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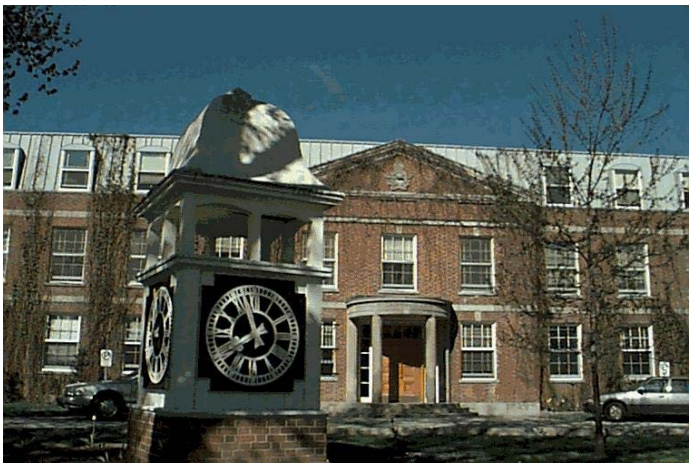

UP-ARMOURING THE SOLDIER MIND FOR THE MODERN OPERATING ENVIRONMENT: THE CASE FOR RESILIENCY TRAINING IN THE CANADIAN ARMY

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AIM

1. Canadian Army (CA) soldiers bore the fighting burden of the Canadian Armed Forces (CAF)'s mission in Afghanistan from 2001 to 2014.[1] Consequently, in the aftermath of this conflict CA leadership has become concerned by reports from the tactical level regarding increasing cases of Post-Traumatic Stress Disorder (PTSD).[2] In response to such concerns, this service paper aims to determine whether it would be beneficial for the CA to invest in a standardized soldier resiliency trial program before its next significant combat mission. The goal of such a trial program would be to reduce instances of PTSD and evaluate its potential for wider expansion within the CA.[3] Based on the analysis contained herein, this paper will recommend that the CA commits to such a standardized resiliency trial in an upcoming annual Operating Plan**.**

INTRODUCTION

2. In 2005-2006, as the CAF's mission in Afghanistan entered a dangerous, new phase in Kandahar Province, CA leadership turned down the opportunity to create a resiliency program for its soldiers because it did not believe the program could be scientifically validated.[4] At that time, the CAF had only recently commenced Operation ATHENA in Kandahar and mission casualties were still low. However, over the next

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[1]Robert Fowler, *Combat Mission Kandahar: The Canadian Experience in Afghanistan* (Toronto: Dundurn Press, 2016), 6-20.

[2]Canadian Army HQ Staff provided this problem definition as a service paper topic

[3] It is possible that training offered in such a CA program could limit the negative effects of stress and operational trauma that have been linked to PTSD diagnoses, but it should not be seen as a fail-safe for the absolute prevention; certain variables contributing to PTSD are unpredictable and uncontrollable.

[4]DGMPRA Personnel and Structure Integration, Personal Communications via email to author, 4 October 2018.

decade PTSD cases in the CAF increased sharply – partially because of the combat mission in Kandahar. By 2017, Veterans Affairs Canada was reporting the treatment of 17,623 cases of PTSD - with 4,833 resulting from Afghanistan service.[5] The CA, which force generated approximately 75% of the CAF contribution in Afghanistan, has not been immune.[6]

3. Several studies corroborate this inference. Between 2011 and 2016, Canadian Forces Health Services (CFHS) published a series of reports and articles on personnel returning from Afghanistan with mental health issues. The findings were sobering: "13.5% of personnel deployed in support of the mission in Afghanistan were diagnosed with a service-related mental disorder within 4 years after their return. For those in high-threat locations, estimated rates approached 30% after 7 years."[7] This research further indicated that approximately 63% of those affected were from the CA.[8] As this analysis predicted that diagnoses would only begin to plateau at six years after mission closure,[9] it is still conceivable in 2018 that CA personnel are receiving new PTSD diagnoses related to Afghanistan deployments.

4. It is true that any replication of Afghanistan's PTSD consequences may prove untenable in a future conflict. The CA currently faces personnel shortages and readiness challenges that do not permit for further degradation of the field force – at

[5] Veterans Affairs Canada, *Veterans Affairs Canada Statistics – Facts and Figures*, last modified on 3 August 2018, http://www.veterans.gc.ca/eng/about-us/statistics.

[6] Veterans Affairs Canada, *Veterans Affairs Canada Statistics – Facts and Figures*, last modified on 3 August 2018, http://www.veterans.gc.ca/eng/about-us/statistics.

