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THE RESILIENT MINDSET: RESILIENCE PRACTICE ENABLING THE CANADIAN ARMED FORCES

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JCSP 45

Service Paper

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The Resilient Mindset: Resilience Practice Enabling the Canadian Armed Forces

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Word Count: 2,577

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AIM

1. The relevance of resilience and the Canadian Armed Forces (CAF) could not be more relevant than it is today. The CAF has seen an increased trend in diagnoses and treatment of mental health disorders, including Post Traumatic Stress Disorder (PTSD). The concept of resilience is now at the forefront of the CAF leadership. The aim of this service paper is to provide recommendations regarding the surgically precise adoption of a pan-CAF Resilience Practice that is aimed to positively influence the human resource domains of attraction, recruiting and retention. In what follows, this paper will outline the why resilience is a critical concept for the CAF, the framework of a Resilience Practice that include a common understanding of resilience, techniques, and institutional support requirements.

INTRODUCTION

2. The leadership of the CAF has a vested interest in the health and wellbeing of its greatest resource, the people. Mission first, people always. We know how much is invested into our people through indoctrination to formal occupational specific training and irreplaceable experience. Where the CAF may lag in the procurement of equipment or technology, we have invested in our people who are at the core of everything the CAF does. Not unlike our civilian counterparts, mental health permeates our fabric. The CAF is unique in the type of employment expected from our people. We move members around the country, deploy and separate them from their home and support systems, send them to remote and often destitute regions in the world where the potential giving of one's life in the name of service or taking the lives of others has, and will continue to be, a part of the role of service members. Not surprisingly, mental disorders have been reported to be higher among CAF Afghan veterans than their non-deployed counterparts and civilians.¹ The CAF has also seen an increasing rate of mental disorders, which may be attributed to the operational tempo and employment but could also be related to improved access and screening or decreased stigma.² The CAF is not the employer of choice for everyone, nor can we quickly force generate and replace uniquely trained and talented members, it is in our best interest to invest and protect those who serve.

3. The Afghan mission brought mental health conditions such as PTSD to the forefront, but PTSD is only one of many mental conditions that impact the members of the CAF. In 2013, the "Canadian Forces Mental Health Survey (CFMHS) reported that approximately one-half of the Regular Force members (48.4%) met the criteria for at least one of five mental or alcohol disorders being studied."³ Not surprisingly, the American Psychiatric Association links mental health disorders "with distress or disability, behavioural or psychological dysfunction, and

¹ Caryn Pearson, Mark Zamorksi, and Teresa Janz, "Mental Health in the Canadian Armed Forces," Health at a Glance, 2014, <https://doi.org/10.1177/0706743715625424>. P. 4; National Defence, "Surgeon General ' s Integrated Health Strategy – 2017," 2017.

² Defence, "Surgeon General ' s Integrated Health Strategy – 2017." P.5

³ Ibid. P.2

pain.”⁴ CAF leaders have learned to expect a negative impact from mental health disorders via absenteeism and decreased productivity.⁵ The publications for the treatment of mental health conditions, once diagnosed, are boundless. The topic of resilience is gaining mainstream attention. What more can the CAF do to build resilience and to strengthen our personnel before, during and after deployed operations to reduce the impacts of PTSD and other mental health disorders to maintaining the force? Though living with mental health conditions may not be preventable, the impacts and outcomes could be seen as a part of life that our people can move toward their highest potential despite diagnosis or trauma. The CAF is a unique community perfectly suited to find, fix and exploit the development of a Resilience Practice with the aim of achieving a culture that acknowledges trauma, prepares for it and grows from it to not only support the force but attract and retain them as well. A Resilience Practice is made up of a common understanding of resilience, techniques and practices that are collectively packaged and delivered by the institution.

