

# Commanders' Guide to Resilience

## Part 1 Understanding Resilience



OBSERVE - LEARN - ADAPT - WIN



**FORCES COMMAND**  
THE FOUNDATION OF OPERATIONAL SUCCESS

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# Commander Forces Command

## Foreword



As part of the evolution of the Army leadership approach, we need to provide a more transparent and supportive work environment. Developing resilience at all levels is integral to this evolution. I have directed that our training and support systems build resilience to improve individual, unit and organisational capacity to prepare for chaos, to withstand shocks and to recover quickly.

Psychological resilience in Army members is critical for minimising the adverse effects of exposure to stressful situations and maximising the effectiveness of Australia's military capability. The aim of building resilience is to optimise health and well-being through developing and sustaining positive mindsets; to enhance self-motivation, self-regulation and assist to lever strengths and build psychological resources.

Part 1 focuses on understanding resilience and the role resilience plays in developing an effective fighting force. I commend this Guide to you, to assist you in building and maintaining resilience within your unit.

**FA McLachlan**  
MAJGEN  
COMD FORCOMD

## GLOSSARY

### **BattleSMART (Self Management & Resilience Training).**

BattleSMART is the primary vehicle for delivering resilience training in the Build phase. Trainees are provided with an introduction to a range of techniques and skills that will assist them in regulating physiological and emotional arousal, particularly during stressful situations. These techniques and skills are divided into two broad groupings; self-awareness and skill building.

**High Performance Environment (HPE).** A HPE involves the development and maintenance of high performance across a variety of tasks under conditions of extreme stress. A unit can facilitate a capacity for adaptability and potential growth through proactive development of positive psychological resources such as individual and team resilience, and good mental health in service members and their families.

**Kirkpatrick Model of Evaluation.** The Kirkpatrick model of evaluation is a well-known training evaluation tool. It consists of four evaluation levels: Reaction, Learning, Behaviour and Results.

**Leadership Self-Complexity (LSC).** LSC is a superior level of cognitive and emotional capacity. LSC facilitates adaptive decision making. Adaptive decision making includes solving problems creatively, dealing with changing or unpredictable work situations and handling emergencies or crisis situations.

**Mental Toughness (MT).** MT is the psychological capacity of an individual to deliver high performance on a regular basis despite varying degrees of situational demands. MT is

considered to be an important individual protective factor within the resilience process, however they are separate concepts. MT is a personal attribute whilst resilience is a process that occurs between an individual and their environment over time.

**Organisational Culture.** Organisational culture is based on a way of thinking that permeates the organisation's day-to-day routine decisions and activities. The "right" culture for an organisation is related to values and context rather than a "one size fits all" approach.

**Psychological Capital (PsyCap).** PsyCap is an individual's positive psychological state of development that is characterised by: confidence (self-efficacy), optimism, hope, and resilience.

**Psychological (or mental) Fitness.** Psychological fitness is the integration and optimisation of cognitive, emotional and behavioural abilities and capacities to optimise performance and strengthen resilience.

**Psychosocial Safety Climate (PSC).** PSC in a unit is the climate for mental health and psychological safety. A healthy PSC has an appropriate balance between leadership concern for their members' mental health and their performance.

**PULSE (The Profile of Unit Leadership, Satisfaction and Effectiveness).** The PULSE is a survey instrument designed to inform unit commanders on the factors that impact the behaviour and motivation of personnel in their unit. The survey addresses a range of issues related to the human dimension of military capability including the core elements

of leadership, teamwork, job satisfaction, communication and motivation.

**Resilience.** Resilience is the capacity of individuals, teams and organisations to adapt, recover and thrive in situations of risk, challenge, danger, complexity and adversity. Resilience is not a static state – it is a process that is flexible and responsive to training, and involves interaction between an individual, their life experiences and current life context.

**Resilience Program.** A resilience program targets any of the factors that research has shown to improve resilience and healthy responses to stress, and provides a means for helping individuals to incorporate resilience factors into their daily lives.

**Self-Efficacy.** Self-efficacy represents a person's belief that they can successfully organise and carry out a behaviour or course of action. This includes regulating motivation, thought processes, emotions and behaviours, or it may involve changing environmental conditions.

**Self-Awareness.** Self-awareness involves how you relate to and function within your own environment. Emotional and cognitive awareness are two underlying mechanisms that comprise self-awareness. Emotional awareness includes awareness of your own emotions and the emotions of others. Cognitive awareness, or metacognition, is awareness and regulation of your cognitive functioning and the factors that affect it.