[7] David Boulos and Mark A. Zamorski, "Military Occupational Outcomes in Canadian Armed Forces Personnel with and without Deployment-Related Mental Disorders", *The Canadian Journal of Psychiatry*, 61 (2016): 349.

[8] David Boulos and Mark A. Zamorski, "Military Occupational Outcomes in Canadian Armed Forces Personnel with and without Deployment-Related Mental Disorders", 352.

[9] David Boulos and Mark A. Zamorski, "Deployment-related mental disorders among Canadian Forces personnel deployed in support of the mission in Afghanistan, 2001–2008", *CMAJ* 185 (August, 2013): 549

least not if operations are to be maintained at their current rate. As of 31 August 2018, the CA possessed a trained effective strength of 88% with only 62.6% being deployable due to medical employment limitations.[10] Some of these limitations are unquestionably the result of PTSD. Nevertheless, the CA has only cosmetically altered its approach to mental health resiliency training in recent years.[11] Instead, it still only integrates Road to Mental Readiness Training (R2MR) as a smaller component of its leadership and high readiness training, which has the unfortunate effect of diminishing R2MR's unique importance.[12] Notwithstanding, recent progress in psychiatric and social science, the emergence of international and national resiliency and PTSD prevention programs, and even CAF mental health research developments should encourage the CA to reconsider committing to an army-wide resiliency training trial program.

DISCUSSION

Developments in the study of Resiliency Training

5. PTSD became recognized by the *Diagnostic and Statistical Manual of Mental Disorders* in 1980; initially, there were differences in medical opinion and conflicting evidence about how to mitigate its impact on soldiers. Since then, wars in Afghanistan and Iraq have facilitated numerous mental health studies on PTSD and soldier resiliency. The findings from these studies lend credence to the resiliency concept – broadly linking resiliency training techniques to four potentially promising outcomes. First, several empirical studies have found that it is possible to increase soldier resiliency through controlled exposure to potentially traumatic events (PTEs) in

[10]CA G1 Personnel Generation, *Canadian Army Strength Sitrep – August 2018* (Ottawa: DND Canada, 2018), 8.

[11]Major S.A. Heer, "A leader centric approach to the CAF soldier support system" (Joint Command and Staff College Directed Research Paper, Canadian Forces College, 2014), 32-90; Major Christian Lillington, "Mental Injuries Sustained by Veterans of the Afghanistan Campaign: A Comprehensive Issue" (Joint Command and Staff College Directed Research Paper, Canadian Forces College, 2012), 55-87.

[12]Major Robert A. Wang, "The Benefit of Positive Visualization on the U.S. Army" (U.S. Army Command and General Staff College Paper, University of Kansas, 2002), 48. The author warns that when integrating resiliency training in a larger training package, if insufficient time is allocated to resiliency training the potential benefits of the training will be negated.

training.[13] Essentially, regularizing exposures over time presents the possibility of altering a soldier's perception of PTEs in order to limit chronic, negative reactions. Second, functional studies show that strong, transformational unit leadership during resiliency building activities throughout all phases of the deployment cycle contributes to strengthened resiliency against PTSD - a finding particularly attractive for military chains of command.[14]

6. The third outcome is that interventionist treatments such as attention bias modification training (prior to combat) and cognitive-behavioral therapy (post combat, early in the reintegration period) have also shown promise in protecting soldiers against PSTD arising out of combat scenarios.[15] Finally, researchers have determined a correlation between risk, predisposition factors, and PTSD diagnoses. For example, PTSD experts suggest that high risk soldiers can be identified should they satisfy specific screening criteria (low education, prior history of mental illness, prior exposure to trauma).[16] Early identification would offer the possibility of limited unit intervention or

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[13]Sean Robson, *Psychological Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being* (Santa Monica: Rand Corporation, 2014), 31.
A summary of supporting references related to stress inoculation studies is found at Annex A.

[14] Paul T. Bartone, "Resilience Under Military Operational Stress: Can Leaders Influence Hardiness?," *Military Psychology* 18 (2006):144-145.
A summary of supporting references related to the relationship between leadership and resiliency is found at Annex A.

[15] I. Wald, E. Fruchter, K. Ginat, E. Stolin, D. Dagan, P. D. Bliese, P. J. Quartana, M. L. Sipos, D. S. Pine and Y. Bar-Haim, "Selective prevention of combat-related post-traumatic stress disorder using attention bias modification training: a randomized controlled trial," *Psychological Medicine* 46 (2016):2633-2634.; Wei Qi, Martin Gevonden and Arieh Shalev, "Prevention of Post-Traumatic Stress Disorder after Trauma: Current Evidence and Future Directions", *Current Psychiatry Reports* 18 (2016): 20.
A summary of supporting references related to the impact of ABMT and CBT is found at Annex A.

