartedly and with mixed messages from leadership is not worthwhile. When the unit environment undermines the purpose of resilience training with a "check-the-block" mentality or when the training is isolated from everyday military life, the training loses potential value. And, despite its potential importance in helping soldiers, resilience training is not a panacea: everyone has a point at which bouncing back from stress is more difficult.

Resilience Training

Nevertheless, resilience skills training can help soldiers better manage the psychological demands of military life and enhance the readiness of all a unit's members. Given each person's background—education, religion, socioeconomics, family, etc.—is different, each person's resilience is also different; thus, training needs likewise differ. When unit training is provided, the training content will be novel for some soldiers, but others may find the training redundant. So leaders have a choice: build new skills for subgroups or approach resilience training as a unit-based task similar to other traditional military training.

The benefit of focusing on groups who need specific training is that at-risk soldiers may get more individualized attention while other soldiers can focus on different tasks and can avoid unnecessary training. The cost of this approach includes possibly stigmatizing and inadvertently

1 US Army Training and Doctrine Command (TRADOC), *The US Army Human Dimension Concept*, TRADOC Pamphlet 525-3-7 (Fort Eustis, VA: TRADOC, 2014).



OPTIMIZING VICTORY WELLNESS CHECKS:
A QUICK GUIDE FOR UNIT LEADERS

This Quick Guide highlights how Leaders can optimize the utility of Wellness Checks for their Soldiers.

LET SOLDIERS KNOW ABOUT WELLNESS CHECKS

Ensure your Soldiers know what a Wellness Check is

- A 30-45 minute session
- An annual requirement
- Conducted by Military and Family Life Counselors (MFLCs)
- Confidential – No records are kept (they are outside of the medical system)
- An opportunity to promote personal resilience and personal development
- An introduction to what counseling is like and a chance to decrease stigma
- Time that Soldiers can use for their own benefit

PREPARE SOLDIERS FOR THEIR WELLNESS CHECK

In an anonymous survey of more than 3,000 Soldiers who had completed a Wellness Check, Soldiers were asked how they prepared for their Wellness Check and used their Wellness Check time.

Ready with a Topic	Soldiers who go into their Wellness Check with a topic they want to talk about are 3 times as likely to report the Wellness Check is helpful to them in their professional and personal life.
Time to Reflect	Soldiers who use their Wellness Check time to reflect on their life are nearly 5 times as likely to report the Wellness Check is helpful to them in their professional and personal life.

Encourage your Soldiers to plan for their Wellness Check

Ask your Soldiers how they will use their Wellness Check time to reflect, grow, and build resilience. Have them consider topics that might be meaningful to them

- Emotional health (like anxiety/stress)
- Connections with friends and unit
- Family (Spouse, kids, parents)
- Work-related demands
- Leadership skills
- Performance at work
- Sense of meaning and purpose
- Personal and professional goals

