NAVAL POSTGRADUATE SCHOOL

MONTEREY, CALIFORNIA

MBA PROFESSIONAL PROJECT

IMPLICATIONS AND PROGRAMMATIC ISSUES OF U.S. NAVY PSYCHOLOGICAL HEALTH AND RESILIENCE INITIATIVES

June 2021

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REPORT DOCUMENTATION PAGE			*Form Approved OMB No. 0704-0188*

1. AGENCY USE ONLY *(Leave blank)*	**2. REPORT DATE** June 2021	**3. REPORT TYPE AND DATES COVERED** MBA Professional Project

4. TITLE AND SUBTITLE IMPLICATIONS AND PROGRAMMATIC ISSUES OF U.S. NAVY PSYCHOLOGICAL HEALTH AND RESILIENCE INITIATIVES	**5. FUNDING NUMBERS**
6. AUTHOR(S) Mabi Morgan and Margaret M. Campbell	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Naval Postgraduate School Monterey, CA 93943-5000	**8. PERFORMING ORGANIZATION REPORT NUMBER**
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) N/A	**10. SPONSORING / MONITORING AGENCY REPORT NUMBER**

11. SUPPLEMENTARY NOTES The views expressed in this thesis are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.

12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited.	**12b. DISTRIBUTION CODE** A

13. ABSTRACT (maximum 200 words)

The purpose of this inquiry is to understand the implications of existing U.S. Navy initiatives in the mental health arena aimed at improving resilience and toughness in Sailors. This study focuses on the impact of current Navy resilience programs on Sailor psychological well-being and operational unit readiness. The research was instrumental in identifying key characteristics required to implement a successful resilience program. The objective is to deliver evidence and recommendations to remove the programmatic issues that impede the Navy's ability to move to scale.

14. SUBJECT TERMS resilience, E-OSC, toughness, psychological health, Warrior Toughness Program, resiliency, operational stress	**15. NUMBER OF PAGES** 99
	16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT Unclassified	**18. SECURITY CLASSIFICATION OF THIS PAGE** Unclassified	**19. SECURITY CLASSIFICATION OF ABSTRACT** Unclassified	**20. LIMITATION OF ABSTRACT** UU

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89)
Prescribed by ANSI Std. 239-18

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IMPLICATIONS AND PROGRAMMATIC ISSUES OF U.S. NAVY PSYCHOLOGICAL HEALTH AND RESILIENCE INITIATIVES

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Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION

from the

NAVAL POSTGRADUATE SCHOOL
June 2021

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ABSTRACT

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LIST OF ACRONYMS AND ABBREVIATIONS

ATT	Advanced Toughness Trainer
BUMED	The Bureau of Medicine and Surgery
CAB	Community Action Board
CAF	Comprehensive Airman Fitness
CAT	Community Action Team
CgOSC	Caregiver Occupational Stress Control
CJCS	Chairman of the Joint Chiefs of Staff
CMEO	Command Managed Equal Opportunity
CNA	Center for Naval Analysis
CNP	Chief of Naval Personnel
CNO	Chief of Naval Operations
COSC	Combat and Operational Stress Continuum
COSC	Combat and Operational Stress Control
COSFA	Combat and Operational Stress First Aid
COSR	Combat and Operational Stress Reactions
CPO	Chief Petty Officer
CNIC	Commander of Naval Installations Command
CRT	Command Resilience Team
CSF	Comprehensive Soldier Fitness
CSC	Community Support Managers
CSPM	Community Support Program Managers
DAPA	Drug and Alcohol Program Advisor
DB	Destructive Behaviors
DCoE	Defense Centers of Excellence
DEOCS	Defense Organizational Climate Survey
DVCO	DOD/VA Collaboration Office
DSPO	Defense Suicide Prevention Office
EMH	Embedded Mental Health
E-OSC	Expanded – Operational Stress Control
FAP	Family Advocacy Program
FCPO	First Class Petty Officer
GAT	Global Assessment Tool
HQMC	Headquarters Marine Corps
IOM	Institute of Medicine

JQR	Job Qualification Requirement
INDOC	Indoctrination
IRB	Institutional Review Board
ITs	Instructor Trainers
MAJCOM	Major Command
MBRT	Mind Body Resilience Training
MRFF	Military Religious Freedom Foundation
MRT	Master Resilience Trainer
NAVADMIN	Naval Administrative Message Control
NCCOSC	Naval Center for Combat Operational Stress Control
NCO	Non-Commissioned Officer
NDRI	National Defense Research Institute
NETC	Naval Education and Training Command
NNPTC	Naval Nuclear Power Training Command
NROTC	Navy Reserve Officer Training Corps
NSTC	Naval Service Training Command
OASD/HA	Office of the Assistant Secretary of Defense for Health Affairs
ODEI	Office for Diversity, Equity, and Inclusion
OFR	Office of Force Resiliency
OHA	Office of Health Affairs
OPNAV	Office of the Chief of Naval Operations
OCS	Officer Candidate School
OPTEMPO	Operational Tempo
OSC	Operational Stress Control
OSCAR	Operational Stress Control and Readiness
PCLS	Project Competence Longitudinal Study
PRIMS	Physical Readiness Information Management System
PRP	Personnel Reliability Program
PRP	Penn Resilience Program
PRT	Physical Readiness Test
PSS	Program Status Survey
R2	Ready & Resilient
RDC	Recruit Division Commander
R/PH	Resilience and Psychological Health
RTC	Recruit Training Command
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office

SB	Signature Behaviors
SEAL	Sea, Air, and Land Forces
SMART	Specific, Measurable, Attainable, Relevant, and Time-Based
SME	Subject Matter Expert
SMS	Servicemember Metric Survey
SoM	Stress-o-Meter
SP	Suicide Prevention
SPSS	Statistical Package for the Social Sciences
TFF	Total Force Fitness
TF	Total Force
USD P&R	Under Secretary of Defense for Personnel and Readiness

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ACKNOWLEDGMENTS

We would like to thank our thesis advisors, Dr. Paul Lester and Dr. Edward H. Powley for their experience, expertise, patience, time, support, and guidance in conducting this research project. We would like to thank CAPT Melissa Lauby, LCDR Mark Riebel, Robert Giraldi, and Gabriel Tellez for their willingness to support our efforts by taking time out of their busy schedules to participate in multiple interviews so we could gain a deeper understanding of the Navy mental health initiatives.

Mabi: I would like to thank God for His continued blessings, for guiding me throughout my life, and most recently, through this educational journey. I owe a debt of gratitude to Our Lady of Guadalupe and St. Joseph of Cupertino for taking mercy on me, listening to my prayers, and interceding on my behalf. I would like to extend my gratitude to my son, Kobie, my parents, Jorge and Yolanda, and my fiancé, Kevin for their patience, love, and support.

Margaret: A special thanks to my daughter, Isabelle, for putting up with the long hours spent studying and being resilient with the move to California for her Senior year of high school. I am appreciative of the love and support my family has given me throughout my time at NPS.

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I. INTRODUCTION

A. BACKGROUND

Developing and sustaining psychological health and resilience are not new initiatives in the United States Navy. As operational tempo (OPTEMPO) increases and more demands are placed on Sailors and operational units, the need for a comprehensive psychological health program has never been greater. In a speech, the former acting Secretary of the Navy Thomas B. Modly (2020) asserted, "It's been a long time since the Navy and Marine Corps team has faced this broad array of capable global strategic challengers. A more agile and a more resilient mentality is necessary, up and down the chain of command" (para. 11). While the Navy has an overarching policy addressing this issue, it could do more to ensure seamless integration between current initiatives. Additionally, there are numerous definitions for resilience and differing lexicon exacerbating the problem with the development of a comprehensive program.

