

AIR WAR COLLEGE

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PREPARING THE HUMAN WEAPON SYSTEM:  
PROMOTING WARRIOR RESILIENCY

*by*

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## **Biography**

Lieutenant Colonel Jill R. Scheckel is a clinical psychologist with a Doctorate of Philosophy from Ball State University in Muncie, Indiana. Lieutenant Colonel Scheckel has had varied career assignments, including Director of the Air Force Medical Executive Skills Program, Chief of Air Combat Command's Behavioral Health Branch, and the Air Force Intern Program. Most recently, Lieutenant Colonel Scheckel served as the Commander, 72d Medical Operations Squadron, Tinker Air Force Base, Oklahoma. Her squadron consisted of 184 military, civil service, and contract personnel in Family Medicine, Orthopedics, Surgery, Pediatrics, Internal Medicine, Physical Therapy, and Mental Health. In this capacity, she provided executive leadership and management of comprehensive healthcare for over 54K beneficiaries and oversight authority for an annual budget of \$34.5M.

## **Preparing the Human Weapon System: Promoting Warrior Resiliency**

A healthy and fit force is essential for our military to maintain its readiness posture and war-fighting capabilities. “The most important weapon system in the US military is people, and their health and fitness is the basic guarantor of military success at all levels of engagement” (AFDD 2-4.2, 2002, p. 23). Because our greatest resource is personnel, it is imperative that we prepare our members with the capabilities and skills needed to perform in a high stress environment. While the military has made significant strides within the realm of physical preparedness for service, it has not devoted as much attention to promote mental preparedness. Because the profession of arms is inherently stressful, we must adequately equip our members to not only survive, but also thrive within this environment. While each military service addresses and monitors physical fitness as a key component for combat readiness, psychological fitness has largely been undertrained and warrants attention (Thomas, Adler, Witels, Enne, & Johannes, 2004). The objective of this review is to examine the dynamic constructs of resiliency and hardiness as cornerstones for training and promoting mental preparedness in the military.

### **Deleterious Behavioral Health Trends**

In order to determine the need for enhancing mental preparedness, it is important to review current behavioral health trends. By examining trends in behavior over time, we are able to globally discern to what extent military members are coping with ongoing stressors. Findings from the Department of Defense (DoD) Survey for Health Related Behaviors provides detailed information on the fitness and readiness of the force by examining multiple arenas of behavior, including alcohol and drug use, emotional stress, and suicide.

In reviewing the most recent findings from the 2008 survey, it was revealed that 23% of all military members in the DoD admitted to heavy drinking (defined as consuming five or more

drinks on the same occasion, once per week, for the past 30 days). While a trend in heavy alcohol use has been demonstrated since 1998, a significant increase was noted from 2005 to 2008 for the Marine Corps and Air Force, in particular. Moreover, the survey noted a statistically significant higher rate of heavy alcohol use for military members ages 18 to 35 years old, when compared to their civilian counterparts. In addition to heavy alcohol use, binge drinking (defined as consuming five or more drinks on a single occasion, at least once in the past 30 days) has steadily climbed since 2005, with nearly 50% of all active duty members endorsing binge drinking. Similar to alcohol use, illicit drug use increased in 2005 and, again, in 2008 (likely related to the inclusion of non-medical use of prescription medication). Military members in the age categories of 36 to 45 years of age and 46 to 64 years of age were significantly higher than their civilian counterparts for illicit drug/prescription misuse.

Within the realm of stressors, military members endorsed “being away from family, deployment, and increases in workload” as key sources of stress since 2002, with the highest rates in 2008. Although 21% met the screening criteria for depression and 14% for generalized anxiety, this was not statistically different from 2005. However, there was a significant increase (since 2005) in those meeting the screening criteria for Post Traumatic Stress Disorder (7% to 11%) and reports of attempted suicide (0.8% to 2.2%).

The aforementioned data regarding the behavioral health readiness of active duty personnel may be attributed to increased stress levels associated with the environment, along with a potential deficit in coping skills (or mental preparedness) for increased demands. As such, the DoD must find a way to combat these maladaptive behaviors to preserve wartime readiness of the force. Enhancing resiliency may provide an avenue to do this.

