NORTH ATLANTIC TREATY ORGANIZATION

SCIENCE AND TECHNOLOGY ORGANIZATION

AC/323(HFM-203)TP/655

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STO TECHNICAL REPORT **TR-HFM-203**

Mental Health Training

(Entraînement à la résilience psychologique)

Final Report of Research and Technology Group 203.

Published January 2016

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The NATO Science and Technology Organization

Science & Technology (S&T) in the NATO context is defined as the selective and rigorous generation and application of state-of-the-art, validated knowledge for defence and security purposes. S&T activities embrace scientific research, technology development, transition, application and field-testing, experimentation and a range of related scientific activities that include systems engineering, operational research and analysis, synthesis, integration and validation of knowledge derived through the scientific method.

In NATO, S&T is addressed using different business models, namely a collaborative business model where NATO provides a forum where NATO Nations and partner Nations elect to use their national resources to define, conduct and promote cooperative research and information exchange, and secondly an in-house delivery business model where S&T activities are conducted in a NATO dedicated executive body, having its own personnel, capabilities and infrastructure.

The mission of the NATO Science & Technology Organization (STO) is to help position the Nations' and NATO's S&T investments as a strategic enabler of the knowledge and technology advantage for the defence and security posture of NATO Nations and partner Nations, by conducting and promoting S&T activities that augment and leverage the capabilities and programmes of the Alliance, of the NATO Nations and the partner Nations, in support of NATO's objectives, and contributing to NATO's ability to enable and influence security and defence related capability development and threat mitigation in NATO Nations and partner Nations, in accordance with NATO policies.

The total spectrum of this collaborative effort is addressed by six Technical Panels who manage a wide range of scientific research activities, a Group specialising in modelling and simulation, plus a Committee dedicated to supporting the information management needs of the organization.

- AVT Applied Vehicle Technology Panel
- HFM Human Factors and Medicine Panel
- IST Information Systems Technology Panel
- NMSG NATO Modelling and Simulation Group
- SAS System Analysis and Studies Panel
- SCI Systems Concepts and Integration Panel
- SET Sensors and Electronics Technology Panel

These Panels and Group are the power-house of the collaborative model and are made up of national representatives as well as recognised world-class scientists, engineers and information specialists. In addition to providing critical technical oversight, they also provide a communication link to military users and other NATO bodies.

The scientific and technological work is carried out by Technical Teams, created under one or more of these eight bodies, for specific research activities which have a defined duration. These research activities can take a variety of forms, including Task Groups, Workshops, Symposia, Specialists' Meetings, Lecture Series and Technical Courses.

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Terms of Reference

I. ORIGIN

A. Background

Serving in the military is both physically and mentally challenging. While most militaries have a robust physical fitness training program, mental health training programs are less common, if present at all. Yet, military operations can be psychologically challenging as witnessed by the number of service members who return from military operations with a variety of behavioral health problems such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety, anger problems, sleep problems, alcohol problems and relationship problems. Other problematic reactions may include guilt, grief and second-guessing decisions.

Military operations also provide an opportunity for service members and their fellow unit members to excel, demonstrate resilience, and experience personal growth in the face of these demands. These demands range from low to high intensity operations across the spectrum of military deployments. Mental health resilience training has the potential to teach and/or increase skills and self-confidence to ensure service members can handle stress, grow and thrive in the face of challenges in the military and bounce back from adversity. Such training also has the potential to be a force multiplier by allowing service members to continue in challenging situations and return to duty faster after suffering setbacks. Because military demands are so diverse, mental health resilience training should be integrated with and focused on the service member's military career phase and point in the deployment cycle.

Despite the recognized need for training to address such behavioral health problems, reactions, and resilience challenges, there are few systematic mental health training approaches that have been scientifically validated or implemented in the military. However, there is a growing consensus among NATO Nations that this kind of training needs to be developed and assessed. Ideally, a comprehensive mental health resilience training program would be introduced at Basic Training, ensuring that service members have fundamental mental health coping skills just as they are also trained in fundamental combat skills. These fundamental skills can then become the basis for building resilience across the service member's career.

Examples of current mental health training programs that offer promise are the Canadian Road to Mental Readiness (R2MR) program, the US BATTLEMIND training system (now integrated into the Comprehensive Soldier and Family Fitness (CSF2) Resilience Training program) that seeks to develop self-confidence and mental toughness in service members preparing for and returning from combat and Australia's BattleSMART model for recruit resilience training. The goal of this Research Task Group (RTG) is to examine the need for mental health resilience training, assess the nature of such training, develop a consensus regarding training principles and content, and evaluate training effectiveness.

Mental health resilience training should systematically prepare service members for the mental challenges they will confront throughout their military careers. The objective of mental health resilience training is to enable service members to identify the realities of challenging environments, to develop skills to thrive and be resilient in the face of these realities, and to know how to use these skills to help themselves, fellow service members, and those they lead. These skills build on existing strengths that service members already have in order to meet the challenges of training, deployment and transitioning home.

B. Justification (Relevance for NATO)

NATO forces are actively engaged in combat and other military operations around the world. As an occupation, military service includes contingency operations (peacekeeping, humanitarian, combat, etc.) and deployment stressors. Previous research has shown that these demands may cause mental health problems that reduce mission

effectiveness and readiness. In addition, daily military life is associated with a range of occupational demands including work stressors and relocation. Taken together, these demands of military service may have an impact on the ability of service members to perform optimally. Training programs that can increase the resilience of service members and thus reduce the impact of military stressors on service member mental health are critically valuable. This RTG targets the development of mental health resilience training.

Emerging findings have shown that mental health resilience training built on established psychological principles and skills improves the mental health of service members. Mental health training conducted prior to service members deploying to a combat environment is associated with fewer mental health symptoms, and mental health training conducted during basic training has been shown to improve self-confidence and performance as well as reduce recruit attrition.

There is a pressing need to develop scientifically validated mental health training that will sustain service members throughout their military career as well as prepare them for the rigors of military operations, including combat, and prepare them for a successful adjustment home after deployments and when leaving the military. This RTG will develop a consensus on what military mental health principles and skills should be included in resilience training.

II. OBJECTIVES

1) While there is general consensus that resilience is a desirable attribute, there is little consensus on what resilience actually means, how to develop it, and how its effectiveness is demonstrated prospectively. This RTG will address the need for mental health resilience training, assess the nature of such training, develop a consensus regarding training principles and content, and address issues regarding evaluating training effectiveness.

2) This RTG will establish the following:
   - Identify appropriate skills targeted for mental health resilience training;
   - Identify how to train those skills (e.g., fundamental principles and specific actions);
   - Establish criteria for demonstrating the effectiveness of training these skills;
   - Disseminate results from resilience training validation research in the military;
   - Disseminate resilience training methods; and
   - Facilitate implementation preparation and plan for follow-on implementation support.

3) NATO Technical Reports
   - Annual Report (NATO requirement).
   - Technical Report (Final RTG report; NATO requirement).
   - White Paper Series (1-page products) – Benefits of mental health training for the military organization; Demands of Daily Military Life; Mental Health and Resilience; and Evidence-Based Practices in Military Resilience Training.

     The second White Paper highlights the demands of military life that service members encounter beyond the demands of military deployment. The third White Paper provides key definitions, including “mental health” and “resilience”. The final White Paper outlines the value of using evidence-based mental health training that is grounded in science.

   - **NATO Training Guides**
     - Resilience Training Guidelines: Principles, Timing, Approach, Assessment/Program Evaluation;
     - Implementation Principles: Trainers, Communication Strategy; and

- Recommended Resilience Competency Skills, Resilience Training Content.

- **Resilience Training and Education Package Template**
  - Assemble information regarding current mental health resilience training (each Nation).
  - Develop data base archive to catalogue the information.
  - Develop common elements of mental health resilience training that would be effective and/or relevant across Nations.
  - Develop core elements of a NATO mental health resilience training module template for initial basic training.
  - Develop train-the-trainer materials to support the module.
  - Disseminate RTG 203 findings through session at NATO Symposium (HFM-205/RSY Mental Health and Well-Being Across the Military Spectrum).
  - Disseminate module through a NATO Lecture Series.

- **Research to Support the Development of Resilience Training Package**

  During the RTG, we discussed research possibilities that could be used to support the development of the train-the-trainer package – for example, specific scenarios that could be collected to demonstrate typical stressors or examples of resilience. Other possibilities included surveys that could be administered in each country to develop an overview of typical Basic Training stressors or surveys that assess organizational and individual satisfaction with resilience training. We will also consider submitting a NATO research proposal to assess the implementation of the Resilience Training module if requested by the HFM executive committee.

4) The RTG lasted 4 years, followed by a NATO Lecture Series.

III. RESOURCES

A. Membership

Participants in this RTG have expertise in military mental health, resilience/mental health training, and/or research related to military mental health to sustain service members in a variety of combat and operational environments.

The following Nations participated in this work:

- Belgium (BEL)
- Canada (CAN)
- Czech Republic (CZE)
- Estonia (EST)
- Germany (DEU)
- Latvia (LTV)
- Lithuania
- Netherlands (NLD)
- Norway (NOR)
- Spain (ESP)
- United Kingdom (GBR)
- United States (USA)

B. National and/or NATO Resources Needed

National and/or NATO funding was needed to support travel for participants to attend RTG meetings. If requested to conduct a study by the HFM executive committee, a request for funding would be submitted to RTO.

C. RTA Resources Needed

None presently identified.

IV. SECURITY CLASSIFICATION LEVEL

The security classification level is UNCLASSIFIED/UNLIMITED.

V. PARTICIPATION BY PARTNER NATIONS

Partner Nations are invited to participate.

VI. LIAISON

This RTG linked to HFM-179/RTG on *Moral Dilemmas and Mental Health Problems*, HFM-178/RTG on *Impact of Lifestyle and Health Status on Military Fitness*, HFM-164/RTG on *Psychological Aspects of Health Behaviours on Deployed Military Operations*, HFM-175/RTG Medically Unexplained Physical Symptoms in Military Health, and HFM-ET-103/ET on *Suicide in the Military*. The Chair, HFM-203/RTG, requested their respective ToRs, TAPs and POWs to minimize potential redundancy and enhance the accomplishment of HFM-203/RTG's objectives by exchanging relevant information. When appropriate, HFM-203/RTG members engaged more actively with HFM-179/RTG, HFM-178/RTG, and HFM-ET-103/ET by attending each other's RTG meetings. The Chair, HFM-203/RTG, contacted the Chairs of the other panels listed above. The ToR and minutes from the RTG were provided to the Chairs.

Additional links were established with the Psychological Resiliency Center at the University of Pennsylvania, Philadelphia, Pennsylvania, USA, and The Technical Cooperation Program (TTCP) Technical Panel 13 Psychological Support During Military Operations.

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Mental Health Training

(STO-TR-HFM-203)

Executive Summary

Successful military service requires service members to be able to perform under extreme stress. Nowhere is this more needed than during combat and deployment operations. Even successful performance during stressful training exercises also requires the ability of service members to effectively engage in behaviours that enable them to manage the stress they are experiencing. Fortunately, the state of the science has progressed to the point where there is much that national militaries can do to prepare their service members for the military tasks that service members are asked to perform, including those tasks essential for managing the stressors of combat. Building mental health resilience through training is one of these things. The work of NATO RTG/HFM-203 focused their efforts on bringing the latest scientific evidence to building and sustaining resilience during basic combat training. Basic combat training was selected as the bases for the initial implementation of resilience training because all NATO Nations have a basic combat training program where resilience training can be implemented. In addition, by introducing resilience training during basic combat training Nations can provide a solid foundation on which to build other resilience efforts.

The products of the NATO RTG/HFM-203 are impressive. The group began by producing a series of white papers. The first White Paper defines the benefits of mental health training for military organizations by showing the added value of mental health training for military organizations and operational leaders. The second White Paper outlines the demands of military life that the resilience training should be designed to help the service member overcome, emphasizing that many demands within and outside the military are cumulative in their effects. The third White Paper defines the two key terms which address: “mental health” and “resilience.” The final White Paper defines the value of evidence-based mental health training by showing that evidence-based mental health training enables leaders make optimal decisions how best to train and implement resilience-based training in their forces.

Next the group conducted surveys of recent service members who completed basic combat training consisting of NATO RTG/HFM-203 Member Nations. The goal of the survey was to identify those aspects of combat basic training that recruits found to be the most stressful, and coping strategies that they employed to manage those stressors. This effort required the development of original survey instruments that could be used in conscripted or all-volunteer militaries, involving both male and female recruits. The surveys all needed to employ language that was applicable to all survey militaries when translated. The information from the survey was used to identify basic combat training stressors that were applicable to all militaries. This way all the resilience skills developed would also then be relevant to all militaries. The findings from the NATO basic combat training survey was published in the journal *Military Psychology*, a peer-reviewed scientific journal.

Finally, the NATO RTG/HFM-203 began the effort of building a combat basic training program that could be implemented by all NATO Nations. The basic combat training program was the core effort of the research technical group. As previously stated, by building resilience, service members will be able to self-monitor more effectively when they are under high performance demands, and be able to more effectively observe and help mitigate the stress demands of their buddies. The research technical group identified four key resilience skills that all basic trainees should master. These skills include:

- Acceptance and control;
- Goal setting;

- Self-talk; and
- Tactical breathing.

These four resilience skills are presented within a mental health continuum framework; a framework that focuses on service members' self-evaluation to enable them to maintain healthy thoughts, emotions and physical reactions/behaviours. Practical exercises to reinforce these four skills are provided. Detailed trainer's guide and an implementation guide are also provided to assist in the implementation of the basic combat training resilience program.

Entraînement à la résilience psychologique

(STO-TR-HFM-203)

Synthèse

Pour réaliser correctement leurs missions, les militaires doivent être capables de travailler dans un stress extrême. Cela s'impose absolument pendant le combat et les opérations de déploiement. La réussite d'exercices d'entraînement stressants nécessite également d'adopter efficacement des comportements permettant de gérer le stress. Heureusement, la science a progressé, de sorte que les gradés peuvent faire beaucoup de choses pour préparer les militaires sous leur responsabilité aux tâches qui leur seront confiées, y compris savoir gérer les facteurs de stress au combat. Le renforcement de la résilience mentale grâce à l'entraînement est l'une de ces possibilités. Les travaux du RTG/HFM-203 de l'OTAN présentent les dernières preuves scientifiques en faveur du renforcement et du maintien de la résilience pendant l'entraînement de base au combat. L'entraînement de base au combat a été choisi comme support de mise en œuvre initiale de l'entraînement à la résilience parce que tous les pays de l'OTAN disposent d'un tel programme. Par ailleurs, en introduisant l'entraînement à la résilience dans l'entraînement de base au combat, les pays se dotent d'un socle solide sur lequel bâtir d'autres programmes de résilience.

Les résultats du RTG/HFM-203 de l'OTAN sont impressionnants. Le groupe a commencé par rédiger une série de livres blancs. Le premier papier blanche définit les avantages de l'entraînement à la résilience psychologique pour les organisations militaires en démontrant la valeur ajoutée d'un tel entraînement pour les organisations militaires et les chefs opérationnels. Le deuxième livre blanc décrit les exigences de la vie militaire auxquelles l'entraînement à la résilience devrait répondre pour aider les militaires à surmonter le stress, en soulignant que de nombreuses exigences de la vie militaire et de la vie civile ont des effets cumulés. Le troisième livre blanc définit les deux concepts essentiels que sont la « santé mentale » et la « résilience ». Le dernier livre blanc définit la valeur d'un entraînement à la résilience psychologique fondé sur les résultats, en démontrant qu'un tel entraînement permet aux dirigeants de prendre des décisions optimales sur la manière d'entraîner à la résilience et d'appliquer au mieux cet entraînement au sein de leurs forces.

Le groupe a ensuite mené une enquête auprès de militaires ayant récemment achevé leur entraînement de base au combat dans les pays membres du RTG/HFM-203 de l'OTAN. L'objectif de l'enquête était d'identifier les aspects de l'entraînement de base au combat que les recrues avaient jugés les plus stressants et les stratégies employées pour gérer ces facteurs de stress. Ces travaux ont nécessité l'élaboration d'instruments originaux pouvant être utilisés auprès des militaires appelés sous les drapeaux ou volontaires, hommes et femmes. L'enquête devait employer un langage applicable à tous les militaires interrogés, une fois traduite. Les informations obtenues ont servi à identifier les facteurs de stress de l'entraînement au combat qui s'appliquaient à tous les militaires. De cette façon, toutes les compétences de résilience développées étaient également pertinentes pour tous les militaires. Les conclusions de l'étude de l'OTAN sur l'entraînement de base au combat ont été publiées dans la revue *Military Psychology*, une revue scientifique évaluée par les pairs.

Enfin, le RTG/HFM-203 a commencé à construire un programme d'entraînement de base au combat susceptible d'être suivi dans tous les pays de l'OTAN. Le programme d'entraînement de base au combat a constitué l'essentiel du travail du groupe de recherche. Ainsi que cela a été précédemment mentionné, en renforçant leur résilience, les militaires seront capables de se surveiller plus efficacement lorsqu'ils devront fournir des performances élevées et seront plus à même d'observer et d'atténuer les facteurs de stress

de leurs compagnons. Le groupe de recherche a identifié quatre compétences de résilience essentielles qui devraient être maîtrisées à l'issue de l'entraînement de base. Ces compétences sont les suivantes :

- Acceptation et contrôle ;
- Etablissement des objectifs ;
- Monologue intérieur ; et
- Respiration tactique.

Ces quatre capacités liées à la résilience sont présentées dans le cadre d'un continuum de santé mentale, un cadre qui se concentre sur l'auto-évaluation des militaires en service pour leur permettre de conserver des pensées, des émotions et des réactions / comportements physiques sains. Des exercices pratiques visant à renforcer ces quatre compétences sont fournis. Un guide détaillé du formateur et un guide de mise en œuvre sont également fournis pour faciliter l'application du programme d'entraînement à la résilience dans l'entraînement de base au combat.

Chapter 1 – INTRODUCTION

by
Dr. (Col. Ret.) Carl Castro

1.1 MENTAL HEALTH TRAINING

1.1.1 The Need for Mental Health Training

The need for mental health training within the military has long been recognized by a number of NATO Member Nations. Military deployments, including humanitarian, peacekeeping and combat, place a tremendous psychological and physical burden on service members. In particular, the adverse effects of combat on the psychological health of service members have been well documented. Not only does combat exposure increase Post-Traumatic Stress Disorder (PTSD), combat can also lead to increases in depression and anxiety. Negative behaviours such as misuse/abuse of alcohol, increase in suicides and increases in other risk taking behaviours have also been reported.

Thus, military organizations are challenged with developing the means to prevent or lessen the negative impact of military service on the psychological health of its military personnel. One approach to address this major challenge is the development of mental health training that can be implemented across a broad range of military training and operational environments. Many Nations have already begun the development of mental health training to increase the resilience of their forces in order to provide them protection against the stressors and challenge of military service, while others are deeply interested in doing so.

Initial research has shown that mental health training can have a positive impact on service member functioning, and there is also emerging evidence that training can have an even greater impact on the effectiveness of the organization. Additional benefits of mental health training include increased retention, improved morale, sustained health and performance under high demand conditions at home, during training exercise and on operations, as well as improved relationships with unit members, friends and family. Personal growth is also an important area that mental health training can possibly influence.

1.1.2 Focus on Basic Training Resilience

The objective of this research technical group was to identify all various military resilience efforts underway and to integrate them into a single, comprehensive resilience training program. Our point of initial focus was the development of a resilience training package for Basic Training since all Nations have a basic training program in some form for all new military members. Further, since we view resilience as an endeavour which needs to be initiated, developed, and fostered over a lifetime, it needs to begin immediately upon entry into military service. So, basic training was a perfect starting point.

1.2 MAIN DEFINITIONS: MENTAL HEALTH AND RESILIENCE

For the purposes of this report, we would like to distinguish “mental health” from “resilience”:

- **Mental Health** is defined by the World Health Organization as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

- **Resilience** is defined as the ability to adapt to stressful situations, which may also include bouncing back from adversity and growing and thriving from challenges.

Mental health then is a term that includes cognitive and social functioning, and emotional well-being. A key component of mental health is achieving a healthy balance between work and personal life.

Resilience as used here is viewed in psychological terms, and can be influenced by both individual and group factors. Individual factors include accepting things that cannot be changed, viewing set-backs as temporary, seeing things from a different perspective, looking for opportunities for growth, and keeping a sense of humour. Group factors include providing effective leadership, leveraging group strengths and experiences, providing for physical and social welfare, encouraging cohesion and a sense of group belonging, establishing policy, supporting military families and providing education and training.

1.3 DESCRIPTION OF THE TECHNICAL ACTIVITY

This technical activity was undertaken to address a pressing need of many NATO and non-NATO Nations to develop resilience training to be implemented in military basic training. The Terms Of Reference (TOR) outlined the group's basic approach.

The group began by conducting a comparative analysis of NATO reliance training programs to identify appropriate skills to target for resilience training for basic training. Simultaneously, the group also conducted a survey of service members (both conscripted and volunteers) from nine NATO Nations to determine the stressors that recruits face in basic training, and to identify coping methods that recruits used to overcome these demands. The findings from the NATO Survey of Mental Health Training in Army Recruits were published in Military Medicine [1]. From these two sources, resilience skills were identified and the basic training module developed. Finally, a NATO Trainer's Guide, a Facilitator's Guide, and a Senior Leaders' Guide were developed.

A series of white papers designed to address key topics within the area of resilience were also developed. The white paper topics included:

- Benefits of military mental health training;
- Demands of military life; and
- Definitions of mental health and resilience.

Resilience training guidelines and implementation principles were also developed.

The Chair of the Human Factors and Medicine Panel requested the group to organize, lead and participate in a NATO research symposium focusing on mental health and resilience. The ensuing research symposium entitled, "Mental Health and Well-Being Across the Spectrum" was held in Bergen, Norway, 11-13 April 2011.

1.4 TASK GROUP PARTICIPATION AND ORGANIZATION

Participating Nations were:

- Belgium;
- Canada;

- Czech Republic;
- Estonia;
- Germany;
- Latvia;
- Lithuania;
- Netherlands;
- Norway;
- Spain;
- United Kingdom; and
- United States.

The group had nine meetings. The first meeting was an Exploratory Team meeting, followed by eight Technical Group meetings rotating between Nations.

1.5 REFERENCE

[1] Adler, A.B., Delahaij, R., Baily, S.M., Van den Berge, C., Parmak, M., van Tussenbroek, B., Puente, J.M., Landratova, S., Kral, P., Kreim, G., Rietdink, D., McGurk, D. and Castro, C.A. "NATO Survey of Mental Health Training in Army Recruits", Military Medicine, Volume 178, pp. 760-766, July 2013.