**Situational Awareness.** Situational Awareness requires you to be able to maintain a sufficient level of awareness of your own environment.

**Social Resilience.** Social resilience is the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation. It emphasises an individual's capacity to work with others to turn adversity into advantage.

**Stress Inoculation.** Stress inoculation is a process used in training aimed at protecting an individual from reacting negatively to real time stress exposure. A critical component of stress inoculation is the requirement for increasingly realistic pre-exposure through training simulation.

**Team Resilience.** Team resilience is based on the dynamic processes of social resilience, and enables a team to develop the capacity to cope, recover and adjust positively to adversity.

**Thriving.** Thriving is the psychological state in which individuals experience both a sense of vitality and a sense of learning. Thriving is associated with positive health, and viewed as an everyday experience where individuals do not merely survive, but adapt and grow through their daily, lived experiences.

**Performance Enhancement.** Performance enhancement is the deliberate cultivation of an effective perspective on achievement and the systematic use of effective psychological skills.

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## INTRODUCTION

The military is a high-risk occupation where personnel are selected, trained and prepared to face adverse, morally ambiguous, emotionally challenging and dangerous situations. Individuals need to respond to a range of stressors that are inherent in training and particular roles, including operational service. For such high-risk occupations, resilience is critical in terms of operational effectiveness and psychological adjustment. While many military personnel cope well or even thrive with stressors, there is clear potential for the demands of modern military service to overwhelm the resilience capacity of service members and their families.

There is no existing particular test or professional assessment that would enable a commander to determine which unit members will or will not be resilient in the face of adverse circumstances. Research does however increase our understanding of which factors influence our ability to cope with stressful events, and the associated effects on well-being, so that we can determine how to build individual and organisational resilience resources and capacity.

### Leadership and Resilience

Leaders play a key role in facilitating and sustaining members' adaptability and resilience. Increasing individual resilience requires an integrated approach from both the member and the organisation. It is the responsibility of the individual to develop a repertoire of adaptive behaviours and psychological skills to increase their resilience and performance, however, there is also an organisational imperative to provide the appropriate leadership, training and support. The overall aim for the organisation should be to facilitate a mentally healthy workplace and a resilient unit

culture as a platform for personnel to thrive and achieve optimal performance.

*COMD FORCOMD encourages leaders to develop innovative ways of building their unit's resilience capacity; however, any new and/or continued application of resilience training should be reviewed in the context of the recommendations outlined throughout this guide.*

## What is Resilience?

Individual resilience is associated with resistance to, and recovery from stressful life events<sup>i</sup>. It is generally viewed as a capacity or process that occurs over time – suggesting that it does not come as a stable, unchanging capacity<sup>ii</sup>. How an individual responds to stress can vary considerably from stressor to stressor, and from one context to another.

Recent studies indicate that resilience capacity in the form of individual characteristics or skills, can be developed to prevent people from being overwhelmed by their experiences<sup>iii</sup>. This type of developmental approach to building resilience capacity is now being adopted by organisations worldwide.

Based on contemporary research, FORCOMD developed the following definition of resilience for the military context; “Resilience is the capacity of individuals, teams and organisations to adapt, recover and thrive in situations of risk, challenge, danger, complexity and adversity”.

**Individual Resilience.** There are a number of evidence-based protective factors that contribute to individual resilience. People who are particularly adept at self-generating positive emotions are more likely to be resilient, as these emotions may provide a

protective buffer against traumatic stress and depressive symptoms<sup>iv</sup>. Personality or coping style also appears to contribute to developing resilience. At least two different styles of coping frequently predict a resilient outcome: flexible adaptation and pragmatic coping. A willingness to face fears, the presence of positive emotions, the ability to attend to unpleasant stimuli, exposure to stressful experiences that are moderately destabilising but are not overwhelming, and the capacity for cognitive flexibility, reappraisal, acceptance, and emotion regulation all contribute to resilience<sup>v</sup>.

Spirituality has also been shown to have significant impacts on individual resilience, and should not be ignored due to personal discomfort with the topic. A healthy spirituality and/or the utilisation of spiritual and spiritual like practices, can significantly improve resilience and should be part of any discussion on resilience.

**Organisational Resilience.** At the organisational level, a positive climate of peer support, appreciation of a varied repertoire of coping strategies, openness, and clear communication between all levels of the hierarchy best promote positive adaptation to traumatic events<sup>vi</sup>.