Multiple resilience efforts currently exist within the Navy. These efforts are led by numerous commands such as OPNAV N17, BUDMED M333, and NETC, CNIC to name a few. The first comprehensive resilience program, identified as the Navy's Operational Stress Control (OSC) program, started in 2009. In April 2013, the Navy released the *Task Force Resilient Final Report*. The report addressed resilience, but its primary focus was on suicide in the Navy. In 2019, the Navy released NAVADMIN 222/19 to update the Operational Stress Control Policy under the purview of OPNAV N17 and BUMED M333. The policy update introduced the Expanded-Operational Stress Control (E-OSC) program to "empower and encourage the Navy community of Sailors, civilians and their families to identify signs of stress within themselves and others and know where to turn for help" (Department of the Navy [DON], 2019a). Alternatively, the Chief of Navy Personnel (CNP) directed a review of the curriculum to address the "toughness" of recruits at Recruit Training Command (RTC). In response, the Warrior Toughness program was developed and initiated with instructors and recruits at RTC in Great Lakes, IL. These two initiatives will be discussed in detail in Chapter IV.

The Navy initiatives are a testament to their leadership's strong desire and motivation in improving Sailors' mental health in preparation for maritime challenges, including combat. The research contained within this report aims at bridging the gap that exists between the Navy's Warrior Toughness program and the Navy's E-OSC program. The Warrior Toughness program is designed to be applied at the Navy accessions programs while E-OSC is implemented across the operational fleet. There is no clear path for seamlessly transitioning from the Warrior Toughness program, promoting "performance psychology skills to enhance performance and warfighting readiness" (Lauby et al., 2021) to the E-OSC, which fosters Sailor resilience. Chapter V will provide recommendations for greater interoperability and collaboration between the programs.

The Navy is not alone in these efforts. For example, the Army's pioneering efforts to build a resilience program in response to the increased operational tempo and sustained conflicts after September 11 were instrumental in bringing awareness and addressing psychological health issues afflicting soldiers. Additionally, the Air Force has made strides in development of their resilience program that also stems from the same conflicts.

Admiral Michael Mullen, the 17th Chairman of the Joint Chiefs of Staff (CJCS), realized the need for a framework to address the injuries suffered from the prolonged conflicts that impacted not only the service members but also their families, communities, and the nation. Injuries sustained were beyond the physical; they included mental, social, and spiritual. This need drove him to ask the Consortium for Human and Military Performance (CHAMP) at the Uniformed Services University of the Health Sciences to develop a comprehensive Total Force Fitness (TFF) concept (Meadows et al., 2015). CHAMP hosted a workshop along with the Samueli Institute, the Institute of Alternate Futures, and members of the JCS staff with over 70 expert participants "to define what the military should focus on to keep its personnel resilient and flourishing within that operating environment" (Meadows et al., 2015). The product developed from the workshop was the *Military Medicine* special report, a collective effort that outlined eight domains to make up the TFF concept. Admiral Mullen used the workshop's output to establish the Chairman's Total Force Fitness Framework, which was distributed to the DOD via the CJCSI 3504.01 in September 2011. The Air Force fully embraced the total fitness concept and the Navy

utilized it in developing their E-OSC curriculum, but the other services rarely mention it in their resilience initiatives, programs, and policies.

Currently, the DOD office charged with resilience for military forces is the Office of the Under Secretary for Personnel and Readiness – Office of Force Resiliency (OFR). Its mission is "to strengthen and promote the resiliency and readiness of the Total Force through the development of integrated policies, oversight, and synchronization of activities in the areas of diversity management and equal opportunity, personnel risk reduction, suicide prevention, sexual assault prevention and response, and collaborative efforts with the Department of Veterans' Affairs" (Force Resiliency Mission, n.d.). The OFR has many offices within it that contribute to resilience such as Defense Suicide Prevention (DSPO), Office for Diversity, Equity, and Inclusion (ODEI), DOD/VA Collaboration Office (DVCO), Office of Drug Demand Reduction (ODDR), Sexual Assault Prevention and Response Office (SAPRO). In November 2011, the DOD published an instruction, *Maintenance of Psychological Health in Military Operations*, which "establishes policy and assigns responsibilities for developing combat and operational stress control (COSC) programs within the Military" (DoDI 6490.05, 2011). This instruction cancels and replaces DOD Directive 6490.5, *Combat Stress Control (CSC) Programs.*

In addition to the DODI 6490.05, CJCSI 3405.01, the CJCS established the Total Force Fitness Framework that mentions resilience but does not provide direct guidance on establishing a resilience program. The CJCSI 3405.01 "identifies a framework for adopting and implementing total force fitness (TFF). The framework is a methodology for understanding, assessing, and maintaining Service members' well-being and sustaining their ability to carry out missions" (CJCSI 3405.01, 2011). The military services employ TFF through their resilience initiatives and programs as they deem sufficient. The DON promulgated instruction 6520.1A, *Operational Stress Control* in June 2016. The purpose of this instruction was "to establish policy, guidelines, procedures, and responsibilities to standardize the Operational Stress Control (OSC) Program across the Navy" (DoNI 6520.1A, 2016. This instruction has since been cancelled and replaced with two NAVADMINs. NAVADMIN 222/19 established the E-OSC program and NAVADMIN 332/20, directed the program to be implemented across the fleet.

The research contained in this report aims to analyze two major Navy psychological health initiatives and how they affect the mental health of Sailors and operational units. Additionally, the research aims to address any gaps that exist in each program at its current state. The research seeks to answer the following questions:

- What are the implications of the current Navy programs designed to strengthen and improve the psychological health of Sailors and operational units?
- What are the programmatic issues that impede the Navy program's ability to move to scale?

B. BENEFITS OF THE RESEARCH

The research analyzes two current Navy psychological health initiatives and identifies the programmatic issues that hinder a comprehensive program. This study will provide recommendations for improvements that will sync Navy efforts to ensure the mental health and well-being of sailors and organizational units are strengthened. The research results will help Navy senior leaders enhance policy to inform all psychological health initiatives to ensure program success. It will also serve to increase operational unit readiness by providing sailors with tools to deal with arduous duty and operational stress.

C. SCOPE AND LIMITATIONS

The scope of this study is assessing the psychological health and resilience programs of the military services through identification of key characteristics vital for successful program implementation. The characteristics are then applied to the various programs to assess program success. This report has limitations as civilian resilience programs were not explored. The assessment relies on the current state of the military programs. For the Navy specifically, there are many ongoing resilience efforts that will not be discussed in length. This report will concentrate on the two major resilience initiatives currently being implemented at the accession and fleet levels. The characteristics developed for analysis were informed by the literature review as well as interviews with Navy psychological health and resilience initiative subject matter experts (SMEs). The

information collection from these sources will be used rather than collecting further information to be translated into data.

D. METHODOLOGY

The methodology entails developing and describing key characteristics that will enhance program implementation and successful execution for a resilience program. A literature review of various books, journal articles, peer-reviewed studies, and RAND studies have lent credence to the criteria that will be used as an assessment tool for measuring program success. The military initiatives and programs will be analyzed utilizing the characteristics spelt out in the methodology section of this report.

E. ORGANIZATION OF THE REPORT

The introductory chapter discussed the purpose and background of the research pertaining to the psychological health and resilience of Navy Sailors and organizational units. This research introduced two current initiatives under the Navy's purview and the importance of coordinating and integrating all resilience programs.

Chapter II is the literature review. The literature review provides the foundation of resilience research. It highlights a few notable pioneers and briefly describes their contributions in the field. The literature review provides definitions for resilience by those pioneers as well as all the military services. Additionally, the chapter explores a RAND study, which sought to promote military resilience by identifying pertinent factors found in the resilience programs. Chapter III describes the methodology used to identify key characteristics for comparing the DOD military services resilience programs. Chapter IV presents the program analysis for DOD resilience programs to include a synopsis and assessment of each military service based on the characteristics identified in Chapter III. Lastly, Chapter V closes with the conclusion, recommendations, and areas for further research.

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II. LITERATURE REVIEW

A. INTRODUCTION

In this chapter, the foundations of resilience, its definitions, and a RAND study are examined to enhance the framework for DOD resilience programs. The purpose of reviewing the resilience literature is to identify characteristics to establish a baseline for successful resilience program implementation in Navy organizational units.