[16]Rhonda Cornum, Michael D. Matthews and Martin E. P. Seligman "Comprehensive Soldier Fitness: Building Resilience in a Challenging Institutional Context", *American Psychologist* 66 (January, 2011):5-8; Donald Meichenbaum, "Stress Inoculation Training: A Preventative and Treatment Approach," in *Principles and Practice of Stress Management* (New York: Guilford Press, 2007), 497-518.
A summary of supporting references related to the identification of PTSD risk factors is found at Annex A.

even a soldier's complete removal from regular employment before an adverse event occurs. Importantly, while none of the studies referenced claim that resilience techniques or their outcomes are a panacea against PTSD, the majority of resiliency experimenters were firmly in favor of further exploration such as formalizing resiliency building techniques into structured programs.

Developments in Resiliency Training Programs

7. The CA has only partially embraced the resiliency programs available to it (R2MR); principally, it has used resiliency activities to augment training packages with primary objectives other than improving mental health. Conversely, other defense, security, and first responder organizations have broadly accepted the previously mentioned research findings and have adopted resiliency programs which aim directly at PTSD prevention. In this connection, there are several case studies that the CA can potentially learn from.

8. Several militaries have enjoyed positive results with resiliency training;[17] this service paper will discuss two such models. The U.S. Army Comprehensive Soldier and Family Fitness program (CSF2) serves as a scientifically validated success; it represents "an organization-wide effort by Army leadership toward enhancing soldier resilience and psychological health (R/PH)."[18] The program consists of three main lines of effort: online assessment and self-development, training (master resiliency training for leaders, deployment cycle resiliency training), and metrics and evaluation. It was conceived in 2009 in response to mounting mental health issues related to combat in Operations ENDURING FREEDOM and IRAQI FREEDOM. Since then, it has received both acclaim from the army chain of command and sceptical scrutiny

[17]The Israeli Defence Force (IDF) and British Army are prominent examples of western armies that have successfully adopted resiliency training programs.

[18]P.D. Harms, Mitchel N. Herian, Dina V. Krasikova, Adam Vanhove, Paul B. Lester, *The Comprehensive Soldier and Family Fitness Program Evaluation Report #4: Evaluation of Resilience Training and Mental and Behavioral Health Outcomes*, 3.

from Department of Defence pundits and dissenting psychiatrists.[19]Thus, in order to prove their value, CSF2 programs have undergone rigorous evaluation. For example, in 2014, it underwent a comprehensive audit which assessed that **"**the resilience training component of CSF2 has the capability to improve health and behavioral outcomes for individual Soldiers, which may improve the effectiveness and efficiency of the Army as a whole.[20] Ultimately, because the majority of soldier feedback and scientist assessment has been markedly positive, the program will continue to evolve and remain funded for the foreseeable future.

9. The Australian Defence Force's (ADF) BattleSMART (Self-Management and Resilience Training) is an example of a resiliency program within a military of comparable size to the CAF that faces comparable mental health challenges. BattleSMART is the evolution of resiliency program developments which took place during the ADF's Afghanistan mission. At its core, it is "the evidence-based approaches of attributional retraining and cognitive behavior therapy…that focuses on physical, thoughts, emotions and behaviors that may indicate and promote poor or optimal performance in a stressful situation."[21] Recently acclaimed by the Australian military's nascent *Defence Mental Health and Wellbeing Strategy 2018-2023*, the ADF plans to continue developing the next generation of BattleSMART to "ensure the training received by Service personnel remains contemporary and in line with research

[19] Roy Eidelson,"The Dark Side of "Comprehensive Soldier Fitness," *Psychology Today* (March, 2011), last accessed on 8 October 2018 https://www.psychologytoday.com/ca/blog/dangerous-ideas/201103/the-dark-side-comprehensive-soldier-fitness

[20] *Ibid*., 4.

[21] Andrew Cohn, "Resilience training in the Australian Defence Force," *InPsych* 32 (April, 2010), last accessed on 8 October 2018. https://www.psychology.org.au/inpsych/2010/april.

advancements."[22] As a testament to the program's perceived effectiveness, the U.S. Army dispatched researchers to work with the ADF to determine what its own resiliency programs could learn from BattleSMART.