DISCUSSION

4. First, to address the concept of resilience, the CAF must adopt a common understanding of what resilience is, the purpose and limitations. The Systems Theory approach to resilience describes the concept is seen as both within a member but is also something potentiated by the environment or experiences that ultimately lead to a self-definition of healthy.⁶ The key for CAF leadership is to acknowledge that the concept of the resilient mindset is shared – both the individual and CAF are important. Resilience is similar to the concept of physical fitness, and the CAF already recognizes the importance for its members to be at the top physical condition as one of the many aspects of not only achieving inner personal excellence but that of the team. In his book *Mind Gym*, Gary Mack expands on the importance of training the “mind-muscle” for athletes to successfully differentiate themselves amongst other athletes at peak physical performance.⁷ Gary Mack postulates the difference between genuinely successful athletes is their dedication to working out in their mind gym, rehearsing and preparing for certain conditions from choking to negative self-talk.⁸ Applying a Resilience Practice can potentially lead to members identifying as being ill or injured but maintain an overall self-reported feeling of health as they approach these experiences consciously and positively. This can be seen through experiences such as trauma where the outcomes for the member involve growth, otherwise known as post-traumatic growth. This does not necessarily mean that members are living without mental health conditions, it means that members are actively approaching the concept of their experiences in space where the positive outcome can be an option. This approach involves the adoption of Resilience Practice, within the CAF this concept may be a force enabler along several dimensions.

⁴ American Psychiatric Association, *DSM-IV Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Organization, vol. 33, 2000, <https://doi.org/10.1073/pnas.0703993104>. P. xxi

⁵ K Rost, J L Smith, and M Dickinson, “The Effect of Improving Primary Care Depression Management on Employee Absenteeism and Productivity. A Randomized Trial,” *Med.Care* 42, no. 0025–7079 (Print) (2004): 1202–10. P. 1202.

⁶ Michael Ungar, “A Constructionist Discourse on Resilience: Multiple Contexts, Multiple Realities among At-Risk Children and Youth,” *Youth and Society* 35, no. 3 (2004): 341–65, <https://doi.org/10.1177/0044118X03257030>. 344-45.

⁷ Gary Mack and David Casstevens, *Mind Gym: An Athlete’s Guide to Inner Excellence* (United States: McGraw Hill, 2001).

⁸ Ibid.

5. Secondly, what specific options are available to support the people, though this paper is not exhaustive, it will focus on the following three concepts that can make up the components of a Resilience Practice: mindfulness and self-compassion, spirituality and growth mindset:

- a. Mindfulness & Self-compassion. “Mindfulness is achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, and bodily sensations.”⁹ The practice of mindfulness is used for people to explore ones thoughts and feelings from a non-judgemental standpoint.¹⁰ Acknowledging an experience as painful, responding inwardly, with kindness and support, reflecting that these experiences are not unique and part of the human experience.¹¹ Following traumatic events, these practices have proven positive outcomes regardless of whether or not a member has PTSD or other mental health conditions.¹²
- b. Spirituality. The CAF has long endorsed the importance of respecting the faith and spirituality of the members; an entire profession is dedicated to this aspect. Spirituality can be practice through religion or other non-secular means. Some report that exploring the meaning of life through a spiritual practice is a means of practicing positive psychology and has been explored as a protective factor.¹³
- c. Growth Mindset. A four-step process articulated by Dr. Carol Dweck that involves first hearing your inner, fixed voice. Second, recognizing your choice in the interpretation of events (challenges, setbacks, criticisms). Third, talking back with a growth mindset or reframing, owning your contribution and moving forward. Fourth, and final step is to take action either by accepting a challenge, learning from setbacks, or hearing the criticism and addressing them.¹⁴

It is important to note that resilience is natural, “common phenomenon arising from ordinary human adaptive processes.”¹⁵ If these techniques work after a traumatic exposure, it would seem like a logical hypothesis that they could also function in a protective method as well. These constructive strategies for resilience are only a short list of techniques that can be embodied in a CAF Resilience Program with reasonable expectations of positive outcomes. What the CAF will then do is endorse a menu of options, taught deliberately and interactively to provide members with tools to consciously process events via methods that are individually chosen by the member.

6. Thirdly, if resilience is an individual skill, can the CAF adopt the concept at the institutional level? Implementation of any new pan-CAF practice is by definition a leadership

⁹ “Dictionary.Com,” n.d.

¹⁰ John D. Teasdale et al., “Metacognitive Awareness and Prevention of Relapse in Depression: Empirical Evidence,” *Journal of Consulting and Clinical Psychology* 70, no. 2 (2002): 275–87, <https://doi.org/10.1037/0022-006X.70.2.275>. 2.

¹¹ Katherine A. Dahm et al., “Mindfulness, Self-Compassion, Posttraumatic Stress Disorder Symptoms, and Functional Disability in U.S. Iraq and Afghanistan War Veterans,” *Journal of Traumatic Stress* 00 (2015): 2.