B. FOUNDATIONS OF RESILIENCE RESEARCH

Over 50 years ago, researchers in the mental health sciences observed positive outcomes from some children despite having been exposed to extreme adversity (VicHealth, 2015). This observation provided the path for the study of resilience. The new approach allowed the focus to shift from mental illness to mental health (VicHealth, 2015). Today resilience research continues to thrive as segments of society have adopted the frameworks for resilience application in organizations and the data collected continues to offer a refinement of successful outcomes.

To discuss the foundations of resilience, one must turn to the pioneers of the study of resilience. Some early pioneers that have written extensively on resilience and their contributions to the task will be discussed. While there are many notable researchers on resilience, this literature review will capture a brief introduction of only a few pioneers.

Dr. Norman Garmezy is often credited as the founder of research in resilience (Masten & Cicchetti, 2012). He was a clinical psychologist whose distinguished career was rooted in schizophrenia and other mental illnesses. He led studies on children born to schizophrenic mothers to isolate the cognitive and social precursors of the illness (Masten et al., 2011). Garmezy became fascinated by children who were thriving despite having suffered extreme adversity (Masten et al., 2011). As a founder of Project Competence Longitudinal Study (PCLS) of resilience, his focus changed from psychopathology to "research on stress resistance, competence, and resilience" (Masten et al., 2011; VicHealth, 2015). Garmezy's distinguished research in resilience spans over three decades focusing "on the study of individuals, especially children, at risk for psychopathology and

developmental problems; the study of resilience; and the marriage of developmental sciences with clinical sciences that produced the field of developmental psychopathology" (Masten & Cicchetti, 2012). Garmezy's legacy included training many leaders in developmental psychopathology, including Ann Masten and Dante Cicchetti (Masten & Cicchetti, 2012).

Dr. Emmy Werner was a developmental psychologist whose resilience work can be traced back to the 1950s. She is best known for her 40-year longitudinal study of 698 children born on the island of Kauai in 1955 (VicHealth, 2015; Werner, 1997). The purpose of the research was to document the pregnancies, observe the children's physical, intellectual, and social development, and record physical and learning disabilities or behavior problems (VicHealth, 2015). Her impressive research was published in a series of five books which established the notable ability children had in overcoming adversity (Anonymous, 2012). Werner has authored multiple books on the resilience of children, including historical accounts of resilience. Werner's extensive work in child resilience established a strong foundation for work that continues today.

A protégé of Garmezy, Dr. Ann Masten, is regarded as an expert in resilience research. She is a clinical psychologist whose extensive work has centered around child resilience. Much of her focus is in identifying the key protective factors and adaptive systems a person develops stemming in childhood (Masten, 2014). She is the director for PCLS at the University of Minnesota (VicHealth, 2015). Her work at Project Competence includes investigating the long-term outcome of the relationship between parent quality and adolescent psychological well-being (VicHealth, 2015). Results from the study suggest that IQ and parent quality serve a protective role in child development concerning antisocial behavior (Masten et al., 1999). While much of Masten's research has focused on child resilience, her work provides a window to examine the origins of human resilience development. It offers the groundwork for adult resilience research to blossom. Her insight into resilience studies and contribution to the research continues today.

Looking back on decades of research and foundations of resilience provides appreciation and legitimacy of the discipline. It is apparent how the research and application of resilience outcomes relate to the adversity that service members are exposed

by the nature of their careers. The development of resilience programs throughout the DOD may signal that resilience is a remarkable trait; however, research suggests that resilience is common. According to Sutcliffe and Vogus (2003), "[r]ather than being rare and extraordinary, reoccurring themes spanning multiple literatures and levels of analysis suggest that resilience emerges from relatively ordinary adaptive processes that promote competence, restore efficacy, and encourage growth, as well as the structures and practices that bring about these processes." The DOD's integration of resilience programs is encouraging and demonstrates its commitment to the health of its most precious resource, its people.

C. DEFINITIONS OF RESILIENCE

The term resilience is assigned a wide variety of definitions. In researching the discipline of resilience, the definitions offered by the pioneers and military services are examined.

Dr. Norman Garmezy defined resilience as "not necessarily imperviousness to stress. Rather, resilience is designed to reflect the capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event" (Garmezy, 1991). In Garmezy's definition of resilience, he aligns with the classical understanding of resilience by having the quality of bouncing back from an impactful event.

Dr. Emmy Warner defined resilience as "the capacity to cope effectively with the internal stresses of their vulnerabilities (liable patterns of autonomic reactivity, developmental imbalances, unusual sensitivities) and external stresses (illness, major losses, and dissolution of the family)" (Werner, 1982). Warner studied resilience in children; thus, in the context of children, she described resilient children in the following passage, "Even in the most discordant and impoverished homes, and beset by physical handicaps, some children appear to develop stable and healthy personalities, and display a remarkable degree of resilience in the face of life's adversities" (Werner, 1989).

Last, Dr. Ann Masten's insight on what resilience means has been instrumental in the development of resilience literature. In her book, *Ordinary Magic Resilience in*

Development (2014), Masten speaks of the origins of the term resilience. She discloses that the term resilience "comes from the Latin verb *resilire* (to rebound)." In an attempt to capture the meaning of resilience across many contexts, she describes resilience as, "the capacity (potential or manifested) of a dynamic system to adapt successfully to disturbances that threaten system function viability, or development; positive adaptation or development in the context of significant adversity exposure" (Masten, 2014).

Under DoDI 6490.05, "The Secretaries of the Military Departments shall: Develop comprehensive [combat and operational stress control] COSC policies and programs for Military Service-specific operations from garrison to the battlefield" (2011). In keeping with the guidance provided by the DOD, it bears to reason that each of the military services would have Military Service-specific definitions of resilience.

The U.S. Navy has a couple of definitions for resilience. One is the "process of preparing for, recovering from, and adjusting to life in the face of stress, adversity, trauma, or tragedy" (DON, 2013). The other definition for resilience found on the *Navy Leader's Guide for Managing Sailors in Distress* webpage is "the ability to cope effectively with life challenges" (DON, 2012).

The Marine Corps defined resilience in the MCTP 3-30E *Combat and Operational Stress Control* publication as "the ability to withstand adversity without becoming significantly affected, as well as the ability to recover quickly and fully from whatever stress-induced distress or impairment has occurred" (United States Marine Corps [USMC], 2016). The Marine Corps definition of recovery uses the word "quickly." The word "quickly" is a subjective word that may set unrealistic expectations. Questions arise regarding how certain factors can be measured. For instance, how does one measure resilience using time as a factor when analyzing how "quickly" one recovers from adversity. The measurement can be very disparate from hours to years, which makes it difficult to properly analyze resilience using time. Werner provides the following statement in reference to time from an interview, "I think it is important to take a long-term perspective, because resilience is a process that takes time" (Werner, 2012).

According to the *Army Recovery Care Program* webpage, "[r]esilience is the mental, physical, emotional and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks" (Department of the Army, 2021). Likewise, the Air Force adopted the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) definition of resilience, "the ability to withstand, recover and/or grow in the face of stressors and changing demands" (Meadows et al., 2015).

The definitions of resilience are diverse among the pioneers and each of the military services; however, they each maintain the notion that resilience is a capacity to recover, or cope from exposure to adversity. It is especially noteworthy that despite the freedom afforded by the DoDI 6490.05 to develop a service-specific program, each service did not develop a definition for resilience to suit their service. Instead, they used a description that could be interchangeable with any other service's definition. The research origins of the resilience discipline and the pioneers who molded it through longitudinal studies built a foundation for expectations and education in the implementation of a successful resilience program.

D. RAND STUDY TO PROMOTE MILITARY RESILIENCE

In 2011, RAND provided research and analysis related to promoting resilience in the military. As RAND researchers sought a general definition for the term, 'resilience,' they found, instead, an abundance of definitions for the word 'resilience,' which they cataloged in appendix A of their report. The catalog of definitions may be helpful in the formulation of an official DOD definition for the term resilience because, as of this research, the DOD has not adopted an official definition in the context of the military lifestyle. While the definitions for resilience are vast, so is the literature on the topic. RAND researchers identified 270 relevant sources and limited themselves to the most recent resilience-related publications between the years 2000 through 2011 (Meredith et al., 2011). Most of the literature surrounded resilience at the individual level over group (e.g., family, organization, community) resilience (Meredith et al., 2011).

