

The US Army War College Quarterly: Parameters

Volume 47
Number 1 *Parameters Spring 2017*

Article 9

Spring 3-1-2017

Enhancing Resilience in an Operational Unit

Douglas A. Sims II

Amy B. Adler

Follow this and additional works at: <https://press.armywarcollege.edu/parameters>



Part of the [Defense and Security Studies Commons](#), [Military History Commons](#), [Military, War, and Peace Commons](#), and the [National Security Law Commons](#)

Recommended Citation

Douglas A. Sims II & Amy B. Adler, "Enhancing Resilience in an Operational Unit," *Parameters* 47, no. 1 (2017), doi:10.55540/0031-1723.2838.

This Article is brought to you for free and open access by USAWC Press. It has been accepted for inclusion in The US Army War College Quarterly: Parameters by an authorized editor of USAWC Press.

Enhancing Resilience in an Operational Unit

Douglas A. Sims II and Amy B. Adler

©2017 Douglas A. Sims II

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

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

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

Resilience Training

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

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

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

overlooking some at-risk soldiers as well as not optimally equipping units to reinforce the lessons learned.

The advantage of a unit-based approach is the potential to leverage members' strengths, provide buddy support, and train junior leaders in a common vocabulary of resilience and resilience skills to effectively communicate with unit members. Still, to avoid boring the entire unit, training has to be engaging and progressive over the career cycle of each servicemember. Moreover, training has to be periodically refreshed. The training approach depends both on organizational policy and on leaders' choices—at all levels—to integrate resilience training in their units.

Numerous studies have attempted to disentangle the ingredients of resilience. A review of the resilience literature in a RAND report evaluated and summarized 270 studies.² The researchers identified a set of common resilience skills across the scientific literature and categorized variables associated with individual resilience into five main factors: (1) positive coping such as active problem-solving; (2) positive affect such as optimism; (3) positive thinking such as thought restructuring or changing one's view of a problem; (4) realism such as having realistic expectations and practicing acceptance; and (5) behavioral control such as regulating one's emotional response. Three additional factors were identified for unit-level resilience: (1) positive command climate such as leaders building pride for the mission and modeling good behaviors; (2) teamwork such as work coordination, and (3) cohesion such as bonding. Interestingly, these factors are consistent with human dimensions concept components, which are typically incorporated into the Army's comprehensive resilience training programs.

Empirical Evidence

There appears to be evidence that resilience can indeed be taught, but some studies show an effect while others do not and almost all of the studies that do find an effect show small effects. In each of these studies, resilience is measured in a different way, and while there is no one agreed-upon metric of resilience, each study infers resilience based on other measures such as fewer mental health symptoms, better cognitive skills, and more effective work-related performance. The studies that identify such effects find individuals—such as civilians, police officers, and servicemembers—have better outcomes following universal training designed to improve resilience-related skills.³

Several well-designed studies conducted with the Army highlight ways in which resilience training has improved soldier outcomes on a

2 Lisa S. Meredith et al., *Promoting Psychological Resilience in the U.S. Military* (Santa Monica, CA: RAND Corporation, 2011).

3 Steven M. Brunwasser, Jane E. Gillham, and Eric S. Kim. "A Meta-Analytic Review of the Penn Resiliency Program's Effect on Depressive Symptoms," *Journal of Consulting and Clinical Psychology* 77, no. 6 (December 2009): 1042–54, doi:10.1037/a0017671; Bengt B. Arnetz et al., "Assessment of a Prevention Program for Work-Related Stress among Urban Police Officers," *International Archives of Occupational and Environmental Health* 86, no. 1 (January 2013): 79–88, doi:10.1007/s00420-012-0748-6; Amy B. Adler et al., "Battlemind Debriefing and Battlemind Training as Early Interventions with Soldiers Returning from Iraq: Randomization by Platoon," *Journal of Consulting and Clinical Psychology* 77, no. 5 (October 2009): 928–40, doi:10.1037/a0016877; Amy B. Adler et al., "Mental Skills Training with Basic Combat Training Soldiers: A Group-Randomized Trial," *Journal of Applied Psychology* 100, no. 6 (May 2015): 1752–64, doi:10.1037/apl0000021; and Amishi P. Jha et al., "Minds 'At Attention': Mindfulness Training Curbs Attentional Lapses in Military Cohorts," *PLoS ONE* 10, no. 2 (February 2015): e0116889, doi:10.1371/journal.pone.0116889.

range of measures. In terms of foundational skills, a randomized trial of 2,432 soldiers going through basic combat training assigned platoons to a resilience training condition or a military history condition. The study found mental skills training such as goal setting, imagery, self-confidence, attentional focus, and energy management improved performance on obstacle courses, Army Physical Fitness Test diagnostic scores, and a weapons qualification event.⁴ In one example, soldiers walked across a high beam seven seconds faster if they had training in mental skills as opposed to training in military history. Soldiers who participated in the training also reported greater use of these important mental skills.⁵ The skills central to this study are the same core performance psychology skills used in the Army's resilience training program.