Chapter 2 – COMPARATIVE ANALYSIS OF NATO RESILIENCE TRAINING PROGRAMS

by
Dr. Amy B. Adler, MAJ Suzanne M. Bailey, Dr. Roos Delahaij,
Ms. Vivianne Fonne, 1st LT Merle Parmak and MAJ Carlo Van den Berge

ABSTRACT

The goal of the NATO Human Factors and Medicine (HFM) Research Task Group (RTG/HFM-203) "Mental Health Training" is to develop prototypes of mental health and resilience training for service members. Mental health training has the potential to strengthen the ability of service members to respond to the psychological demands of military life. Ideally, this kind of mental health and resilience training should begin during basic training and be followed across the individual's military career. In order to begin developing a Training Module template for Mental Health Training during Basic or Recruit Training, RTG/HFM-203 has compiled a database of standardized mental health and resilience training programs currently delivered in Member Nations. The presentation reports on the core elements of mental health and resilience training across eleven Member Nations, summarizes the findings, and discusses how the database will be used to inform the development of a NATO Mental Health Resilience Training Module Template for Initial Basic Training. This presentation is intended for Psychological Resilience and Mental Health Training tracks.

Disclaimer: It should be noted that the views of the authors do not necessarily represent their respective Department of Defence or Government.

2.1 INTRODUCTION

The NATO RTG/HFM-203 "Mental Health Training" was established in December 2009 to target the development of mental health resilience training in a military environment. In recognition of the need to develop scientifically validated mental health training that will sustain the service member throughout their military career, as well as prepare them for the rigors of military operations, the RTO Task Group (RTG) will:

1) Identify appropriate skills targeted for mental health training;
2) Identify how to train those skills; and
3) Establish criteria for demonstrating the effectiveness of training these skills.

RTG/HFM-203 White Paper 001 [5] specifically addresses the benefits of and requirement for mental health training in military organizations. The authors of the White Paper acknowledge that military service places tremendous demands on the mental health of service members, and that mental health training has tremendous potential for improving military effectiveness. In order to determine what that mental health training should consist of, and how it should be delivered, it is important to know what is currently being delivered, how it was developed, what evidence there is to support it, how and when it is being delivered, and if it has demonstrated any effectiveness.

In order to accomplish the aforementioned objectives and answer some of these questions, an environmental scan of current mental health training modules that are delivered during basic training in participating NATO Nations has been conducted, and the results compiled in a database. The information garnered from the basic

training database will subsequently be used to inform the development of mental health training modules for basic training as well as the deployment cycle.

Concurrently, the RTG is also surveying recruits in NATO Nations to determine what specific aspects of basic training are perceived as stressful, which skills the recruits are using to cope with the stress, and how effective they are in coping with these stressors. Together with the analysis of the database, this information will be used to develop evidence-based mental health training that meets the identified needs of recruits in NATO Nations.

2.2 FINDINGS

Eleven Member Nations responded to the request for information pertaining to their mental health and resilience training content during basic recruit training. The information requested included:

- Objectives of the training;
- Knowledge and targeted skills;
- Practical application and resources;
- Program standardization and evaluation;
- Implementation details; and
- Strength of evidence for content and skills.

Five of the responding Nations reported that they have no systematic or standardized mental health training during basic recruit training. They indicated that some units provide the training, while others do not. For the purposes of this chapter, we will consider the programs that are standardized and implemented system-wide, including those that are targeted to a specific branch of the military or occupation, such as the Belgian training program for student pilots and Air Traffic Controllers (ATC). It should also be noted that the information included which refers to the United States is representative only of the US Army, as training packages from the US Air Force, US Navy and US Marine Corps were not reviewed for this paper. The participating Nations are listed in Table 2-1.

Table 2-1: Participating NATO Nations.

Nation	Standardized Mental Health Training
Belgium	**Yes***
Canada	**Yes**
Czech Republic	**No**
Estonia	**No**
Germany	**No**
Latvia	**Yes**
Netherlands	**Yes**
Norway	**No**
Spain	**No**
United Kingdom	**Yes**
United States	**Yes**

*** For student pilots and ATC only.**

2.2.1 Standardization

Of the eleven Nations that provided data for this paper, six Nations deliver standardized mental health training programs during basic recruit training. While five of these six Nations deliver the training systematically, there are some caveats. In Belgium the standardized mental health training reviewed for this paper was specifically designed for student pilots and air traffic controllers, while in the United Kingdom mental health training for recruits has consistent objectives across Services, but the delivery differs depending on the Service. The remaining countries have local initiatives or separate Academy programs, and are therefore neither standardized nor systematic. While it is not included in the analysis or database for this RTG, the Australian Defence Force has also recently implemented a standardized mental health training program for recruits [4]. This program has been evaluated, and has demonstrated that it is feasible to increase mental health during basic training.

2.2.2 Timing of the Training

There was wide variation with respect to when the mental health training was conducted during the course of basic recruit training. While one country delivers the mental health and resilience training during the first week of a thirteen-week basic recruit training program, two countries deliver it during Week 3, another in week 5, one within the first 8 weeks, one at the 2/3 point of basic training, and another country at some point during the first three months of service.

Given the wide variation in the timing of the mental health training, it may be useful to evaluate whether or not the timing of the training has an impact on effectiveness and outcomes. It may also be beneficial to add questions about the timing of this training to the survey and interview being conducted concurrently by this RTG.

The other area for further examination may be whether the training should be delivered all at one time, or at regular intervals throughout basic training. Canada is currently considering modifying their mental health training for recruits and dividing the current block into 3 separate modules to be delivered during Weeks 1 (3 hours), 5 (2 hours)and 12 (3 hours) of a 13-week training cycle. The intent is to train recruits on the skills that would be most useful in helping them succeed in their training at the beginning of the training cycle, to reinforce and mentor those skills during Week 5, and then to provide additional mental health knowledge and skills for their military careers just before completing basic training. A pilot implementation of this approach will be evaluated to determine if there is any significant difference in application of skills, coping ability, as or attrition during basic training.

2.2.3 Duration of the Training

Again, there were significant differences in how many hours each country devotes to mental health training for recruits. While most of the countries surveyed deliver between one and four hours of mental health training, there were two notable exceptions. The program in Belgium consists of 15 hours of training, which includes 30 minutes for the application of each skill, while recruits in the Netherlands devote 2 – 3 days to learning and applying stress coping skills with graduated exposure training through adventure activities, followed by group debriefings. These last two programs place significant importance on the practical application of the mental health skills being taught, and consider it an integral part of the training package.

This may be another area to consider when developing the mental health training modules and implementation guidelines, as it is well known that knowledge and skills are more likely to be retained and applied affectively if they are practiced regularly.

2.2.4 Trainers/Instructors

The training is delivered by either trained soldiers/peers (4), military or sports instructors (2), chaplains (2), mental health professionals (4) and physicians (3). Mental health professionals include psychiatrists, psychologists, aviation psychologists and sports psychologists. Several countries do not limit delivery to any one group or profession, but rather choose among the professions listed. Several countries also have standardized training for the instructors who deliver the mental health training, while others assign the task on the basis of occupation or profession and do not require the completion of a train the trainer program.

As the RTG will be developing a train the trainer package for mental health and resilience training, it will be beneficial to examine the structure, content and evaluation data of these existing programs.

2.2.5 Strength and Quality of Evidence

Each country was asked to indicate the strength and quality of evidence upon which the content of the training was based. Table 2-2 provides a description of the categories applied to the training programs. The specific references and research that were consulted in the development of each of the training programs were not requested for the purposes of this paper, but will subsequently be added to the database in order to better inform the development of the final RTG products.

Table 2-2: Strength and Quality of Evidence.

Categories for Strength of Recommendation	
A	Good evidence to support a recommendation for use
B	Moderate evidence to support a recommendation for use
C	Poor evidence to support a recommendation for or against use
D	Moderate evidence to support a recommendation against use
E	Good evidence to support a recommendation against use
Categories for Quality of Evidence on Which Recommendations are Made	
I	Evidence from at least one randomized control trial
II	Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies, preferable from more than one centre, from multiple time-series, or from dramatic results in uncontrolled experiments
II	Evidence from opinions of respected authorities on the basis of clinical experience, descriptive studies, or reports of expert committees

Four of the NATO Nations have mental health training programs that are based on AI evidence, while one other has a program based on BII evidence. Some of the other programs reviewed may be evidence-based, but have not yet been formalized or evaluated, and as such there is very little information on their research or development.

2.2.6 Evaluation

Only four of the programs that were reviewed have a consistent and robust evaluation strategy. One other country is in the process of evaluating their mental health training program, and should have results in spring 2011. While two of the countries indicated that they administer pre- and post-training evaluations for each serial, the other two countries did not specify their evaluation methodology. This highlights the importance of including an evaluation strategy in the development and implementation of all mental health training programs in order to assess effectiveness, identify areas for improvement, and validate the requirement for institutionalization of such training.

2.2.7 Objectives

The objectives of the training programs include:

- Increase awareness of and be able to identify symptoms of stress in self and others;
- Learn and apply skills to cope with stress;
- Optimize mental fitness and resilience;
- Decrease stigma toward and increase acceptance of mental health problems;
- Increase mental health help-seeking behaviour; and
- Maintain operational effectiveness and performance.

The mental health training for student pilots and air traffic controllers in Belgium, 'Techniques to Optimize Potential' (TOP: 'Techniques pour l'Optimisation du Potentiel'), has as objectives:

- Increased recovery after operations;
- Improved sleep quality;
- Improved vigilance and attention;
- Improved decision -making, self-confidence, group communication and cohesion; and
- Enhanced learning.

While the stated objectives of the programs vary in the level of detail in which they are stated, they are relatively consistent across Nations.

2.2.8 Knowledge

In order to achieve the stated objectives of each of the programs, the knowledge factors include:

- Definitions of stress, strain, pressure, combat stress, and resilience;
- Description of the human stress response;
- Delineation between good stress and bad stress;
- Helpful and unhelpful coping, including specifically the role of humour in coping;
- Cognitive behaviour theory highlighting how perception of events affects reactions;
- Importance of teamwork and buddy support; and
- Fatigue management.

While each of the programs has some unique aspects, the key knowledge elements are very consistent across Nations.

2.2.9 Targeted Skills

The targeted skills, while referred to by different names in the various training programs, can be grouped into seven broad categories.

In accordance with the categories in Table 2-3:

- Six countries include various approaches to self-talk and cognitive behaviour theory;
- Five countries target the skills of breathing and visualization;
- Four countries teach skills related to relaxation and goal setting;
- Two countries aim to increase acceptance; and
- Two countries include skills to facilitate grounding and increase situational awareness.

Table 2-3: Targeted Skills.

Category		Skills as They Are Referred to in the Training Packages
Acceptance	**(2)**	Acceptance of new reality in basic training
Self-Talk	**(6)**	Positive appraisal of events, challenging negative self-talk, thinking traps, neuro linguistic programming, internal dialogue, "adjusting your thoughts", cognitive distortions
Breathing	**(5)**	Tactical breathing, diaphragmatic breathing, energy management, arousal control, controlled breathing
Relaxation	**(4)**	Regulation of tension, progressive muscle relaxation
Goal Setting	**(4)**	
Visualization	**(5)**	Mental imagery, mental rehearsal
Grounding	**(2)**	Situational awareness, focusing

There is a significant level of consistency among the Nations with respect to which targeted skills can be trained in order to achieve the stated objectives of mental health and resilience training. The selection of these skills is also based on strong scientific evidence, as indicated in Section 2.5.

The targeted skills come primarily from cognitive behaviour theory and performance sports psychology. There is a significant body of evidence that demonstrates that skills such as controlled breathing, visualization, goal setting and self-talk contribute to enhanced sports performance [1], [2], [3]. Additionally, the randomized control trial conducted by Cohn and Pakenham [4] with the Australian Defence Force found better cognitive coping and lower psychological distress compared to the control group. Further research on the application of these skills to coping with stress in military populations is currently being done in a few Member Nations, and will also be used to inform the development of the final RTG products.

2.2.10 Practical Application

Three of the participating Nations use vignettes or scenarios to apply the targeted skills in the classroom, either through small group discussion or by walking through the scenario as a large group – and two of the training programs (Belgium and Netherlands) use graduated exposure through either adventure activities or a series of training scenarios after which there is a debriefing to review performance and learning. As well, the mental health training program in the Belgian military includes specific instruction to practice and apply each of the skills on an individual basis, in addition to the classroom and scenario work. This is particularly important to consider in the development of mental health training modules, as we know that these skills must be practiced and mastered ahead of time if they are to be effective when used in real-life situations of extreme stress.

2.2.11 Resources and Follow-Up

Not surprisingly, all of the mental health training programs reviewed include information on mental health resources available to military personnel, depending on their level of need. This includes self-help and buddy support, as well as some information aimed at demystifying what happens in mental health treatment. Some programs include a discussion about common barriers to care in military populations, and facts with which to challenge some of those attitudinal barriers and beliefs about treatment. Many of the programs aim to normalize help seeking as a way to manage distress and solve problems, and in doing so try to de-stigmatize counselling and mental health treatment. As stigma toward mental health treatment tends to be common in many military populations, there are some interesting techniques to be considered in the development of the training modules.

2.3 CONCLUSIONS

The findings of this review of mental health training delivered during basic training in several NATO Nations provides a starting point for the development of a NATO mental health resilience training module for initial basic training. It will also provide valuable information for the development of Resilience Training Guidelines, Implementation Principles, as well as a standardized train the trainer program for mental health training. Consistency was found in terms of training objectives, and targeted knowledge and skills. There was less consistency around the implementation principles, such as the duration and timing of the training, evaluation, and instructors or trainers. Further research in these areas will provide additional detail to guide the development of the RTG products.

2.4 REFERENCES

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Chapter 3 – IMPLEMENTATION PRINCIPLES FOR MENTAL HEALTH TRAINING

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ABSTRACT

The goal of the NATO Human Factors and Medicine (HFM) Research Task Group (RTG/HFM-203) "Mental Health Training" is to develop prototypes of mental health and resilience training for service members. Mental health and resilience training has the potential to strengthen the ability of service members to respond to the psychological demands of military life. Beside the content also the implementation strategy is to be considered to meet the goals of such training. Because military demands are so diverse, mental health and resilience training should be integrated with and focused on the service member's military career phase and point in the deployment cycle. One of the objectives of RTG/HFM-203 is to identify the principles of implementation of such mental health and resilience training.

This chapter will give a description of key implementation principles regarding mental health training in a military context.

In the chapter we also report on implementation experiences and best practices with current mental health training programs within different Nations.

Disclaimer: It should be noted that the views of the authors do not necessarily represent their respective Department of Defence or Government.

3.1 INTRODUCTION

Serving in the military is mentally challenging. Military life, training, deployments and combat places tremendous demands on the mental health of service members. Military organisations are challenged with establishing conditions to ameliorate the negative impact of these demands on service members as well as enhance the adaptation and performance of service members.

Mental health resilience training has the potential to teach and/or increase skills and self-confidence to ensure service members can handle stress, grow and thrive in the face of challenges in the military and bounce back from adversity.

Mental health resilience training should systematically prepare service members for the mental challenges they will confront throughout their military careers. The objective of mental health resilience training is to enable service members to identify the realities of challenging environments, to develop skills to thrive and be resilient in the face of these realities, and to know how to use these skills to help themselves, fellow service members, and those they lead.

When mental health training content is being developed and validated, how the training will be implemented should be considered. While distinct, the training content and the implementation strategy dramatically influence each other.

One of the objectives of the NATO RTG/HFM-203 "Mental Health Training" is identifying considerations for training implementation. In this chapter we discuss the fundamental principles of mental health training and implementation.

The chapter is based on a (none published) paper "Military Mental Health Training: Building Resilience" by Castro and Adler [3] which was discussed within the RTG.

3.2 FUNDAMENTAL PRINCIPLES OF MENTAL HEALTH TRAINING AND IMPLEMENTATION

All good training, regardless of the topic or domain, rests on several fundamental principles (see Table 3-1 for an overview). This is not different for an effective mental health training program in the military. Explicitly stating these principles can guide the development of new modules, thus contributing to the coherency of an integrated training system. Furthermore, without these specific principles, one or more of them may be more likely to be overlooked or violated in the attempt to develop mental health training.

In the following sections, each of these principles is discussed.

Table 3-1: Fundamental Principles of Mental Health Training and Implementation [3].

Mental Health Training	Implementation
Strength-Based	Integrated into Organizational Culture
Relevant Purpose and Content	Appropriately Timed
Experience-based	Quality Control
Explanatory	Train-the-Trainer Program
Team-Based	Exportable and Scalable
Action Focused	Training Guidelines
Developmental	Refresher Training
Comprehensive, Integrated	Mobile Training Teams
User Acceptability	Sustainable
Evidence-Based and Validated	Program Improvement
	Policy
	Leader Supported
	Verifiable Claims
	Packaging and Multi-Media
	Ownership

3.3 FUNDAMENTAL PRINCIPLES OF MENTAL HEALTH TRAINING

3.3.1 Strength-Based

Effective mental health training should build on skills and strengths that soldiers already possess. A strength-based approach explicitly rejects a deficit or medical model. Practically, being strength-based means providing a positive approach that sets the expectation of success for the individual, and does not reinforce stereotypes that individuals are weak or will become sick as a result of some stressful experience like deployment.

The strength-based approach also explicitly builds on existing skills and abilities. New skills tap into these existing skills. For example, mental health training can emphasize the importance of building relationships back home. The individuals are reminded that they already have the skills to build relationships as evidenced by the strong bonds they have formed with their buddies. Existing strengths and skills provide a scaffold by which new skills and information can contribute to the resilience of an individual. In addition, since a medical model is rejected, mental health training does not need to include a list of mental health symptoms or include a discussion of mental health diagnosis, as is found in many military mental health training programs.

There is a fine line, however, between avoiding a medical model in which symptoms are prescribed or at least elucidated and providing individuals enough information about typical reactions so that they know what's normal and what might be a sign that professional help is warranted. This balance must be maintained throughout the training and continually re-examined. One way to maintain this balance is to obtain feedback from participants about their perception of the training message and to ensure that the training addresses how existing strengths and new skills can be applied and that there is sufficient time to practice those skills before they are needed.

3.3.2 Relevant Purpose and Content

All training should have a clear purpose or objective, and all the training content should support that purpose. Consistent with this principle, the content for mental health training should be based on documented needs. Rather than making assumptions about what soldiers experience, or what they need to know, the training must evolve out of an on-going systematic needs assessment. Feedback from this research is important for the (continuous) development of the content of each training module. By using this kind of rigorous approach, the training can avoid being the product of a trainer's idiosyncratic experience, which can lead to a training program of limited value.

Relevance refers not only to content but to the timing of the training so that the training matches the needs of the group at that time.

3.3.3 Experience-Based

Good mental health training should also include scenarios and situational training that reinforces the information and skills being trained [9]. For every skill or educational point addressed in the training, there should be a real-world example that can be used to reinforce that point. Examples should be used that the soldiers and/or families can relate to and that use the language of the military. These examples should be based on experiences of soldiers, not on the experiences of the trainer. When trainers are mental health professionals, their personal examples may undermine their credibility. The trainers may appear misguided if they appear to think that their experience of deployment or stress mirrors the experience of a junior soldier on patrol, an NCO in logistics, or an officer in command of a combat arms unit. To overcome this problem the mental health trainer needs to have detailed speaker notes that contain numerous real-world examples from experienced soldiers.

3.3.4 Explanatory

Good mental health training is explanatory; it highlights conflicted or misunderstood reactions that service members might experience. For instance, while soldiers are happy to be home from a long combat deployment, they also often report being angry and on edge. The training normalizes this dual experience and explains that while many soldiers report being happy to see their family and friends, they are often angry about being deployed for a year or angry about how they were treated during the deployment. Providing soldiers with the words to understand this mixed reaction can help them to understand and normalize it. The development of explanations for such complex and conflicted reactions requires professional expertise in behavioral health.

3.3.5 Team-Based

The military organization is fundamentally based on teams, on leadership, and on unit cohesion. Any mental health training for the military needs to integrate these fundamental components of the organization. Military mental health training should take advantage of the natural camaraderie and hierarchy that exists within all military cultures. Unit cohesion and buddy support are core elements of all military training. Mental health training should teach participants how to look after other unit members and use this buddy-focus as a way to increase self-awareness as well. Specific training modules for leadership can highlight the role of leaders and the leaders' responsibilities for ensuring that their subordinates get the mental health care they need. By providing the training in a unit context, unit members will comment to one another and point out particular reactions that relate to a unit member, interacting in a way that enhances the relevance of the material.

3.3.6 Action Focused

Mental health training should be more than a theoretical description of stress responses. The training should address specific actions individuals can take. In keeping with the team-based approach mentioned above, these actions include behaviors that soldiers can adopt to help themselves, buddies, and those they lead.

One of the key components to teaching action-based strategies is the need for flexible and adaptive coping in response to a myriad of potential stressors. The training needs to specifically advance the idea that there are different types of stressors and which coping mechanism is best depends on how much direct control the individual has over the stressor. For many military personnel, significant stressors are outside of their direct control and so they need to practice action-based strategies that are not "action" in the sense of getting rid of the stressor. The action may involve a change in cognitive coping, a reduction in physiological arousal, seeking social support, or acceptance. Redefining action as incorporating each of these kinds of skills, and emphasizing the need to match the appropriate coping response to the situation, is a key part of an integrated mental health training system.

3.3.7 Developmental

Effective training builds on prior training or upon existing strengths and skills and progressively adds new concepts and skills. Ideally, we believe that a mental health training system should strive to develop skills of increasing complexity, beginning with simple concepts. For example, the training can introduce a simple approach to cognitive restructuring in managing the stressors of basic combat training while waiting until later in the career of a soldier to teach how cognitive restructuring can be used to manage a high-stress environment like a combat deployment. Another example of the developmental approach is to introduce the concepts of Post-Traumatic Stress Disorder (PTSD) without detailing the complexities of the diagnostic criteria. The initial training could include an overall appreciation for how PTSD-related reactions can interfere with getting along with friends, family and at work without discussing the disorder itself. This approach avoids the temptation of

presenting PTSD criteria in an oversimplified manner which might inadvertently lead soldiers to think that they have PTSD if they have only a few PTSD symptoms. In subsequent courses for certain personnel such as leaders or medics, more information could be presented about symptoms, symptom clusters, and time course. Such information underscore the need for content to be informed by experts in mental health, as will be discussed under implementation principles.

3.3.8 Comprehensive, Integrated

Mental health training needs to be more than a one-session event. Mental health training should not be one-off training that occurs only once a year or only when the service member gets ready to deploy or only when the service member returns from deployment. Mental health training should be integrated with and focused on the service member's military career phase and point in the deployment cycle.

By conceptualizing mental health training as an integrated system, the lesson plans can build on one another and can reinforce the points of each training module. It needs to provide the target population with an integrated and comprehensive system that builds skills, reinforces concepts, and targets areas of relevance to the group at the right time.

In a wider perspective mental health training should be part of an overall comprehensive and integrated paradigm for maintaining health, well-being, readiness and performance.