To organize a framework for resilience, researchers categorized evidence-informed resilience factors most frequently found in literature relating to individual, family, organizational (unit), and community levels (Meredith et al., 2011). Individual-level factors included positive coping, positive affect, positive thinking, realism, behavioral control, physical fitness, and altruism. Of these factors, the traits of positive thinking, positive affect, positive coping, realism, and behavioral control had the most substantial evidence in the literature. Family-level factors identified were emotional ties, communication, support, closeness, nurturing, and adaptability, with family support being the most evidence-based factor. Unit-level factors included positive command climate, teamwork, and cohesion, with positive command climate garnering the most evidence. Finally, community-level resilience factors identified were belongingness, cohesion, connectedness, and collective efficacy with belongingness established as the most evidenced-based factors in the community-level resilience factors (Meredith et al., 2011).

Identifying the evidence-based resilience factors helped RAND define a resilience program "as one that 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" (Meredith et al., 2011). The Office of the Assistant Secretary of Defense for Health Affairs (OASD/HA) sponsored a study jointly conducted by RAND Health's Center for Military Health Policy Research and the Forces and Resources Policy Center for the RAND National Defense Research Institute (NDRI) (Meredith et al., 2011). The study, published in June 2011, aimed to assist the DOD "in understanding methodologies that could be useful in promoting resilience among servicemembers and their families" (Meredith et al., 2011). While the RAND study helped identify a variety of recommendations for military resilience programs, this report will only focus on a few key themes that emerge which closely relate to the military resilience programs discussed in Chapter IV.

1. Generate Policy and Doctrine for Resilience

In June 2011, RAND published its study on military resilience programs and made recommendations to improve DOD Directive 6490.5. DOD Directive 6490.5 was released

on February 23, 1999, by the Under Secretary of Defense for Personnel and Readiness (USD P&R). The directive was a scant document with subject *Combat Stress Control Programs* which briefly outlined policy, responsibilities, and definitions of Combat Stress Control terms, but did not mention the word resilience once. The RAND study recommended the DOD "consider clear policy to define resilience, to assign roles and responsibilities across the services, and to provide guidance on program implementation" (Meredith et al., 2011).

Within six months of the RAND study, the USD P&R published DOD Instruction 6490.05 on November 22, 2011, canceling DOD Directive 6490.5. The revamped DOD Instruction demonstrated the responsiveness of the DOD in addressing shortfalls and recommendations provided by the RAND study. More importantly, the instruction provided increased guidance for leaders, roles and responsibilities, and core principles for COSC. Terms such as "psychological first aid" and "resilience," which had not appeared in DOD directive 6490.5, were found throughout the new instruction. The instruction is active as of the date of this report, with the most recent change (issuing updated references, organizational titles, and removing expired language) effective May 29, 2020.

2. Leadership "Buy-In"

According to RAND findings in 2011, the most prevalent barrier to resilience program success is lack of leadership support. It is normal to encounter resistance to a new program, especially when commanders have many competing priorities and scarcity of time and resources. According to the report, the resiliency policy was not embraced by the organizational unit commanders as there was a lack of leadership guidance, which made the initiative seem more like an extra task rather than a tool to add value to the health of the command. The study recommendation entailed involving leadership early in the development of the program and promoting resilience at senior leadership schools (Meredith et al., 2011). The study made it clear that resilience initiatives had little chance of success without strong leadership endorsement.

3. Stigma

The RAND study was eager to investigate stigma; however, the literature on stigma was limited. Only one document provided evidence for reducing the stigma of the 270 papers RAND researchers reviewed (Meredith et al., 2011). Despite the lack of literature about stigma, the RAND study identified stigma as a barrier to program implementation. Many service members perceive resilience programs as treatment. Embedding resilience programs with mental health treatment entities only serve to increase the stigma (Meredith et al., 2011). One strategy that helped reduce stigma was through senior leadership support and involvement. Resilience program representatives found that associating resilience training with physical fitness training was an effective strategy in breaking down the stigma barrier. By aligning mental fitness to physical fitness, service members found resilience programs less offensive to the warrior mindset (Meredith et al., 2011).

4. Positive Command Climate

RAND researchers found that positive command climate had the most evidence in the literature for promoting resilience at the unit level (Meredith et al., 2011). A resilience program representative reported "positive command climate as the most important factor contributing to program success. One program representative described how an effective resilience program was terminated after a change in command because the new leader was less supportive of the program" (Meredith et al., 2011). Communicating early and often with leadership and sharing data to emphasize positive outcomes of the program were strategies employed to promote resilience to less favorable command climates. Another solution to overcome the challenge was to frame resilience as a method to support Army values. Unit participation in the resilience program was shown as an improved way to manage the commander's unit (Meredith et al., 2011). The importance of the impact positive command climate has within an organizational unit sheds light on how this factor would be successful to a resilience program.

5. Implementation of Program Before Evidence of Effectiveness

A common occurrence across most resilience programs, civilian or military, is that they were implemented before evidence of their effectiveness. A reason for implementation

before evidence-based effectiveness is that programs are tailored to meet the needs of each client or organization. Customization of resilience programs makes it difficult to design studies that will yield evidence of effectiveness. Naturally, proof of effectiveness will take years of research. RAND recommends tracking the evaluative data and encourages the publication of the results (Meredith et al., 2011). Documenting the evidence-based data will remain critical for funding and survival of the resilience initiatives, especially for the military and service branches. Since it takes years of documented data to prove program effectiveness, the effectiveness of the Navy's resilience initiatives cannot be measured in their current state.

E. SUMMARY

The literature review sets the foundation for the resilience framework. It provides key tenants and evidence-based studies that can assist those tasked with the development of successful resilience programs. Exposure to the historical background and resilience definitions will help the reader appreciate the extensive work that has been dedicated to the discipline in the remaining chapters of this report.

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III. METHODOLOGY

A. INTRODUCTION

This chapter discusses the methodology used to analyze the Navy initiatives, and military service programs. The key characteristics that define a successful resilience program is discussed below. These characteristics will serve as the measurement to assess the initiatives and programs explored in Chapter IV.

B. RESEARCH APPROACH

The purpose of this research aims to analyze two major Navy psychological health initiatives and how they affect the psychological health of Sailors and operational units. Additionally, the study aims to address any potential gaps that exist in each program and whether the program can be successfully implemented at its current state. A program is considered successful when it meets its goals and objectives for implementation and execution within the organization.

The literature review provided a historical resilience background and an understanding of the foundational concepts that were used to implement the respective programs. Peer-reviewed journals, books, RAND studies, instructions, directives, DOD websites, and program-specific documents were utilized to identify characteristics within the programs that are vital to success. Data derived from RAND's resilience literature review and the DOD TFF guidance was used to analyze and make recommendations for further development of the Air Force program. RAND also conducted surveys and interviews when assessing the Marine Corps OSCAR program. The RAND studies were instrumental in providing an overall assessment of these two DOD resilience programs.

Interviews were conducted with both Navy mental health professionals for the Warrior Toughness program at the RTC and SMEs for the E-OSC program. The purpose of the interviews was to gain a deeper understanding of the programs, including the history, detailed program descriptions, implementation, and ongoing improvements in meeting resilience goals. E-OSC SMEs provided preliminary data from the pilot program and plans for the fleet-wide rollout of the E-OSC program. Additionally, insight was provided into

the dynamics between the Warrior Toughness and the E-OSC programs. Key characteristics were developed by taking common threads between the resilience research and the current military programs that was proven to be successful in supporting individuals and units in need.

C. KEY CHARACTERISTICS FOR ANALYSIS

The literature review and interviews conducted with the Navy resilience program SMEs highlighted congruent factors among all the programs. The following characteristics will be used as a baseline for analysis of the military programs described in Chapter IV.