A formal review of existing US military resilience training programs identified 20 key resilience factors at the individual, family, unit and community levels<sup>vii</sup>. The factors presenting with the strongest evidence base at each level are:

1. **Individual** - positive thinking, positive affect, positive coping, realism, and behavioural control, physical fitness and altruism.
2. **Family** - emotional ties, communication, support, closeness, nurturing, and adaptability.

3. **Unit** - positive command climate, teamwork, and cohesion.
4. **Community** – belongingness, cohesion, connectedness, and collective efficacy.

***A note of caution;*** although resilience is valued and reinforced in the military, when a lack of resilience is perceived as a character flaw that is inconsistent with the values of the military, it can become a source of stigma. Even though the definition of resilience clearly acknowledges that individuals will likely experience a dip in functioning following a significant stressor and thus need to bounce back from this, the depth and duration of the dip are not specified. A lot of the time the dip is assumed to be short lived, so when it's prolonged, it's perceived as a lack of resilience in the individual. **It is also important to remember that all individuals have a limit to what they can tolerate i.e. *they have a limit to their resilience.*** This needs to be acknowledged by the unit so that members are better able to accept when they've breached their limit, and not feel that they have failed their team/unit/organisation<sup>viii</sup>.



## THE FORCOMD APPROACH TO RESILIENCE TRAINING

Increasing individual resilience in members requires an integrated approach from the Army. It is the responsibility of the individual to develop a repertoire of adaptive behaviours and psychological skills to increase their resilience and performance, however, there is also an organisational imperative to deliver the appropriate leadership, training and support. The overall aim is to provide a mentally healthy workplace and a resilient unit culture as a platform for personnel to strengthen their resilience, thrive and achieve optimal performance.

The FORCOMD Individual Resilience Model (Figure 1), underpins all resilience training developed throughout the phases of the continuum. The model's five domains are not mutually exclusive elements - they all function together. An individual may lack resilience in one domain, but still be resilient overall because of the other resilience resources they have to draw on. Certain stressful

events may require use of resilience factors at only one level (e.g. individual); others may require that an individual tap into available resources at multiple levels.

The key to successful coping and therefore stronger resilience, is that individuals have the capacity to use a variety of resilience resources at multiple levels.

The resilience training plan is underpinned by an evidence based and prevention focussed continuum. This continuum includes resilience building and high-performance strategies, in addition to treatment and rehabilitation interventions.



**Figure 1. FORCOMD Individual Resilience Model**

## FORCOMD Individual Resilience Model

The FORCOMD Individual Resilience Model is based on five domains or key resilience resources; psychological, behavioural, physical, character and social.

1. **Psychological** – there are three key categories of resilience factors in the psychological domain: cognitive, affective, and self-regulatory.

a. **Cognitive** - reflects individuals' thoughts and beliefs about themselves (e.g. self-efficacy, self-esteem), in addition to interpretations of their situation (e.g. perceived control).

b. **Affective** – includes the experience of positive and negative emotions.

c. **Self-regulatory** - includes self-regulation and control (e.g. coping strategies).

2. **Behavioural** – the behavioural domain focuses on the specific aspects of behavioural health that highlight an individuals' responsibility to employ behaviours, strategies and habits that promote health and well-being. The key areas identified are adequate sleep, low risk alcohol consumption, and quitting smoking.

3. **Physical** – the physical domain includes factors that increase an individual's ability to meet the physical demands of a specific job or job-related tasks, as well as activities associated with improved health outcomes. Physical activity is strongly linked to better medical status, physical fitness, psychological and behavioural fitness. Furthermore, group physical activity can

improve social fitness through the development of social networks and cohesion<sup>ix</sup>. Nutrition is also included in this domain as it contributes to resilience by helping service members maintain a healthy weight which protects them against diet-related diseases<sup>x</sup>.

4. **Social** – the social domain comprises the combined resources gained from a person’s social world i.e. using social relationships in teams, family and communities to help manage stressors and achieve tasks successfully. Social resilience resources are the aspects of those relationships that strengthen a person’s ability to withstand and rebound from challenges or even grow from them.

5. **Character** – Character is defined as the “inner qualities of a person that are evident in behaviour that is positive and constructive in the development of self, relationships and community”<sup>xi</sup>. Character is often thought of as a personal issue, but also has significant organisational impacts on group cohesion and morale. The character domain is essentially based on developing healthy and coherent beliefs, and is aligned with a core personal values system that underpins morale, group cohesion, behaviour and development of meaning. Elements in character have been shown to enhance resilience and recovery following combat.