3.3.9 User Acceptability

Mental health training must be perceived to be useful by those being trained in order for the training to become accepted into the organizational culture. Even if the training is efficacious, if the training is not face valid, the audience does not accept it, and the trainers do not support it, then the training quality is likely to deteriorate or drift and resentment may preclude the training from helpful. However, while user acceptability is necessary, it is not sufficient for establishing good mental health training [5], [6], [7]. In order to demonstrate that mental health training improves mental fitness, randomized controlled studies must be conducted.

3.3.10 Evidence-Based and Validated

What does it mean to say "evidence-based"? As mentioned previously, the material in the training needs to be based on research evidence. In addition, the training itself needs to be validated. This validation extends beyond satisfaction ratings or demonstration of changes from pre- to post-training. The standard needed for demonstrating mental health training efficacy is a randomized controlled trial. This approach can be difficult, time-consuming, and complex statistically but the end result is evidence assessing the training's effectiveness. Exactly what these studies assess as markers of effectiveness depends on the goal of the training.

There are many possible markers of a successful mental health training program. Typically, in order to assess a program's effectiveness, the outcomes should match the intent of the program. For our purposes, military mental health training outcomes should include measures of:

1) Attitude;
2) Skill attainment;
3) Mental health fitness;
4) Training satisfaction; and
5) Unit climate and leadership.

First, in terms of attitudes, mental health training should target stigma associated with seeking mental health care. Seeking care should be regarded as a sign of strength and readiness, not as a sign of weakness. Second, in terms of skill sets, outcomes should address the specific skills and knowledge addressed in the training. For example, training may address knowledge about when to seek professional care or skills associated with anxiety management. These skills should be assessed as part of mental health training. Third, in terms of mental health fitness, outcome indicators should include measures of distress that go beyond traditional PTSD symptoms. Outcomes of relevance to the organization should be included such as aggression, sleep problems, relationship conflict, and risk-taking behaviors. If the aim of the mental health training is to enhance well-being, then assessment of positive psychological health is also merited. Fourth, as mentioned previously, measures of training satisfaction and user acceptability should be included. Fifth, measures of unit climate should be included because the training can have an impact on the way the unit climate is perceived and because the training can have an impact on the leadership itself. Thus, these measures should address the degree to which mental health training may have had an impact on cohesion and leadership quality. Similarly, the training should also assess the degree to which leaders support the mental health skills and training provided by the organization. Without support from the leadership, the training will likely be less effective.

3.4 PRINCIPLES OF IMPLEMENTATION FOR MENTAL HEALTH TRAINING

Below is a description of key implementation principles (see Table 3-1 for an overview) regarding mental health training in organizations that must be kept in mind as the mental health training is being developed. While this is not an exhaustive list of all the implementation issues that need to be considered when developing mental health training, it does represent the common issues that arise when implementing mental health training.

3.4.1 Integrated into Organizational Culture

Military mental health training must be integrated into the organization's culture [8]. Ideally mental health and resilience training should be integrated with and focused on the service member's military career phase and point in the deployment cycle. Whether the program is seen as education or as training depends largely on the timing and the place where it is delivered. In the context of a military academy, the terminology may need to emphasize "education" rather than "training". In general all mental health training contains educational material and involves skill strengthening or skill development. The two concepts can also be regarded as sequential. Thus the first phase of the program has to be termed "education" and the second phase in which the skills are practiced is termed "training". The larger issue is that the language used to describe and promote the program needs to make sense within the organizational context.

Mental health training should also be conducted within existing units, preferably at the platoon or company level in order to optimize the impact of small group dynamics and leadership. Conducting mental health training in small, pre-existing groups ensures group members will have the opportunity to share their experiences with each and that group members will feel comfortable enough to share their experiences. Training conducted in large groups in an auditorium or gymnasium runs the risk of being too impersonal, and too large for focused skill development to occur. In general, mental health training conducted in large groups is likely to become educational or didactic in nature, with little interaction or sharing of the group members' personal experiences.

The degree to which group size actually influences the efficacy of the training remains unclear. Indeed, Thomas *et al.* [8] compared the small and large group Battlemind Training and did not find reliable differences between the two types of training.

3.4.2 Appropriately Timed

Mental health training should be relevant to the phase of the deployment cycle or the service members' level of professional development. This point has been made earlier but it deserves repeating. For instance, mental health training designed to be given prior to deploying shouldn't be given during the deployment, nor should mental health training designed to be given at post-deployment be given during the deployment or prior to deploying. Since the content of mental health training should vary depending on the phase of the deployment it stands to reason that the training cannot be used interchangeably.

Creating a one-size-fits-all approach to the training cycle is not likely to meet the needs of service members as their needs change depending on the phase of the deployment. Proponents and/or developers of such global approaches to mental health training fail to recognize the organizational context and may not have ensured that the needs of the service members are adequately addressed.

3.4.3 Quality Control

Any standardized training program requires a robust quality control program to ensure that the training is being conducted as intended. Constant vigilance is required to ensure that the content of the mental health training is maintained; the content should not be altered nor should additional material be inserted into the training modules. Further, the mental health training needs to be conducted using the procedures that have been validated. A mental health training quality control program should systematically ensure that trainers are prepared to conduct the training, that the training materials and lesson plans are clear and detailed, and that the training conducted remains consistent. Maintaining quality training can be difficult in a large organization like the military. Mechanisms such as refresher courses, team teaching, training evaluation, and spot checking by a mobile team responsible for training quality can facilitate quality sustainment over time.

3.4.4 Train-the-Trainer Program

The first step in preventing drift in the content and implementation is to develop a train-the-trainer program in which each mental health trainer receives formal training and certification that documents they are capable of delivering the training program to standard. At a minimum, a train-the-trainer program should include the training material, a detailed course syllabus, and detailed speaker notes. A train-the-trainer course should also include practice for the individuals who are being certified as trainers and an evaluation of their training performance. Only after the individual being trained has shown competence in giving the mental health training and in answering anticipated questions regarding the training should they be certified. A train-the-trainer program, however, does not preclude the need for a quality control program as drift in training can still occur.

Obviously during the development of a mental health training program it must be decided who will be conducting the training. For example, will the mental health training be conducted by behavioral health care providers, chaplains, experienced combat arms service members or some other group? This decision needs to be addressed early in the training development process because the decision regarding who conducts the training is likely to shape the content of the training material. Regardless of what decision is made regarding who conducts the mental health training, it should be noted that although individuals may have a personal preference for one type of trainer, the training material itself needs to be the key ingredient rather than a trainer's personal style. Personal style cannot be dictated in a set of lesson plan instructions. Regardless of who these trainers are, they will need to acknowledge what they are not. If they are not experts in mental health, they can talk about how the material has been developed by mental health professionals experienced in working with the military. If they have not been deployed, they can talk about how the material has been developed based on what soldiers have said is important to know. Even if the trainer has deployment experience, this experience can be misleading –

establishing a link to the service members that is not really there. For example, most trainers with deployment experience are not likely to have been a junior enlisted combat arms soldier out on patrol every day. The train-the-trainer course needs to underscore the reality that the trainers cannot be everything to all people. The trainers can acknowledge what they do bring to training in terms of their expertise, but most importantly they can bring their level of commitment, their enthusiasm, and their professionalism.

3.4.5 Exportable and Scalable

Regardless of who conducts the mental health training, a mental health training program must be designed with the average trainer in mind, not the ideal trainer. Whatever the mental health training program, it must be exportable and scalable. For example, a mental health training program will be of little utility to large organizations such as the military if only a handful of people in the world are capable of conducting the training or if it takes years to train others to conduct the training.

3.4.6 Training Guidelines

Another means to ensure that mental health training is conducted consistently across military installations and over time is to develop clear guidelines as to how the training is to be conducted. In military language, this approach to training is known as establishing "task, condition, and standard". Task, conditions and standards are applied to every form of training conducted in the military, regardless of the type of training. The "task" component of this approach specifies exactly what needs to be accomplished. The "conditions" specify the context or the variables in a situation that may affect performance. Finally, the "standards" delineate the markers of success. Thus, a "task, condition, standard" approach to mental health training details the exact training that is to be conducted, who is to be trained, who is to conduct the training, the environment in which the training is conducted, and the means for assessing the effectiveness of the training. This standardized approach to mental health training will also facilitate a rigorous quality control program that can evaluate if the training is being conducted as intended.

3.4.7 Refresher Training

Like most effective training, mental health training should contain refresher training modules. Service members should not be repeatedly subjected to the exact same mental health training material because the training will inevitably become stale, which will likely blunt its effectiveness. Of course, various modules provided over time and over the course of the deployment cycle serve to reinforce the key principles, but refresher modules could certainly also be developed.

3.4.8 Mobile Training Teams

Implementing mental health training on a large scale can be facilitated through the use of mobile training teams. These teams can train service members directly but, more importantly, they can conduct train-the-trainer courses to certify other trainers.

3.4.9 Sustainable

Whatever mental health training program is adopted, it must be sustainable and supportable. The importance of the trainer and standardization has already been discussed in some detail. Equally important is how long the training needs to be in order for it to be effective in increasing mental fitness. In the military context, training time is a valuable commodity that must compete with a myriad of other demands. Whatever system results,

it must remain cognizant of the issue of time as well as other resources such as personnel, equipment, and coordination. If too many resources are required, then in the long run, the training program may not be sustainable.

3.4.10 Program Improvement

Along with ensuring that the training program can be sustained in terms of implementation, there also needs to be a vigorous system for continually assessing whether the mental health training program is achieving its stated goals and to identify how the program can be improved. Unfortunately, military leaders may be reluctant to commit resources for program assessment and improvement. Without such a program in place, however, there will be no systematic, on-going analyses to ensure that the mental health needs of service members and families are still being met. These program improvement efforts are not only important for ensuring the program remains effective, but these efforts are another way to ensure that service members do not become bored by the same material.

3.4.11 Policy

Even the most effective mental health training cannot be successful without a parallel effort on the part of the organization to institutionalize its implementation [8]. In the case of the military, policy must be developed that supports and directs that mental health training be conducted. There must also be guidance issued that describes how the training will be implemented. In short, orders must be given that mandate that the military mental health training occur. Otherwise, such training will be left up to the discretion of each Commander, usually with the result that the training is not conducted to the standard that has been shown to be effective, or it will not be conducted at all.

3.4.12 Leader Supported

Whether the training is mandated or not, leaders are critical for the successful implementation of mental health training. Leaders at all levels play an important role in service member mental health both directly and indirectly (see [2], [4]). The findings of an international military leaders' survey on operational stress show that leaders themselves state that it are the commanding officers who should be responsible for the psychological readiness of unit members [1]. Consequently, their explicit and implicit support for a program can mean the difference between a supportive training environment and one in which the training is conducted as a way to "check the block" that simply meets a specific organizational requirement. Leaders can demonstrate their support for mental health training by attending the training themselves, by emphasizing the importance of the mental health training to their subordinates, and by ensuring that the training is a priority on the unit calendar. Research evidence demonstrating the efficacy of mental health training can directly impact the leader's endorsement of the program. If scientific findings can be provided to leaders showing them that mental health training is effective in increasing the mental fitness of their unit then the leaders are more likely to support the training. Obtaining high profile endorsements from senior enlisted service members and officers can also enhance the acceptability of mental health training.

3.4.13 Verifiable Claims

Credibility requires that any claims made regarding mental health training be consistent with verifiable facts that are based on scientific. Leaders need to be provided with realistic expectations about what mental health training will achieve and what it won't, the organization needs to make decisions based on science in order to differentiate between effective training and another good idea, and professionals need to uphold the integrity of the field.

3.4.14 Packaging and Multi-Media

Effective mental health training needs good packaging. While this implementation principle may sound superficial it is critical because it ultimately means that the information will be presented in such a way that the organization and the individual service member will be more likely to accept it. Furthermore, good packaging through catchy slogans or the use of easy-to-remember acronyms, enhance the degree to which individuals are likely to remember the training content. The use of humor can also make mental health training more engaging. Still, care must be exercised that the training does not become so slick that the trainees are put off by the training or that the style distracts from the training objective or message.

Wherever possible, multi-media (e.g., interactive computer simulations, video scenarios, music, gaming technology) should be considered in developing a mental health training program. While there is no clear evidence that mental health training is more effective if it employs multi-media, the training is likely to be more engaging which increases the likelihood that individuals will attend to the training content. Appropriately incorporated, multi-media training can also enhance standardization of training. Multi-media approaches also help to underscore a central tenet of training: training should be conducted to engage the three fundamental types of learners. Visual learners prefer to be able to see the point written out, or visually depicted in a diagram. Auditory learners prefer to listen and discuss the information. Finally, experiential learners prefer to practice a concept and grapple with some task related to the concept.

3.4.15 Ownership

The final implementation principle reviewed here is ownership: who actually controls the content of the training program and retains the right to revise it. Mental health and mental fitness issues facing service members and their families are complex and varied. How to build resilience and increase mental fitness in order to help these folks meet the demands of combat and deployment are equally complex and nuanced. Thus, the content of the mental health training program needs to belong to military behavioral health care experts. The content of mental health training must be determined by behavioral health experts. They are the subject matter experts – not the Commander, not the chaplains, not the policy makers or others who are interested in helping service members. Obviously, these individuals are expert in their own areas and their input is invaluable for ensuring that the training material addresses issues in a way that is relevant to the audience. In fact, the training development process should actively solicit input from a variety of domains such as operational leadership, the chaplaincy, military families and soldiers themselves. However, caring about service member mental health or having been deployed to a combat environment does not make one an expert in mental health training; the behavioral care experts should own the content of the training,

3.5 CONCLUSIONS

The goal of the RTG is to develop a NATO mental health resilience training package. Deliverables are Resilience Training Guidelines, Implementation Principles, as well as a standardized Train-the-Trainer program for mental health training. Through explicitly stating these implementation principles we can build toward delivering a system of mental health training for service members that is integrated, relevant, and effective. While this is not an exhaustive list of all the implementation issues that need to be considered when developing mental health training, it does represent the common issues that arise when implementing mental health training.

Based on these fundamentals the RTG will study current mental health training modules that are delivered in participating NATO Nations on how and when it is being delivered. It will provide valuable information to develop a NATO mental health training package to enhance the overall mental fitness of NATO forces.

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Chapter 4 – SUMMARY DISCUSSION

The objective of this NATO Task Group was to develop a resilience building training module that would be suitable for delivery in basic training of all NATO Member Nations. To accomplish this task, the group conducted a NATO survey of recent basic trainee graduates that were representative of the group membership. The purpose of this survey was to identify aspects of basic training that were the most stressful or demanding for the recent graduates, and to learn how basic trainees coped with these stressors. This enabled us to ensure that the NATO resilience training for basic training was relevant and met the needs of the basic trainees. From the survey of basic trainees, and an exhaustive review of the scientific literature, the group developed a comprehensive taxonomy of resilience skills from which we identified four core resilience skills for basic training was identified (see Chapter 2). These resilience skills included acceptance and control, goal setting, self-talk, and tactical breathing. Additional resilience skills were also identified. These additional skills included mental rehearsal, building optimism, grounding, sleep management, and progressive muscle relaxation.

For the four basic training resilience skills, detailed PowerPoint slides and practical exercises to train and reinforce the acquisition of these skills were developed. Together, the PowerPoint slides and the practical exercises comprise the NATO Basic Training Resilience Module. In addition, a Trainer's Guide and an Implementation Guide were also developed to assist in the use of the NATO Basic Training Resilience Module. It is intended that each Nation that utilizes the NATO Basic Training Resilience Module will modify the material to meet the unique culture and needs of their respective military. Additional resilience skills were also identified that NATO Nations might wish to consider including in their basic training, time permitting. These include:

- Mental rehearsal;
- Building optimism;
- Grounding;
- Sleep management; and
- Progressive muscle relaxation.

Principals for how resilience training might best be implemented were also identified (see Chapter 3).

The NATO Task Group also developed four "White Papers" on key topics on basic training resilience, which can be found in Annexes E-F. The first White Paper discusses the benefits of mental health training, including how to measure mental health training and the expected outcomes of mental health training. The second White Paper highlights the demands of military life that service members encounter beyond the demands of military deployment. The third White Paper provides key definitions, including "mental health" and "resilience". The final White Paper outlines the value of using evidence-based mental health training that is grounded in science.

In conclusion, the NATO Task Group on "Mental Health Training" accomplished all their tasks set out in approved Programme of Work. Importantly, a scientifically grounded, basic training resilience module was developed that can be used by all NATO and non-NATO Nations to improve the psychological health and performance of their Nations' military service members.

Annex A – NATO RESILIENCE TRAINING FOR BASIC TRAINING

NATO RESILIENCE TRAINING FOR BASIC TRAINING

NATO RTG-203

Training Package Objectives

- Provide a realistic understanding of Basic Training stressors and what it means to be resilient
- Identify and practice fundamental skills to strengthen resilience/mental health
- Provide information about other sources of support and how to support others (being a “buddy”)

4

Training Exercise: Introductions

- What do you hope to get or achieve during your military service?
- What strengths or skills do you have that will help you succeed in basic training?

5

Training Exercise Discussion

- Why do you think we asked you about your strengths and skills?

Choose from:

- ☐ to waste our time
- ☐ to keep us awake
- ☐ less work for you if we do the talking
- ☐ to help us learn about each other's skills & strengths

Being mentally fit and healthy can help you reach your goals.

6

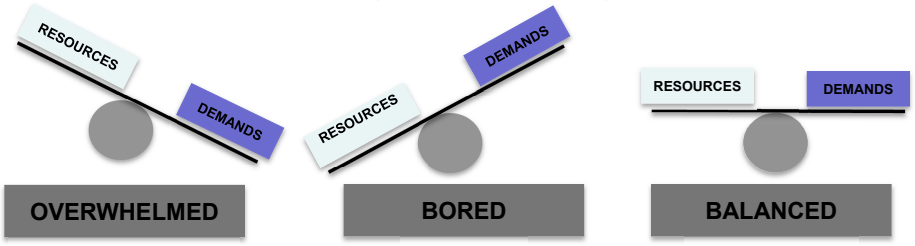
Module 1 Objectives

- **Learn what it means to be resilient in Basic Training**
  - Introduction to stress and resilience
  - Discuss realities of Basic Training
  - Introduction to the Mental Health Continuum
  - View a model for understanding how stress affects us

7

Module 1

- What is stress? How does stress affect you and your buddies during basic training?



More demands than resources

More resources than demands

Right amount of resources for the demands

8

Challenges in Basic Training

- What do you think will be challenging during basic training?
  - Making mistakes
  - Drill Instructor yelling at me
  - Being away from home
  - Not enough sleep
  - Lack of privacy
  - Learning new things/being tested
  - Physical training
  - Others who aren't motivated
  - Being embarrassed

9

The Realities of Basic Training

- You will not get much praise; however...
  - No news is good news
- You will have at least one area of weakness
- You will make mistakes
  - Mistakes will help you learn
- You will be "advised" of your mistakes

10

Basic Training

- *Basic training challenges can affect our mental health (both negatively and positively)*
- Basic Training is hard, yet most recruits complete the training
- Being physically and mentally fit will help you manage the stress and succeed

11

Mental Health & Fitness

- What is mental fitness?
  - How we think, feel and act
  - Determines how we handle stress, relate to others and make choices
- What are mental health problems?
  - Everyone feels worried, anxious, sad or stressed sometimes
  - These feelings become a problem when they do not go away and are severe enough to interfere with daily life.
  - Can make it hard to reach your basic goals: having friends, holding a job, or enjoying your life.

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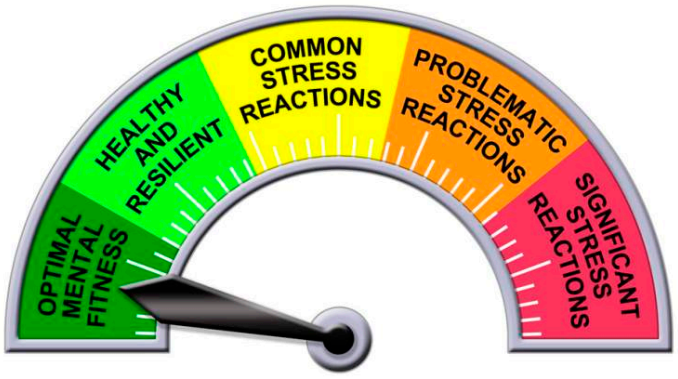
Mental Health Continuum



- By being aware of where you are on the mental health continuum, you can know when to do something to move you towards optimal mental fitness

13

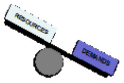
Mental Health Continuum

Optimal Mental Fitness	Healthy and Resilient	Common Stress Reactions	Problematic Stress Reactions (prolonged, pervasive)	Significant Stress Reactions (interferes with functioning)
THOUGHTS				
Realistic optimism Optimal use of mental skills Focused	Positive attitude Good concentration Mentally in control	Poor attitude /Unmotivated Procrastination Forgetful Critical Some intrusive thoughts	Negative attitude Poor concentration/ decisions Many intrusive thoughts	Overt negative attitude Insubordination Can't concentrate Disruptive intrusive thoughts
EMOTIONS				
Positive mood Patient Good sense of humour	Normal mood fluctuations Calm & takes things in stride Some humour	Irritable/Impatient Nervous/Worried Sadness/Stressed Withdrawn Inappropriate sarcasm	Anger Anxiety/Fearful Sad/Hopeless	Intense anger / aggression Intense anxiety/panic Depressed/Suicidal thoughts
PHYSICAL REACTIONS/BEHAVIOUR				
Peak performance Engaging in healthy habits Good sleep	Functioning well Avoiding unhealthy habits Few sleep problems	Some problems in work performance Some unhealthy habits Trouble sleeping Nightmares	Poor performance Unhealthy habits Disturbed sleep Recurrent nightmares Obstinate (overly stubborn/slow behaviour)	Can't perform duties or control behaviour Destructive habits/ risk-taking Sleeping too much or too little Night terrors

14

Mental Health Continuum Concepts

- People can move across zones and can have reactions in multiple zones at the same time
  - Stress reactions are often temporary
  - Pay attention when stress reactions interfere with functioning
- What typical reaction signals stress?
  - What are ***your*** indicators that you have more demands than resources, and may have moved into the yellow?
  - What reactions are easy to observe in others?
  - What reactions might be more difficult to observe?



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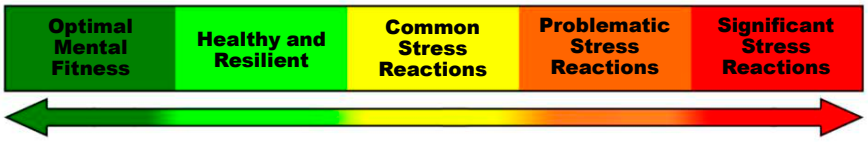
Examples of Identifying the Reaction Zone

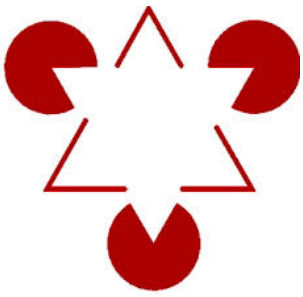


1. "Thinking about home all the time, thinking 'why am I doing this?' being unmotivated and being disappointed in myself because of that."
2. "Talking too much, making jokes in class."
3. "Physical symptoms such as a stomach ache in anticipation; difficulty sleeping; no performance indications, some difficulty during bad days as no time alone."
4. "Challenging. Fulfilling when challenges are met."