## **The Construct of Resiliency**

Exposure to an adverse event or stressful condition may lead to a negative outcome and degrade performance. While some individuals experience extreme distress from a challenging event, others appear to adapt and recover without difficulty. What contributes to the individual differences in responding to high stress situations? Why do some individuals experience significant difficulties after exposure to a negative life event while others rise to the challenge? The level of personal resiliency may provide an answer to these questions. Psychological resilience refers to a pattern of “effective coping and adaptation” when faced with hardship or adverse life events (Tugade & Fredrickson, 2004, p. 320). Resilience may be considered as an ability to “rebound from significant adversity and the distress it often creates” (Everly, Welzant, & Jacobson, 2008, p. 262). In this sense, resilience may serve as a buffer for stressful life events and facilitate effective coping. As such, it is an important construct for military members who face ongoing deployment cycles, increased levels of stress, and fast-paced operations. To avert future difficulties and increase protective factors, resiliency training may provide a foundation of coping skills to promote personal and professional success. Training may assist those who lack the requisite skills to adequately cope with stress, manage anger, or moderate interpersonal relationships.

Research demonstrates that resiliency can be developed and nurtured through training programs (Maddi, 2007). The construct of resiliency has been examined amongst organizations where there is “perceived value in preparing a workforce to effectively function under adverse or high stress conditions” (Everly et al., 2008, p. 261). This appears to be directly applicable to the military who must perform under such conditions. Preliminary data suggests that resiliency is an attribute that can be acquired. For example, resiliency training for 1,168 soldiers in a deployed

environment during Operation IRAQI FREEDOM from 2005 to 2006 revealed positive results (Jarrett, 2008). Although data was qualitative in nature, resiliency training was reported to increase awareness of a member's capacity to not only endure hardship, but also to cope in stressful and unpredictable environments. The implications for resiliency training in the military, as a whole, are significant as this may lead to enhanced psychological fitness.

Psychological fitness is an aspect of readiness that rivals the significance of physical fitness. In a study conducted with elite soldiers from a European commando unit, individuals were provided with baseline physical training followed by a period of intense, unrehearsed training involving a captivity scenario (Thomas, Adler, Wittels, Enne, & Johannes, 2004). Soldiers indicated that the unrehearsed training was more physically and psychologically demanding than the rehearsed training. The difference, however, was that soldiers reported recovering less quickly from the psychological demands of unrehearsed training as opposed to the physical demands. While the soldiers had been "previously conditioned" for the rigors of physical demands, there was no previous conditioning for the psychological demands of this experience (Thomas, et al., 2004, p. 529). As such, it is plausible to infer that psychological training, or mental preparedness, should be bolstered and equated to the normative patterns of physical training. Resiliency training provides the means to do this.

### **Resiliency Training**

"It is immensely important that no soldier, whatever his rank, should wait for war to expose him to those aspects of active service that amaze and confuse him when he first comes across them. If he has met them even once before, they will begin to be familiar to him" ~ Clausewitz (p. 122)

Shaping the focus of military training to enhance resiliency may serve as a mechanism to mentally condition our military members. Resiliency training targets coping skills that are connected with both risk factors as well as protective factors to reduce the likelihood of negative



behavior. For example, research has shown that one risk factor for suicide is impaired decision-making skills (Jollant, 2005). As such, education and training in this arena may bridge a gap that exists and promote enhanced problem-solving skills. Healthy decision-making or problem-solving skills are critical when a member faces adversity and must choose how he/she will react to a situation. Ultimately, decision-making determines how one chooses to cope with adversity. With enhanced problem-solving skills, the decision of suicide may not even enter into the equation as a viable option.

Most often, training to increase coping skills for military members occurs reactively in response to disciplinary action or after an adverse event occurs. However, this is not optimal. In order to better prepare our personnel, foundational skills must be given early on in a member's career so that they are preventative in nature and continue to develop throughout the career life-cycle. Basic or technical training may serve as an ideal venue to establish foundational skills needed to foster resiliency in our military members. Training in this setting would focus on a primary goal of skills "acquisition and retention" (Driskell, Salas, & Johnston, 2006). Initial coursework may begin in a classroom setting under normative conditions and expand to real-world or simulated scenarios.