## FORCOMD Resilience Continuum

FORCOMD resilience training takes a building block approach along a continuum. It incorporates the times when members experience psychological difficulties (this can occur at any stage of the continuum) and require both time away from the workplace, and formal assistance in reintegrating.



Resilience training on entry to the Army focuses on building individual resilience skills. Once the foundation is laid at the individual level, the aim is to strengthen team resilience in the unit context. This process needs to be supported by a command driven resilience culture focusing on enhanced performance. Commanders are further responsible for enhancing their own level of resilience and performance.

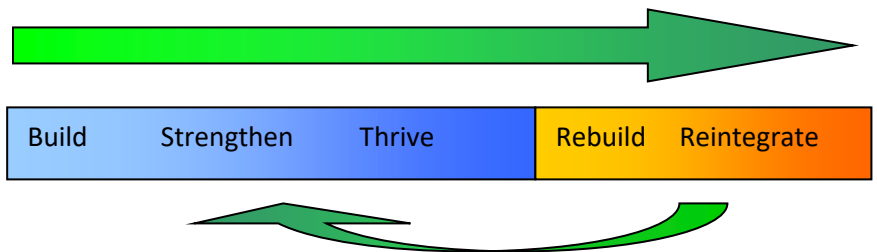


Figure 2. FORCOMD Resilience Continuum

## Build

The initial 'build' phase of this continuum is primarily covered by the BattleSMART program. Using the extant BattleSMART program as a base for developing a more comprehensive resilience building framework across FORCOMD is consistent with the recommended principle of a flexible curriculum. This approach also strengthens the existing BattleSMART program by reinforcing and extending initial teachings, keeping concepts and language consistent, and utilising a framework that most Army service personnel are familiar with.

## Strengthen

This phase leverages off the build phase to focus on both individual and team resilience through the All Corps Officer and Soldier Training Continuum (ACOSTC) and during collective training at unit level. Higher level concepts related to psychological fitness, resilient leadership, character training and decision making will be introduced during ACOSTC and then reinforced through realistic collective training. This is also the appropriate stage for developing social resilience at the team level.

## Thrive

The focus of the Thrive phase of the Resilience Continuum is to facilitate the development and maintenance of a high-performance culture. By proactively promoting positive psychological resources such as individual and team resilience, and good mental health in service members and their families, a unit can foster a capacity for adaptability and potential growth. Resilience is similar to thriving, in that it refers to an individual's capacity for adaptability and positive adjustment. The key difference is that thriving can occur with or without adversity, for example; when a person is challenged with a new opportunity such as a promotion.

## The Path to Thriving

1. **High-performance Culture.** Unit Commanders make their impact and promote high performance through the kind of performance culture they create. One of the best indicators of unit leadership is the presence or otherwise of a high-performance culture<sup>xii</sup>. Organisational culture is based on a way of thinking that permeates the organisation's day-to-day routine decisions and activities. Culture is more about what people decide to focus on

than it is about getting them to work and train harder. The “right” culture for an organisation is related to values and context rather than a “one size fits all” approach. It is the responsibility of leadership to identify and develop the characteristics of the “right” culture for their organisation – however challenging this might be.



2. **The Learning Organisation.** Developing a high-performance environment is as much about creating a “learning organisation” culture as it is about improving performance. The term “learning organisation” has become commonplace and devalued because in most organisations, it is used to mean little more than “lots of people doing lots of training”. A true “learning organisation” is a place where members appreciate the value of learning through experience (positive and negative) and from each other.

3. **Psychological Capital (PsyCap).** PsyCap is defined as an individual’s positive psychological state of development that is characterised by confidence (self-efficacy), optimism, hope and

resilience. It involves a greater emphasis on identifying and strengthening what is right with people and what contributes to growth potential and thriving<sup>xiii</sup>. This approach is effective because the four PsyCap resources synergistically interact and reinforce each other to enable a higher level of performance.

## Rebuild

There are risk and protective factors embedded in the Army's organisational systems that can impact on individual health and wellbeing. The aim of this phase is to rehabilitate members with not only the appropriate professional intervention, but through an organisational culture that fosters social resilience, minimises stigma, removes barriers to care and promotes the unit as a positive part of a member's recovery process. The Rebuild phase supports injured/ill members as part of an early intervention focus and is aligned with extant programs and ADF doctrine.