In terms of skills promoting social resilience, a group randomized trial was conducted with 1,138 soldiers in garrison in which Army platoons were randomly assigned to social resilience training or a comparison condition of cultural awareness training. Those units in the social resilience condition that addressed social cognition, enhancing connections, and resolving conflicts reported improved unit cohesion after the training. Units in the other training condition did not report similar outcomes.⁶ These resilience skills could be used to maintain and improve unit connections in challenging contexts, such as Army National Guard units returning from combat.

In terms of the deployment cycle, predeployment studies demonstrate mindfulness—a type of resilience training in focused attention on the present moment without elaboration or judgment—can enhance soldiers' functioning as measured by neurocognitive assessments of working memory and attention.⁷ Thus, mindfulness training is now being piloted as part of the Army's resilience training program. Studies also routinely find that when soldiers receive predeployment resilience training focused on anticipating deployment stressors and identifying cognitive restructuring skills that can be useful during deployment, they report fewer post-traumatic stress disorder symptoms and physical health symptoms as well as greater morale than soldiers who report not receiving such training.⁸ Two randomized trials of nearly 4,000 soldiers after deployment show benefits of resilience training in terms of reductions of post-traumatic stress, depression symptoms, and sleep problems, as well as increases in life satisfaction.⁹ Such trainings are a core part of the Army's deployment cycle resilience training program.

Regarding the level of evidence presented in these studies, the gold standard is a randomized trial because randomization typically addresses preexisting group differences that might otherwise account for different

4 Adler, "Battlemind Debriefing," 928–40.

5 Ibid.

6 John T. Cacioppo, "Building Social Resilience in Soldiers: A Double Dissociative Randomized Controlled Study," *Journal of Personality and Social Psychology* 109, no. 1 (July 2015): 90–105, doi:10.1037/pspi0000022.

7 Ibid.

8 Eric S. McKibben et al., "Receipt and Rated Adequacy of Stress Management Training is Related to PTSD and Other Outcomes among Operation Iraqi Freedom Veterans," *Military Psychology* 21, no. 1 (January 2009): S68–81, doi:10.1080/08995600903249172.

9 Carl A. Castro et al., "Mental Health Training with Soldiers Four Months after Returning from Iraq: Randomization by Platoon," *Journal of Traumatic Stress* 25, no. 4 (August 2012): 376–83, doi:10.1002/jts.21721. For more on the positive impact for soldiers with higher combat exposure, see Adler, "Battlemind Debriefing," 928–40.

outcomes between two study conditions. If a randomized trial is not feasible, a quasi-experimental design can suffice. In this kind of study, individuals are not randomized to different groups but a handful of preexisting groups are contrasted with one another. The difficulty with this approach is that any differences found at follow-up may be due to some other factor, such as a change in mission or leadership, that affected one group and not the other. Statistical techniques can help minimize this problem, but it is still a meaningful limitation.

Sometimes, an intervention can only be tested in a pre-post design. In this situation, individuals being trained may be assessed prior to an intervention and then again afterward. Unfortunately, in this design, there is no way to know if effects are due to the intervention itself or some extraneous factor.

Finally, case studies can be used to describe an individual or a group response to an intervention. Typically, these studies involve an individual attesting to the value of a particular intervention. While both the pre-post design and case study are useful starting points, if a great deal of resources are going to be assigned to roll-out an intervention, the optimal way to determine if this investment in resources is worthwhile is through a randomized trial.

The problem with research, admittedly, is that it is a slow process. Scientists are also typically muted in their enthusiasm for any results they do find because they are trained to identify weaknesses and limitations in their studies. In addition, resilience training usually yields small effects because it is typically provided as a public-health style or universal intervention, implemented with a whole population, such as a brigade.