10. Within the context of Canadian public institutions, PTSD is widely recognised as a debilitating problem - with resiliency training being widely touted as a viable counter-measure. To this effect, federal and provincial legislation has created permissive environments for the development of resiliency initiatives. The Federal Government's Bill C-211 commits to "developing a comprehensive federal framework to address the challenges of recognizing the symptoms and providing timely diagnosis and treatment of post-traumatic stress disorder."[23] Over the past decade, "provincial level jurisdictions – the Yukon, British Columbia, Nova Scotia, New Brunswick, Ontario, Alberta, and Saskatchewan – have also enacted PTSD and psychiatric health legislation into law".[24] Of particular interest is the Ontario Government's Bill 163, which mandates that employers of workers covered by the *Supporting Ontario's First Responders Act* will have plans "to prevent posttraumatic stress disorder arising out of and in the course of employment at the employer's workplace."[25] In essence, both levels of government are increasingly mandating resilience programs within their departments.

11. Indeed, PTSD legislation has had a clear impact on resiliency program development. Some progressive organizations, such as Via Rail, were already addressing PTSD with aplomb. It adopted its resiliency plan in 2009 and employee claims subsequently dropped from 271 to 0

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[22] Australian Government Department of Defence, *The Defence Mental Health and Wellbeing Strategy 2018-2023*, (Defence Publishing Services, 2017), 30.

[23] Bill C-211, Federal Framework on Post-Traumatic Stress Disorder Act, 1st Sess, 42nd Parl, 2018.

[24] British Columbia Ministry of Labour, *Province to eliminate barriers for first responders to access compensation for mental trauma*, last accessed on 9 October 2018, https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2018LBR0008-000611.htm.

[25] Bill 163, Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016, 1st Sess, 41st Leg, Ontario, 2016.

by 2015.[26] But their approach was anomalous. Recently, however, key national organizations such as the Canadian Association of Chiefs of Police, the Paramedics Chiefs of Canada and the Canadian Association of Fire Chiefs have also embraced PTSD prevention. Since Bill 163 received Royal Assent, 638 security and first responder organizations in Ontario (police, firefighters, medical, corrections) have confirmed PTSD prevention policies aimed at resiliency and mitigation (with many organizations using R2MR).[27] As a corollary, the emergence of resiliency programs has also given rise to increased focus on training and preparedness.[28] As many of these initiatives are still in their infancy, it is difficult to discern how successful they have been to date; however, their contribution toward awareness, de-stigmitization, and positive dialog are important steps toward building long-term resilience in public institutions.

12. To recap, the broad application of resilience building techniques in existing mental health programs should allay any residual CA concerns that resiliency as a concept lacks scientific merit and practical relevance. If such programs can enhance wellness and facilitate operations, a better question in 2018 is how organizations which consistently place their personnel at high risk *cannot afford* to explore such an idea.

Developments in CAF Resiliency Programs

13. Fortuitously, should the CA ever decide to trial resiliency training, there are several "in-house" options that it could leverage. The extension and full optimization of

[26]Ontario Ministry of Labour, *PTSD Summit: Making Progress on Prevention*, March 2017, last accessed on 8 October 2018, https://www.labour.gov.on.ca/english/hs/pubs/ptsd_summit2016.php.

[27]Ontario Ministry of Labour, *Post-traumatic stress disorder prevention plans*, last modified on 7 August 2018. https://www.ontario.ca/page/post-traumatic-stress-disorder-prevention-plans

[28]The Ontario Ministry of Labour, the Ontario Public Services Health and Safety Association, Wounded Warriors Canada and several post-secondary institutions now offer formal programs in resiliency training.

R2MR would be a logical choice. Currently, the CA underutilizes R2MR; most CA leaders would only recognize it as part of the deployment cycle and individual training curriculum.[29] Yet, R2MR could potentially expand to encompass a structured unit routine – CA units have simply not employed it to its full potential; should they choose to do so, recent advancements in R2MR could make it a force multiplier as valuable as any new technological capability.

14. Since the end of the Afghanistan mission, CFHS Social Work and Mental Health Training (SW&MH Trg) has been evolving and refining the R2MR concept. For instance, for occupations at higher risk to develop mental health problems, SW&MH Trg has developed an annual self-assessment and check-in process. As a positive proof of concept, Search and Rescue Technicians have successfully employed this practice over the past several years (CFHS researchers note that CA MOSIDs could also undoubtedly benefit from such a system). Recently, it introduced embedded unit training – instructing select unit leaders on actions they can take to "shield, sense, and support" their soldiers concerning mental health.[30] This latter initiative has great potential to complement the transformational style of leadership extolled by CAF doctrine.

15. Of equal significance, SW&MH Trg has also developed a Performance Coaching Course to train instructors and supervisors on how to coach and mentor mental skills; and currently, they are pivoting to develop an adaptation for group performance coaching at

[29]Craig Aitchison,"Building Resilient Warriors: Taking the Canadian Army's Resilience Training Beyond the Classroom," (Monograph, U.S. Army Command and General Staff College School of Advanced Military Studies, Fort Leavenworth, Texas, 2012), 1-3.; Canadian Forces Health Services, *Road to Mental Readiness (R2MR)*, last accessed on 8 October 2018, http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page.