Driskell et al. (2006) propose a model for stress training which incorporates a three-phase intervention process: Information Provision, Skills Acquisition, and Application. In Phase I, Information Provision, individuals are provided with reasoning depicting *why* stress training is important. Additionally, "preparatory" information on the typical effects of stress is provided to increase familiarity with, and recognition of, stress reactions (Driskell et al., 2006, p. 145). Familiarity with stress reactions are likely to increase perceptions of predictability. Preparatory information also includes understanding how one might feel under stress, including

physiological, emotional, and cognitive reactions. Once awareness or recognition of stress reactions is internalized, instrumental information is provided to “counter the undesirable consequences of stress” (Driskell et al., 2006, p. 145). This includes targeting symptoms of stress with behaviors or cognitions to ameliorate a negative impact. Research supports the contention that preparatory information on stress enables greater performance levels. In a study conducted by Inzana, Driskell, Salas, and Johnston (1996), Naval personnel in technical training were randomly placed in a two-by-two design examining high versus normal levels of stress and task information which was general versus preparatory. Results indicated that preparatory information was significant in reducing negative effects on an applied task. Those members who received preparatory training on the stress environment, common reactions, and means to counter stress experienced less subjective stress, developed greater confidence about the task, and performed more effectively than those who were not given preparatory information (Inzana et al., 1996).

Phase II of the Driskell et al. (2006) model of stress training includes specific skills acquisition to combat the negative impact of stress. The impetus of training in this phase is “to build the high-performance skills required to maintain effective performance under stress” (Driskell et al., 2006, p. 146). The role of cognitive appraisal as it relates to moderating stress is an important variable within this phase of training. Cognitive appraisal is a technique to evaluate a stressful event, situation, or reaction. Albert Ellis (1984) suggests that how we view and interpret events has a direct impact on emotional, physiological, and behavioral reactions. Recognition of the importance of cognitive appraisal dates back to ancient times when Epictetus, the philosopher, stated, “Men are disturbed not by things, but by the view which they take of them” (White, 1983, p. 9). As such, training which fosters an ability to view challenges through

an alternate lens, or cognitive filter, is likely to moderate stress in multiple venues (work, relationships, problem-solving).

Problem-solving skills may also be an important part of skills acquisition early on in a member's career. The goal is to assist individuals in dealing with stressful events by maintaining a problem-solving state of mind as opposed to reacting in an emotional or maladaptive manner. Research on military members in an Absent Without Leave (AWOL) status revealed that it is not the type or severity of the problem that facilitated the members' illegal departure from their unit; rather, it was attributed to a lack of problem-solving skills (Littlepage, 1979). Although AWOL offenders may experience more frequent or severe problems than their counterparts, this alone is not a sufficient explanation. Many of these individuals were cited as lacking proficiency in solving problems, including an inability to generate alternative solutions, and went AWOL in an attempt to reconcile this deficit.

Research has provided evidence that intervention to enhance problem-solving skills can be effective in preventing subsequent occupational or interpersonal problems. Problem-solving training has been shown to lead to greater perceptions of control (Duckworth, 1983), decreased levels of depression (Nezu & Perri, 1989), and increased rates of satisfaction in life (D'Zurilla & Nezu, 1999). In a meta-analysis of 31 studies examining the efficacy of problem-solving training, results indicated that training is effective (Malouff, Thorsteinsson, & Schutte, 2007) and shown to correlate with an increased belief in internal locus of control and mental health stability (Duckworth, 1983). As such, training military personnel in problem-solving techniques may better enable them to identify and implement solutions to their problems, rather than utilizing negative mechanisms (e.g., alcohol misuse) to deal with stressful circumstances.

While cognitive training has proven to be successful, mere acquisition of training skills is not sufficient to produce desired results. Driskell et al. (2006) purports, “Effective performance requires that the skills learned in training are transferred to the operational setting” (p. 148). Therefore, training requires subsequent application and practice (Phase III). While physical preparedness focuses on training, mental preparedness must also be integrated into training application regimens.