Despite these small effects, compared to interventions that target specific populations, universal approaches likely yield better long-term results.¹⁰ Basically, moving a large population a tiny amount can result in more overall change than moving a handful of people a substantial amount. This phenomenon occurs because treatment, even evidence-based and validated treatment, typically only attracts a small proportion of people who need it, and of those who seek treatment, only a handful stick with it. Furthermore, only a proportion of those who adhere to the treatment regimen will actually benefit from the treatment. So, the small improvements for more people associated with a universal intervention can actually result in a more powerful improvement than greater outcomes for fewer people affected by a targeted approach.

A Leader's Perspective

In 2013, the commander of the 2nd Cavalry Regiment in Vilseck, Germany, initiated an integrated resilience training program as part of predeployment preparations for Afghanistan. Despite the premium on leaders' time, particularly at the company and platoon level, the regimental commander recognized many programs across the installation could support unit and individual readiness. Dubbed Dragoon Total Fitness, this regimental initiative was a commander's priority that integrated the

10 Douglas F. Zatzick, Thomas Koepsell, and Frederick P. Rivara, "Using Target Population Specification, Effect Size, and Reach to Estimate and Compare the Population Impact of Two PTSD Preventive Interventions," *Psychiatry: Interpersonal and Biological Processes* 72, no. 4 (December 2009): 346–59, doi:10.1521/psyc.2009.72.4.346.

Comprehensive Soldier and Family Fitness program with other existing efforts. These additional resilience-building activities, such as yoga, nutrition classes, and financial planning courses, addressed topics across the five dimensions of strength—physical, emotional, family, social, and spiritual—identified by the Comprehensive Soldier and Family Fitness program. Dragoon Total Fitness brought these disparate programs together by providing resources and establishing specific expectations.

Leaders in the regiment were provided with a dedicated block of time for Comprehensive Soldier and Family Fitness resilience training. Every tenth morning a physical fitness period was set aside for resilience training—90 minutes every other week—to build resilience skills without adding to the already packed calendar of events. To help junior leaders meet the requirement to complete both Master Resiliency Training and at least one supplemental resilience activity per month, a user-friendly manual was developed. The Dragoon Total Fitness Guide provided background information on the Comprehensive Soldier and Family Fitness program; a schedule of installation resilience-building activities; and an overview of events, contact information, and required equipment; as well as recommendations and milestones for conducting the Dragoon Total Fitness program over a year. Leaders could use the guide to select specific resilience activities for their units and their understanding of their soldiers.

As is the case with all things, leader priority and involvement were critical to the program's success. Leaders were expected to participate. From first-line supervisors to the regimental commander, classes and additional resilience activities were not relegated to optional status; they were regarded as places of duty.

Competing requirements for leaders' time resulted in initial reluctance to schedule the classes and ensure they were conducted with detailed preparation and effort. Furthermore, the seemingly endless requirements dictated by the Army regulation caused some leaders to determine what they believed was important, often reporting completion of some tasks regardless of the quality of completion.¹¹ This reporting style has been identified as a risk the Army takes when there are too many requirements.¹²

Leaders who rejected the program often poorly selected their resilience instructors. In fact, bad instructors were actually more destructive to the program than not conducting training. Soldiers who attended classes led by inadequate instructors were less likely to see the benefits of the training, not inclined to attend additional training, nor were they open to the positive potential of resilience training.

In conjunction with leader emphasis, tenacity played a key role in increasing the unit's engagement in resilience. Despite concerns from some junior leaders, the commander retained resilience as a priority. Timelines for resilience module training and completion of individual soldiers' training were tracked with the same importance as physical fitness tests and marksmanship qualification records. Rather than simply

11 Headquarters, US Department of the Army (HQDA), *Army Training and Leader Development*, Army Regulation 350-1 (Washington, DC: HQDA, 2014).

12 Leonard Wong and Stephen J. Gerras, *Lying to Ourselves: Dishonesty in the Army Profession* (Carlisle, PA: Strategic Studies Institute, 2015).

complete two or four classes, soldiers had to complete full modules in accordance with a published and tracked standard. Recognizing the 2nd Cavalry Regiment would deploy over the life of the program, the modules accommodated the tour in Afghanistan. Although the timeline incorporated the rigors of combat, the criticality of resilience—particularly during the deployment—increased the emphasis on completing the resilience training.