[30]Suzanne Bailey, *Canadian Forces Health Services Road to Mental Readiness Program*, last accessed on 8 October 2018, https://military-medicine.com/article/3150-canadian-forces-health-services.html

the unit level.[31] This latter program aims to build and reinforce group readiness and resilience into training plans and daily routines. With this initiative, CFHS researchers recognize that the skills and tools from R2MR will not make a difference until units apply them outside of the classroom (complementary to the CA mantra of "train as we fight").

16. In a similar respect, DGMPRA possesses a repository of resiliency research from when it was developing the initial training concept for CAF "Conduct after Capture." Its (DGMPRA) findings on this subject were strongly influenced by Dr. Martin Seligman – the psychiatrist who was instrumental in establishing CSF2. Predicated on Dr. Seligman's work, DGMPRA researchers proposed a structured resiliency training trial to CFHS, believing that it would benefit the CAF writ large. The organization was establishing the necessary research framework, but their proposal failed to gain traction with senior CA leadership and was abruptly suspended. With this considered, these discussions occurred before the recent upward trend in CA PTSD diagnoses. Given the close relationship between CA Personnel Concepts and DGMPRA, the revival of this proposal could prove relatively straightforward.[32]

17. On a final, related note, in 2018 Commander 3rd Canadian Division issued a Readiness, Resilience & Growth 'manifesto,' the first of its kind in the CA. With respect to integrating current mental health research and existing CAF programs (R2MR, the Canadian Army Integrated Performance Strategy (CAIPS), and Canadian Forces Morale and Welfare Services (CFMWS)), this initiative is an innovative, impressive example of what is possible.[33] With some

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[31] *Ibid.*

[32] DGMPRA Personnel and Structure Integration, Personal Communications via email to author, 4 October 2018.

[33] Commander 3rd Canadian Division, *3rd Canadian Division Total Wellness Leaders' Commitment to Readiness, Resilience and Growth* (Edmonton: DND Canada, 2018).
The 3rd Canadian Division Readiness, Resilience & Growth 'manifesto' can be accessed at Annex B

refinement, it could even potentially serve as the basis for a CA model to replicate on a grander scale.

18. To succinctly summarize the above, if current CA leadership wishes to pursue a resiliency trial program, there is a solid foundation of existing practical and theoretical work which could serve as a logical embarkation point.

CONCLUSION

19. PTSD is a growing problem which the CAF must address with a response commensurate to the threat. It is important to note that as early as 2013, 5.3% CAF members reported suffering from PTSD (up from 2.9% in 2002);[34]this surge was largely the result of combat in Afghanistan. Now, in 2018, the cohort affected by PTSD has likely increased as the CAF begins to reflect general trends within Canadian society. But ominously, the CAF also experiences depression rates twice as high as the Canadian population,[35] and this does not bode well for its PTSD problem; prior history of depression has been powerfully linked to PTSD susceptibility.[36] And, with SSE, the CAF could be on the brink of a period of unprecedented operational tempo.[37] CFHS has implemented many lessons learned from Afghanistan,[38] but the CAF unquestionably remains at risk to PTSD.

[34]Caryn Pearson, Mark Zamorski and Teresa Janz, *Mental health of the Canadian Armed Forces* (Ottawa: Statistics Canada, 2013).

[35]SW&MH Trg, Personal Communications via email to author, 4 October 2018.

[36]Ravi Shah, Anu Shah and Paul Links, "Post-traumatic stress disorder and depression comorbidity: severity across different populations," *Neuropsychiatry* 2 (2016): 527-528.

[37] Department of National Defence, *Strong, Secure, Engaged: Canada's Defence Policy* (Ottawa: DND Canada, 2017.), 81-82.

[38] David Boulos and Mark A. Zamorski, "Military Occupational Outcomes in Canadian Armed Forces Personnel with and without Deployment-Related Mental Disorders", 348.

20. The CA, given its past and anticipated future contributions to combat operations, is believed to be profoundly affected. With its tenuous balance of “troops to task," the CA cannot afford to lose soldiers – especially if such losses can be avoided. Psychiatric research and PTSD mitigation programs offer hope that the CA could limit such risks. Before Operation ATHENA reached its zenith of operational intensity, CA leadership was uncertain whether a resiliency program was necessary; today, it should reconsider its position in light of new evidence that supports its merit. When considering the likely benefits of this approach compared against the relative low costs, investing in a resiliency program trial seems to be an attractive investment opportunity for the Army of Tomorrow.