### **Hardiness**

“Whatever doesn’t kill me makes me stronger” ~ Nietzsche (1968, p. 254)

While foundational skills building may contribute to developing psychological preparedness, hardiness is a component of resiliency that may enable sustainment and growth when faced with life challenges. Hardiness is a personality variable often associated with an ability to cope with adverse events, “good health, and performance under a range of stressful conditions” (Bartone, Roland, Picano, & Williams, 2008, p. 78). Hardiness has often been documented as a “pattern of attitudes and skills that facilitates turning adversity into opportunity, thereby enhancing performance and health” (Maddi & Khoshaba, 2003, p. 43).

Hardiness as a concept grew out of research by Dr. Salvatore Maddi. In a twelve-year, longitudinal study of Illinois Bell Telephone (IBT) from 1975 to 1987, Maddi conducted annual psychological and medical assessments on 450 supervisors, managers, and decision-makers. After six years, deregulation occurred cutting staffing in half. This has been cited as “the greatest upheaval in corporate history” (Maddi, 2007, p. 174). Data collected in the next six years of research revealed a significant difference between those who performed well and those who struggled. Two-thirds of the sample suffered both emotionally and physically. Problems were evidenced in workplace violence, absenteeism, and poor performance. Health issues were also rampant in this population. In contrast, the other third of this sample not only weathered the

upheaval, but also excelled. Maddi (2007) indicated that this third, regardless of whether they stayed at IBT or left the company, made significant contributions to their organization, experienced fewer medical issues, and performed successfully. The differentiator between the resilient one-third and their counterparts was characterized as possessing hardy attitudes of commitment, control, and challenge. Each of these variables combine together to form the construct of hardiness: 1) Commitment is defined as an ability to be involved with events and people, versus alienating oneself when stressful situations occur. 2) Control is the belief that one can exert influence over his/her experiences, as opposed to feeling powerless. 3) Challenge refers to the perspective of viewing change as normal and part of growing in life (Maddi, 2007; Dolan & Adler, 2006).

Research suggests hardiness serves as a buffer for psychological health and performance. In fact, hardiness has been shown to protect against the adverse effects of stress, “particularly under high and multiple-stress conditions” (Bartone, 1999, p. 72). In a study conducted with Israeli Defense Forces, 326 officer cadets undergoing basic, infantry, or armored combat training were given a hardiness questionnaire. In addition, performance was measured objectively and subjectively in three categories: a navigation test, five tasks from an obstacle course, and peer/instructor ratings. Stress levels were measured based on self-report items addressing specific course demands and perceived ability to meet those demands (Westman, 1990). Results indicated that cadets scoring high on the dimension of hardiness experienced significantly lower levels of stress. Additionally, those scoring high in hardiness at the beginning of the course had greater performance scores on each of the specified events. Data revealed that hardy cadets “perceived more demand during stressful events than did the nonhardy, but they assessed their ability as higher than did the nonhardy, resulting in lower rates

of experienced stress” (Westman, 1990, p. 149). Moreover, cadets who scored high in hardiness not only outperformed their peers on the tasks within the study, but also on performance measures at the end of the course, in the follow-on course six months later, and on their first performance report one year later.

Because hardiness has been proven to be positively correlated with an ability to perform in a high stress environment, it may also serve as a predictive tool for success. Research supports this contention. In a study with 1,138 Army Special Forces candidates, hardiness was assessed using the Dispositional Resilience Scale (Bartone, 1999). Results indicated that candidates who successfully completed the training program scored significantly higher on the dimension of personal hardiness than those who did not. The sense of commitment, viewing challenge as opportunity, and sense of control are constructs inherently useful in high demand environments such as the military.

### **Hardiness and Post Traumatic Stress Disorder**

While hardiness has demonstrated utility in the realm of stress moderation and enhanced performance, it may also prove useful as a buffer for the potentially negative effects of Post Traumatic Stress. A wealth of literature exists supporting the notion that “finding benefits in a stressful event is associated with subsequent psychological and physical adjustment (Britt, Adler, Bartone, 2001, p. 53). Holahan and Moos (1994) report that the benefits stemming from “confronting trauma” include enhanced coping skills and a better utilization of social resources.

A great deal of research has focused on the potential negative effects of combat exposure, addressing adverse mental health outcomes from this experience. A significant amount of the research in this arena is pathology-driven and neglects the larger portion of the military population who ultimately return to a healthy level of functioning and report post traumatic

growth rather than distress. Personal hardiness may play a significant role in predicting the outcome of deployment and combat experiences.