Quotes from NATO Basic Training Survey, 2010

16

Mental '*Filters*'



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What are Resilience Skills?

- Resilience is the ability to grow and thrive in the face of challenges and bounce back from adversity
- You are already resilient and basic training can help you be more resilient
- Resilience skills can be trained and enhanced
- Resilience skills can help you adjust your reactions and move you toward your goals

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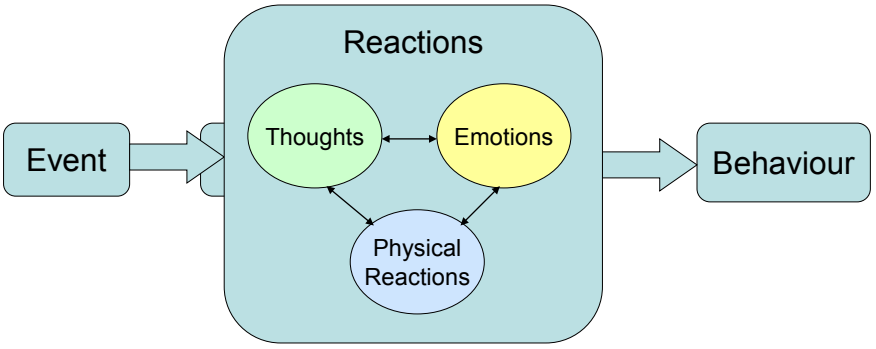
Resilience Model: Reactions A



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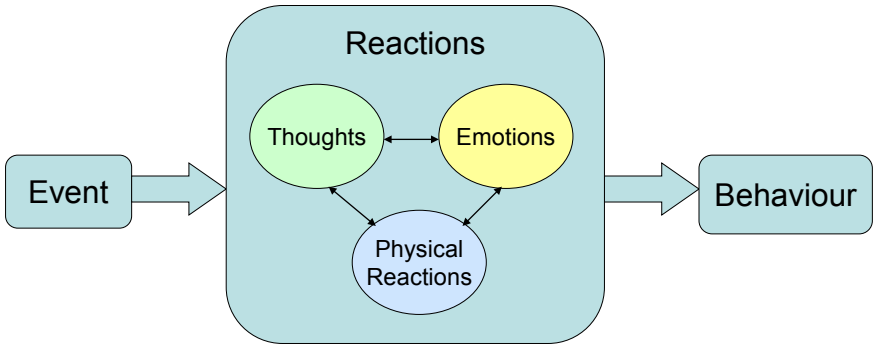
Stop and Check

- Sometimes your behaviour gets you where you want to go & sometimes it doesn't
- "Stop and check" your reactions by asking:
  - Is the reaction appropriate or helpful?
  - Is it interfering with performance?
  - Is it helping you reach your goal(s)?
- If you are not sure, ask a buddy

20

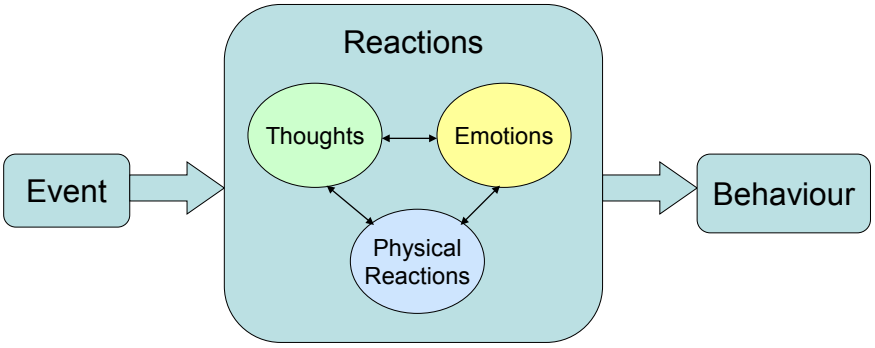
Resilience Model: Reactions B



When you stop and check, you may need to use resilience skills

21

Resilience Model: Reactions B



When you stop and check, you may need to use resilience skills

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Module 1 Summary

- Realities of Basic Training
- Mental Health Continuum
- Resilience Skills and the Resilience Model
- The next 2 sessions will focus on building on your resilience skills

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Module 2 objectives

- **Learn fundamental skills to strengthen mental fitness during Basic Training**
  - Discuss coping skills, and how some previous methods of coping may need to be adapted to basic training environment
  - Learn, strengthen and practice 4 fundamental resilience skills to help manage/overcome Basic Training challenges
    - Acceptance and Control
    - Goal Setting
    - Self-Talk
    - Tactical Breathing

24

Module 2

- How did you handle stress before you came to Basic Training?
- Which of these works during basic training?
- Are there new techniques that you are using since you arrived at Basic Training?
- We are going to discuss some specific resilience skills to improve your mental fitness

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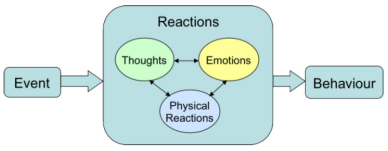
Targeted Resilience Skills

- **Acceptance and Control**
- Goal Setting
- Self-Talk
- Tactical Breathing



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Acceptance

"Accept the unavoidable hassles [like] discipline, strain, etc. of military training."

"Not worry about things, going with the flow, and accepting things."

"Just accept what is happening, thinking about how much you want to be in the army, keeping instructors happy with your performance, talk with buddies"

Quotes from NATO Basic Training Survey, 2010

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Training Exercise: What are some things you *CAN'T* control during Basic Training?

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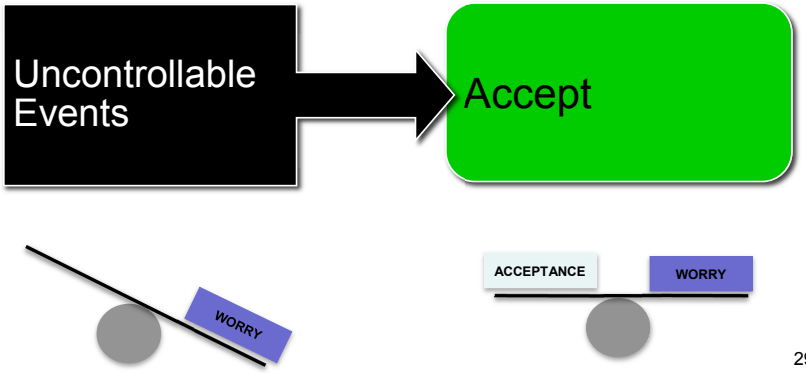
What you cannot Control

- For the events that you can't control, you need to learn to accept them.



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Acceptance

- Notice your feelings
- Don't push feelings away
- Don't judge them
- Accept them and let them go like a wave

30

Acceptance of Reality

http://www.militaryphotos.net/forums/showthread.php?4679-****-happens

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Training Exercise: What are some things you *CAN* control during Basic Training?

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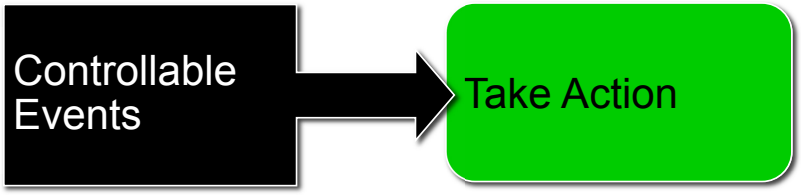
What You Control

- Identify what parts of the situation or event can be changed then take action to change those parts



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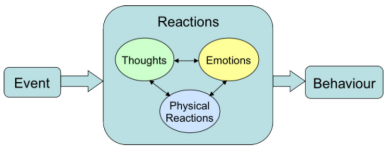
Targeted Resilience Skills

- Acceptance and Control
- **Goal Setting**
- Self-Talk
- Tactical Breathing



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Goal Setting

"When I sign in the army I had my goal: to obtain my beret. During the training, I focused on my goal when it was hard. I accept that all what happened during the training was just a [necessary] way to obtain my beret. The other way to cope was to speak with my classmates. The cohesion was good and it help us."

Quote from NATO Basic Training Survey, 2010

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Goal Setting

- Goal setting is an effective resilience skill that has been shown to enhance performance
- How does goal setting work?
  - Goal setting produces motivation
  - Breaking goals into smaller steps:
    - Makes goals attainable and achievable
    - Produces day-to-day focus
    - Pursuing and achieving goals produces confidence

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Goal Setting

- Two types of goals:
  - Primary or outcome goals (the 'Big goal')
  - Intermediate or process goals
- Goals work best when they are
  - Written down
  - Reviewed daily
  - Posted for others to see or shared with others.

37

SMART Goal Setting

- **S** Specific
- **M** Measurable
- **A** Attainable
- **R** Relevant
- **T** Time-bound

38

Goal Setting Example

- **Primary Goal:** To pass the final Physical Fitness test 8 weeks from now
- **Intermediate ("chunked") Goal:** I will be able to complete 20 push ups in 6 weeks.
- **Steps:**

1.I will read the online material that provides the instruction to the proper technique required to do the push ups for the Physical test.
2.I will make an appointment with a personal fitness trainer at the gym in week two to learn what core and upper body exercises will improve my performance.
3.I will do 10 push ups each day before I go to sleep for one week.
4.I will increase the push ups to 15 by week three.
5.I will increase the push ups to 20 by week five.

- **Is it SMART?**
  - **Specific, Measurable, Attainable, Relevant, Time-Bound**

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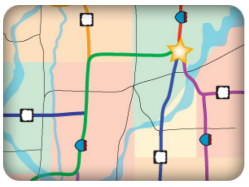
Training Exercise: Goal Setting

- Make your goal SMART
- Create two SMART intermediate ("chunked") goals
- For one of the intermediate goals, come up with three steps

40

Training Exercise: Discussion

- How difficult was coming up with intermediate goals? What made it difficult/easy?
  - Recognize steps can also have sub-steps – how specific depends on what works for you
  - You have a history of achieving goals
- When should you use this resilience skill?
- Writing them down
  - Creates a map for achievement
  - Reinforces you with success
  - Keeps you focused



41

Training Exercise: Goal Setting

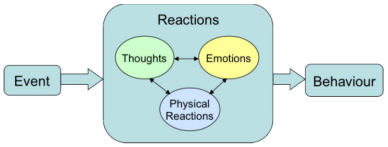
- What is your goal in the military?

  Write down your goal

42

Targeted Resilience Skills

- Acceptance and Control
- Goal Setting
- **Self-Talk**
- Tactical Breathing



43

Self-talk

- What we say to ourselves (*self-talk*) can make the difference between success and failure
- Sometimes we tell ourselves that we can't do things – this may stop us from even trying

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Self-Talk

- Focusing on the task at hand and relying on your training will help you to achieve optimal performance
- Recognize thoughts that interfere with performance ("This is so hard") and replace them
- Talk yourself through it; for example, you can say to yourself …
  - 'Focus'
  - 'I'm trained to do this'
  - 'I can do this'
  - 'Just do it'

45

Self-talk: Discussion

- Do you have to talk out loud for it to work?
- How does positive self-talk differ from negative self-talk? What impact do each of these have on reaching your goals?
- When might you use self-talk?
- How might you end up feeling and acting if you use positive self-talk?

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Example

- You're late for formation and end up getting your squad in trouble.
- What negative self-talk might you have?
  - *"I'm an idiot, I let my buddies down"*
  - *"I always screw up"*
  - *"They're all going to hate me"*
  - *"I'm not going to graduate"*
- Are those thoughts helpful?
- How might you end up feeling?
- How might this affect your behaviour?

47

Helpful Self-Talk

- What might you say to yourself that would be helpful?
  - *"I'm going to learn from that mistake"*
  - *"One mistake doesn't make me a loser/bad person"*
  - "*I won't do that again; I've learned my lesson*"
  - "*Now other Soldiers might not make that mistake*"
  - "*If that's the worst thing I do, I'm doing pretty well*"
  - "*Everyone messes up; it's not the end of the world; I'll still graduate*"
- How might you end up feeling?
- How might this affect your behaviour?

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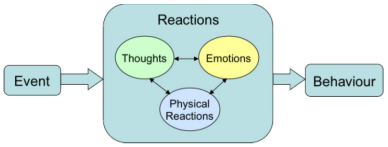
Targeted Resilience Skills

- Acceptance and Control
- Goal Setting
- Self-Talk
- **Tactical Breathing**



49

Tactical Breathing

http://www.combatcamera.forces.gc.ca

- Delivers oxygen and fuel (glucose) to the brain
- Calms the body and mind
- Reduces anxiety
- Improves performance

50

Tactical Breathing

- What basic training events might cause service members to feel anxious?

51

Tactical Breathing

- Take a normal breath, hold, and count to 5
- Breathe out and as you do focus on the feeling of relaxation
- Breathe in and out slowly through your nose in 10-second cycles ….
  - "in -2-3-4-5, out -2-3-4-5"
- Repeat until feelings of anxiety are gone

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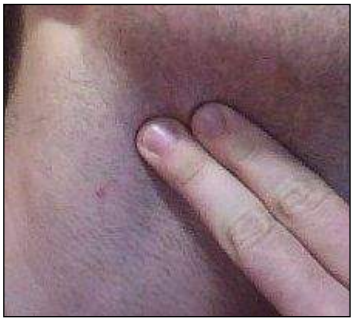
Optional Training Exercise: Tactical Breathing

- Take your pulse
- Hyperventilate
- Check your pulse
- Conduct controlled breathing exercise
- Check your pulse



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Optional Training Exercise: Discussion

- How many had an increase in pulse?
- How many had a decrease in pulse?
- Was it difficult to use this technique?
- How could you help a buddy with this technique?

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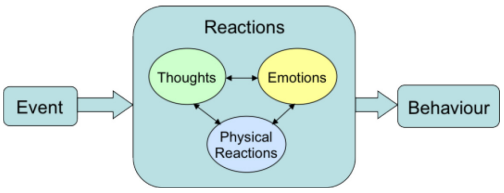
Module 2 Summary

- What were the 4 skills we just learned?
- When would you use them?



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Module 3 objectives

- **Apply skills to strengthen mental fitness and stay mentally healthy during Basic Training**
  - Learn other methods of coping, such as teamwork and buddy support
  - Identify reactions along Mental Health continuum in self and others
  - Identify other resources and sources of support
  - Apply what you have learned to some vignettes/scenarios

56

Module 3

- What else can you do to help yourself and your buddies succeed in basic training?

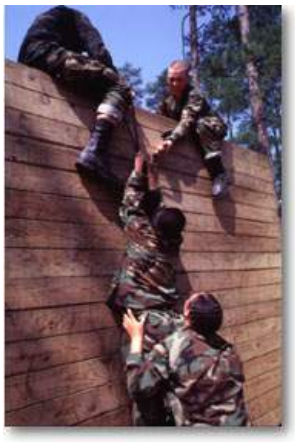
- Teamwork
- How to help a buddy
- Identifying reactions
- Resources

57

Teamwork

"My ability to work in a team improved, and I learned that it's possible to achieve everything in a team."

NATO Basic Training Survey



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Why is Teamwork Important?

- Service members working together can achieve more than service members working individually
- When service members work in teams, they can apply their different strengths to achieve the mission

59

Applications of Teamwork

- Physical tasks – helping each other complete training events like the confidence course
- Mental tasks – helping each other adjust to the military environment; maintaining control over stress and achieving optimal performance

60

Discussion: Being a Buddy

- What does it mean to be a buddy?
- How do you show you are a buddy…
  - When things are going well?
  - When your buddy is stressed?

"I used the battle buddy system, received a lot of advice, shared common difficulties, and talked to others."

Quote from NATO Basic Training Survey, 2010

61

Active Encouragement

- When something good happens to your buddy, how do you respond?
- Example:
  – A buddy in your unit has been struggling on PT but did well on his physical fitness test
- What are things a buddy could say?
  – Show interest and ask questions about the experience, leaving the person feeling understood and appreciated

62

Training Exercise: Active Encouragement

- Example: Pick a positive event and as a buddy/team, practice active encouragement

63

When your buddy is stressed

- What would you do if a buddy tells you they are stressed?
- Don't judge, don't give advice unless asked, don't have to have solutions, and don't make it about yourself
  - Avoid "you should" statements
  - Listen attentively
  - Acknowledge feelings
  - Ask questions
  - Be genuine (real)

64

How do I look after my buddies who may be struggling?

- In order to be able to look after your buddies, you need to know what to look out for

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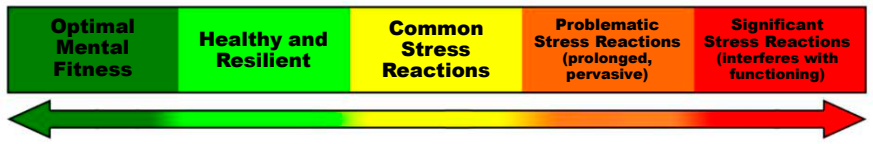
Identifying Reactions



THOUGHTS				
Realistic optimism Optimal use of mental skills Focused	Positive attitude Good concentration Mentally in control	Poor attitude /Unmotivated Procrastination Forgetful Critical Some intrusive thoughts	Negative attitude Poor concentration/ decisions Many intrusive thoughts	Overt negative attitude Insubordination Can't concentrate Disruptive intrusive thoughts
EMOTIONS				
Positive mood Patient Good sense of humour	Normal mood fluctuations Calm & takes things in stride Some humour	Irritable/Impatient Nervous/Worried Sadness/Stressed Withdrawn Inappropriate sarcasm	Anger Anxiety/Fearful Sad/Hopeless	Intense anger / aggression Intense anxiety/panic Depressed/Suicidal thoughts
PHYSICAL REACTIONS/BEHAVIOUR				
Peak performance Engaging in healthy habits Good sleep	Functioning well Avoiding unhealthy habits Few sleep problems	Some problems in work performance Some unhealthy habits Trouble sleeping Nightmares	Poor performance Unhealthy habits Disturbed sleep Recurrent nightmares Obstinate (overly stubborn/slow behaviour)	Can't perform duties or control behaviour Destructive habits/ risk-taking Sleeping too much or too little Night terrors

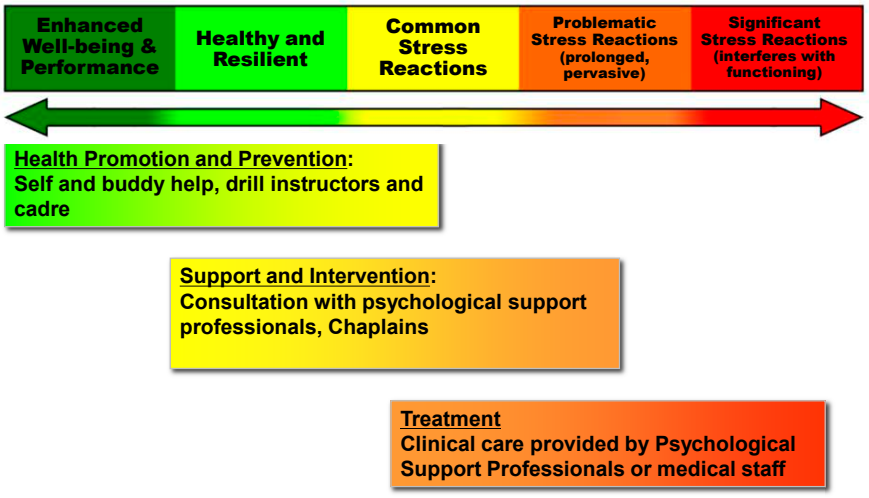
66

When Your Buddy Needs More Help Than You Can Give Him/Her

- What happens if your Buddy needs more help that you can give?
  - Suggest other sources of support as appropriate

67

Resources



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Common Mental Health Care Questions

- Do I have to go?
- Will it impact my career?
- Who will know what I say?
- How long will it take?
- Will I have to take medication?
- Can I still deploy?
- Is it normal to have mental health concerns?
- What will they do to me?

69

Treatment

- What do Mental Health Providers Do?

"But how does it feel to misunderstand how you might think about not knowing what to believe?"

http://sg33.files.wordpress.com/2008/09/00455-daily-cartoons-psychology-screw.gif

70

What Mental Health Care Provides

- Education
- Skill building
- Goal setting
- Visualization
- Challenging Thoughts (self talk)
- Anxiety management (breathing)
- In-depth strategies tailored to solving the specific problem a service member may be experiencing

71

Training Exercise: Putting It All Together

- The following scenarios are real-world examples from Service Members going through Basic Training
- Read the scenario and identify:
  - Where is the Service Member on the continuum?
  - Is their behaviour helping them achieve their goals?
  - What are the things that they can't control in the scenarios and what things can they control?
  - What kinds of resilience skills are they using?
  - How you would support them as a buddy?

72

Scenario: Heated Argument

Last night there was a heated argument before the CO inspection this morning and wasted valuable time for us to prepare for the inspection. One of the guys blames the entire team - spent time spinning about it. Eventually one guy took the other guy away and ended it. Lasted a few hours. It is typical to get into heated fights from time to time. I felt angry - yelled a bit - put energy into getting ready and eventually cracked jokes with the guys. I was disappointed with myself for getting so mad - blame it on lack of sleep - I wish I didn't get so mad. Next time use humour.

73

Quote from NATO Basic Training Survey, 2010

Scenario: Phone Call

On Sunday of week 2, I was about to get on the phone for a half hour. I had to leave the line several times for uniform issues. When I finally made it through the line, there was only 8 mins left. I was frustrated, I cried the entire call and was not able to speak to my fiancé. The Drill Sergeant said he would wait for me to quit. This was the worst day of Basic Training. I was stressed for a couple days afterwards. I talked with my battle buddy and cried to help get me through it.

Quotes from NATO Basic Training Survey, 2010

74

Scenario: PT Problems

Taking the PT Test, I was not used to endurance running versus sprints for basketball. Stress began three or four days before the PT Test and lasted until the PT Test was over. To cope, I looked at what I was eating, worked out, was thinking I would pass, and used self talk. I passed on the third attempt.

Quotes from NATO Basic Training Survey, 2010

75

Scenario: Field Exercise

During a three-day tactical field exercise without showers, sleep, or eating well. Drill Sergeant is yelling and expecting the best performance from everyone. Going through these tough times gave me a sense of accomplishment the next day. During the last two days it was tough but positive thoughts got me through.