RECOMMENDATION

21. In light of the findings presented in this service paper, it is recommended that funds are allocated to the CA G1 under SSE 16 and 17 to establish a longitudinal study of resilience training. Such a trial should be standardized across units from each of the Canadian Mechanized Brigade Groups, align with the CA Managed Readiness Plan, and leverage ongoing CFHS program developments.[39]

ANNEXES:

Annex A Resiliency Literature Supporting Positive Outcomes
Annex B 3rd Canadian Division Total Wellness Leaders’ Commitment to Readiness, Resilience and Growth

[39] Director of the Army Staff, *CA MRP Fiscal Year 2018/2019* (Ottawa: DND Canada, 2018).

Resiliency Literature Supporting Positive Outcomes

1. The purpose of this annex is to present amplifying mental health resiliency literature which supports the four outcomes identified in paragraphs 4 and 5 of the Service Paper.

2. Outcome 1. Positive results associated with pre-conflict stress inoculation techniques.

a. Lisa S. Meredith, Cathy D. Sherbourne, Sarah Gaillot, Lydia Hansell, Hans V. Ritschard, Andrew M. Parker and Glenda Wren, *Promoting Psychological Resilience in the U.S. Military* (Santa Monica: Rand Corporation, 2011), 67-69.;

b. Sean Robson and Thomas Manacapilli, *Enhancing Performance Under Stress Stress Inoculation Training for Battlefield Airmen* (Santa Monica: Rand Corporation, 2014), 29-33.;

c. Major Robert A. Wang, "The benefit of Positive Visualization on the U.S. Army," (U.S. Army Command and General Staff College Paper, University of Kansas, 2002) 47-52.;

d. P.D. Harms, Mitchel N. Herian, Dina V. Krasikova Adam Vanhove, Paul B. Lester, *The Comprehensive Soldier and Family Fitness Program Evaluation Report #4: Evaluation of Resilience Training and Mental and Behavioral Health Outcomes* (Monterey: Office of the Deputy Under Secretary of the Army, April 2013), 17-19, 23-24.; and

e. Kartavya J. Vyas, Susan F. Fesperman, Bonnie J. Nebeker, Steven K. Gerard, Nicholas D. Boyd, Eileen M. Delaney, Jennifer A. Webb-Murphy and Scott L. Johnston, "Preventing PTSD and Depression and Reducing Health Care Costs in the Military: A Call for Building Resilience Among Service Members," *Military Medicine* 181 (October 2016): 1246.

3. Outcome 2. Positive results associated with strong leadership in resilience activities.

a. Lisa S. Meredith, Cathy D. Sherbourne, Sarah Gaillot, Lydia Hansell, Hans V. Ritschard, Andrew M. Parker and Glenda Wren, *Promoting Psychological Resilience in the U.S. Military*, (Santa Monica: Rand Corporation, 2011) 67-69.;

b. Ramona M. Fiorey, "Mitigating PTSD: Emotionally Intelligent Leaders" (U.S. Army War College Program Research Paper, U.S. Army War College, 2010), 10-11, 21.; and

c. Michael D. Wood, Heather M. Foran, Thomas W. Britt and Kathleen M. Wright, "The Impact of Benefit Finding and Leadership on Combat-Related PTSD Symptoms," *Military Psychology* 24 (2012): 539.

4. Outcome 3. Positive results associated with ABMT and CBT treatments.

a. Ramona M. Fiorey, "Mitigating PTSD: Emotionally Intelligent Leaders," (U.S. Army War College Program Research Paper, U.S. Army War College, 2010) 6.;

b. Donald Meichenbaum, **"**Resiliency Building as a means to prevent PTSD and related adjustment problems in Military Personnel", in *Handbook for Treating PTSD in Military Personnel* (New York: Guilford Press, 2011), 13.;

c. Ila M. P. Linares, Felipe D'Alessandro F. Corchs, Marcos Hortes N. Chagas, Antonio Waldo Zuardi1, Rocio Martın-Santos and José Alexandre S. Crippa, "Early interventions for the prevention of PTSD in adults: a systematic literature review," *Archives of Clinical Psychiatry* 44(1) (2017):24-26.; and

d. Wei Qi, Martin Gevonden and Arieh Shalev, "Prevention of Post-Traumatic Stress Disorder After Trauma: Current Evidence and Future Directions", *Current Psychiatry Reports* 18 (2016): 20.