Hardiness may assist in understanding “differential responses” to war-related stress and why so many exposed individuals remain healthy. Upon examination of 1,632 Vietnam Veterans, hardiness was shown to negatively correlate with Post Traumatic Stress Disorder for both men and women (King, Fairbank, & Adams, 1998). Moreover, hardiness also had an indirect effect on Post Traumatic Stress via functional support. Because the “behavioral repertoire of hardy individuals includes ease at seeking out available others for realistic help in times of stress,” they are able to take advantage of social network systems in comparison to those who are low in hardiness (King et al., 1998, p. 429).

Hardiness has also been linked to other findings suggesting it serves as a buffer for stress. In a survey study of 629 Army soldiers deployed to Kosovo for a peacekeeping mission, researchers investigated the relationship between deployment stress and mental health outcomes during and after the mission, with hardiness serving as a potential moderator (Dolan & Adler, 2006). Assessment of deployment stressors included items such as: repetitive work, concerns about injury, uncertainty regarding deployment return dates, concern about family members, health, and financial concerns. Hardiness and depression inventories were gathered for each soldier. Surveys in each area (stressors, depression, and hardiness) were completed at two separate intervals. Data collection occurred at the three-to-four month point in the deployment and again one-to-two months after soldiers returned to their unit. Results revealed that soldiers scoring high in hardiness reported lower levels of depression. Hardiness also interacted with stress levels to predict post deployment depression rates. “Among soldiers who experienced high levels of stressors on a 6-month peacekeeping deployment, those who were high in military

hardiness fared better five months later, in terms of depression, than did those who were low in military hardiness” (Dolan & Adler, 2006, p. 96).

Similarly, Britt, Adler, and Bartone (2001) examined the potential to derive benefits from stressful military operations utilizing the construct of hardiness as an indicator. In this study, 161 soldiers on a peacekeeping mission in Bosnia were surveyed. Soldiers were asked to complete a 15-item measure of hardiness (Bartone, 1999) and were assessed to determine the perceived level of meaningful work in the deployed setting. Findings support a strong correlation between personal hardiness and the tendency to perceive meaning in the deployment. Further, results indicated that “the meaning soldiers assigned to their work was prospectively related to deriving benefits from the deployment” (Britt et al., 2001, p. 59). Thus, the hardiness component of “commitment” may ascribe meaning to stressful circumstances (such as deployments) and provide an avenue for both enrichment and growth, ultimately enhancing resilience. Overall, evidence suggests that the “higher the hardy attitudes are before the personnel leave on missions, the lower the likelihood that life-threatening stresses in military engagements abroad will lead to post traumatic stress or depression disorders” (Maddi, 2007, p. 65).

### **Promoting Hardiness**

“On the occasion of every accident that befalls you, remember to turn to yourself and inquire what power you have to turn it to use.” ~ Epictetus 60-120 A.D.

Similar to physical training, resilience can be promoted through hardiness training. Research suggests that hardiness is something that can be learned, rather than an innate characteristic which is unchangeable (Maddi, 2007). A key component of hardiness training “involves facilitating the adoption and application of new strategies for interpreting and making sense of experiences, especially highly stressful ones” (Bartone, 2003, p. 65). Within military



organizations, this “meaning making” process can be influenced at various levels of leadership (peers, frontline supervisors, commanders). Bartone (2005) suggests, “What is important is the meaning we make. We have the power to choose our meanings. It is just perhaps the case that some of us are better than others at choosing healthy, positive meanings” (p. 323).

Khoshaba and Maddi (2001) developed a hardiness training program designed to enhance hardy attitudes, coping strategies, and social support (See Figure 1). Hardiness training “engages cognition, emotion, and action in coping effectively with stressful circumstances” (Maddi, Kahn, & Maddi, 1998, p. 79). Promoting hardy attitudes enables individuals to take an alternate perspective of circumstances rather than blindly reacting to an adverse event. Viewing challenges and change as an integral part of life normalizes such occurrences and promotes flexibility. At the same time, belief in oneself to have influence or control upon circumstances averts passivity and hopelessness when life or work events are difficult. Hardy coping “facilitates problem-solving efforts, enhances understanding, and facilitates the performance of decisive actions to decrease the stressfulness of situations” (Maddi & Khoshaba, 2002, p. 44). Additionally, hardiness training encourages proactive interaction with others for encouragement and social support. Empirical evidence supports hardiness training as a means to increase resiliency.