1. Common Language

Arguably the most crucial characteristic regarding resilience is the use of a common language. As discussed in the Chapter II literature review, there are many different definitions of resilience. As one can imagine, with all these definitions, it makes it difficult to understand what resilience really is. If resilience researchers and experts cannot decide on one clear definition, how can an organization develop a comprehensive one? Issues arise from having various definitions of resilience and different terminology between initiatives or programs within an organization. If the initiatives or programs have different perspectives and objectives, it will affect how resilience is defined and subsequently how the program is implemented.

There is common terminology used in describing resilience to include grit, hardiness, psychological health, spirituality, and toughness. This list is inclusive, but not exclusive as there are many more terms used in reference to resilience. Resilience is often described as one's ability to bounce back after an event and even grow stronger from it. A successful resilience program should properly define lexicon to create a common basis of understanding internally within an organization to decrease confusion and risk of nonconformity.

Terminology, if not accurately defined, can prove problematic in gaining acceptance by service members. For example, the term "spirituality" is commonly associated with religion. Watchdog groups, such as the Military Religious Freedom

Foundation (MRFF), led by founder Michael L. Weinstein, have pursued legal action against various services for alleged violations of service member's religious freedom. In 2011, the Army came under fire from the MRFF for including "spiritual fitness" as a factor in the CRT. The MRFF contested that the Army was "promoting religion and creating a religious test for its soldiers, which is prohibited by the U.S. Constitution" (Bradley Hagerty, 2011). In 2016, the MTFF warned the Marine Corps of a class-action lawsuit for its plan to integrate spiritual fitness into professional military education (Seck, 2016). The Army is not the only military service that incorporates the term "spirituality" in their resilience program; in fact, all services include an aspect of spirituality into their respective programs.

There is value in preserving the term "spirituality" despite the criticism it has engendered. Spirituality can be a beneficial factor in resilience. A study published by Chaplain Gary Berg found "spiritual distress was related to both combat-related post-traumatic stress disorder (PTSD) and depression in a sample of Vietnam veterans" (Berg, 2011). Werner provides that "faith and prayer were significantly more often reported as sources of support by resilient high-risk individuals than by their low-risk peers of the same age (33% vs 15%)" (Werner, 1989). As described in the MCTP 3-30E, "Spirituality, though, has a broader definition that applies even to those individuals who do not believe in God or do not belong to an organized religion. This broader view defines spirituality as an overarching source of meaning that transcends the day-to-day struggles of the individual and helps give life value and meaning" (USMC, 2016). While there is strong evidence to support the factor of spirituality related to resilience, military services should take legal consideration in defining the word "spirituality" if they choose to use it as a factor for a resilience program.

Today, contention on the subject of religion persists as 20 conservative lawmakers have written letters to Secretary of Defense Mark Esper "in which they objected to the military's limitations on service members' attendance at worship services during the coronavirus pandemic" and "the Pentagon and services' responses to complaints by Mikey Weinstein" (Miller, 2020). It is critical to maintain awareness of the contention over

terminology while preserving service members' freedoms. Involving military legal counsel throughout the process of refining existing resilience programs is prudent.

Another example of terminology that has become troublesome is toughness in respect to resilience. In the Navy, toughness is associated with the Navy SEAL. When applying the word toughness to resilience, there have been many different interpretations, which affect how the program is structured and members are trained. It is difficult for members to associate a term in which they do not have a close connection. There are many other instances where the lexicon impacts the implementation and execution of a program. Terminology must be carefully researched prior to applying to a resilience program. An organization must have a common language that is clear and unambiguous so there is no confusion by the members when implementing the program.

2. Integration

Many programs exist within organizations that relate in some way to resilience. Programs that fall under the resilience umbrella need to be integrated in some fashion to streamline efforts. A streamlined resilience program is vital to interoperability and aids in the reduction of redundancy. Lack of coordination and common program elements create redundancy between programs. If programs are redundant, they could lose the attention of its intended audience as well as funding. Coordination and common language will assist in creating harmony between programs. Issues arise when programs with similar objectives work in opposition or refuse to collaborate towards a common goal. Based on the conversations with program offices, it became apparent that fear of losing a program, a reduction in funding, and lack of resources are common themes as to why some programs are unwilling to share specifics about their program. Program objectives should be synced in pursuit of a common goal: a more resilient organization that can provide psychological health support to those who are in need.

3. Point of Entry

Establishing the most effective point of entry for a resilience program is essential in ensuring successful implementation and execution. In the past, the point of entry was a medical or mental health professional. The literature and studies have shown that a clinical

provider is sometimes a deterrent for those seeking help because of the stigma it carries. General George Casey provided, "I felt that we would receive the greatest traction if CSF became a command program sewn into the fabric of Army operations and leadership. It is here—at the unit level—where we will have the greatest chance to attain a cultural change within the Army. This decision also acknowledges a fundamental program tenet: CSF is a training program—not medical treatment—and training is the leadership's responsibility" (Casey, 2011). The point of entry needs to be an upstanding individual within the organizational unit that others seek out for advice. A good understanding of how the organization works and intimate details of the personnel within the organization is a must. Other characteristics that will make for a strong point of entry are humble, admirable, trustworthy, hardworking, down to earth, and personable. These traits will make the point of entry less intimidating and more approachable to members who either need help or know of someone in need. However, they still need to hold a legitimate position of authority with the power to influence decision making within the organization.

4. Training

Numerous training programs currently exist in both military and civilian organizations. The sheer number of trainings that must be conducted yearly can be overwhelming and often viewed as redundant. While this report identifies the need for resilience training, choosing the level and frequency in which the training should be conducted is a daunting task.

How personnel receive the training can affect the receptibility and retainability for the Sailors within the command. Each individual and organizational unit have unique characteristics, which is a reason training should be flexible in order to successfully implement the program. The frequency in which the training is mandated will be an important factor. It is important that all personnel within the organization receive initial training, but follow-on training should be conducted at a lower level or on an individual basis.

Who will conduct the training is another critical element of the resilience training program. Resilience training provided to the organizational unit should be able to resonate

with the individuals who receive the training. One of the most successful training methods is train the trainer. This method gives the organization a trainer inside the unit who can easily relate to the members. Mass training conducted via electronic means or provided by senior personnel without a personal connection to the group has not been proven effective.

In addition to who and how the training is executed, it is vital to provide the training at the right time. This aspect is critical, especially in military organizations. The right time could be different depending on an organization's mission, deployment timeline, extended stay at home periods, or other events that create stressors. Another opportune time for training would be on an individual level when someone self-reports or when leaders or peers identify signs that someone needs help. This type of training would be one-on-one so the training team could assess the appropriate level of support the individual requires.

The goal of resilience training is to equip individuals and organizations with the tools to identify signs of distress and difficulty with coping within themselves and their peers and the resources to address any issues. Resilience training must be adequately planned, implemented, and executed within the organization to improve and strengthen the psychological health of its members.

5. Leadership

The role of leaders will be crucial in enabling implementation and execution of a successful resilience program at the organizational unit level. The tone set at the top by senior leaders through policies and procedures will demonstrate their commitment to resilience and the psychological health of the unit and its members. According to the MARADMIN 045/20 (2020), "Commanders are encouraged to develop strong local policies that support best practices for OSCAR training implementation." The RAND Study conducted in 2011 identified the lack of leadership support of resilience initiatives as a major barrier for successful program implementation. "The fundamental tools for prevention—selection, training, leadership, and unit camaraderie and esprit de corps—all lie in the hands of military leaders at all levels. Early identification of adverse stress reactions depends largely on the awareness and attitudes promoted in a military unit by its commander" (Nash, 2006). While buy-in from senior leadership is essential, buy-in from

leadership at all levels is required for effective management of stress reactions and a successful program.

Leaders are instrumental in the charge to reduce the stigma associated with mental health. This is a challenge for all operational unit leaders as members often associate asking for help with clinical mental health providers. Resilience programs are not developed to send every person to mental health; instead, they are designed to assess what level of care is required then refer them to the appropriate care. In most cases, it is not a mental health care provider who is best situated to deal with the issue. The most valuable role leadership plays in reducing the stigma is making sure all members of the organization fully understand the resilience program and that it is not necessarily tied to mental health. This issue is particularly engrained in the military culture and will take strong leadership to lessen the stigma surrounding military organizations that has existed for too long. The resilience program will be unsuccessful without leadership involvement early and continuously, especially when time is limited, and resources are scare. Individuals need to know leadership care and believe they will be supported if and when they need or ask for help.