Quotes from NATO Basic Training Survey, 2010

76

Scenario: Road March

16K road march, I was pretty beat up at midnight second break, my feet were hurting, the demands of being out all week, night infiltration, left me worn out and stressed. The stress picked up 10 min into the march. I thought about my parents and it would be over in a week and finished strong

Quotes from NATO Basic Training Survey, 2010

77

Discussion of Scenarios

78

Take-Away

- Name one take-away point from this training

79

Thank You and Good Luck




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Annex B – NATO TRAINERS GUIDE FOR RESILIENCE TRAINING IN BASIC TRAINING

This guide is for trainers who will deliver the NATO Resilience Training for Basic Training.

SECTION 1: INTRODUCTION – WHY ARE WE DOING THIS?

Resilience is the ability to grow and thrive in the face of challenges and bounce back from adversity. Resilience training has the potential to enhance performance and effectiveness in a variety of settings both at the individual and organization level. Benefits of resilience training can include increased retention; improved morale; sustained health, well-being and performance under high demand conditions, during training/exercises, and on operations; improved relationships with unit members, friends, and family; and enhanced personal growth.

Traditional military training provides service members the opportunity to develop many fundamental resilience skills (e.g., self-control, persistence). Resilience training complements traditional training by increasing knowledge and awareness of physiological, emotional, and cognitive processes; normalizing stress responses; ensuring effective coping responses and flexibility; developing and supporting leaders in their efforts to sustain and enhance unit mental health; and stimulating them to learn and grow from their military experiences.

Initiating resilience training during basic training instils basic awareness and knowledge about resilience skills to assist recruits in dealing with the demands of basic training and, in some situations, has been shown lower drop-out rates without changing training standards. It also introduces a resilience 'vocabulary' that can be built upon throughout the military career.

Content Overview:

- Section 2 sets out the learning objectives describing goals of training, outlines of content and module specific learning objectives.
- Section 3 provides information on how to deliver the training.
- Section 4 addresses maintaining standards and evaluation.
- Section 5 describes who is involved in program implementation and improvement.
- Section 6 lists frequently asked questions (by trainers) and answers.
- Finally, Section 7 lists frequently asked questions (by trainees) and answers.

SECTION 2: MODULES AND LEARNING OBJECTIVES – WHAT WILL YOU TRAIN?

The training consists of 3 modules with 4 main learning objectives:

1) Discuss what it means to be resilient in Basic Training: Psychological resilience is defined in different ways by different researchers who view resilience as a characteristic, as a capacity, or as an outcome. In this training, resilience is defined as the ability to adapt to stressful situations, which may also include bouncing back from adversity and growing and thriving from challenges.

In the training you will:

- Introduce the concept of stress and resilience;
- Discuss realities / demands of Basic Training;
- Explain the mental health continuum; and
- Provide a model for understanding how stress affects us.

2) Learn fundamental skills to strengthen resilience during Basic Training: The objective is to build on common existing skills that recruits may already possess and use, such as exercise, humor, taking a break or listening to music. While some of their existing skills may be helpful to manage the stressors of basic training, some may not be relevant to or effective in this setting.

In the training you will:

- Discuss coping skills, and how some previous methods of coping may need to be adapted to basic training environment; and
- Learn, strengthen and practice 4 fundamental resilience skills to help manage/overcome basic training challenges.

3) Apply skills to strengthen resilience during Basic Training: The objective is for service members to learn and apply fundamental skills in themselves and others to strengthen resilience during basic training. The goal is to train resilience skills to sustain and/or improve the mental health of service members during basic training. In total 9 resilience skills were selected for this training. These skills can be used to manage stress and improve performance during basic training, and will also be effective later in their careers to manage the demands of military operations and other challenges. Each of the skills targets one or more of their possible reactions to stressful situations, those being thoughts, emotions, or physical reactions. While all of the skills are important, relevant and effective, we have divided them into core and additional skills **(core skills are in bold)**. The skills are aimed at managing thinking, emotions and physical reactions.

In the training you will teach skills to:

- Manage thinking: self-talk, goal setting, mental rehearsal;
- Manage emotions: acceptance, grounding, building optimism; and
- Manage physical reactions: tactical breathing, sleep management, progressive muscle relaxation.

4) Learn about when and where to seek help when normal coping strategies are no longer effective: In the training you will teach recruits to:

- Learn other methods of coping, such as teamwork and buddy support;
- Identify reactions along Mental Health continuum in self and others;
- Identify other resources and sources of support; and
- Apply what you have learned to some vignettes/scenarios.

SECTION 3: METHOD – HOW DO YOU DELIVER THE PACKAGE?

Teaching mental health knowledge and changing attitudes and behaviours towards this subject is about teaching new skills not "drills". Unlike physical skills like First Aid, where there is a concrete checklist and step by step procedure to follow when assisting another person, mental health support and education is based on adult learning principles and skills building techniques that must be learned, adopted and then applied differently and on a case by case basis.

To deliver the content of MH training topics optimally, a coaching approach (defined below) is more suitable than one way communication. After learning and using military instructional techniques for many years, some of you may find this way of delivering training to be outside your comfort zone, but it will become more comfortable with practice. It should be noted, however, that this type of training demands more of the trainers than other types of military instruction. In resilience training there is more than one correct answer, just as there is more than one way to improve our physical fitness. You will need to be flexible with this training while still adhering to the speaker's notes and main teaching points to ensure proper understanding and application of the skills.

As you know from previous experiences, even the best information will not be useful unless it is communicated effectively.

Key points of effective training delivery:

- Encourage active participation (by asking questions and encouraging responses);
- Stimulate trainees to try new skills and experience the results (during resilience training and stressful exercises);
- Acknowledge that mistakes are an important part of the learning process;
- Provide clear instructions and feedback; and
- Encourage group interaction so that trainees can learn from each other's experience and learn to more effectively help each other.

Comprehensive speaker's notes have been developed, and are included with each slide, in order to provide sufficient information for trainers to feel prepared to deliver the modules. While the intent is not to script each and every word for you, specific examples and scenarios are provided to ensure that additional discussion supports the main teaching points of the lessons.

SECTION 4: STANDARDS AND EVALUATION

This training package must be delivered in a standardized fashion by trained and qualified instructors. The minimum amount of time required to deliver the NATO Basic training content is 3 – 4 hours, with an optimum group size of 20 – 30 recruits.

Training is to be assessed to ensure that the training is executed as intended, training aids are properly used, the training environment is acceptable and facilitates learning, and the trainers are qualified/certified. The goal of quality control is to prevent drifting of material or insertions of unsanctioned training.

After each training session trainers should complete a training report that contains the following information: trainers, date and location of training, group size, course number, time allotted for training, and adequacy of training facility.

The training report is used to provide feedback to the trainers and to assure the leadership that the training is being carried out correctly. The training report is sent to the training coordinators in each country.

SECTION 5: PROGRAM IMPLEMENTATION AND IMPROVEMENT

Different people are involved with program implementation and improvement. See figure below for actor, roles and documentation. Senior leaders are responsible for program implementation and improvement. Subject matter experts (facilitators) will conduct program implementation together with trainers. Training programs should be reviewed once every 2 years to ensure that the training utilizes the most recent evidence-based research/findings and that it is meeting its stated objectives as indicated by program evaluation results. Program improvement will be conducted by subject matter experts. Trainers can provide feedback on the training content and delivery to aid program improvement.

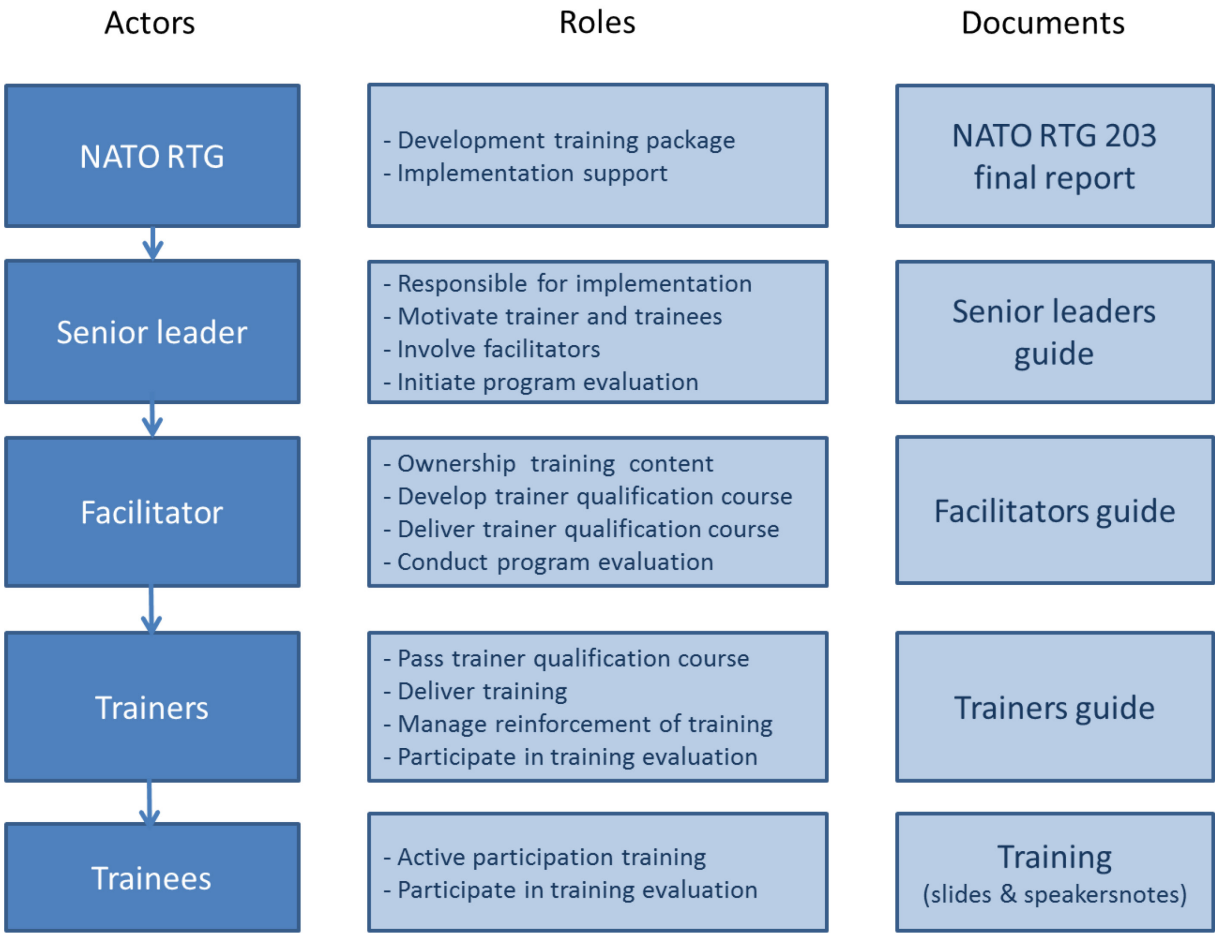

Figure B-1: Key Actors, Roles and Documents in Program Implementation and Improvement.

SECTION 6: FREQUENTLY ASKED QUESTIONS (BY TRAINERS)

Do I need to have mental health background to provide this training?
No. This training is developed so it can be provided by non-mental health professional who have knowledge of their trainees. You do need to have passed the trainer-the-trainer course.

Did I need to have gone through Basic Training myself?
The trainer needs to have credibility. Therefore it is preferable but not required to have gone through Basic Training because it may be helpful to relate to their own experience.

Do I need to be a uniformed person to provide this training?
The trainer needs to have credibility. Therefore it is preferable but not required that you are in uniform to be able to relate mental health training to military experience and demands.

Does talking about stress create stress?
Talking about stress does not in itself create stress, but it can remind us of stressful experiences in the past. When this is severe, a recruit should be referred to a mental health professional.

What do I do when I get a question I do not know the answer to?
Do not make up an answer. Tell them you do not know the answer, find the answer and get back to them.

What do I do when I feel awkward with the topics of the training?
When you do not feel comfortable with the content of parts of the training, rely on primary teaching points that are in the speaker notes. Ask another trainer for ideas.

Why are we talking about resilience?
Resilience is directly related to performance and mental health.

Can I change the training?
No. The training package was developed to optimally deliver the content in the most efficient manner. As such, training effectiveness is highest when the content is delivered as a whole.

SECTION 7: FREQUENTLY ASKED QUESTIONS (BY TRAINEES)

During training you will get questions. Here are some questions and answers you might get. During training, identify and record other frequently asked questions and answers to use in future trainings.

Can I use these skills in my private life?
Yes, these are basic skills that you can use to cope with everyday life stressors. You can share it with your friends and family.

Is this going to count for my evaluation?
[Differs per Nation]

Is there a test?
No.

Does this training make you soft?
No, emotions are part of life. Recognizing and accepting them will help you deal with them and make you a stronger person.

When I am experiencing stress symptoms does that mean I am mentally ill?
No, everybody has ups and downs and experiences stress occasionally. [Refer to mental health continuum]

Where do I go when I have mental health issues?
Refer to mental health resource [different per unit, make sure you know who to refer to].

TRAINER REPORT FORM

Date of training	
Location (Base/City)	
Trainers (rank, first/last name)	1. 2.
Course Number	
Building and Classroom #	
Number of recruits	
Workshop Summary (impressions, concerns, questions, unusual circumstances)	
Overall, how well do you think the information was received by the recruits?	
How well did the training team work together?	
What would you do differently next time?	

Annex C – NATO FACILITATORS GUIDE FOR RESILIENCE TRAINING IN BASIC TRAINING

This guide is for subject-matter experts (i.e., mental health professionals or equivalent) who will facilitate the implementation of the NATO Resilience Training for Basic Training. Resilience is the ability to grow and thrive in the face of challenges and bounce back from adversity.

SECTION 1: INTRODUCTION

The goal of the NATO Human Factors and Medicine Research Task Group (RTG/HFM) 203, *Mental Health Training*, was to provide a resilience training package (*Resilience Training for Basic Training)* that could be used by NATO Nations and partners to enhance the overall resilience of their forces. The resilience training package builds on existing science and national approaches to mental resilience training. To implement the training in national militaries subject-matter experts on the topic of mental resilience and adult education should be involved in a trainer qualification course and ongoing evaluation, validation and updating of the program. See figure below for an overview of stakeholders in the implementation of the training.

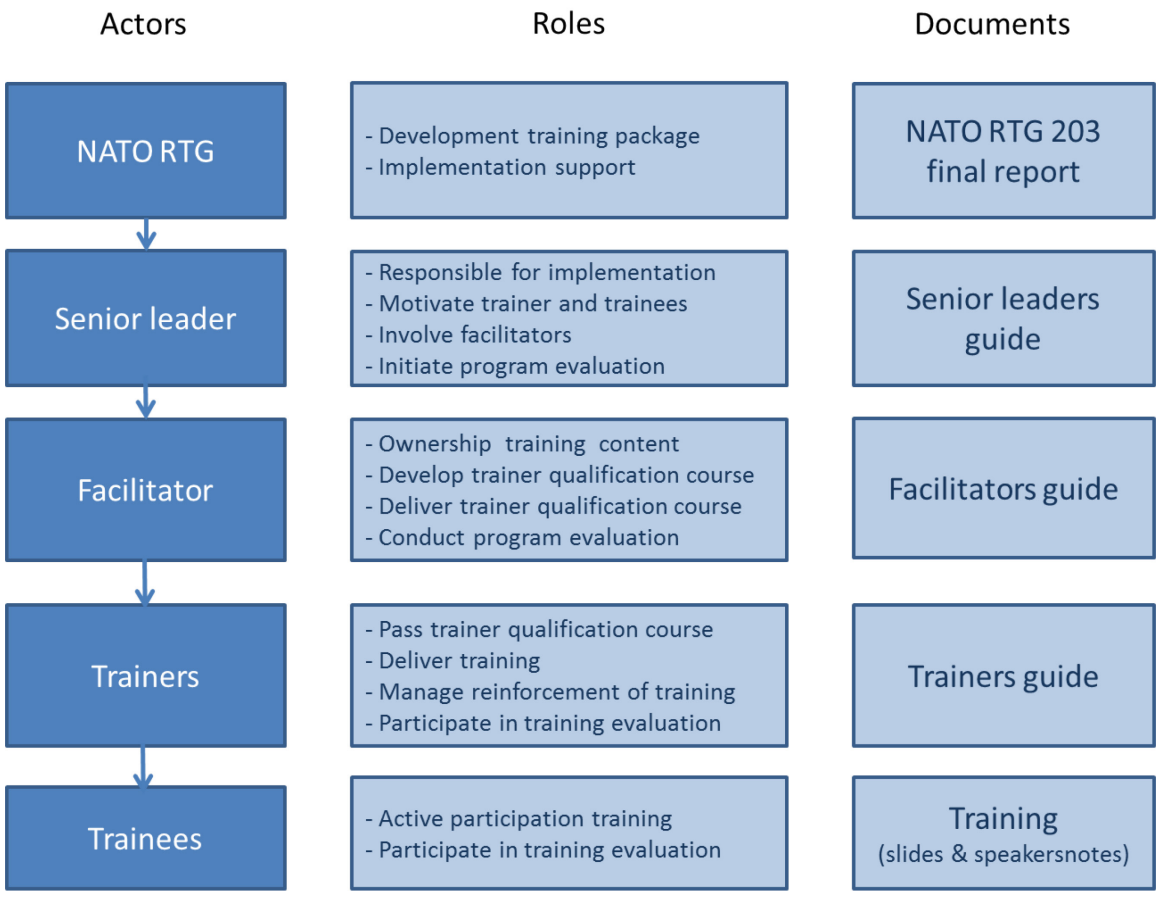

Figure C-1: Key Actors, Roles and Documentation for Guiding Resilience Training During Basic Training.

Why a NATO Resilience Training package?

The goal of the NATO Human Factors and Medicine Research Task Group HFM-203, *Mental Health Training*, is to build on existing science and national approaches to mental resilience training, and to provide a NATO Resilience Training package that can be used by NATO Nations and partners to enhance the overall mental fitness of NATO forces. The *NATO Resilience Training for Basic Training* package is the main product of the NATO RTG/HFM-203 Task Group.

How does resilience training enhance mental fitness?

Traditional military training provides service members the opportunity to develop many fundamental resilience skills. Current training practices can be supplemented with resilience training targeted to different operational and training contexts to further enhance resilience and/or well-being. Resilience training complements traditional training in several ways:

1) Increasing knowledge and awareness of physiological, emotional and cognitive processes;
2) Normalizing stress responses;
3) Training effective coping responses and flexibility;
4) Developing and supporting leaders in their efforts to sustain and enhance unit resilience; and
5) Stimulating service members to learn and grow from their military experiences.

How does enhanced mental fitness benefit my unit?

Mental resilience training has tremendous potential for military effectiveness. Initial research [9] has shown that mental resilience training can have a positive impact on service member functioning, and there is also evidence [5] that training can have an even greater impact on the organization. Additional benefits of resilience training may include increased retention, improved morale, sustained health and performance under high demand conditions at home, during training/exercises, and on operations, improved relationships with unit members, friends, and family, and enhanced personal growth. Finally, effective resilience training may lead to improved attitudes about mental health and lead to earlier help-seeking behaviour.

Why do we need resilience training in basic training?

Basic training is the ideal time to introduce the relevance and importance of resilience and to build a foundation of resilience skills. For many recruits, basic training is the most challenging experience of their lives to date. They can immediately apply the knowledge and skills gained in resilience training to manage their responses to the stressors of basic training at the individual and buddy level. With this foundation in place, later in their careers they will be able to teach and model resilience at the unit (section, platoon, etc.) level to manage the demands of a high stress environment like a combat deployment. Furthermore, basic training is where recruits adopt the military culture that remains part of their professional identity throughout their careers. If resilience skills are integrated into initial military training then recruits learn that the military values mental fitness and they will bring that perspective wherever they go in the future.

Content Overview:

- This guide was developed to provide background information about the resilience training and enable subject matter experts in facilitating the implementation of the training to efficiently implement the training in basic training in their Nations.

- Section 2 describes the development of the training content. See trainers guide and training (slides and speaker notes) for details on content.
- Section 3 provides guidelines for implementing Resilience Training for Basic Training.
- Section 4 describes the required methods of delivery of the training.
- Section 5 provides guidelines for the development of the trainer qualification course.
- Section 6 gives information on how to conduct program evaluation.
- Section 7 lists frequently asked questions (by facilitators and trainers) and answers.
- Finally, appendices are included providing references and background information.

SECTION 2: TRAINING CONTENT

Skills to be trained in *Resilience Training for Basic Training* were selected carefully, paying attention to limited time available for MH training in most countries. Based on its relevance in basic training, selected skills were divided into categories of basic and additional skills.

The skills in this training package were selected for a number of reasons. First of all, the core skills are those that are most relevant to basic training, and have evidence of proven effectiveness in this setting as well as many others. The core skills are also simple to use, portable, and can be applied to many different situations. The number of core skills was limited to 4 in order not to overwhelm, and to increase the likelihood that recruits would be able to remember them. A module of additional skills is available if Nations have more time for the training, or have the opportunity to deliver an additional training session. The core and additional resilience skills can be used to manage stress and improve performance during basic training, and will also be effective later in their careers and lives to manage the demands of military operations and other challenges. Each of the skills targets one or more possible reactions to stressful situations, those being thoughts, emotions, or physical reactions, in order to help recruits complete basic training. While each of the skills can be used on its own, they are also complementary and can be used together to increase their effectiveness in managing stress responses and enhancing performance. In addition, the skills can be used in individual tasks, or in tasks that require teamwork, as appropriate. After the skills have been learned, they can be used and reinforced by line leaders and peers throughout their military service.

Some of the material in this training, including many of the quotes, comes from a study of resilience/mental health training done in 10 NATO Nations with service members who were in or had recently completed basic training. The study investigated what specific aspects of basic training were stressful or demanding for the participants, what types of coping skills they used, and how effective those skills were in managing the demands. At least 10 recruits in each of the participating countries completed the survey and interview, the results of which have informed this training [1].

SECTION 3: GUIDELINES FOR IMPLEMENTING RESILIENCE TRAINING FOR BASIC TRAINING

When implementing this training package, the following guidelines should be taken into account. All good training, regardless of the topic or domain, rests on several fundamental principles. This is not different for an effective resilience training program in the military.

The Resilience Training for Basic Training package is strength-based and skill focused. That is, the training is intended to make the recruits mentally tougher and to teach them resilience skills that they can use to enhance their performance during basic training, throughout their military career and their lives (see also van den Berge et al. [4] for a more detailed discussion on implementation guidelines).

The training package was developed to optimally deliver the content in the most efficient manner. As such, training effectiveness is highest when the content is delivered as a whole, including reinforcement of skills during basic training events (weapons qualification, etc.). However, due to restraints this might not be possible in every Nation. The training has therefore been divided into core skills and additional skills, which can be delivered either together or separately, depending on the time available. The core skills, however, should be taught in one solid block if feasible, with time for skill application exercises, to ensure a standardized approach and consistency across Nations.