A dimension of organisational climate that is relevant to health and well-being is the Psychosocial Safety Climate (PSC), or the climate for mental health and psychological safety. This is defined as *the perception of an appropriate balance between management concern for their workers' mental health and their productivity*<sup>xiv</sup>.

There are four related principles which define the level of PSC in an organisation:

1. Senior management commitment to stress prevention
2. The priority management gives to mental health and psychological safety

3. Organisational communication upwards and downwards in relation to psychological health and safety

4. The level of participation and involvement by managers in activities related to mental health promotion.

If risk is inherent in the organisation's role (such as the military), the research shows that organisations with high PSC have more robust policies and support processes in place to help mitigate the impact of these potential risks<sup>xv</sup>. The various elements of an organisational climate do not operate in isolation; the strength of a PSC is influenced by the leadership style and communication networks.

### Stigma and Barriers to Care

An unintended consequence of a culture focussed on promoting individual strength and loyalty to the team and organisation, is that experiencing mental health issues or a chronic injury can be perceived as a weakness. Any self-perceived or public stigma can act as an invisible barrier which prevents individuals from accessing necessary professional support. Some units choose to resist acknowledgment of individual or group vulnerability, which can foster a subtle distrust of outsider influence. This can lead to underutilisation of mental health resources for those who require them. This is of significant concern as *early identification, diagnosis, and timely treatment are critical to recovery*<sup>xvi</sup>.

Mental illness remains one of the most stigmatised groups of disorders in the workplace. It is one of the main reasons people do not seek mental health care when they need it<sup>xvii</sup>. Stigma within the military predominantly stems from negative attitudes and beliefs concerning mental health care, and the view that a mental health diagnosis will affect unit cohesion and the performance of the unit.



## Reintegration

The Reintegration phase focuses on facilitating members return to the workplace after a period of absence due to mental health issues and/or injury. Reintegration is an ongoing process that requires support from all levels of the organisation. Units have a key role in ensuring the reintegration process is as positive and constructive as possible. Each individual is different so there is no one-size-fits-all approach, however, there are a number of common elements that can be adopted by units and adapted as required.

Overall, there is good evidence that in most situations, being in work is associated with improved physical and mental health. There is also clear evidence that the longer an individual is away from work, the more difficult it is for them to return as their anxiety around the return-to-work process may increase. Enabling members to remain in contact with their workplace during an episode of illness reduces the barriers to them returning to full time work, and is likely to reduce the incidence of long term sickness absence. It is important to remember that a member suffering from ill health of any kind, but particularly mental ill health, can return to work whilst still receiving treatment. In most cases, return to work plays an important part in a person's functional and overall recovery from mental illness as it provides some normality and much needed routine<sup>xviii</sup>.

It is important to remind unit members that, while physical scars are visible, the psychological impacts of trauma and mental ill health may not be seen and can be long lasting. Just because you can't see these problems, it doesn't mean the person isn't suffering.

## TRAINING FOR RESILIENCE

Resilience training in the military should aim to enhance the capability of members to understand and manage the psychological impact of emotionally distressing events on themselves and others. Training opportunities appropriate to achieving resilience objectives require increased (but not overwhelming) stress levels in order to make training points and techniques salient. *Remember, resilience is only observed after an adverse event is experienced.*

## Resilience Training Principles

The following principles should direct the development of an effective and sustainable resilience training plan:<sup>xix</sup>

<b>Resilience Training Principles</b>	
<b>Prevention-focused and strengths based</b>	<ul style="list-style-type: none"> <li>• Capitalise on strengths and resources that members already possess.</li> <li>• Focus on identifying and strengthening resilience factors.</li> </ul>
<b>Adopt a Flexible Curriculum</b>	<ul style="list-style-type: none"> <li>• Integrate resilience training into existing programs. This ensures relevance and efficiency.</li> </ul>
<b>Use Evidence-based (or at least Evidence-informed) Interventions</b>	<ul style="list-style-type: none"> <li>• Situate training in a sound theoretical and evidence based framework. This helps identify guiding principles to meet specific personnel and organisational needs.</li> </ul>
<b>Use Standardised Evaluation Measures</b>	<ul style="list-style-type: none"> <li>• Include evaluation in initial training development to enable learning objectives to be identified and measured.</li> <li>• Ensures fidelity of training.</li> <li>• Enables program comparison.</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• All levels of unit leadership should be visibly involved in the development and implementation of resilience training.</li> </ul>