D. SUMMARY

This chapter discussed the methods used to derive characteristics to analyze each of the military resilience initiatives and programs in Chapter IV. The information provided through literature review, RAND studies, and interviews facilitated identification of the factors that will be utilized to assess whether the programs successfully implemented their resilience programs at the organizational unit level, respectively.

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IV. PROGRAM ANALYSIS

A. INTRODUCTION

This chapter will describe two of the major Navy initiatives in effect, the Warrior Toughness and E-OSC programs, which are related to improving both the Sailor and operational unit mental health and performance. Analysis of the of the Navy initiatives programs will provide both strengths and weaknesses regarding implementation based on their current applications. According to the *Task Force Resilient Final Report* (2013), the Navy identified at least 123 programs under the umbrella of resilience documented in its history. The task force was established to examine factors impacting the Navy's resilience and make recommendations to improve its efforts. To understand the Navy's new psychological health and resilience initiatives, it is essential to review historical military programs and approaches.

In addition, this chapter explores the Army, Marine Corps, and Air Force resilience programs. All four military services have their own service specific COSC programs that aim to prevent, identify, and manage combat and operational stress reactions (COSRs) within operational units resulting from training and mission demands (*COSC and the Services*, n.d.). "Combat and Operational Stress Control (COSC) efforts seek to minimize the impact of stress on service members' physical, psychological, behavioral, and social health as early as possible in order to promote mission readiness, increase individual and unit resilience and enhance mission performance" (*COSC and the Services*, n.d.). Each program will be assessed whether they meet the characteristics required for implementing a successful resilience program.

The military services have taken different approaches in implementing their respective resilience programs based on the DOD and CJCS guidance on resilience. The Army program is centralized and resource intensive in facilitating execution at the individual level. The Marine Corps uses a decentralized leader-centric approach that offers implementation at lower levels (Lester et al., 2018). The Air Force resilience program is robust with a dedicated instruction, Air Force Instruction 90–5001 *Integrated Resilience*,

resilience website, and Flag level direction. In addition, the Air Force commissioned RAND to do a comprehensive resilience literature review to help them strengthen their current resilience initiatives and programs.

B. NAVY INITIATIVES

1. Warrior Toughness Program

The Warrior Toughness Program is headed by Naval Education and Training Command (NETC) who is responsible for all accession programs for the Navy. In April 2017, the Chief of Navy Personnel (CNP) directed a review of the curriculum to address the "toughness" of recruits at Recruit Training Command (RTC). RTC held focus groups and conversations to understand what it meant to be "tough." By October 2017, the Recruit 1.0 curriculum was developed resulting from information gathered in the focus groups and conversations. From the onset of Recruit 1.0, as gaps were identified, the curriculum was revised continuously. The next step in the program entailed providing a quality-of-life survey to the staff. The quality-of-life survey findings revealed that the staff needed toughness skills as much as the recruits. The Recruit Division Commander (RDC) training began in January 2018 and progressed to what it is today, Recruit 3.0, known as the Warrior Toughness Program. (Stallinga et al., 2018).

The program is based on a U.S. Navy SEAL community concept of the Warrior Mindset (Stallinga et al., 2018). Figure 1 illustrates the Warrior Mindset as the cycle of commitment, preparation, execution, and reflection. The process of continuously going through the Warrior Mindset cycle builds and sustains mental toughness. The process begins by examining one's commitments and thinking through the purpose of what the Navy and individual Sailors do. The tough Sailor is one who has firmly studied, committed, and prepared to meet the challenge they face to achieve their "best ever" performance (Stallinga et al., 2018). Once the task is complete, the Sailor reflects on their performance based on the training and commitment. After reflection, the Sailor adjusts training, preparation, and commitment as necessary for the next commitment and challenge. This process is repeated for every mission and with time, the Warrior Mindset becomes engrained as a habit of toughness.

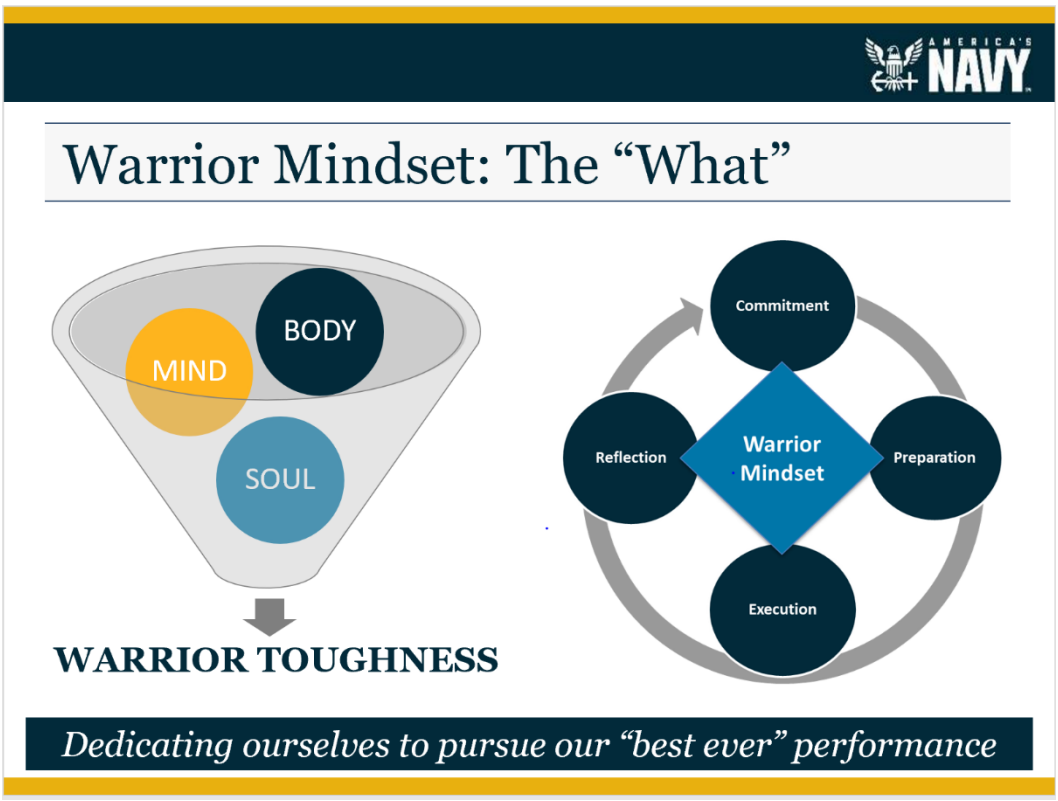


Figure 1. The Warrior Mindset process. Source: Stallinga et al. (2018).

a. *"Resilience" versus "Toughness"*

The Warrior Toughness program is not modeled as a resilience concept, rather as a focus on performance (Lauby et al., 2021). Resilience focuses on preventing negative outcomes after challenges and recovery from adversity; the Sailor has suffered a setback and works to return to the baseline. Resilience occurs in the period following the stressors (Stallinga et al., 2018). Toughness focuses on strengthening the mindset in preparation for a critical event or challenge. "Our sailors must be prepared to fight to the death, perform complicated and complex tasks under the highest degrees of stress" (Thors, 2018). It is the act of preparing a strong mindset with an emphasis placed on improved performance and ethical decision making. The toughness model is employed before, during, and after the challenge. The implementation and focus are what sets the Warrior Toughness program apart from a traditional resilience program.

b. *Developing Toughness*

RTC leadership used the Chief of Naval Operations (CNO) Design for Maintaining Maritime Superiority, the Navy Leader Development Framework, and the Commander's Intent as guides for direction and core attributes. The lines of effort for development centered on the Sailor competence, character, and connections.