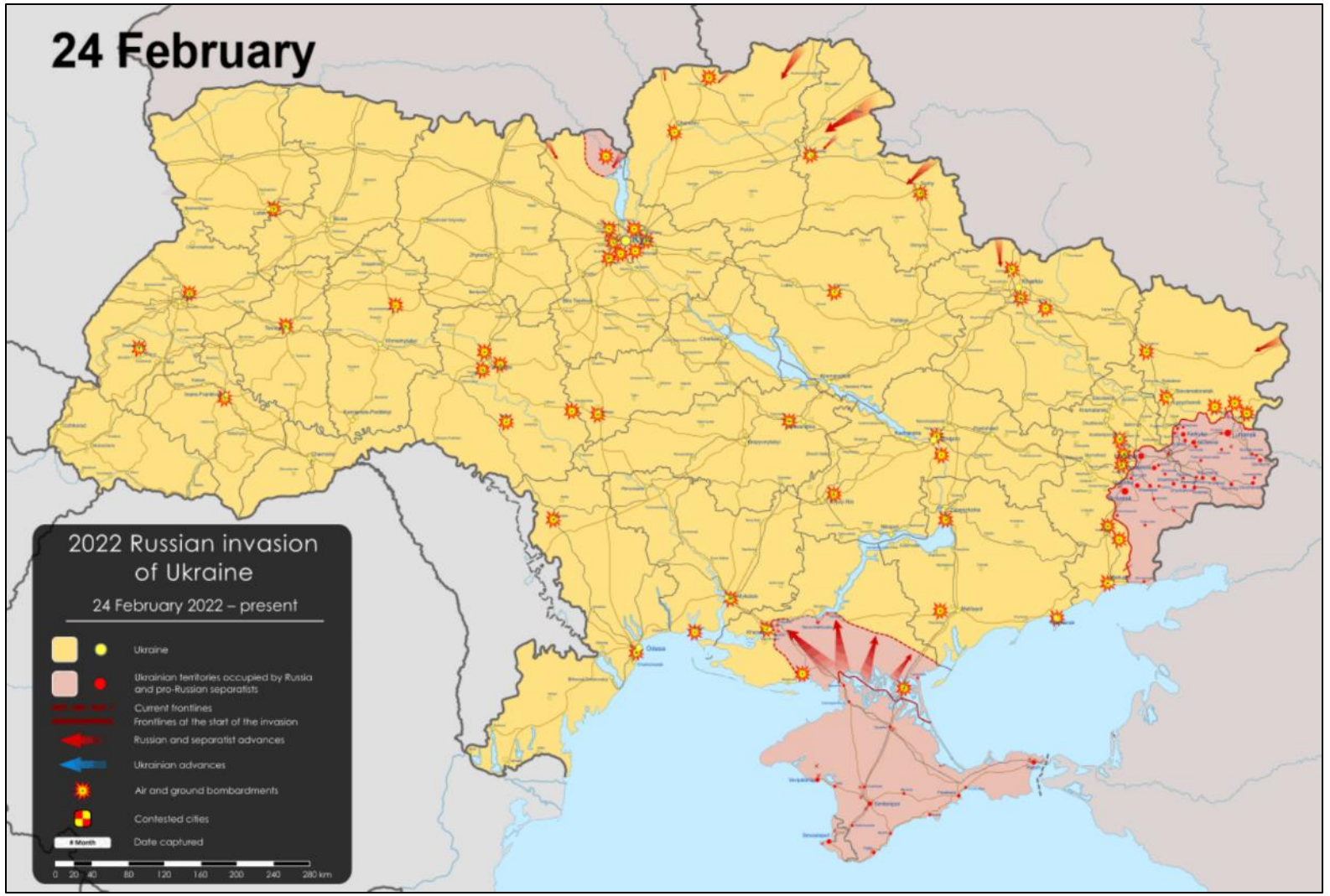
Strategies for Optimizing Wellness Checks and Wellness Check Utility

Prompt Soldiers during their 1-on-1 military counseling to consider whether some goal or challenge might be a good topic for their Wellness Check

A Quick-Guide for Leaders | Approved for public release; distribution unlimited | September 2021 | Version 1.0

WRAIR

Senior Leaders: Real-World Resilience



Source: https://en.wikipedia.org/wiki/2022_Russian_invasion_of_Ukraine


WRAIR
Walter Reed Army Institute of Research

What Themes, Concerns, and Solutions Did You Hear?

Themes

- ✓A confluence of factors
- ✓Recognizing signals
- ✓Taking a pause
- ✓Leading by example doesn’t mean always being steady state
- ✓The strength of an apology
- ✓Leveraging social connection
- ✓Passing it forward

Rapid Dissemination

QUICK GUIDE FOR LEADERSHIP

SUSTAINING MENTAL READINESS IN THE CONTEXT OF PROLONGED STRESS

WRAIR
Walter Reed Army Institute of Research

With Russia's invasion of Ukraine, U.S. Soldiers are living in a heightened state of readiness, uncertain how the crisis will evolve. Maintaining the mental fitness and wellbeing of these Soldiers is critical given that persistent physiological and psychological stress (ambiguity, family separation, underlying pressure, problems outside of their control, etc.) can diminish motivation, wellbeing, and psychological health.