The following steps should be taken by each Nation:

1) The package needs to be translated by a native speaker with a high level of understanding of the English language.
2) Specific parts of the training package require additional input to ensure the information is correct for the targeted population. The examples and photos in the slides may need to be adapted to fit each country's basic training context. The resources for mental health support should be updated and inserted in the speaker notes and Frequently Asked Questions (FAQ).
3) Consult with other mental health professionals and trainers to make sure the content has been translated correctly, is easily understood by trainees, and effectively conveys the main teaching points.
4) It is always a good idea to pilot (do a practice run of) the package with trainees from the target population prior to full-scale implementation. One of the trainers can conduct the pilot, while other trainers and a mental health professional observe and gather feedback from participants. Evaluations should be done at the end of each module, providing an opportunity for trainees to give feedback on the content, delivery methods, exercises, video clips, language and impact of the training. At the end of the training, ask participants, in an open discussion format and/or with a survey, about their overall impressions of the training, what they liked best, specific feedback about the exercises, and what suggestions they would offer for improvement. All of this feedback can be used to increase the relevance and acceptability of the training package to the target audience. Feedback from the trainer who delivered the training should also be collected to assess whether any content areas were difficult to deliver and to assess the flow of the material.

Recommended requirements for trainers

To ensure optimal delivery of the training these recommended requirements should be adhered to:

- Trainer selection criteria: Non-Commissioned Officers (NCOs) with > 5 years military experience, instructional qualifications, operational experience, and motivated to deliver the training.
- Completed the Resilience Training for Basic Training qualification course.

Recommended minimum requirements to effectively implement the training

To ensure training content is delivered correctly, these minimum requirements should be adhered to.

- The number of participants per instructor should be a platoon or smaller (less than 40), ideally 15 – 25 recruits.

- An interactive training format should be used. The effectiveness of the training will be compromised if it is delivered in a didactic lecture format, and may not be worth implementing.
- Duration of the training should be at least 3 hours:
  - 4 Core content modules– 3-4 hours total time; and
  - Additional module – 2 hours.
- Timing in basic training: during first two weeks of basic training.

SECTION 4: METHOD OF DELIVERY OF THE TRAINING

Teaching resilience skills and changing attitudes and behaviours towards mental health is about teaching new skills not "drills." Unlike physical first aid, where there is a concrete checklist and a step by step procedure to follow when assisting another person, mental health support and resilience skills training are based on adult learning principles and skill building techniques. These principles and skills must be learned, adopted and then applied differently on a case by case basis. Three adult learning principles are identified that are important to effectively deliver the training (see Appendix 2 for additional reading on adult learning principles).

Learning principles are general conditions for maximizing learning. The primary principles include interaction, experiential practice, and progressive transfer of knowledge. Interaction is encouraging active participation such as by asking questions and encouraging responses. Experiential practice is where trainees actually try new behaviours and experience the results. Progressive transfer of knowledge is a process in which basic skills are built upon and integrated in different situations during basic training.

Coaching principles are ways that trainers can work with individuals to maximize learning. Main coaching principles include creating a learning environment and providing clear instructions and feedback. A learning environment includes an acceptance that mistakes are an important part of the learning process (see Appendix 3 for ways to create a supportive learning environment).

Group work methods are ways trainers can use the group to enhance learning. These methods include promoting group discussions and problem solving tasks. The benefits of these group approaches include drawing out the pre-existing knowledge and skills of group members and helping the group understand how they can work together and learn from each other.

To ensure training content is understood and its meaning captured, it is important to rehearse the content during training and military exercises. Trainers should reinforce learned skills in relevant situations. Trainers should adopt a coaching and advising style to stimulate recruits to apply learned skills in real-world situations, which may be enhanced by using leaflets. Not all skills should be reinforced in the same manner. The method of reinforcement depends on the nature of the skill and the situation in which the skill might be applied.

Requirements

In preparation for delivering the training, some requirements should be addressed with regard to location of the training (where), practical resources (what) and timing of the training (when).

Where: (environment should facilitate learning and skill development)

- Location should be inside; the door to the room closed, quiet and free from distractions.
- There should be enough room for group discussion and everybody should have chairs.

- Toilet facilities nearby.

What:

- Teaching aids should be present- beamer/projector, study materials, video clips, written and video scenarios.
- Trainee materials such as markers and hand-outs (mental health continuum) should be on hand.

When:

- Training should be appropriately timed. Core skills will be introduced during the first two weeks of basic training; these skills will be reinforced throughout basic training by any involved instructor, as appropriate.
- Ensure reinforcement of training is integrated into other training conducted during basic training such as weapons qualification, Chemical Biological Radiological and Nuclear (CBRN) training, obstacle course, rappelling, etc.
- Recruits should be relatively rested; training should be not be planned after strenuous physical training or at the end of a day when recruits are especially tired, etc.
- Additional skills can be added over time (mental rehearsal, building optimism, grounding, sleep management, and progressive muscle relaxation).

How:

- Group size: less than 40 (ideally 15 – 25 recruits).
- Time allotted: 3 modules (3 – 4 hours).
- Regular breaks: should be scheduled during the training (1 per hour).

SECTION 5: GUIDELINES FOR THE QUALIFICATION COURSE

Because the content of the resilience training is more complex than many other training modules in basic training it is important to have a trainer qualification course. A trainer qualification course has two objectives:

- To provide knowledge and skill development to each trainer in the areas of mental health and applicable adult learning techniques; and secondly
- To ensure that each trainer is able to deliver mental health curriculum.

The trainer qualification course ideally consists of three days (see example schedule below):

- Day 1: Adult training techniques and instructional styles, background on mental resilience and its relevance to military training, basic information on the human stress response and the impact of arousal management techniques on stress and performance.
- Day 2: Learning training content (core and additional skills) and practice
    - Evening – homework preparing for individual presentations.
- Day 3: Presentations and assessment plus implementation discussion.

The course should be developed by a team of subject matter experts who are proficient in resilience skills and adult training techniques. Some background information to develop this course is included in this guide (see Appendix 2 and 3).

The training should include instruction on the following:

- Adult Education and Group facilitation:
  - Adult learning styles.
  - Key principles of effective teaching.
  - Presentation skill development.
  - Effective use of Power point and other media applications (e.g., video).
- Mental Health and Resilience Background Information:
  - General mental health information.
  - Stigma and barriers to care.
  - Mental Health Continuum Model.
  - Resilience Skills: theory, science and application.
- Curriculum/Content Review:
  - NATO Mental Health Training package modules:
    - Detailed review of each module, slides and speaker's notes.
    - Opportunity for each trainer to practice delivering part of the curriculum package, and to be assessed (demonstrated ability to deliver the material).
- Proper preparation for delivering the training:
  - Time to practice before presenting the first time.
  - Refresher training if you haven't presented in a while.
  - Proper set up (logistics).
- Program Evaluation Procedures:
  - Course evaluations and training reports.

EXAMPLE COURSE SCHEDULE

	Day 1	Day 2	Day 3
0800	Welcome and Introductions	Resilience skills: what they are, science and research, how the skills work, how to teach them, practical application and coaching	Individual presentations and assessments
0900	Relevance of this training		
		1000	
1030	General mental health background information: What it is, prevalence, stigma, barriers to care, shared responsibility	Review the training module content	Individual presentations and assessments
		1200	
1300	Principles of adult education and how delivering this training is different from weapons training	Review the training module content	Implementation discussion; trainer expectations
		1400	
1420	Adult education (continued) and individual practical exercises	Questions on content Prepare for module delivery and assessment	Conclusion
1600	Wrap Up		
		Homework – prepare for individual presentations	

SECTION 6: PROGRAM EVALUATION

Any standardized training program requires a robust quality control program to ensure that the training is being conducted as intended. Vigilance is required to ensure that the content of the mental resilience training is maintained; the core content should not be altered without consulting the subject matter experts. Further, the resilience training needs to be conducted using the procedures that have been validated. A resilience training quality control program should systematically ensure that trainers are prepared to conduct the training that the training materials and lesson plans are followed, and that delivery of the training remains consistent. Maintaining quality training can be difficult in a large organization like the military. Mechanisms such as refresher courses, team teaching, training evaluation, and spot checking by a local or mobile team responsible for training quality can facilitate quality sustainment over time. National militaries should establish a process that will feedback suggested improvements by trainers in the training (see Appendix 4 for example method of program evaluation).

To ensure the training is delivered as intended, an evaluation should be undertaken when training is completed. A fidelity checklist can be used for this evaluation (see Appendix 5 for an example).

SECTION 7: FREQUENTLY ASKED QUESTIONS

(by Facilitators)

Can the Qualification Course be conducted in less than 3 days?

No. The RTG/HFM-203 considered whether the qualification course could be delivered in less than 3 days. Facilitators who have completed a similar 3-day qualification course in Canada reported that they would prefer the course be extended from 3 to 4 – 5 day period to more adequately cover the material and allow them time to prepare to deliver the training.

(by Trainers)

Do I need to have mental health background to provide this training?

No. This training is developed so it can be provided by non-mental health professional who have knowledge of their trainees. You need to have passed the trainer-the-trainer course.

Did I need to have gone through basic training myself?

The trainer needs to have credibility. Therefore it is preferable but not required to have gone through basic training because it may be helpful to relate to your own experiences.

Do I need to be a uniformed person to provide this training?

The trainer needs to have credibility. Therefore it is preferable but not required that you are in uniform to be able to relate mental health training to military experience and demands.

Does talking about stress create stress?

Talking about stress does not in itself create stress, but it can remind us of stressful experiences in the past. It is highly unlikely, but if a recruit has a severe reaction, that recruit should be referred to a mental health professional.

What do I do when I get a question I do not know the answer to?

Do not make up an answer. Tell them you do not know the answer, find the answer and get back to them.

What do I do when I feel awkward with the topics of the training?

When you do not feel comfortable with the content of parts of the training, rely on primary teaching points that are in the speaker notes. Ask another trainer for ideas or if they can co-train the course with you until you become comfortable.

Why are we talking about resilience?

Resilience is directly related to performance and mental health.

Can I change the training?

No. The training package was developed to optimally deliver the content in the most efficient manner. As such, training effectiveness is highest when the content is delivered as a whole. You may add or substitute pictures that are from your country's basic training.

Appendix 1: REFERENCES

KEY REFERENCES AND ABSTRACTS

[1] Adler, A.B., Delahaij, R., Bailey, M., Van den Berg, C., Parmak, M., van Tussenbroek, B., Puente, J.M., Landratova, S., Kral, P., Kreim, G., Rietdijk, D., McGurk, D. and Castro, C.A. (2013). "NATO survey of mental health training in army recruits". *Military Medicine*, *178*, 760-767.

ABSTRACT: To-date, there has been no international review of mental health resilience training during Basic Training nor an assessment of what service members perceive as useful from their perspective. In response to this knowledge gap, the North Atlantic Treaty Organization (NATO) Human Factors & Medicine Research & Technology Task Group "Mental Health Training" initiated a survey and interview with seven to twenty recruits from nine nations to inform the development of such training (N = 121). All nations provided data from soldiers joining the military as volunteers, whereas two nations also provided data from conscripts. Results from the volunteer data showed relatively consistent ranking in terms of perceived demands, coping strategies, and preferences for resilience skill training across the nations. Analysis of data from conscripts identified a select number of differences compared to volunteers. Subjects also provided examples of coping with stress during Basic Training that can be used in future training; themes are presented here. Results are designed to show the kinds of demands facing new recruits and coping methods used to overcome these demands to develop relevant resilience training for NATO nations.

[2] Bates, M.J., Bowles, S., Hammermeister, J., Stokes, C., Pinder, E., Moore, M., Fritts, M., Vythilingam, M., Yosick, T., Rhodes, J., Myatt, C., Westphal, R., Fautua, D., Hammer, P. and Burbelo, G. (2010). "Psychological fitness". *Military Medicine, 175*, 21-38.

ABSTRACT: The dramatic increase in psychological demands associated with current military operations makes psychological fitness of our military personnel more vital than ever. Psychological fitness is defined as the integration and optimization of mental, emotional, and behavioral abilities and capacities to optimize performance and strengthen the resilience of warfighters. The present article proposes a military demand-resource (MDR) model as a comprehensive and integrated model of psychological fitness for the total force. The model emphasizes the importance of identifying military-driven and evidence-informed variables, and selecting operational outcome measures for resilience and performance. The model integrates the roles of internal (personal) and external (environmental) resources specifically for developing, sustaining, and restoring psychological resources, similar to the maintenance of physical fitness and health. Equal attention to the psychological component is critical for achieving the mind–body balance as desired in a total force fitness framework for military forces today.

[3] Bailey, S.M., Adler, A.B., Delahaij, R., Van den Berge, C., Parmak, M. and Fonne, V. (2011). "Comparative Analysis of NATO Resilience Training Programs". Paper presented at the HFM RTO MP-HFM-205 Symposium on *Mental Health and Well-Being Across the Military Spectrum*, Bergen, Norway, April 2011.

ABSTRACT: The goal of the NATO Human Factors & Medicine (HFM) Research Task Group (RTG-203) "Mental Health Training" is to develop prototypes of mental health and resilience training for service members. Mental health training has the potential to strengthen the ability of service members to respond to the psychological demands of military life. Ideally, this kind of mental health and resilience training should begin during basic training and be followed across the individual's military career. In order to begin developing a Training Module template for Mental Health Training during Basic or Recruit

Training, RTG-203 has compiled a database of standardized mental health and resilience training programs currently delivered in member nations. The presentation reports on the core elements of mental health and resilience training across eleven member nations, summarizes the findings, and discusses how the database will be used to inform the development of a NATO Mental Health Resilience Training Module Template for Initial Basic Training. This presentation is intended for Psychological Resilience and Mental Health Training tracks.

[4] Van den Berge, C., Bates, M., Kreim, G., Parmak, M., Virbicks, V. and Youngman, P. (2011). "Implementation Principles for Mental Health Training". Paper presented at the HFM RTO MP-HFM-205 Symposium on *Mental Health and Well-Being Across the Military Spectrum*, Bergen, Norway, April 2011.

ABSTRACT: The goal of the NATO Human Factors & Medicine (HFM) Research Task Group (RTG-203) "Mental Health Training" is to develop prototypes of mental health and resilience training for service members. Mental health and resilience training has the potential to strengthen the ability of service members to respond to the psychological demands of military life. Beside the content also the implementation strategy is to be considered to meet the goals of such training. Because military demands are so diverse, mental health and resilience training should be integrated with and focused on the service member's military career phase and point in the deployment cycle. One of the objectives of RTG 203 is to identify the principles of implementation of such mental health and resilience training. This presentation will give a description of key implementation principles regarding mental health training in a military context. In the presentation I will also report on implementation experiences and best practices with current mental health training programs within different nations.

ADDITIONAL REFERENCES

[5] Adler, A.B., Bliese, P.D., McGurk, D., Hoge, C.W. and Castro, C.A. (2009). "Battlemind debriefing and Battlemind training as early interventions with soldiers returning from Iraq: Randomized by platoon". *Journal of Consulting and Clinical Psychology, 77,* 928-940. doi: 10.1037/a0016877.

[6] Defence Centre of Excellence for Psychological Health and Traumatic Brain Injury (November 2011). *Training and Education Directorate Leading Practices in Training.* www.dcoe.health.mil.

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[11] O'Reilley, M.R., "Radical Presence: Teaching as Contemplative Practice". Portsmouth, NH, USA: Boynton/Cook, 1998.

[12] O'Reilley, M.R., "The Peaceable Classroom". Portsmouth, NH, USA: Boynton/Cook, 1993.

Appendix 2: ADDITIONAL READING ON ADULT TRAINING PRINCIPLES

Source: Defence Centre of Excellence for Psychological Health and Traumatic Brain Injury. www.dcoe.health.mil.

Tailoring Adult Learning Principles to Basic Military Training Settings

Education given in Basic Military Training environments must meet the needs of learners and the demands of the targeted performance goals. The target audience/learner demographic (adolescents and young adults, ranging in ages 18 to 28) and the conditions of the learning environment (instances of high stress levels), must be taken into consideration. The adaptation of basic adult learning principles is necessary when instruction is designed for delivery in Basic Military Training settings. Adult learning principles offer the foundation for ensuring that learning is occurring, measuring the effectiveness of learning and instruction, and designing instruction. While learners are expected to meet specific performance targets individually, collaboration and team building are also necessary to augment learning. Collaborative efforts are ideal in these settings and support in the development of teachable moments during training events. Adult education holds learners responsible for bringing personal experiences into learning environments. Making training leadership more responsible for developing experiences to enhance education and the retention of knowledge for learners is one adaptation for training in basic military settings. These experiences are usually coupled with varying degrees of stress and likely simulate what trainees would encounter in actual events.

How Developing Adults Learn

How learners process and retain information – at any age, has significant influence on how education and training is designed and preferred modalities (i.e., auditory, visual, kinesthetic and tactile) for learning shift over time. For example, most young learners prefer kinesthetic and tactile modalities and progressively become more visual and auditory learners through adult development. Therefore, a blended approach should be taken into consideration when designing basic military training curriculum.

Optimizing Learner Performance

To optimize learner performance in basic military settings, instructors must communicate what the desired performance outcomes and goals are; as well as set expectations to prepare learners for potentially stressful experiences. Throughout the course of learning, instructors will create the experiences for learners to demonstrate competencies, and reinforce education to address identified gaps in performance (observed or measured during instruction).

Communicating Performance Goals

Sharing expected learning objectives with trainees is a foundational adult education principle. Learning objectives are measurable (or at minimum, observable) outcomes of newly acquired information or identified activities that must be successfully accomplished under specific conditions. They allow learners to understand and possibly plan performance strategies for required tasks assigned during learning events. Performance targets (which identify specific tasks learners should demonstrate in verifying retained knowledge), expected conditions (e.g., timeframes, repetitions, etc.) and other identified performance criteria are all characteristics of effective and measureable objectives. Thoughtfully developed objectives help gauge projected performance requirements for instructors and learners.

Setting Expectations

Instructors informing learners early in training, sets the expectation that varying degrees of stress is a part of the curriculum, by design. This action is a key responsibility of the instructor and solidifies trust between learners and instructors. There are different types of stress; mainly eustress (positive) and distress (negative). Some level of emotional intelligence is necessary for learners to be able to identify and assess personal levels of stress. Instructors should also communicate with learners how to ethically address the different types of stress and provide strategies and techniques for mitigating distress.

Delivering Information

The learner demographic in this setting may use previous knowledge to acquire new information, but the expectation of recalling prerequisite experiences for the purposes of learning is not great. The transfer of knowledge is usually conducted in classroom or lab settings. To optimize learning, instructors may err on the side of caution by introducing new concepts incrementally – cumulatively reiterating instruction at the close of each learned concept. Repetition is also very useful in this environment. Instructors who are able to find creative ways of recapping previously delivered information, motivates learners and keeps them engaged during the learning process.

Creating Experiences

Simulation is the general platform for delivering learner experiences. These experiences allow learners to synthesize all that has been previously shared in order to meet the performance goals identified earlier. This is also where trainees are able to apply learned information and perform tasks that were previously communicated. Since learners were notified of stress (how to self-assess and manage stress), instructors are given an opportunity to observe the application of this skill, the performance of instructed tasks, and measure the effectiveness of learning for individuals and groups.

Reinforcing Education

It is expected that instructors identify competency gaps through observation of learner performance during simulated/designed learning experiences. Instructors are able to take advantage of teachable moments, observe and identify emerging leaders and transformational leadership in groups, and reinforce education that was previously delivered to address gaps identified during learning experience observation. The reinforcement of education can be repeated as often as the instructor sees fit, or terminated at the instructor's discretion.

Environmental Considerations for Effective Learning

Stress is an expected component in basic military training environments. A general misconception is that stress is negative, adversely impacts a learner's ability to retain or recall information, and may impede human performance and competency. However, the correlation for stress and human performance are not mutually exclusive. There are proven instances of learners demonstrating improved knowledge retention, recall and performance during stressful experiences and after encountering instances of stress. Rather than perceiving all stress as a risk (negative stress or distress) to learning and education, instructors and learners are encouraged to understand and appropriately identify types of stress. There are moments where stress can be viewed as positive (positive stress or eustress), therefore exploiting the positive risk/opportunity to enhance knowledge retention, recall and competency-based performance tasks.

Leveraging Technology in Education

Research suggests that education via digital and mobile technologies is not only a growing trend, but an effective way of implementing instruction. Besides the cost-benefit of utilizing digital and mobile devices for education, instruction and learning via these methods can still be meaningful and effective. Younger adults also share and develop knowledge through collaborative technologies (e.g., knowledge portals, social networks, etc.) and participate in educational experiences via technological platforms (e.g., webinars, simulations, etc.). This does not suggest that learning is solely delivered or achieved through these systems.

Conclusion

Adult education and adult learning is most effective when curriculum is experienced-based and the instructor and learner collaboratively participate in the process of learning. However, instruction for basic military training environments is most effective through the application of incrementally delivered information. Learning is best measured or observed through the application of knowledge during decision-making and problem-solving exercises. In these settings, instructors are more responsible for creating experiences for application of newly acquired information – making these experiences meaningful for the purpose of instruction and applicable to the content shared with learners. It's best for training leadership to set performance expectations; to acknowledge the occurrence of stress; and provide strategies and techniques for learning success. Education for this demographic should be designed in a way that equally addresses the various learning styles (since learning modalities shift overtime and the age ranges vary). The repetition of information and a multi-faceted approach used in designing instruction is necessary when enhancing human performance.

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Appendix 3: PROVIDING A SUPPORTING LEARNING ENVIRONMENT

For the effective delivery of the training, it is important to establish a safe, respectful learning environment. These are some suggested behaviors based on adult learning principles that all the trainers should be able to show.

Being welcoming / inclusive and encouraging:

- Introduce yourself to the participants as they enter the room;
- Address each participant by name (in the form that is appropriate for your national military) when talking to him/her;
- Be enthusiastic and show interest in the subject matter and course and towards all participants;
- Show appreciation and thank participants for taking the course;
- Provide feedback in an "appreciative" manner; and
- Build on the strengths that participants exhibit.

Creating trust:

- Encourage involvement;
- Be genuine about anything you say or do;
- Be a role model with respect to organizational values such as ethics, respect, dignity, inclusiveness, community involvement;
- When a question that goes beyond the parameter of the course is asked, answer it, or point out how the answer may be obtained;
- Be respectful of other professionals; and
- Do not (especially if you are not a drill sergeant) say negative things nor reinforce negative statements about drill instructors, the chain of command, or anyone else.

Being conscious of verbal interactions:

- Use neutral language (e.g., in reference to gender, race, status) to avoid any perception of discrimination or bias;
- Check to make sure everyone can hear you;
- Encourage the participants to ask questions if they do not understand something;
- Acknowledge remarks made by participants in a respectful way;
- Repeat response back to the group or kindly request trainee to repeat louder;
- Use a natural, informal approach;
- Ask open-ended questions (such as "What are your experiences?" as opposed to closed questions such as "Have you had the following experience?"); and
- Avoid acronyms if possible, clarify them if used.