5. Outcome 4. Positive results associated with early detection of PTSD risk factors.

a. Martin Seligman, "Building Resilience", Harvard Business Review (April, 2011):100-106.;

b. Donald Meichenbaum, "Resiliency Building as a means to prevent PTSD and related adjustment problems in Military Personnel", in *Handbook for Treating PTSD in Military Personnel* (New York: Guilford Press, 2011),11-12.; and

c. Donald Meichenbaum, "A Constructive Narrative Perspective on Trauma and Resilience: the Role of Cognitive and Affective Processes," in The Handbook of Trauma Psychology (Washington, DC, US: American Psychological Association, 2017): 429-442.

6. While the sources referenced herein constitute but a sample of the wider literature in the fields of psychiatry, sociology, and psychology which corroborate the deductions of paragraphs 4 and 5, they represent a compelling balance of breadth, relevance, and currency in relation to the topic of soldier resilience against PTSD.

3RD CANADIAN DIVISION TOTAL WELLNESS
LEADERS' COMMITMENT TO READINESS,
RESILIENCE AND GROWTH

In order to achieve our mission of generating winning teams for operations at home and abroad, 3 Cdn Div leaders must be unified on the importance of enhancing the **readiness, resilience and growth** potential of all members of our ***One Team***. Improving our wellness and optimizing our performance is not discretionary. Our warrior profession and the pledge we all voluntarily made to serve Canada demands it. We will be called into action again and we will be ready.

This commitment establishes clear priorities and a pragmatic selection of tools that we will integrate in our battle rhythm immediately. All leaders will read this vision and will be accountable to deliver it to subordinates. Rather than being chained to negative and reactive approaches to adversity, we will seek to embrace a **MINDSET** and **CULTURE** of performance optimization and enhanced readiness, resilience and growth to ensure that our members are always prepared to take action in service to our nation.

In that context, we will serve as role models for our soldiers by **UNDERSTANDING** the wellness programs available and then taking visible steps to make positive lifestyle changes in our own lives.

We will reinforce that **READINESS** – the notion that we must be prepared to deploy on operations at any time – underpins everything we do in the Canadian Army. It is why we will seek to improve the health of our members across all domains that comprise the **Army Total Fitness Model**: **physical, emotional, social, spiritual, familial and intellectual**.

As leaders, it is imperative that we seek to enhance our own **RESILIENCE** – the capacity to adapt and thrive in the face of stress – and that of our subordinates. By increasing the resilience of our team, we will help individuals develop and maintain a sense of control, commitment and a long-term perspective that helps them to see challenges as opportunities, not obstacles. To that end, we will complete the integration of the **Road to Mental Readiness (R2MR)** in all individual and collective training regimes, competitions and operations. R2MR will become part of our DNA, and it will help our members to empower themselves to more resilient outcomes, while teaching our leaders how to support resilience.

Notwithstanding our best efforts – we and our soldiers will suffer at work, in our personal lives or both as a result of trauma and extreme challenge. In those first moments of darkness and pain, we will immediately seek to ensure that soldiers know they are supported by leaders and peers, and we will **reinforce the linkage between the member, his/her family, battle buddies, the chain of command**

and the health care community to ensure all stakeholders are engaged early and often in member care.

We can and will use extreme challenge to help us promote **GROWTH** amongst our members. In 3 Cdn Div, we will treat scar tissue, breakage and repair as something to embrace and show where character is built. We will be stronger for our experiences.

By leveraging the most advanced techniques in health, sports medicine, nutrition and fitness, we will increase the wellness and optimize the performance of 3rd Canadian Division Soldiers, Rangers and Civilians.

3 Cdn Div Leaders…

…will enhance **PHYSICAL fitness** and resilience by:

- Scheduling and protecting a **FITNESS BATTLE RHYTHM** that includes daily fitness sessions with at least one activity per week departing from standard physical training by introducing information related to other fitness domains;

- Integrating immediately **CAF injury reduction strategies** learned at the Wellness Training;

- Promoting the Warrior Ethos by programming into unit training plans **sports and skill-at-arms competitions, adventure training and properly supervised close quarter combat**;

- Offering more nutritious food choices in unit lines and **introduce diet/nutrition experts to soldiers through fitness sessions**;

- Setting the conditions for soldiers to get more rest when possible by **establishing (and sticking to) priorities** and by leveraging **short leave** when possible.

…will enhance **EMOTIONAL fitness** and resilience by:

- Mutually respecting one another, acting ethically, embracing diversity and recognizing that all members of our team are critical to our success. We will mobilize all disciplinary and administrative tools at our disposal to eliminate from our ranks bullies, sexual predators and any distraction to our operational readiness;

- Cultivating and celebrating a **Warrior Ethos** amongst our force. In addition to integrating **R2MR** into our training regimes, we will contribute to the study of **Post Traumatic Growth**, which is positive change experienced as a result of the struggle with a traumatic event, and can result in enhanced relationships, a greater

appreciation of life, the opening up of new possibilities for living, spiritual development and a greater sense of personal strength;

- Fully implementing the **Sentinel Program**, empowering leaders to ruthlessly eliminate complacency, especially when it relates to the force protection and mutual respect of our soldiers;

- Integrating immediately **CAF Suicide Prevention strategies**, and understand how to mobilize occupational stress, member and family assistance and mental health resources when required;

- Recognizing that emotions are contagious and that negativity can be a deadly virus. It is our job as leaders to project optimism and earn the trust and confidence of our soldiers, who in turn will be instrumental to overcoming all challenges that we will face.