In a research study examining the effectiveness of hardiness training, 64 managers at a community services company were randomly assigned to a training condition: hardiness, relaxation, or passive listening (Maddi, Kahn, & Maddi, 1998). All participants were told that they would be learning an effective procedure for stress management. The hardiness training condition highlighted coping techniques, including examining thoughts and emotions associated with stressors, delineating action plans, and increasing positive perceptions of control. Hardiness

training was determined to be significantly more beneficial than the other two conditions. Additionally, participants in the hardiness training condition reported greater decreases in subjective stress, coupled with increases in job satisfaction and perceived social support levels.

Evidence suggests that not only can hardiness be increased through training, but also it can be sustained over time (Judkins, Reid, & Furlow, 2006). Thirteen nurse managers at a fast-paced, urban hospital setting were provided hardiness training for two-and-a-half days. Post-tests were completed directly after training, at six-weeks post training, and after six and twelve months post training. Additional two-hour sessions were conducted at the six and twelve-month periods (booster sessions). Training for these nurses focused on identification of core problems, problem-resolution skills, and real-life case scenarios. The Hardiness Scale (Bartone, Ursano, Wright, & Ingraham, 1989) and Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) were utilized to measure results of training. Findings revealed a significant increase in the level of hardiness for these nurse managers. Moreover, results suggest that intermittent follow-up (reinforcement of training through booster sessions) were effective in sustaining hardiness levels (Judkins, et al., 2006). These results were replicated with two subsequent groups of nurses at the same medical facility.

As evidenced, hardiness training is important as it focuses on reducing “the gap between personal resources and situational demands” (Zach, Raviv, & Inbar, 2007, p. 350). Hardiness tends to serve as a variable to moderate stress and as a means to increase adaptive coping patterns. As such, “training to increase hardiness and self-efficacy in stressful situations should be incorporated into any training program for coping with stress to achieve optimal performance” (Zach et al., 2007, p. 352).

## **Implications for the Military**

Increases in stress and anxiety on the force tends to manifest itself in the form of high-risk behaviors, including excessive alcohol use, substance abuse, acts of violence, and reckless driving. These behaviors inform us that current coping and problem-solving skills may not be adequate. In an attempt to avert negative behavior resulting from stress, foundational skills must be provided for our military members entering the service, rather than waiting for difficulties to arise. In order to proactively promote mental preparedness or resilience, we must begin with the end state in mind: healthy, psychologically resilient members who are able to effectively adapt and cope with increasing demands, a change-oriented culture, and ongoing military stressors.

For those entering the service, resilience and hardiness can easily be assessed and warrant consideration. Two measures, in particular, dominate the literature for assessing levels of resilience. The Connor-Davidson Resilience Scale is a 10-item measurement tool that has demonstrated good internal consistency and construct validity (Campbell-Sills & Stein, 2007). Research indicates that the Connor-Davidson Resilience Scale is able to reliably differentiate resilient individuals from non-resilient individuals (Campbell-Sills & Stein, 2007). Similarly, the Dispositional Resilience Scale is a 15-item instrument that evaluates hardiness. It too, has demonstrated good internal consistency and validity; however, test-retest reliability has not been confirmed (Bartone, 2007). Both of these assessment tools are brief in nature and could be used for military members entering the service to provide a global indication of resiliency and inform the member of any gap in skills warranting further attention. This equates to the initial physical fitness test conducted shortly after entry into the service. Resiliency assessment could be accomplished at either basic training or technical school training. Moreover, it could also be

incorporated into Commissioned Officer Training, Reserve Officer Training, and Officer Training School.

Foundational skills building should be incorporated into training early on in a member's career. Research with college students reaffirms that training individuals to be more resilient is efficacious. Steinhardt and Dolbier (2008) randomly assigned 64 students to either a resiliency training program or a control group. Participants in the experimental group received two hours of resiliency training each week for four weeks. Training consisted of education on stress, stress management skills, problem-solving, and the power of decision-making when reacting to stressful events. Resiliency was measured pre-and-post intervention for both the experimental group and the control group. Compared to the control group, those receiving resiliency training demonstrated an improvement in resiliency, more effective coping skills, and increased their level of protective factors (positive affect, self-esteem, and self-leadership). These results are significant and directly applicable to the military population.