Being considerate of non-verbal interactions:

- Use friendly facial and non-verbal expressions (such as smiling, open body stance);
- Establish eye contact with participants when culturally appropriate;
- Make your presentation within close proximity of the group;
- Pay attention to everyone. Do not focus on any one individual or group; and
- Use silence to activate group if they are not responding to your questions. NOTE: This technique may be hard to do.

Doing group exercises:

- Correct them when they are wrong;
- Move around the room in case there are questions; and
- Pay attention to everyone – Do not focus on any one individual or group.

Appendix 4: EXAMPLE OF PROGRAM EVALUATION METHOD

The "RE-AIM" evaluation framework – which stands for Reach, Efficacy/Effectiveness, Adoption, Implementation and Maintenance – provides a useful structure upon which to build a comprehensive training evaluation that will account for both individual- and setting-level factors (Glasgow, Vogt and Boyles, 1999; Glasgow and Toobert, 2007).

Reach – Determine the absolute number, proportion, and representativeness of recruits who participate in the mental resilience training. Track the number of recruits eligible to participate (e.g., who complete week X of basic training); the number of recruits who start the training; the number of recruits who complete the training; demographic information. Standardized tracking tools will need to be developed, as well as a database in which to enter this information.

Effectiveness/Efficacy – Determine the impact of the training on important outcomes, including potential negative effects. Assess recruits' gains of knowledge and skills; the extent to which recruits applied new knowledge/skills after the mental resilience training to challenges they faced later in their basic training experience. Standardized pre- and post-training self-report questionnaires would need to be developed with questions drawing on the basic skills prioritized in the training content. If the training is a one-time intervention, it may be more practical (but less informative) to administer post-only questionnaires after the training. Additionally, follow-up questionnaires or interviews upon completion of basic training could assess how recruits who completed mental resilience training applied those skills to real-world situations, and their perception of the skills' usefulness. Trainers would need to be instructed on the administration of these evaluation tools, to include a plan for how to return the data to the party responsible for data analysis.

Adoption – Determine the absolute number, proportion, and representativeness of settings and intervention agents who initiate the training program. Track the number of basic training facilities; descriptors of the basic training facilities (e.g., by service branch, location, number of recruits, etc.); the number of trainers who are trained to present the material; trainers' and demographic information. Standardized tracking tools will need to be developed, as well as a database in which to enter this information.

Implementation – At the setting level, implementation refers to the trainers' fidelity to the various elements of the mental resilience training protocol. This includes consistency of delivery as intended and the time and cost of the intervention. Use checklist items based on the minimum implementation guidelines trainers. For example, when the training was delivered in relation to the recruits' basic training (should be within a defined window of time); how long the training lasted (should be within a defined length of time); how many recruits were present (should be within certain parameters of attendance), etc. To gather data on the greatest number of trainings, trainers could complete these checklists. That approach introduces a level of bias that could be mitigated with a smaller sample of observational checklists administered by an outside party.

Maintenance – At the setting level, the extent to which mental resilience training becomes institutionalized as part of the organizational practices and policies that govern a Nation's basic military training. At the individual level, maintenance is the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact. At the setting level, a policy review process could provide details of how the various military services in participating Nations have or have not adopted mental resilience training as a permanent fixture of basic military training. Furthermore, key informant interviews with individuals who have unique professional perspectives on this topic could add context to why those changes are or are not taking place. At the individual level, it would require a long-term plan for how to re-engage service members later in their careers, perhaps 6-months or a year after completing basic military training, or beyond.

Appendix 5: EXAMPLE OF FIDELITY CHECKLIST

ELEMENTS	SKILL LEVEL					NARRATIVE
INTRODUCTION	0	1	2	3	NA	COMMENTS
Introduce topic/module presenting (what, where, why)						
Explains lesson approach by encouraging participation						
PRESENTATION AND LESSON CONTENT	0	1	2	3	NA	COMMENTS
Maintains interest by facilitating discussion						
Listens actively, ensures students comprehend material						
Responds to student questions and body language						
Encourages students by responding positively						
Provides clear and accurate explanations						
Manages group dynamics						
Demonstrates ability to facilitate small group exercises						
* Demonstrates passion and conviction to audience						
* Respects speaker notes and instructions						
* Covers main objectives for module (MTPs)						
CONCLUSION	0	1	2	3	NA	COMMENTS
Briefly summarizes lesson						
Encourages student comment and questions						
PERSONAL	0	1	2	3	NA	COMMENTS
Dress and deportment						
Eye contact with students is strong throughout						
Use of voice – natural, audible, well-paced with vocal variety						
Use of language is clear, vivid, and appropriate						
Use of body is effective with proper movement, gestures and poise						
PRESENTATION COMMENTS _____ TRAINER'S SIGNATURE _____ EVALUATOR'S SIGNATURE						

Annex D – NATO SENIOR LEADERS GUIDE FOR RESILIENCE TRAINING IN BASIC TRAINING

This guide is for senior leaders who are responsible for implementing the NATO Resilience Training for Basic Training. Resilience is defined as the ability to grow and thrive in the face of challenges and bounce back from adversity.

WHY A NATO RESILIENCE TRAINING PACKAGE?

The goal of the NATO Human Factors and Medicine Research Task Group (RTG/HFM) 203, *Mental Health Training*, is to build on existing science and national approaches to mental resilience training, and to provide a NATO Resilience Training package that can be used by NATO Nations and partners to enhance the overall mental fitness of NATO forces. The *NATO Resilience Training for Basic Training* package is the main product of the NATO RTG/HFM-203 Task Group.

HOW DOES RESILIENCE TRAINING ENHANCE MENTAL FITNESS?

Traditional military training provides service members the opportunity to develop many fundamental resilience skills. Current training practices can be supplemented with resilience training targeted to different operational and training contexts to further enhance resilience and/or well-being. Resilience training complements traditional training in several ways:

1) Increasing knowledge and awareness of physiological, emotional and cognitive processes;
2) Normalizing stress responses;
3) Training effective coping responses and flexibility;
4) Developing and supporting leaders in their efforts to sustain and enhance unit resilience; and
5) Stimulating service members to learn and grow from their military experiences.

HOW DOES ENHANCED MENTAL FITNESS BENEFIT MY UNIT?

Mental resilience training has tremendous potential for military effectiveness. Initial research [4] has shown that mental resilience training can have a positive impact on service member functioning, and there is also evidence [1] that training can have an even greater impact on the organization. Additional benefits of resilience training may include increased retention, improved morale, sustained health and performance under high demand conditions at home, during training/exercises, and on operations, improved relationships with unit members, friends, and family, and enhanced personal growth. Finally, effective resilience training may lead to improved attitudes about mental health and lead to earlier help-seeking behaviour.

WHY DO WE NEED RESILIENCE TRAINING IN BASIC TRAINING?

Basic training is the ideal time to introduce the relevance and importance of resilience and to build a foundation of resilience skills. For many recruits, basic training is the most challenging experience of their lives to date. They can immediately apply the knowledge and skills gained in resilience training to manage their responses to the stressors of basic training at the individual and buddy level. With this foundation in place, later in their

careers they will be able to teach and model resilience at the unit (section, platoon, etc.) level to manage the demands of a high stress environment like a combat deployment. Furthermore, basic training is where recruits adopt the military culture that remains part of their professional identity throughout their careers. If resilience skills are integrated into initial military training, then recruits learn that the military values mental fitness and they will bring that perspective wherever they go in the future.

WHO DEVELOPED THIS RESILIENCE TRAINING, AND HOW?

Over a period of 4 years, 11 NATO Nations contributed to the products that form the foundation of this training package. Participating Nations contributed to the development of a NATO archive of resilience training [3] which included the objectives, target audience, core content, evaluation outcomes and evidence-base of current resilience training. NATO position papers were written to define and clarify many of the concepts that are referred to throughout the training. The demands of military life that service members encounter in addition to deployment were highlighted, the added value of mental resilience training for military organisations and operational leaders were described, and mental resilience and resilience in the military context were defined.

In order to develop relevant resilience training for NATO forces, surveys were conducted to identify gaps and needs in military resilience training among participating Nations [2]. The focus was primarily on basic training with the aim of identifying how resilience training for service members can be improved at the start of their military service.

Resilience Training for Basic Training is strength-based and skill focused. That is, the training is intended to make the recruits mentally tougher and to teach them skills that they can use to enhance their performance during basic training, throughout their military career and their lives.

HOW WERE THE RESILIENCE SKILLS THAT ARE INCLUDED IN THE TRAINING CHOSEN?

The resilience skills selected were based on their relevance to basic training. In order to include the skill, the criteria must be:

1) Simple to use;
2) Portable, possible to use in different situation; and
3) Proven to be effective.

Careful consideration was also given to the amount of time available that could be allotted for meaningful resilience training to be conducted during basic training.

HOW SHOULD THE PROGRAM BE IMPLEMENTED?

Training effectiveness is highest when the content is delivered as a whole, including reinforcement of skills in real-life situations. However, due to restraints this might not be possible in every Nation. The training has therefore been divided into core skills and additional skills, which can be delivered either together or separately, depending on the time available. Ideally, the core skills should be taught in one solid block, with time for skill application exercises, to ensure a standardized approach and consistency across Nations. This training is most effective when it is delivered within the first 2 weeks of basic training.

To adjust the package for national use the training package needs to be translated and adapted to national context without changing the core content of the training. It is strongly encouraged that the translated package be tested to ensure suitability for your military.

To implement the training effectively some requirements should be adhered to in order to ensure optimal delivery of the training (see also [5]).

Requirements to effectively implement the training:

- Trainers need to be carefully selected.
- Ensure that a train-the-trainer qualification course (3 days of training) is developed and implemented.
- Ensure that training is conducted in small groups of trainees (max. 40, ideal size 15 – 25).
- Duration of the training should be at least 3 hours:
  - 4 Core content modules– 3-4 hours total time.
  - Additional module – 2 hours.
- Timing in basic training: during the first 2 weeks of training.

Once implemented, the program should be evaluated on a regular basis to ensure the training meets the learning objectives. Program evaluation may consist of trainee evaluation, lessons learned from the trainers, and when possible, a validation study can be undertaken.

WHO SHOULD BE INVOLVED IN THE TRAINING?

See Figure D-1 for an overview.

Leaders: Leaders are critical to the successful implementation of resilience training. Leaders are responsible for communicating the importance of the training within their organization, clearly outlining the objectives and rationale for the training, to ensure that enthusiasm for the training is promoted at all levels and that training is conducted properly. One idea to consider is producing a video clip of respected leaders/service members introducing the relevance of the training to help market the program.

Facilitators: Subject-matter experts such as mental health professional should teach the trainer qualification course. Consider using a mobile trainer qualification course team that can go to different units to help implement the training. Mental health professionals are also involved with ongoing evaluation, validation, annual program reviews, and updating of the program when necessary.

Trainers: The training may be delivered by a non-mental health professional that has knowledge of the recruits, a uniformed mental health subject-matter expert, experienced and credible Non-Commissioned Officers (NCOs) or officers, or combat veterans, ideally all of whom have been through both a military instructional technique course and the required trainer qualification course.

Audience: The training is intended for all services' recruits during basic training, whether they are conscripts, enlisted personnel or junior officers. The training needs to be delivered during the first 2 weeks, when there is still sufficient time to learn and apply the skills to a number of challenging situations and thereby experience the positive effects of the training.

HOW SHOULD THE TRAINING PROGRAM BE MANAGED?

The responsibility for program implementation resides with the command line; the command line is responsible for facilitating the execution of the training by qualified trainers, and coordinating adaptation of the content by the subject-matter experts to ensure that it is culturally relevant while maintaining the integrity of the core skills. The ownership of the content should lay with national subject-matter experts (mental health professionals).

Program evaluation (validation) is important to ensure training quality and should be performed by a mental health subject-matter expert or equivalent. Training is to be assessed to ensure that the training is executed as intended, training aids are properly used, the training environment is acceptable, and the trainers are qualified. An additional goal of quality control is to prevent unauthorized changes of material or insertions of unsanctioned training material. Leaders should ensure that they receive and review the quality control report and act on the recommendations.

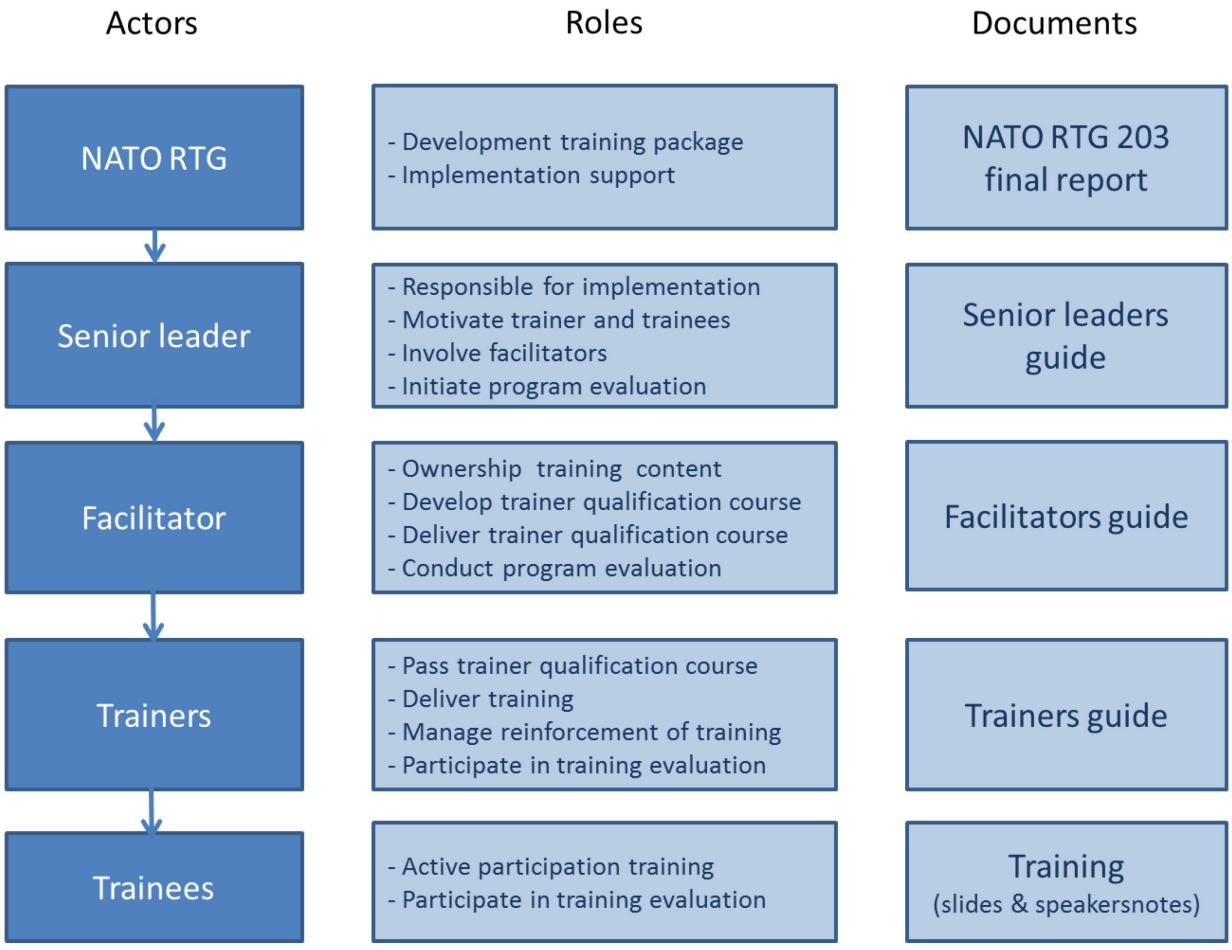

Figure D-1: Key Roles, Actors and Documents in Managing Resilience Training During Basic Training.

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Annex E – NATO RTG/HFM-203 (MENTAL HEALTH TRAINING) WHITE PAPER 001

19 May 2010

SUBJECT: *Benefits of Mental Health Training for the Military Organization*

1) **Purpose:** The purpose of this paper is to show the added value of mental health training for military organisations and operational leaders.

2) **The Challenge:** Combat and military service places tremendous demands on the mental health of service members. Military organisations are challenged with establishing conditions to ameliorate the negative impact of these demands on service members as well as enhance the adaptation and performance of service members. One method for establishing these conditions is to integrate targeted mental health training across a range of military training.

3) **Targeted Mental Health Training:** Traditional military training provides service members the opportunity to develop many fundamental resilience skills. Current training practices must be supplemented with mental health training targeted to different operational and training contexts. Mental health training complements traditional training by increasing knowledge and awareness of physiological and cognitive processes, normalizing stress responses, ensuring effective coping responses and flexibility, developing and supporting leaders in their efforts to sustain and enhance unit mental health, and stimulating them to learn and grow from their military experiences.

4) **Possible Outcomes and Metrics of Mental Health Training:**

a) Mental health training has tremendous potential for military effectiveness. Initial research has shown that mental health training can have a positive impact on service member functioning, and there is also emerging evidence that training can have an even greater impact on the organisation.

b) Additional benefits of mental health training may include increased retention, improved morale, sustained health and performance under high demand conditions at home, during training/exercises, and on operations, improved relationships with unit members, friends, and family, and enhanced personal growth.

5) **Way Ahead:** The goal of the RTG/HFM-203 Task Group is to build on the existing science and national approaches to mental health training and to develop a NATO mental health training package to enhance the overall mental fitness of NATO forces.

Prepared by:
RTG/HFM-203 Panel Members
Leads: Dr. Roos Delahaij
Lt.Col. Barend van Tussenbroek

Annex F – NATO RTG/HFM-203 (MENTAL HEALTH TRAINING) WHITE PAPER 002

20 May 2010

SUBJECT: *Demands of Daily Military Life*

1) **Purpose:** To highlight the demands of military life that service members encounter in addition to deployment.

2) **The Challenge:** Service members face a variety of non-deployment related demands at work and at home. These demands can be cumulative, affect readiness, and influence the post-deployment adaptation and recovery process. Military organizations and leaders have the opportunity to reduce some of these daily demands, take action to mitigate the impact of these demands, and train service members to be successful in dealing with these daily demands.

3) **Demands:**

a) While demands are an essential component of military life, and offer service members the opportunity to engage in meaningful work, these demands can compromise morale, readiness and recovery. In this white paper, we consider two types of demands: military-related work demands and non-military-specific demands:

1) Military-related work demands: These demands include work hassles (or occupational hassles) found in garrison such as unpredictable taskings, periodic mandated training, long work hours, lack of job control, interpersonal conflict, and poor leadership.

2) Non-military-specific demands: These demands include family and relationship concerns, work-family conflict, and financial as well as legal difficulties.

b) Demands of daily military and non-military life can be a cumulative source of stress. By themselves, daily demands may adversely impact service member health. In addition, their cumulative effect potentially takes a toll on unit members at home and as they transition to and from deployment. Despite their common nature, *daily* demands are typically overlooked in favour of focusing on major stressors; however, daily demands must be addressed when developing countermeasures for reducing the impact of occupational stressors.

4) **Way Ahead:** Military mental health training needs to include ways to cope with daily military and non-military demands. By training service members to respond effectively to daily military and non-military demands, service members may be better able to focus on preparing for their military missions and recover from deployment. These demands represent an opportunity to develop, practice, and master skills that can help service members respond to deployment-related demands as well.

Prepared by:
RTG/HFM-203 Panel Members
Lead: 1st Lt Merle Parmak

Annex G – NATO RTG/HFM-203 (MENTAL HEALTH TRAINING) WHITE PAPER 003

21 September 2010

SUBJECT: *Mental Health and Resilience*

1) **Purpose:** To define mental health and resilience in the military context.

2) **The Challenge:** Service members are expected to perform in adverse or challenging circumstances. Resilience sustains mental health in adverse situations. Importantly, resilience can be developed through training and organizational practices.

3) **Definitions:**

a) **Mental Health:** The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health is a term that includes cognitive and social functioning, and emotional well-being. A key component of mental health is achieving a dynamic balance between work and personal life.

b) **Resilience:** Psychological resilience is defined in different ways by different researchers who view resilience as a characteristic, as a capacity, or as an outcome. We view resilience as the ability to adapt to stressful situations, which may also include bouncing back from adversity and growing and thriving from challenges. Resilience can be influenced by both individual and group factors:

1) Individual factors include, for example, accepting things that cannot be changed, viewing setbacks as temporary, seeing things from a different perspective, looking for opportunities for growth, and keeping a sense of humour.

2) Group factors include, for example, providing effective leadership, leveraging group strengths and experiences, providing for physical and social welfare, encouraging cohesion and a sense of group belonging, establishing policy, supporting military families, and providing education and training.

4) **Way Ahead:** A reservoir of resilience holds resources that can be called upon to manage the stress of military demands. Military mental health training can add to the "resilience reservoir" for an individual or group. The RTG/HFM-203 Task Group is tasked with developing evidence-based mental health training to help fill this resilience reservoir.

Prepared by:
RTG/HFM-203 Panel Members
Lead: Mr. Vitaut Virbicks

Annex H – NATO RTG/HFM-203 (MENTAL HEALTH TRAINING) WHITE PAPER 004

27 March 2012

SUBJECT: *Benefits of Evidence-Based Mental Health Training*

1) **Purpose:** Outline the value of evidence-based mental health training.

2) **Background:** Scientifically proven mental health training has been shown to be effective in enhancing service member performance and well-being. Such evidence-based training ensures the training meets the desired objectives. However, leaders are frequently approached by well-intended training advocates who promise quick fixes, possibly resulting in the military adopting training programs which have not been scientifically proven to be effective.

3) **Benefits of Evidence-Based Mental Health Training:** An evidence-based approach helps leaders make optimal decisions about which mental health training program to implement. Further, evidence-based approaches ensure that the training can actually deliver the desired outcomes. Specifically, an evidence-based approach:

a) Maximizes service member performance and mental health.

b) Reduces service member mental health problems associated with deployment.

c) Conserves organizational resources, time, and money.

d) Ensures training efficiency and effectiveness.

e) Supports NATO efforts to standardize training and ensure interoperability.

f) Allows for prioritization of the most effective training.

g) Minimizes the likelihood that harmful or ineffective training is implemented.

4) **Achieving Evidence-Based Approaches:** In deciding what mental health training to implement, senior military mental health experts should be consulted to review the training material for appropriate fit and to determine level of scientific evidence. Programs should be adopted that have direct evidence of efficacy or are adapted from existing evidence. If adopted, these programs should initially be fielded on a small scale. An ongoing program evaluation should then be established to determine the training is being implemented as planned and is achieving the desired objectives. Systematic updates to the training material should incorporate new research findings.

5) **Way Ahead:** Consistent with this approach, the RTG/HFM-203 is building a prototype of mental health training for use in Basic Training by adapting evidence-based techniques.