This Quick Guide highlights strategies that can protect mental health, bolster resilience, and maintain mental readiness. Leaders can reinforce these strategies as part of their routine touchpoints.

KEY POINTS TO CONSIDER

PRIORITIZE HEALTHY SLEEP	❑ Sleep is important for physical health, emotion regulation, and cognitive functioning ❑ Psychological stressors (like uncertainty and ambiguity) and environmental stressors (like noise, light, and temperature) can interfere with good sleep hygiene ❑ Soldiers practice better sleep habits when their leaders emphasize the importance of sleep ❑ Preparing the body for sleep by engaging in a regular bedtime routine and limiting blue light can support good sleep ❑ When regular sleep isn't possible, tactical napping can help ❑ To prepare for anticipated lack of sleep, bank sleep ahead of time
REINFORCE MENTAL SKILLS	❑ Individual resilience can be strengthened by practicing mental skills ❑ Grounding, deep tactical breathing, self-talk, and buddy-talk can be integrated into daily life to reduce anxiety and maintain focus (see next page for details)
MANAGE ANGER	❑ Anger can be a normal response to upsetting events, but uncontrolled or problematic anger can interfere with functioning and good decision making ❑ Challenging thinking can strengthen emotion regulation (see next page for details)
SUSTAIN COHESION	❑ Leaders set the tone. Choose how to leverage group emotion, which can aid (or hinder) team functioning under stress (see next page for details) ❑ Emphasizing the team's purpose and values when facing uncertainty or setback is essential for boosting optimism and resilient performance
PAY ATTENTION	❑ The more leaders practice and encourage resilience skills, the more their Soldiers will too ❑ Leaders who monitor their own wellbeing are better able to sustain their unit's readiness

Maintaining focus on resilience can get lost amidst mission-critical tasks. Leaders have an opportunity to reinforce Soldier resilience and readiness by acknowledging the underlying mental stress, deliberately integrating resilience skills into leader touchpoints, and coaching Soldiers to use these skills.

COACHING SOLDIERS DURING PERIODS OF PROLONGED STRESS

ACCEPTANCE When something that cannot be cor

HOW?
- ❑ Acknowledge the stress and remind So
- ❑ Ask "how can I change it?" to identify w
- ❑ Develop a short phrase (like "let it go")

DELIBERATE BREATHING When feeling overwhel

HOW?
- ❑ Take slow, deep breaths from the stom
- ❑ Count to 5 while breathing in, and cour
- ❑ Practice for 2 minutes and focus on the

GROUNDING When needing to reduce overwhelm

HOW?
- ❑ Identify 3 things that the Soldier sees,
- ❑ Use this technique as a quick method f

SELF-TALK/BUDDY-TALK When needing to boost

HOW?
- ❑ Create a short phrase to increase confi
- ❑ Develop short phrases to walk through

EMOTION REGULATION When negative feelings

HOW?
- ❑ Label emotions with specific words. Fo feeling as "mad", consider if the feeling something else. Selecting specific word
- ❑ Try "5-5-5." Take the perspective of yo small concerns 5 weeks, 5 months, an
- ❑ Take a tactical pause before respondin

SETTING THE TONE When team emotions need re

HOW?
- ❑ Remember that emotions and connecti
- ❑ Consider that contagion is fueled by w
- ❑ Check and recalibrate yourself: Team
- ❑ You have the opportunity to reset ever

TEAM COHESION When sustaining trust and con

HOW?
- ❑ Remind the team of the importance of
- ❑ Express gratitude for the team's shared

Letter

Sustaining NATO service member mental health during the crisis in Ukraine

Amy B Adler ,[1] D Forbes,[2] R J Ursano[3]

The world has been transfixed by Russia's invasion of Ukraine. While Ukrainians are confronted with the realities of war and details of the invasion of Ukraine evolve, thousands of North Atlantic Treaty Organization (NATO) troops are located in positions across Europe in a heightened state of readiness. These troops are functioning under prolonged psychological stress, which may potentially diminish motivation, negatively impact psychological health and influence long-term health sequelae. Service members may also feel frustrated or helpless that they are not providing direct support to the Ukrainians. Given what has been learnt about mental health from previous conflicts, employing primary prevention strategies is important for protecting mental health, resilience and the mental readiness of allied forces. Strategies that build on existing skills can be targeted for individuals and teams.