…will enhance **SOCIAL fitness** and resilience by:

- Regularly scheduling commander's hours that facilitate communication and dialogue in all directions. We will respect protocol and military traditions, but will seek to improve the quality of decisions by seeking out innovative perspectives that challenge stagnated thinking;

- Ensuring unit sponsors are assigned to all members posted-in to the unit to facilitate integration;

- Eliminating the use of illicit drugs. We will recognize and accept that members of our team will develop alcohol, tobacco and drug dependencies and will not only strive as leaders to understand the root causes of addiction, but also promote the use of **Addiction Counseling Programs** and **After Care Initiatives**;

- Promoting the responsible use of our Messes for social events for members and families.

…will enhance **FAMILIAL fitness** and resilience by:

- Enhancing predictability by communicating to families through information sessions and bulletins when soldiers will be away from home for training and operations;

- Developing strong and supportive **family networks** that share in challenges and the mobilization of support through social events, fun and inclusive family days and information sessions;

- Partnering with **Military Family Resource Centres** and promote educational programs such as **Road to Mental Readiness for Families**, **You're Not Alone** and referral services;

- Continuing to support the **Memorial Cross Network**. We will learn from our Families of the Fallen to reinforce processes that have worked and to improve those that have failed;

- Leveraging the **Military Families Fund** when needed.

…will enhance **SPIRITUAL fitness** and resilience by:

- Promoting a sense of higher service to Canada and belonging to the CA/CAF by all members;

- Cultivate a culture of respect for diverse spiritual and religious beliefs, values and worldviews;

- Facilitating Chaplain support to operations, wellness programs and service investigations.

…will enhance **INTELLECTUAL fitness** and resilience by:

- Embracing failure in training that does not compromise soldier safety or results from negligence;

- Promoting a learning environment by soliciting feedback, conducting timely AARs and retraining if and when needed;

- Providing timely and constructive feedback on performance through the **Canadian Forces Personnel Appraisal System** and **Public Service Performance Agreement**;

- Creating a culture that promotes life-long learning by ensuring members are loaded on to primary combat qualification, professional development courses and second language training. Further, we will remain open to learning about and integrating new fitness concepts as they emerge;

- Ensuring that educational reimbursement programs and post-secondary partnership programs are understood and utilized;

- Educating members on transition services that are available now and those currently under development.

Optimizing Readiness, Resilience and Growth from the Top Down

The aforementioned points constitute the commitment of individual leaders to better ensure their own wellness and that of their soldiers. These efforts will again fall short unless headquarters at all levels – Division, Formation and Unit – make commensurate adjustments to ensure lasting culture and mindset change. This will be achieved through the following efforts:

- In addition to privileging readiness and support to operations, all levels of command will designate Soldier Wellness and Performance Optimization as an enduring priority;

- The 3rd Canadian Division Leaders' Commitment to Readiness, Resilience and Growth will be incorporated into all handovers, at all levels of leadership;

- Adequate resources (in terms of time, people and money) will be allocated to these efforts as part of annual operating and training plans;

- Utilizing the CA Fitness Dashboard, the formation will track the results of various wellness initiatives and will be prepared to make adjustments as necessary. Wellness will become a part of routine formation reporting to the Division and Canadian Army;

- The Division will reinforce the efforts by establishing a Mission: READY cell comprising leaders from all formations at different ranks levels, as well as representatives from the different domains of fitness. This cell will be convened quarterly by the 3 Cdn Div Readiness and Resilience OPI;

- We will recognize and celebrate individual members and teams through honours, awards and incentives for notable achievements in different fitness domains and for showing significant leadership in advancing this narrative.

In service to our country, 3 Cdn Div members will again be called upon to support Canadians against domestic threats and to engage in operations abroad. Our most important duty is to build the resilience of our people to ensure they are always ready to move out, and to grow – individually and collectively – from our experiences. Our pledge as leaders is to ensure our members and their **families** are **emotionally, physically, socially, spiritually and intellectually** prepared for those challenges.

Commander, Sergeant-Major and All Leaders of 3rd Canadian Division (March 2018)

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