Competence within the Warrior Toughness program is derived from the Sailor's ability to make a mind/body connection while implementing performance and mindfulness tasks (Stallinga et al., 2018). Becoming aware of the mind/body connection helps sailors regulate stress and achieve peak performance. Warrior Toughness training teaches the RDCs and recruits where stress is managed in the brain and gives students the tools of mindfulness and meditation to strengthen the part of the brain that controls stress. These brain strengthening tools enable sailors to navigate through stressors with calmness.

Sailor character is developed using the Navy's core values of honor, courage, and commitment and core attributes of integrity, accountability, initiative, and toughness (Lauby et al., 2021; Stallinga et al., 2018). These values and characteristics are developed in the RDCs and recruits alike through dialogue, instruction, reflection, and sharing of sea stories. This training segment highlights the importance of guiding principles, individual morals, and ethics to the decision-making process. The natural convergence of these values, attributes, and principles aligns under toughness.

The last piece of the lanes of development is both personal and intellectual connections. Personal connections are formed through small group dialogue and the sharing of sea stories (Stallinga et al., 2018). The intellectual relationships are developed with the help of SMEs, industry leaders, and institutions. Warrior Toughness training helps form the personal and intellectual connections for Sailors and inspire a sense of belonging, commitment, and connection to the unit, organization, mission, and to one another.

c. *Staff/301 Curriculum*

The curriculum begins with training the RDC staff. The purpose for initiating training at the staff level is to indoctrinate so they develop a healthy mindset with improved quality of life so they are able to develop the character and competence to execute the

Warrior Toughness curriculum (Stallinga et al., 2018). To develop character, the staff is taught the warrior mindset through the toughness principles of commitment, preparation, execution, and reflection. Through the character lens, the attributes of core values and moral/ethical living are examined and an effective method to tell a sea story is taught. With the competence lens, staff are taught the theory of mind-body connection, emotions, mindfulness, and the "Big Four" performance psychology tenets: goal setting, energy management, mental rehearsal, and self-talk. Figure 2 illustrates the organization of the curriculum for the RDC staff.

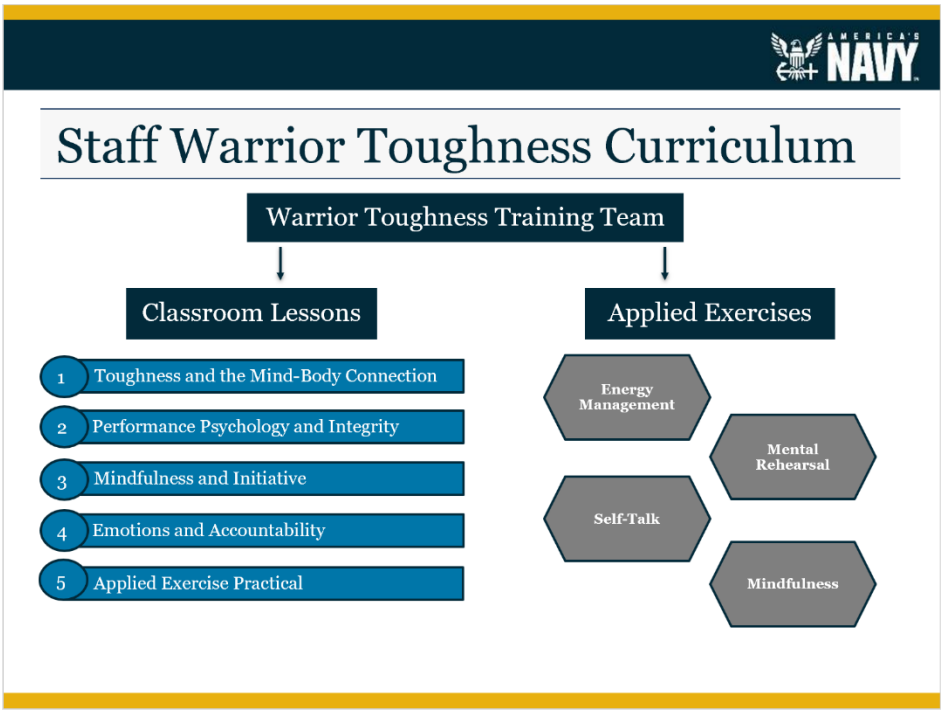


Figure 2. Staff Curriculum. Source: Stallinga et al. (2018).

The goal is to converge both competence and character within the staff to build toughness (Stallinga et al., 2018). Curriculum 301 is a seven-and-a-half-hour program taught to the staff by all three members of the Warrior Toughness team: warrior (U.S. Navy SEAL), chaplain, and psychologist. The training's desired outcome is for the staff to understand the mechanisms that drive their stress, recognize their own stress response, and effectively manage their stress to care for their minds, bodies, and souls. It is important to

note that “the warrior” is a U.S. Navy SEAL while the recruit Sailor attends RTC. Once the Sailor is assigned to an organization in the fleet, “the warrior” is a person in a leadership position within their own job specialty or rate.

d. *Recruit/101 Curriculum*

The recruit training curriculum is an over ten-hour program taught by ship’s officers and chaplains to Navy accessions individuals through the Recruit Training Command (RTC), Officer Candidate School (OCS), and Navy Reserve Officer Training Corps (NROTC), and the U.S. Naval Academy (Lauby et al., 2021; Stallinga et al., 2018). In the same fashion as in the staff training, the program is channeled through developing character and competence in the recruits. For the character piece, recruits are given the opportunity to examine the Navy core attributes, values, and ethics through sea stories. In the competency channel, recruits focus on daily and just-in-time exercises that are taught by RDCs and instructors “[m]uscle memory, as it relates to reps and sets, builds physical toughness. Applied exercises done over time or as in practice, builds mental toughness…we need reps and sets in all three areas in order to build muscle, mental and soul strength” (Thors, 2018). Figure 3 illustrates how training is organized for recruits.