¹² Ibid: 4.

¹³ Kimberly A Kick and Myrna McNitt, “Mindfulness : Finding Hope” 43, no. 3 (2016): 97.

¹⁴ Carol S. Dweck, *Mindset The New Psychology of Success* (United States: Random House, 2006). Chapter 5.

¹⁵ Ann S. Masten, “Ordinary Magic: Resilience Processes in Development,” *American Psychologist* 56, no. 3 (2001): 227–38, <https://doi.org/10.1037/0003-066X.56.3.227>. 234.

function. There are several recent exposures to implementation gone poorly, none more salient than the RAND evaluation of the implementation of the Airman Resilience Training (ART) Program. The ART Program was designed to “improve airmen’s reactions to stress during and after deployment and to increase the use of mental health services when needed.”¹⁶ Overall, the program was evaluated to be poorly executed; the presentations were scheduled during annual briefings, presenters were unfamiliar with the content of their slide decks and members did not feel there was a utility to the program.¹⁷ Though the ART Program may have been the premiere of resilience programs, due to the lacklustre rollout, there was no buy-in from the members themselves and very unlikely to have uptake or positive outcomes for members. The National Implementation Research Network (NIRN) has dedicated itself to the science of implementation and defines implementation as “a specified set of activities designed to put into practice an activity or program of known dimensions.”¹⁸ Once the CAF Resilience Practice is fully fleshed out, the leadership must use surgical precision in the implementation to guarantee member buy-in and adoption of the practices. Drawing from NIRN, the implementation strategy includes competency, organization and leadership drivers, as can be seen at Annex A.¹⁹ The goal during implementation is unpacking the program in a manner that it becomes sought after, idealized and the concept is spreading word-of-mouth by the members. Throughout, the CAF leaders would be expected to model the behaviour, endorse and support program roll out. To satisfy the members’ need to learn, instructional methods will be deliberately chosen to best support this development based on lessons learned from the RAND ART study and NIRN.²⁰ Instructional methods need to be executed deliberately, well rounded, specific, polished, relatable, and genuine. They do not necessarily need to take the form of typical power point, classroom didactic. What this looks like is an implementation team made up of leaders and peers using informal and formal leadership enabled by the CAF institution with forcing function.²¹ As an example, forcing functions of physical fitness include instruction, equipment or access to a gym, the chain of command providing time in the battle rhythm to workout and finally evaluation through the annual physical fitness tests. To be successful, the Resilience Practice is endorsed and supported from the institutional leadership through program forcing functions that include conscious instruction, provision of resources or equipment, indoctrination of resilience practice within the battle rhythm and an adopted method of evaluation.

7. The Resilience Practice will not be successful via an operation order. There is no end state, the program and people are in a constant state of evolution. This is not a one-stop training event that CAF members receive on enrolment, pre-deployment, or post-deployment for a check-in-the-box readiness form. A Resilience Practice is a shift in culture, but one that needs to be monitored and measured not only to track progress or outcomes but to adjust the program itself as the CAF population evolves, new research and techniques emerge. A balanced scientific

¹⁶ Gabriella Gonzalez et al., *An Evaluation of the Implementation and Perceived Utility of the Airman Resilience Training Program*, 2014. ix.

¹⁷ Ibid. xi.

¹⁸ “National Implementation Research Network,” accessed October 11, 2018, <https://nirn.fpg.unc.edu/learn-implementation>.

¹⁹ Ibid.

²⁰ Gabriella Gonzalez et al., “An Evaluation of the Implementation and Perceived Utility of the Airman Resilience Training Program,” 2014, 83. xiv-xv.

²¹ “National Implementation Research Network.”; Ashley Collette, Telephone conversation 10 October 2018, Resilience & Mental Health (2018).

approach is required to provide the data that the leadership are interested in that reflects the people, their wellbeing as this relates to attraction, recruiting and retention.