	<ul style="list-style-type: none"> <li>• They should contribute their own experiences to guarantee meaning and relevance for personnel.</li> </ul>
<p><b>Integrate Resilience into Policy and Doctrine</b></p>	<ul style="list-style-type: none"> <li>• The training needs to be consistent with and supported by relevant policy and doctrine.</li> <li>• This will promote effective program implementation and sustainment.</li> </ul>

## Considerations for Program Implementation

Potential pitfalls that should be considered include<sup>xx</sup>:

1. **“One size fits all” resilience interventions don’t reflect individual differences.** The more effective programs are those that cater for the differences in individuals and their natural coping styles. They are also intensive and interactive, and target at-risk groups.
2. **Resilience programs do not create bullet proof soldiers.** This needs to be made clear to members so they don’t overestimate their own coping ability, or underestimate the level of distress they might experience in response to an acute adverse event. If an individual does struggle to cope with such an event, this is not a training failure.
3. **Resilience programs should not exclusively focus on the individual.** Resilience is not solely the domain of individual strengths such as personality and coping ability, there are multiple risk and resilience factors involved. This reinforces the need for resilience skills and experiences to be integrated into team and unit

level training, supported by both resilient leadership and a resilience unit culture.

4. **Expecting instant or easy results.** Resilience principles can be taught, but like physical fitness, building a resilient character in the individual, or culture in an organisation takes time and effort.

## Learning Objectives

Clearly identifying the learning objectives required will assist in selecting the appropriate style of training. *Learning objectives should be based on real life outcomes that commanders need from their soldiers.* For example, highlight the ability to maintain optimal performance during an acute stress situation, as a crucial aspect of military work. This includes the capacity to sustain combat motivation and a sense of being able to meaningfully contribute to the mission, particularly when confronted with violence by the local population, changing Rules of Engagement, or boredom<sup>xxi</sup>.

The basic tools of resilience should not be taught as distinct and dissimilar from “normal” responses to “normal” military situations – to be used only after events occur and stress symptoms emerge. Resilience skills should be integrated into all relevant training opportunities so that they become reflexive in the same way that technical proficiencies are reflexive. Similarly, the notion of psychological resilience should be thought of as a trainable skill that can be acquired and developed, much like physical fitness.

## Ethical Behaviour and Resilience

The increased complexity and ambiguity of modern military operations means that military personnel are called upon to make

moral decisions under extremely challenging conditions. These operational realities still occur within the context of traditional military stressors e.g. time pressure, incomplete or ambiguous information, sleep deprivation, and adverse living conditions which may affect moral decision making. For instance, sleep deprivation has been associated with decreased ability to recognise a moral issue<sup>xxii</sup>.

The most recent conceptual advances in this area use dual process models that integrate the *cognitive and emotional aspects of moral decision making*, and acknowledge that ethical decision making may be driven by emotion and automatic decision-making processes, at least some of the time<sup>xxiii</sup>. The dual processing approach is relevant to the military as moral dilemmas often need to be resolved quickly in ambiguous and threatening environments, where immediate emotion based judgements may dominate rational ethical thinking.

The US military investigated the battlefield ethical attitudes and behaviours of US soldiers and marines deployed to Iraq and Afghanistan. They identified a clear link between unethical attitudes, behaviours, and stress. Specifically, those soldiers who were more likely to have reported unethical attitudes or behaviours were also twice as likely to have a mental health problem such as depression, anxiety, or acute stress; or to report higher levels of anger. Level of combat exposure was also associated with unethical attitudes and behaviours. Soldiers and marines whose units had suffered casualties, or who had handled dead bodies or human remains, were more likely to report that they had verbally abused non-combatants, destroyed civilian property unnecessarily, and to have physically abused a non-combatant, than soldiers and marines whose units did not experience a casualty or body handling.<sup>xxiv</sup>



## CONCLUSION

Resilience is a process that is flexible and responsive to training, and involves interaction between an individual, their life experiences and current life context. It reflects a belief that we are capable of responding positively to demands and challenges, and incorporates a performance mindset where we encourage, train and promote resilience. The desired outcome will be reflected in the improved mental health, functioning and performance of our people and the Army as a whole.

There are various facets involved in developing individual resilience and they all deserve attention. It is clear however that psychological resilience is the key driving factor in developing the level of adaptability and resilience capacity that military service requires. The mind needs to be granted the same status on the same playing field as the body, and this requires an integrated approach to developing a resilient force.

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