As more leaders experienced the training as it was intended, they became more open to its potential, and the program became part of the regimental culture. Jokes from soldiers on post indicated the program was increasingly becoming a part of the fabric of the unit. Soldiers were discussing training-related terminology across the post. From admonishing each other to “hunt the good stuff” at the post exchange and warning those causing “activating events” that might lead to conflict, the jokes indicated a common language was being established.

The Soldier’s Perspective

As part of the program initiative, the 2nd Cavalry Regiment partnered with the Walter Reed Army Institute of Research during 2013 and 2014 to assess soldier perceptions of Dragoon Total Fitness. The research team surveyed all of the regiment’s available soldiers—a total of 2,181 soldiers—about leader support for the program. Overall, the soldiers rated 28 percent of their company leaders as “enthusiastic”; 47 percent, “open to the idea”; 22 percent, “going through the motions”; and 3 percent, “negative.” The more unit leaders were perceived as enthusiastic or open to the idea of the Dragoon Total Fitness program, the more likely soldiers were to report the training was useful. The usefulness of the training was recognized by 63 percent of the soldiers who rated their leaders as enthusiastic, 43 percent of the soldiers who rated their leaders as open to the idea, 24 percent of the soldiers who rated their leaders as going through the motions, and 17 percent of the soldiers who rated their leaders as negative.

Furthermore, leader engagement in the following supportive behaviors were directly linked to soldiers’ perceptions of leader enthusiasm for the program: (1) attend the training activities, (2) emphasize the importance of training skills, (3) refer to resilience skills when talking with soldiers, and (4) encourage soldiers to use these skills—for example, 62 percent of soldiers who regarded their leaders as enthusiastic also reported that their leaders attended resilience training activities, 35 percent of soldiers who regarded their leaders as open to the idea also reported leader attendance, 21 percent of soldiers who regarded their leaders as just going through the motions reported leader attendance, and only 9 percent of soldiers who regarded their leaders as negative also reported leader attendance. The same pattern held true for the other supportive behaviors. In addition, the more leaders engaged in these behaviors, the more soldiers reported using the skills they had learned and that the training was useful. Most importantly, the more leaders engaged in supportive behaviors, the better soldiers rated their unit climate and their own mental health.

Notably, even after accounting for rank and generally strong leadership skills in a series of multiple regression analyses, leadership

behaviors that supported resilience training were still independently associated with using resilience skills from the training, finding the training useful, perceiving a positive unit climate, and reporting fewer mental health symptoms such as traumatic stress, anxiety, and anger, which means the focus on promoting resilience training adds value. Additionally, these same models even significantly predicted unit climate and many of the same mental health outcomes four months later.

Command support for resilience trainers has been associated with more effective training in previous studies.¹³ To our knowledge, however, this article is the first to introduce the direct link between ratings of leader support for training and soldier perceptions of training. While these results confirm what many leaders have long known about the power of command support, the findings also offer direction for improving the impact of resilience training on units by emphasizing the role of leaders.

Strengthening Resilience

Training needs to be valuable and relevant. Resilience training should be tested with strong study design, with military populations, and with pertinent military problems and challenges in mind. Training untested in the military context may mismatch the occupational context and could distract from the Army's established and well-vetted program. Interventions based on civilian data may not necessarily work with servicemembers.

In one case, for example, a well-established intervention involving expressive writing was shown to be contraindicated for soldiers following combat deployment. Specifically, soldiers with high levels of combat experiences who were randomly assigned to the expressive writing condition reported more anger months later than did those assigned to the control condition.¹⁴ This study, while not yielding the expected results, was valuable because it underscored the importance of testing interventions in a military context using a randomized controlled design. The research emphasized the need to understand the population and the importance of this understanding for guiding decision-making about appropriate implementation.

Training needs to be integrated and marketed as part of one coherent program. Programs can integrate a range of topics, but ideally, the end user needs to see how the components fit together. Sometimes, perhaps as the result of misplaced enthusiasm, individuals approach senior leaders with new material that has not yet been scientifically validated. These well-intended individuals are typically passionate about their work and their belief that the material is critically important for the health and performance of servicemembers. But, ad-hoc programs lack the appropriate research evidence to validate their expected benefits.

One way leaders can respond to these suggestions is to recommend the individual partner with academic researchers who can help submit research proposals for funding. The government has several mechanisms

13 Paul B. Lester et al., *The Comprehensive Soldier Fitness Program Evaluation, Report #3: Longitudinal Analysis of the Impact of Master Resilience Training on Self-Reported Resilience and Psychological Health Data* (Arlington, VA: Comprehensive Soldier Fitness, Department of the Army, 2011).