CONCLUSION

8. There is obvious interest and support within the CAF community to implement a Resilience Practice that is hypothesized to impact attraction, recruiting and retention positively. The concept that the mindset can be trained reveals that we can better equip the people to consciously address and work through experiences to positive outcomes. The theories of resilience present strategies that can be indoctrinated into the CAF culture and fabric, and though it is hypothesized they will significantly impact results for the positive, it must be acknowledged that there could be unintended negative outcomes. To accurately monitor and adjust, a scientific method of study must be adopted, and the implementation done with surgical precision. The unique nature of the CAF population, employment expectations and importance of the greatest asset - the people, mean the CAF should be extraordinarily interested in exploiting any practice that would benefit them. The adoption of this type of philosophy and practice in the CAF's people would undoubtedly be seen as an investment in its people and transcend directly by way of positive impacts in attraction, recruiting and retention.

RECOMMENDATIONS

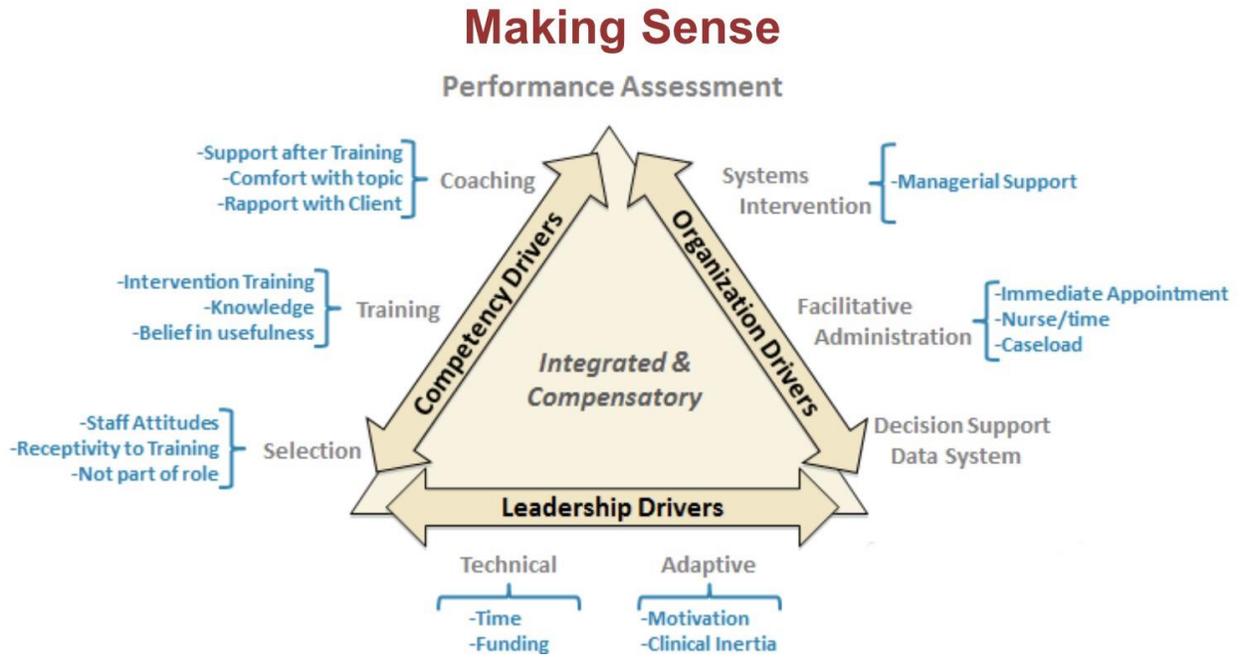
9. The CAF should develop and implement a pan-CAF implementation strategy that sees resilience as a shared effort between CAF members and their surrounding environments. The strategic development will need to take into account stakeholders such as CF H Svcs Gp and Health Promotions to prevent any duplication of effort. In addition to this, a needs assessment with input from all the formational-levels to ensure a common operating picture and guarantee buy-in from the leadership. To ensure success, leadership at all levels need to remain engaged and a small networked enabled team with representation from across the CAF to include mental health practitioners and peers be instituted and charged with the sole responsibility of bringing the concept to fruition. The method in which the CAF employs its greatest asset, the danger and stressors are likely to continue to rise, a Resilience Practice could very well be the investment upfront providing its members with the tools for applying strategy to these environments with beneficial outcomes. These positive, healthy outcomes would not only benefit the member individually but impact the CAF as an institution. The investment would be seen in attraction, retention and recruitment of members who are fully aware that they are working with an employer of choice that invests in their greatest asset, the people.

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National Implementation Research Network – Implementation Drivers²²



²² Fixsen & Base, 2006-2012 as found at “National Implementation Research Network.”