Resiliency training, as described above, could be incorporated into basic or technical school training as well as professional military education. Opponents to this may suggest that this would increase the length of training or the production line for getting members to the field. However, a small investment up front is likely to yield greater dividends later, with a reduction in time spent focusing on adverse behavior, ineffective performance, or the aftermath of suicide.

In addition to foundational skills training, mental preparedness could also be enhanced by embedding a mental health provider within each group or battalion. Utilizing the flight surgeon's model, this would enable providers to become a known entity to unit members and to incorporate psychological preparedness in the unit's promotion of "fit to fight." Only through

normalization and destigmatization can mental health training rival physical training for service. This requires a cultural shift in how we prepare our members.

In an effort to promote and sustain hardiness, it is recommended that that the Integrated Delivery System (IDS) maintain at least one certified trainer in hardiness to promote resiliency across the spectrum of operations. Per AFI 90-501, the IDS is charged to develop a “comprehensive, coordinated plan for integrating and implementing community outreach and prevention programs” (2006, p. 5). The IDS team could promote the constructs of commitment, control, and challenge within the strategic milieu in order to foster an emphasis on growing through adversity, utilizing a problem-solving approach, and viewing change as a necessary part of life. Armed with these skills, our members are more likely to be mentally prepared and fit-to-fight.

## **Conclusion**

Promoting resiliency, or hardiness, must occur early on in a member’s career to provide a foundation of skills that can be built upon across the life-span. This must occur at the individual level with reinforcement through a unit and leadership culture that equates the importance of mental preparedness with physical preparedness. Embedding hardiness training within basic training, technical school, and professional military education would enable members to develop a set of coping skills that would not only enhance mental preparedness, but also optimize military performance. Continued preventative efforts through the IDS should be ongoing to support and sustain resiliency. Research suggests, “Strategic enhancement of these factors will optimize the performance of military personnel as they confront the reality of military operations” (Britt, Castro, and Adler, 2006, p. 238).

FIGURE 1. The Hardiness Model for Performance and Health Enhancement. Copyright 1986 – 2005 by the Hardiness Institute.