14 Christopher Munsey, "Writing about Wounds," *Monitor on Psychology*, October 2009, 58.

to fund research studies, including ongoing broad agency announcements that allow preproposals to be reviewed on a continuous basis.¹⁵ These preproposals can be selected for a full proposal, independently reviewed, and potentially recommended for funding. This process is vital to the development of new and effective training.

New material can be valuable to refreshing training programs when appropriately assessed through empirical study. Approved training also needs to be integrated into the unit culture by reinforcing the concepts over time. Embedding resilience skills in military tasks, and not just in a classroom setting, should increase the degree skills will be routinely practiced and supported by unit members and leaders.

Training needs to be scalable. Training that can only be implemented by one or two experts or that requires excessive resources will not lead to a sustainable program. Moreover, training must be provided by carefully selected and sufficiently prepared trainers, even at the unit level, who are well-suited to the task. Ongoing quality control checks need to be conducted to make sure drift from the original training content—a natural risk in providing decentralized training—is avoided. Professional resilience trainers, such as the Army Resiliency Directorate's Performance Experts who are master's and PhD level trainers in mental skills, can also be used to reinforce unit training and ensure optimal presentation.

Training needs to be supported by leaders at all levels. This support can be maximized by explaining the program's rationale, scientific evidence, and the importance of leader engagement. Senior leaders need to send an unequivocal message about the importance of resilience training. Research evidence is critical because leaders need to be able to distinguish between good ideas with enthusiastic support and good ideas with an evidence base. They need to know the questions to ask or reach out to experts to help evaluate proposed ideas.

Part of leader engagement involves creating policies and procedures to ensure implementation, coordination, and resources, such as those described in the analysis of the 2nd Cavalry Regiment's Dragoon Total Fitness program. Leader support does not have to be an amorphous concept. As suggested by the 2nd Cavalry Regiment study, effective leader support can consist of practical steps such as attending training, emphasizing the importance of training, referring to the training content when talking with soldiers, and encouraging soldiers to use the skills.

A review of the Army's resilience training would not be complete without also mentioning the concern that the program is an unnecessary burden on soldiers and leaders. In reality, training is ubiquitous across the Army, and the topics, breadth, and results of such training should be questioned to maintain the learning orientation of the organization. Indeed, some of the analysis provided here regarding the importance of leader support applies to all training implementation. Still, the data are specific to resilience training perceptions and suggest leaders at all levels can engage in behaviors that promote unit-based resilience programs, enhance the efficacy of the training itself, and serve as force multipliers.

15 For information on submitting broad agency announcements and requests for proposals, see "How to Submit a Research Proposal," US Army Medical Research and Materiel Command, http://www.usamraa.army.mil/pages/baa_paa/baaproposal.htm (accessed April 5, 2017).

Future efforts should examine ways to select training modules that are a good fit for leaders' units. Combining a unit resilience profile with recommendations for targeted training modules would offer a more systematic approach to matching training with particular units. In this way, scores on various resilience factors, such as those identified by the RAND overview, could be used to align units with specific training and ultimately to help units operate more effectively in decentralized and complex environments.

Prioritizing resilience training among the myriad requirements leaders face requires careful balance in this era of perpetual conflict. Obviously, soldiers need practice in tactics, units need to gain confidence working together as a team, and leaders need experience with high-stress decision-making. Each of these requirements, coupled with individual deployment preparations, means finding time for "additional" training will be nearly impossible. Yet, if resilience training is understood to be a valuable investment, then it will not be so easily dismissed. In fact, appropriately implemented resilience training can make soldiers better at tactics, teamwork, and critical decision-making, all essential elements of the human dimensions concept, and more importantly, keys to success in training and on the battlefield.

Douglas A. Sims II

Brigadier General Douglas A. Sims II most recently served as the 1st Cavalry Division's Deputy Commanding General-Support, Fort Hood, TX, with additional duties as the commanding general for Task Force Forge, Operation Resolute Support and Freedom's Sentinel in Helmand Province, Afghanistan.

Amy B. Adler

Dr. Amy B. Adler, a clinical research psychologist at the Walter Reed Army Institute of Research, cochairs the US Army's Psychological Health and Resilience research program. She has led numerous randomized trials with Army units, published more than 100 peer-reviewed journal articles, and co-edited six books.