Prepared by:
RTG/HFM-203 Panel Members
Leads: Col Carl Castro
Dr. Amy Adler

Appendix 1: LETTER OF ENDORSEMENT

UNCLASSIFIED / UNLIMITED

Endorsement of NATO Basic Training Study

25 OCT 10

SUBJECT: NATO Basic Training Study Letter of Endorsement

The NATO Human Factors & Medicine (HFM) Research & Technology Task Group (RTG-203) "Mental Health Training" is initiating an international study with Service Members who are completing Basic Training. The objective of this study is to assist in the development of mental health and resilience training for NATO forces. We appreciate your support of this important work.

Each NATO country will conduct interviews and surveys with at least 10 Soldiers completing Basic Training per nation. Results will be used to develop individual examples for training materials and to summarize overall trends (e.g., Soldier coping methods during Basic Training). The surveys are anonymous; no identifying information will be recorded during the interview process.

This is a critical NATO effort, and I hope that I can count on your support of our panel members as they work to accomplish this important task. If you have any questions or concerns, please don't hesitate to contact me.

CARL A. CASTRO
Colonel, Panel Chair
RTG-203

Appendix 2: MENTAL HEALTH TRAINING SURVEY FOR BASIC TRAINING NATO RTG/HFM-203

v. 1.0 - 7 JUNE 10

We're trying to develop effective mental health and resilience training for NATO forces. Our initial focus is on Basic Training and how we can improve resilience training for service members when they begin their military service.

We're asking for your help in developing this training. We would like to ask you some questions, and we would like to have you complete the attached survey about what demands you experienced during Basic Training and how you handled them.

Your input will be used by professionals from the NATO Science and Technology Organization Task Group "Mental Health Training" to develop future training.

It should be noted that any information disclosed will be confidential and anonymous. At no time will your name, unit, or any other identifiable feature be revealed. The findings will form part of an overall report, which will contain a summary of service member responses. Specific examples that we use in the training will not contain information that can be used to identify individuals. This interview and questionnaire will take approximately 60 minutes. We really appreciate your help.

RTG/HFM-203 Staff Use

Survey Control Number:

_____

Date: _____

I. Think about your experiences during basic training. Rate how much STRESS you felt about:	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
1. Being yelled at.	O	O	O	O	O
2. Being tested on performance.	O	O	O	O	O
3. Lack of privacy.	O	O	O	O	O
4. Being away from home.	O	O	O	O	O
5. Not getting enough sleep.	O	O	O	O	O
6. Lack of down-time / personal time.	O	O	O	O	O
7. Having to learn so much.	O	O	O	O	O
8. Keeping up with the physical fitness routines.	O	O	O	O	O
9. Lack of regular contact with back home.	O	O	O	O	O
10. Dealing with other Soldiers who aren't motivated.	O	O	O	O	O
11. Not being able to contact family.	O	O	O	O	O
12. Having to work as part of a team.	O	O	O	O	O
13. Interacting with other service members.	O	O	O	O	O
14. Interacting with instructors / drill sergeants.	O	O	O	O	O
15. Fitting into the group.	O	O	O	O	O
16. Things being different than I expected.	O	O	O	O	O
17. Problems at home that I can't address.	O	O	O	O	O
18. Lack of support from back home.	O	O	O	O	O
19. Worrying about doing well in Basic Training.	O	O	O	O	O
20. Being expected to handle everything.	O	O	O	O	O
21. Not knowing what to expect, things being unpredictable.	O	O	O	O	O
22. Not being able to control my own schedule.	O	O	O	O	O
23. Having to perform when you're tired.	O	O	O	O	O
24. Worry about making a mistake.	O	O	O	O	O
25. Worry about being embarrassed.	O	O	O	O	O

II. Think about some of the challenges that you may have had to deal with in Basic Training. How did you respond to them? Rate how much you've used the following strategies:	**I HAVEN'T BEEN DOING THIS AT ALL**	**I'VE BEEN DOING THIS A LITTLE BIT**	**I'VE BEEN DOING THIS A REASONABLE AMOUNT**	**I'VE BEEN DOING THIS A LOT**
1. I've been concentrating my efforts on doing something about the situation I'm in.	O	O	O	O
2. I've been saying to myself "this isn't real".	O	O	O	O
3. I've been getting emotional support from others.	O	O	O	O
4. I've been taking action to try to make the situation better.	O	O	O	O
5. I've been refusing to believe that the problem has happened.	O	O	O	O
6. I've been saying things to vent my feelings.	O	O	O	O
7. I've been getting help and advice from other people.	O	O	O	O
8. I've been trying to see it in a different light.	O	O	O	O
9. I've been criticizing myself.	O	O	O	O
10. I've been trying to come up with a strategy about what to do.	O	O	O	O
11. I've been getting comfort and understanding from someone.	O	O	O	O
12. I've been trying to identify the emotion I'm feeling.	O	O	O	O
13. I've been looking for something good in what is happening.	O	O	O	O
14. I've been making jokes about it.	O	O	O	O
15. I've been doing something to think less about it, such as reading or daydreaming.	O	O	O	O
16. I've learned to live with the realities of Basic Training.	O	O	O	O
17. I've been expressing my negative feelings.	O	O	O	O
18. I've been trying to find comfort in my religion or spiritual beliefs.	O	O	O	O
19. I've been looking at how others in my situation are coping.	O	O	O	O
20. I've accepted how things are during basic training.	O	O	O	O

II. Think about some of the challenges that you may have had to deal with in Basic Training. How did you respond to them? Rate how much you've used the following strategies:	I HAVEN'T BEEN DOING THIS AT ALL	I'VE BEEN DOING THIS A LITTLE BIT	I'VE BEEN DOING THIS A REASONABLE AMOUNT	I'VE BEEN DOING THIS A LOT
21. I've been planning ways to cope with the situation.	O	O	O	O
22. I've been blaming myself for things that happened.	O	O	O	O
23. I've been praying or meditating.	O	O	O	O
24. Doing exactly as I was told.	O	O	O	O
25. Tried not to draw attention to myself.	O	O	O	O

III. Rate how important it would be for service members going through Basic Training to be trained in the following:	NOT AT ALL	A LITTLE	SOME-WHAT	VERY	EXTREMELY
1. Understanding and recognizing stress and how stress affects your military performance and health.	O	O	O	O	O
2. Specific skills to build psychological resilience and handle stress.	O	O	O	O	O
3. Specific skills to manage negative thoughts.	O	O	O	O	O
4. Specific skills to manage anxiety.	O	O	O	O	O
5. Specific skills to manage anger.	O	O	O	O	O
6. Specific skills to manage feelings of depression.	O	O	O	O	O
7. Specific skills For building and maintaining healthy relationships.	O	O	O	O	O
8. Specific skills to facilitate effective interpersonal communication.	O	O	O	O	O
9. Knowing when seeking help is needed.	O	O	O	O	O
10. Knowing how to support a buddy who is struggling with stress.	O	O	O	O	O
11. Knowing about deployment stress.	O	O	O	O	O
12. Specific skills for preventing stress reactions.	O	O	O	O	O
13. Knowing about mental health resources.	O	O	O	O	O

III. Rate how important it would be for service members going through Basic Training to be trained in the following:	NOT AT ALL	A LITTLE	SOME-WHAT	VERY	EXTREMELY
14. Knowing about how military service can lead to personal growth.	O	O	O	O	O
15. Knowing how to manage fatigue/sleep problems.	O	O	O	O	O
16. Specific mental skills to enhance military performance.	O	O	O	O	O

THANK YOU FOR COMPLETING THIS SURVEY!

Please write any additional comments below

Appendix 3: MENTAL HEALTH TRAINING INTERVIEW GUIDE FOR BASIC TRAINING NATO RTG/HFM-203

v. 1.0 - 7 JUNE 10

We're trying to develop effective mental health and resilience training for NATO forces. Our initial focus is on Basic Training and how we can improve resilience training for service members when they begin their military service.

We're asking for your help in developing this training. We would like to ask you some questions and we would like to have you complete a survey about what demands you experienced during Basic Training and how you handled them.

Your input will be used by professionals from the NATO Science and Technology Organization Task Group "Mental Health Training" to develop future training.

It should be noted that any information disclosed will be confidential and anonymous. At no time will your name, unit, or any other identifiable feature be revealed. The findings will form part of an overall report, which will contain a summary of service member responses. Specific examples that we use in the training will not contain information that can be used to identify individuals. This interview and questionnaire will take approximately 60 minutes. We really appreciate your help.

HFM- RTG 203 Staff Use

Survey Control Number:

_____

Date: _____

I. DEMOGRAPHICS (WRITE IN OR CIRCLE THE APPROPRIATE ANSWER)

I.1 Rank: _____ Rank Group: Junior Enlisted NCO Officer

I.2 Age: _____

I.3 Gender: Male Female

I.4 Level of education:

Some High School	High School Degree	Some College	College Degree	Some Graduate School	Graduate School Degree

I.5 Marital status: Single Married Divorced Other

I.6 Number of Children: None 1 2 3 4 5 6 7 or more

I.7 Branch of service: Army Air Force Navy Marines Other (specify): _____

I.8 Conscript status: Yes No Other (specify): _____

II. IDENTIFY DEMANDS ENCOUNTERED BY SERVICE MEMBERS DURING BASIC TRAINING

II.1 Overall, rate how stressful Basic Training was on a scale from 1 to 5 where 1 is *very low* and 5 is *very high.* (circle one)

(1) VERY LOW (2) LOW (3) MEDIUM (4) HIGH (5) VERY HIGH

II.2 *What about Basic Training was stressful? What were the demands?*

II.3 *How did these stressful demands affect you?* (Follow-up as needed with questions about well-being, performance, relationships, and attitudes)

III. IDENTIFY WHAT RESILIENCE SKILLS SERVICE MEMBERS HAVE USED

III.1 *In general, what (if anything) did you do to cope with these demands?*

IV. ASSESS EFFECTIVENESS OF SKILLS FROM THEIR PERSPECTIVE

IV.1 *In general, how well did your coping strategies work for you?* [If the person said he/she did not have any coping strategies, ask how well that worked for them]

IV.2 *In general, how effective were you in coping during Basic Training?*

(1) NOT AT ALL (2) A LITTLE (3) SOMEWHAT (4) VERY (5) EXTREMELY

IV.3 *What did you find to be the most effective coping strategy during Basic Training?*

V. DISCUSS RESILIENCE SKILLS LEARNED FROM MILITARY SERVICE

V.1 *Did you receive any specific mental health or resilience training during Basic Training?*

NOTE: For the purposes of this study, we define mental health or resilience training as any structured, specific and targeted training designed to increase your psychological ability to cope with military demands.

V.2 *What did you learn?*

VI. IDENTIFY ADDITIONAL RESILIENCE SKILLS SERVICE MEMBERS WOULD LIKE TO BE TAUGHT

VI.1 *What would you tell someone to do to make it through Basic Training?* (How would you tell them to cope with the demands?)

VII. OBTAIN A DETAILED RESILIENCE TRAINING SCENARIO

VII.1 *We're trying to develop real-life Basic Training scenarios from various NATO Nations that we can use to help service members coming after you get good resilience training. Please think of an example from your Basic Training experience when you faced a significant psychological demand. Describe what happened.* [Possible follow-up questions include: *What was stressful about what happened? How long did the stressful situation last? Was this a pretty typical stressor for service members going through Basic Training? How did you handle it? Were you satisfied with how you handled the situation? Is there anything you wish you'd done differently? Is there anything you wish you'd known in terms of resilience skills?]*

VIII. ADDRESS DEMANDS THAT WOULD HAVE LED TO ATTRITION

VIII.1 *Were there any demands that got you thinking about leaving Basic Training?* If yes, what were they?

Appendix 4: MENTAL HEALTH TRAINING SURVEY FOR DEPLOYMENT NATO RTG/HFM-203

v. 1.0 - 7 JUNE 10

We're trying to develop effective mental health and resilience training for NATO forces. Our initial focus is on Basic Training and how we can improve resilience training for service members when they begin their military service.

We're asking for your help in developing this training. We would like to ask you some questions, and we would like to have you complete the attached survey about what demands you experienced during Basic Training and how you handled them.

Your input will be used by professionals from the NATO Science and Technology Organization Task Group "Mental Health Training" to develop future training.

It should be noted that any information disclosed will be confidential and anonymous. At no time will your name, unit, or any other identifiable feature be revealed. The findings will form part of an overall report, which will contain a summary of service member responses. Specific examples that we use in the training will not contain information that can be used to identify individuals. This interview and questionnaire will take approximately 60 minutes. We really appreciate your help.

HFM- RTG 203 Staff Use

Survey Control Number:

_____

Date: _____

I. Think about your experiences during basic training. Rate how much STRESS you felt about:	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
19. Being yelled at.	O	O	O	O	O
20. Being tested on performance.	O	O	O	O	O
21. Lack of privacy.	O	O	O	O	O
22. Being away from home.	O	O	O	O	O
23. Not getting enough sleep.	O	O	O	O	O
24. Lack of down time/personal time.	O	O	O	O	O
25. Having to learn so much.	O	O	O	O	O
26. Keeping up with the physical fitness routines.	O	O	O	O	O
27. Lack of regular contact with back home.	O	O	O	O	O
28. Dealing with other Soldiers who aren't motivated.	O	O	O	O	O
29. Not being able to contact family.	O	O	O	O	O
30. Having to work as part of a team.	O	O	O	O	O
31. Interacting with other service members.	O	O	O	O	O
32. Interacting with instructors/drill sergeants.	O	O	O	O	O
33. Fitting into the group.	O	O	O	O	O
34. Things being different than I expected.	O	O	O	O	O
35. Problems at home that I can't address.	O	O	O	O	O
36. Lack of support from back home.	O	O	O	O	O
19. Worrying about doing well in Basic Training.	O	O	O	O	O
20. Being expected to handle everything.	O	O	O	O	O
26. Not knowing what to expect, things being unpredictable	O	O	O	O	O
27. Not being able to control my own schedule.	O	O	O	O	O
28. Having to perform when you're tired.	O	O	O	O	O
29. Worry about making a mistake.	O	O	O	O	O
30. Worry about being embarrassed.	O	O	O	O	O

II. Think about some of the challenges that you may have had to deal with in Basic Training. How did you respond to them? Rate how much you've used the following strategies:	**I HAVEN'T BEEN DOING THIS AT ALL**	**I'VE BEEN DOING THIS A LITTLE BIT**	**I'VE BEEN DOING THIS A REASONABLE AMOUNT**	**I'VE BEEN DOING THIS A LOT**
14. I've been concentrating my efforts on doing something about the situation I'm in.	O	O	O	O
15. I've been saying to myself "this isn't real".	O	O	O	O
16. I've been getting emotional support from others.	O	O	O	O
17. I've been taking action to try to make the situation better.	O	O	O	O
18. I've been refusing to believe that the problem has happened.	O	O	O	O
19. I've been saying things to vent my feelings.	O	O	O	O
20. I've been getting help and advice from other people.	O	O	O	O
21. I've been trying to see it in a different light.	O	O	O	O
22. I've been criticizing myself.	O	O	O	O
23. I've been trying to come up with a strategy about what to do.	O	O	O	O
24. I've been getting comfort and understanding from someone.	O	O	O	O
25. I've been trying to identify the emotion I'm feeling.	O	O	O	O
26. I've been looking for something good in what is happening.	O	O	O	O
27. I've been making jokes about it.	O	O	O	O

II. CONTINUED **Think about some of the problems that you may have had to deal with in Basic Training so far. How did you respond to them? Rate how much you've used the following responses:**	**I HAVEN'T BEEN DOING THIS AT ALL**	**I'VE BEEN DOING THIS A LITTLE BIT**	**I'VE BEEN DOING THIS A REASONABLE AMOUNT**	**I'VE BEEN DOING THIS A LOT**
28. I've been doing something to think less about it, such as reading or daydreaming.	O	O	O	O
29. I've learned to live with the realities of basic training.	O	O	O	O
30. I've been expressing my negative feelings.	O	O	O	O
31. I've been trying to find comfort in my religion or spiritual beliefs.	O	O	O	O
32. I've been looking at how others in my situation are coping.	O	O	O	O
33. I've accepted how things are during basic training.	O	O	O	O
34. I've been planning ways to cope with the situation.	O	O	O	O
35. I've been blaming myself for things that happened.	O	O	O	O
36. I've been praying or meditating.	O	O	O	O
37. Doing exactly as I was told.	O	O	O	O
38. Tried not to draw attention to myself.	O	O	O	O
39. Not taking Basic Training too seriously.	O	O	O	O
40. I've been blaming others.	O	O	O	O

III. Rate how important it would be for service members going through Basic Training to be trained in the following:	**NOT AT ALL**	**A LITTLE**	**SOME-WHAT**	**VERY**	**EXTREMELY**
9. Understanding and recognizing stress and how stress affects your military performance and health.	O	O	O	O	O
10. Specific skills to build psychological resilience and handle stress.	O	O	O	O	O
11. Specific skills to manage negative thoughts.	O	O	O	O	O
12. Specific skills to manage anxiety.	O	O	O	O	O
13. Specific skills to manage anger.	O	O	O	O	O
14. Specific skills to manage feelings of depression.	O	O	O	O	O
15. Specific skills. For building and maintaining healthy relationships.	O	O	O	O	O
16. Specific skills to facilitate effective interpersonal communication.	O	O	O	O	O
17. Knowing when seeking help is needed.	O	O	O	O	O
18. Knowing how to support a buddy who is struggling with stress.	O	O	O	O	O
19. Knowing about deployment stress.	O	O	O	O	O
20. Specific skills for preventing stress reactions.	O	O	O	O	O
21. Knowing about mental health resources.	O	O	O	O	O
22. Knowing about how military service can lead to personal growth.	O	O	O	O	O
23. Knowing how to manage fatigue/sleep problems.	O	O	O	O	O
24. Specific mental skills to enhance military performance.	O	O	O	O	O

THANK YOU FOR COMPLETING THIS SURVEY!

Please write any additional comments below

Appendix 5: MENTAL HEALTH TRAINING INTERVIEW GUIDE FOR DEPLOYMENT NATO RTG/HFM-203

v. 1.0 - 7 JUNE 10

We're trying to develop effective mental health and resilience training for NATO forces. Our initial focus is on Basic Training and how we can improve resilience training for service members when they begin their military service.

We're asking for your help in developing this training. We would like to ask you some questions and we would like to have you complete a survey about what demands you experienced during Basic Training and how you handled them.

Your input will be used by professionals from the NATO Science and Technology Organization Task Group "Mental Health Training" to develop future training.

It should be noted that any information disclosed will be confidential and anonymous. At no time will your name, unit, or any other identifiable feature be revealed. The findings will form part of an overall report, which will contain a summary of service member responses. Specific examples that we use in the training will not contain information that can be used to identify individuals. This interview and questionnaire will take approximately 60 minutes. We really appreciate your help.

I. DEMOGRAPHICS (WRITE IN OR CIRCLE THE APPROPRIATE ANSWER)

I.1 Rank: _____ Rank Group: Junior Enlisted NCO Officer

I.2 Age: _____

I.3 Gender: Male Female

I.5 Marital status: Single Married Divorced Other

I.6 Number of Children: None 1 2 3 4 5 6 7 or more

I.7 Branch of service: Army Air Force Navy Marines Other (specify): _____

II. DEPLOYMENT HISTORY

Identify demands encountered before deployment (think of most recent deployment):

II.1 Overall, rate how stressful preparing for this deployment was on a scale from 1 to 5 where 1 is *very low* and 5 is *very high.* (circle one)

(1) VERY LOW (2) LOW (3) MEDIUM (4) HIGH (5) VERY HIGH

II.2 *What about Basic Training was stressful? What were the demands?*

Identify demands encountered during deployment:

II.2 Overall, rate how stressful deployment was on a scale from 1 to 5 where 1 is *very low* and 5 is *very high.* (circle one)

(1) VERY LOW (2) LOW (3) MEDIUM (4) HIGH (5) VERY HIGH

II.2 *What about Basic Training was stressful? What were the demands?*

II.3 *How did these stressful demands affect you?* (Follow-up as needed with questions about well-being, performance, relationships, and attitudes)

III. IDENTIFY WHAT RESILIENCE SKILLS SERVICE MEMBERS HAVE USED

III.1 *In general, what (if anything) did you do to cope with these demands?*

IV. ASSESS EFFECTIVENESS OF SKILLS FROM THEIR PERSPECTIVE

IV.1 *In general, how well did your coping strategies work for you?* [If the person said he/she did not have any coping strategies, ask how well that worked for them]

IV.2 *In general, how effective were you in coping during Basic Training?*

(1) NOT AT ALL **(2) A LITTLE** **(3) SOMEWHAT** **(4) VERY** **(5) EXTREMELY**

IV.3 *What did you find to be the most effective coping strategy during Basic Training?*

V. DISCUSS RESILIENCE SKILLS LEARNED FROM MILITARY SERVICE

V.1 *Did you receive any specific mental health or resilience training during Basic Training?*

NOTE: For the purposes of this study, we define mental health or resilience training as any structured, specific and targeted training designed to increase your psychological ability to cope with military demands.

V.2 *What did you learn?*

VI. IDENTIFY ADDITIONAL RESILIENCE SKILLS SERVICE MEMBERS WOULD LIKE TO BE TAUGHT

V1.1 *What would you tell someone to do to make it through Basic Training?* (How would you tell them to cope with the demands?)

VII. OBTAIN A DETAILED RESILIENCE TRAINING SCENARIO

VII.1 *We're trying to develop real-life Basic Training scenarios from various NATO Nations that we can use to help service members coming after you get good resilience training. Please think of an example from your Basic Training experience when you faced a significant psychological demand. Describe what happened.* [Possible follow-up questions include: *What was stressful about what happened? How long did the stressful situation last? Was this a pretty typical stressor for service members going through Basic Training? How did you handle it? Were you satisfied with how you handled the situation? Is there anything you wish you'd done differently? Is there anything you wish you'd known in terms of resilience skills?]*

VIII. ADDRESS DEMANDS THAT WOULD HAVE LED TO ATTRITION

Were there any demands that got you thinking about leaving Basic Training? If yes, what were they?

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14. Abstract

Military service and combat place a tremendous burden on its service members. Yet, there is much that national militaries can do to prepare their service members for the military tasks that service members are asked to perform. Building mental health resilience through training is one of these things. By building resilience, service members will be able to self-monitor more effectively when they are under high performance demands, and be able to more effectively observe and help mitigate the stress demands of their buddies. Resilience training should begin as soon as possible during military service. The expert consensus is that resilience training should begin during basic training. In this report, the Research Technical Group has identified four key resilience skills that all basic trainees should master. These skills include: acceptance and control; goal setting; self-talk; and tactical breathing. These four resilience skills are presented within a mental health continuum framework – a framework that focuses on service members' self-evaluation to enable them to maintain healthy thoughts, emotions and physical reactions/behaviours. Practical exercises to reinforce these four skills are provided. A trainer's guide and an implementation guide are also provided to assist in the implementation.

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