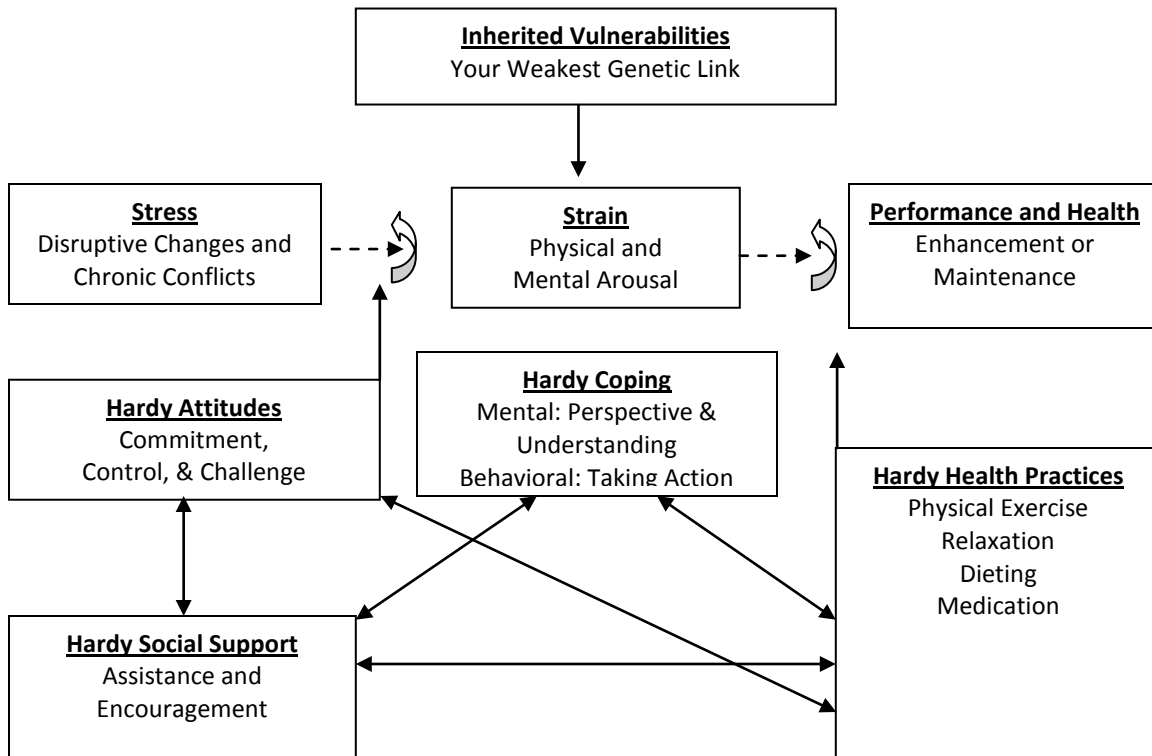
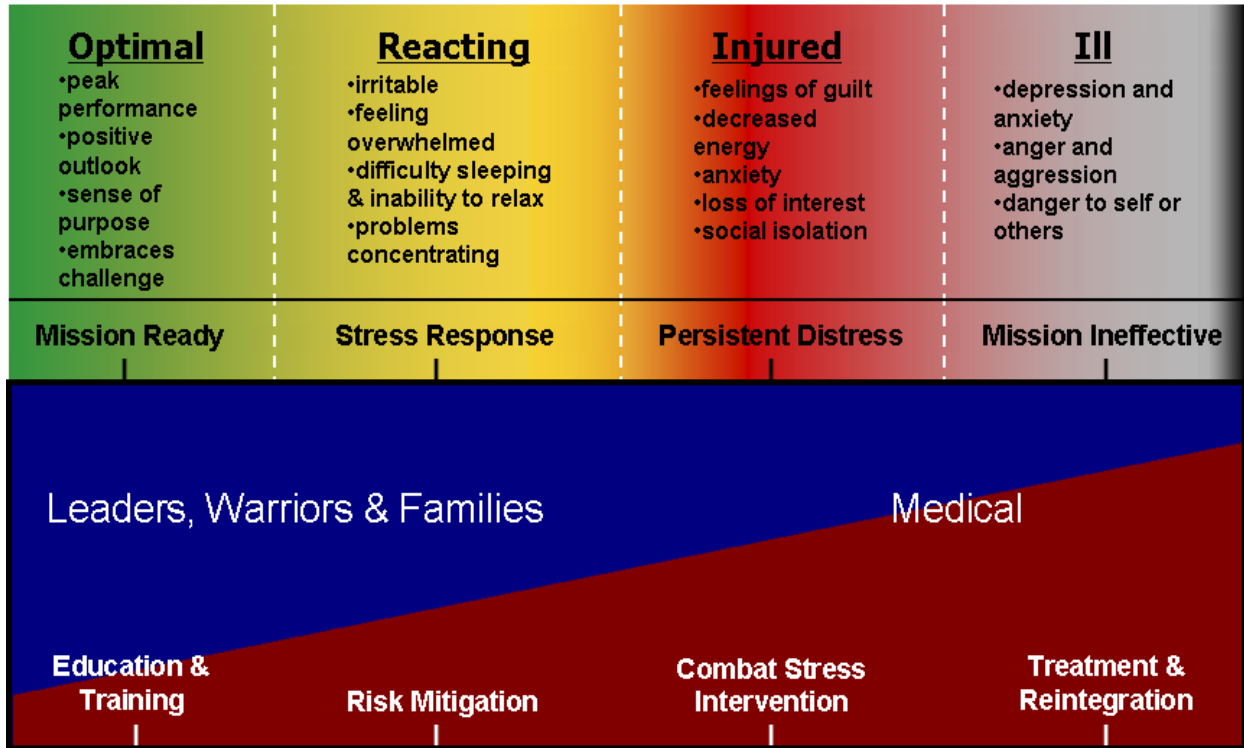


FIGURE 2: Defense Centers of Excellence For Psychological Health and Traumatic Brain Injury Resiliency Continuum.



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