For individuals, these strategies can begin with sleep. Sleep is a well-established predictor of positive psychological health trajectories in high-stress settings. Yet, as service members are mobilised, getting adequate quality sleep can be especially challenging. While guidance about sleep needs to be appropriate to the real-world environment of physical demands, shifting schedules and underlying psychological threats, the need for leaders to prioritise sleep as a critical item of 'refuelling' and sleep banking is important. Individual resilience can also be strengthened by integrating mental skills such as psychological grounding, deep breathing and self-talk into usual routines.[1]

For teams, these strategies are rooted in cohesion. Here the research is also clear, team cohesion and leaders are critical for maintaining resilience and positive mental health trajectories.[2] Team members can shape emotional contagion that can aid (or hinder) groups and support one another in times of mental stress. Leader emphasis on the team's purpose and values, especially in a state of uncertainty or setback, can sustain optimism and commitment. Teams and leaders can also be effective by managing expectations and addressing boredom.

For both individuals and teams, another risk factor is anger. Anger can and does have an adaptive function and can drive individuals to mobilise their resources in the face of injustice. However, problematic anger can lead to generalised distress, interfere with functioning and be a risk factor for poor decision-making. In the context of military units maintaining a heightened level of readiness, tensions can run high, potentially impeding effective communication and relationships. Individuals can use fieldable techniques to regulate their emotions, including emotion labelling, temporal and personal distancing to put concerns into perspective, and brief in situ cognitive–behavioural techniques to specifically mitigate anger or other emotional difficulties.

These strategies are consistent with well-known models of support in the context of adversity, particularly the principles of promoting calm and connectedness. These principles have also been extended to periods of prolonged stress, including the COVID-19 pandemic, and represent the cornerstone of cross-context adaptive mental healthcare.[3]

Ensuring that key influencers deliberately reinforce these stress-mitigating strategies can enhance primary prevention and the longer term trajectories of mental health while enhancing military readiness. These strategies can easily get lost amidst the magnitude of mission-critical tasks. If we attend to them, our present knowledge suggests that allied service member health and readiness will be better sustained.

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Next Steps

- Creating novel solutions
- Field-based training
- Integrating concepts

Thank You!

	Optimal readiness	Ready	Reacting	Strained	Combat ineffective
Mood	Self-aware Content Grateful Optimistic	Normal mood Stable Grounded Takes things in stride	Irritable/ impatient Nervous Sad Overwhelmed Touchy	Angry Anxiety Pervasive sadness Hopelessness	Out of control Strong anxiety Panic attacks Depressed or suicidal thoughts
State of mind	Performing consistently well Confident and realistic	Performing well Capacity for enjoyment In mental control	Displaced sarcasm Little enjoyment Forgetful/distracted	Negative attitude Poor performance Poor concentration	Overt insubordination Unable to perform duties or concentrate
Sleep	Maintaining good sleep habits Excellent sleep quality	Normal sleep pattern Little sleep difficulty	Restless sleep Bad dreams or nightmares	Restless/disturbed sleep Reccurent nightmares	Can't fall or stay asleep Sleeping too much or too little
Physical	Feeling healthy and fit Feeling flexible, strong, and energetic	Good energy and physical activity levels	Tense muscles Headaches Low physical energy	Increased aches and pains Increased fatigue	Significant pains Constant fatigue
Social connection	Building and maintaining strong and deep social connections	Good social connections Trusting relationships	Reduced social connections	Avoidance Withdrawal	Active rejection of social connections
Behavior	Using mental skills Active self-care	Little use of alcohol and other intoxicants	Increased substance use and/or gambling Recklessness	Uncontrolled substance use and/or gambling	Self harm Addiction Suicidal behavior

Adapted from: Road to Mental Readiness, Canadian Forces; US Marines; Danish Veteran's Center