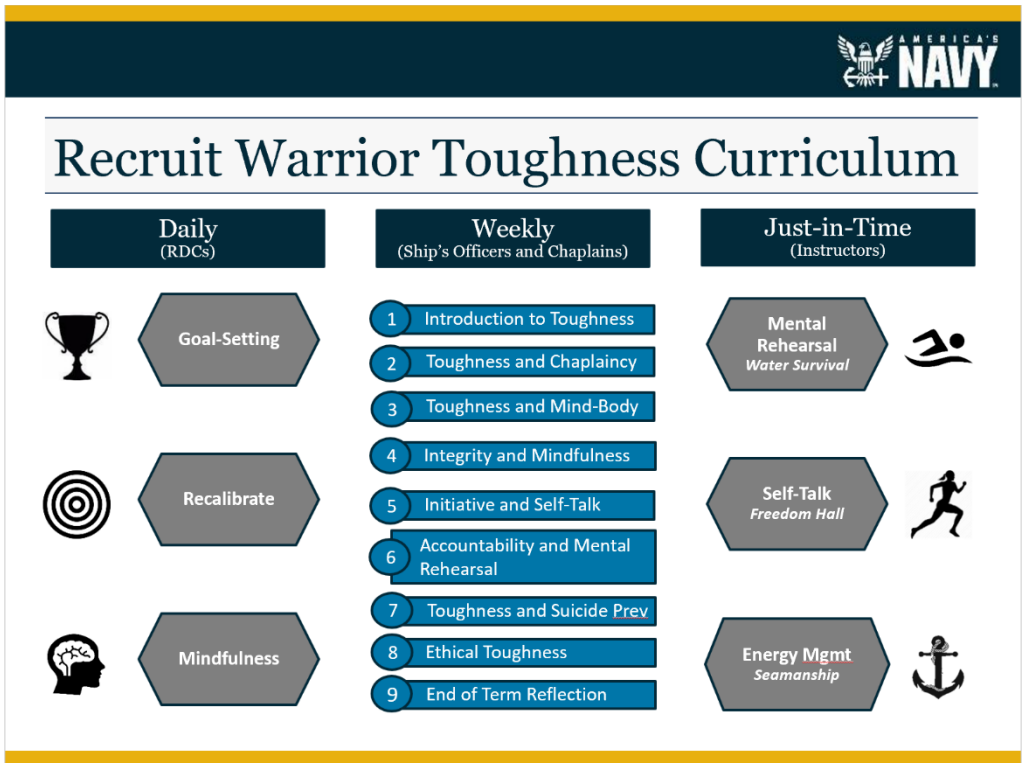


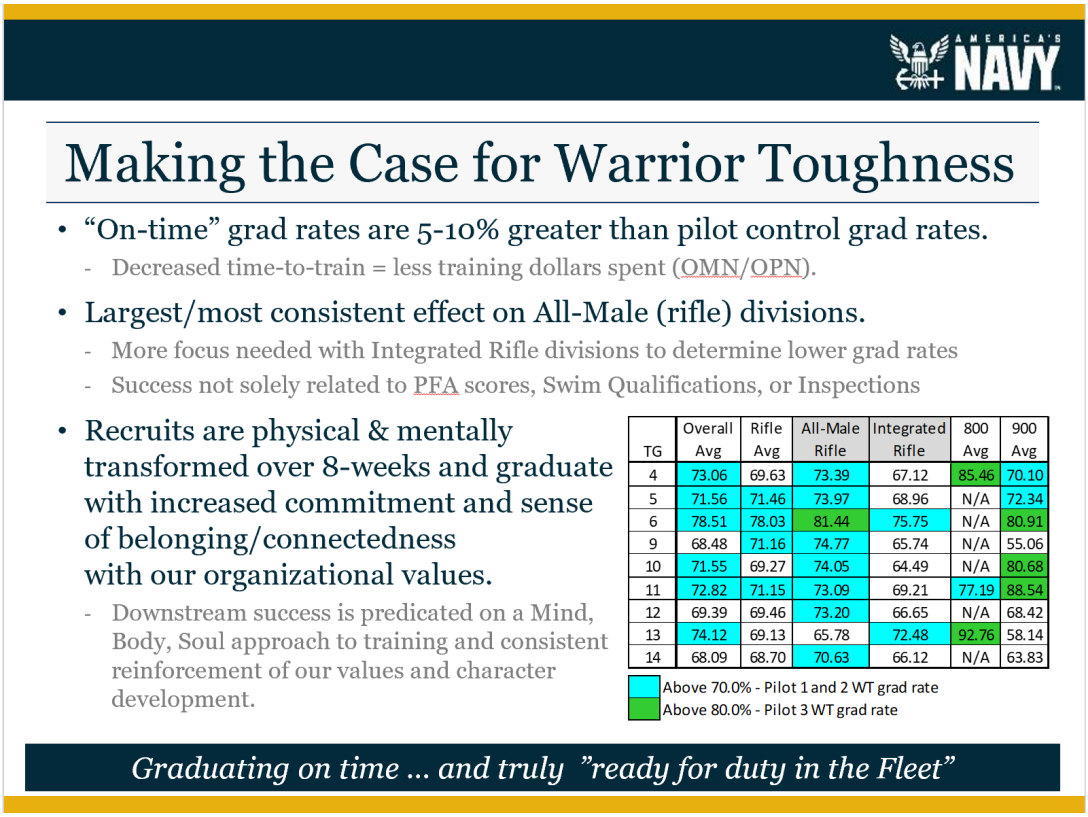
Figure 3. Recruit Curriculum. Source: Stallinga et al. (2018).

The recalibrate portion of the training deserves a brief explanation. It is an "on-command" exercise which recruits are taught in the first week of training (Stallinga et al., 2018). It teaches recruits a technique to slow their breathing which in turn slows their heart rate. This exercise triggers a calming response in the brain and allows the brain to focus on the task at hand. After only a few days of practice, any staff member can use the "recalibrate" command as a reminder to recruits. Recruits are trained while they cannot stop what they are doing or experiencing, they can control their reaction and increase their focus through a simple breathing technique.

e. *Warrior Toughness Outcomes*

The Warrior Toughness applied exercises were tested through various Institutional Review Board (IRB) approved research studies (Stallinga et al., 2018). All studies showed the applied exercise led to an improvement in "on-time" graduation rates with the recruit's first assigned division. These marked improvements translate to a decrease in the time it takes to train recruits as well as less associated costs. Studies also showed the applied

exercises led to an improvement in baseline Physical Fitness Assessment (PFA), swim qualifications, and inspections. Sailors indoctrinated with the Warrior Toughness training (character development and applied exercises) displayed a sense of belonging and increased devotion to their organization. Though initial results of the Warrior Toughness training may be subtle; the change does not diminish its positive impact on Sailor psychological health and to the Navy as a whole. The initial eight-week program is a small investment as sailors are better prepared for the personal, mission, and operational challenges they will face in the future. Figure 4 illustrates the marked improvements of recruits who have gone through the program.



TG	Overall Avg	Rifle Avg	All-Male Rifle	Integrated Rifle	800 Avg	900 Avg
4	73.06	69.63	73.39	67.12	85.46	70.10
5	71.56	71.46	73.97	68.96	N/A	72.34
6	78.51	78.03	81.44	75.75	N/A	80.91
9	68.48	71.16	74.77	65.74	N/A	55.06
10	71.55	69.27	74.05	64.49	N/A	80.68
11	72.82	71.15	73.09	69.21	77.19	88.54
12	69.39	69.46	73.20	66.65	N/A	68.42
13	74.12	69.13	65.78	72.48	92.76	58.14
14	68.09	68.70	70.63	66.12	N/A	63.83

Figure 4. Warrior Toughness Outcomes. Source: Stallinga et al. (2018).

f. *Future Efforts*

Warrior Toughness future efforts will focus on three major areas. First, pursue improvements within RTC based on feedback and guidance from Dr. Andrew Van Schaack

of Vanderbilt University (Stallinga et al., 2018; Thors, 2018). The input will serve to revise both the 101 and 301 curriculums and develop and certify all RDCs in quality control processes. Moreover, there is a notion of creating an Advanced Toughness Trainer (ATT) with a Job Qualification Requirement (JQR). Second, push the Warrior Toughness program outside RTC to the Naval Service Training Command level. This effort would require modification of the 101 and 301 curricula for the feasibility pilot at Officer Candidate School (OCS), Navy Reserve Officer Training Corps (NROTC), Indoctrination (INDOC), and Sea Trials. Last, creation of follow-on training. This effort would include partnering with A-schools with a pilot program at the Naval Nuclear Power Training Command (NNPTC) to develop a 201 curriculum. This expansion could serve as a model program for other training commands. In addition to implementation at all accession programs within the Navy, Warrior Toughness has proceeded to expand its program into operational units.

2. Expanded Operational Stress Control

E-OSC was established by the NAVADMIN 222/19 in September 2019. "E-OSC integrates COSC with resilience and mindfulness training to improve the psychological readiness of Sailors and units" (DON, 2019a). E-OSC is an expanded version of first comprehensive resilience program, OSC, which combines principles from Mind, Body, Resilience (MBRT) training, the Chairman's TTF, and DOD and Navy instructions with the original tenets to enrich the program. Additionally, the E-OSC developers utilized the wealth of literature from resilience researchers to help identify factors that could be used by Service members in recovery from stressful situations. Researchers identified evidence-informed factors to enhance resilience such as positive coping, positive affect, positive thinking, realism, behavioral control, physical fitness, and altruism (Meredith et al., 2011). E-OSC incorporated some of these vital factors in the program's training curriculum.

E-OSC was developed by the Naval Center for Combat & Operational Stress Control (NCCOSC) in collaboration with OPNAV N17 and is "based on best practices for managing combat and operational stress and for building resilience and mental toughness" (Delaney, 2020). E-OSC Program is also part of the 21st Century Sailor Office (OPNAV N17) Behavior Development & Performance Branch (OPNAV N171). "The E-OSC

program is designed to inform and empower Sailors, to identify signs of distress and difficulty coping within themselves and others, as well as to know where to turn for help" (DON, (2019b). The approach "will leverage command resilience teams (CRT) and engaged deck plate leaders to provide more accessible, collaborative resources and real-time assessments of unit culture to promote healthy command climates and mitigate challenges from common stressors like relationships, career transitions, disciplinary or legal issues, performance issues and financial strain" (DON, 2019b). NAVADMIN 332/20 announced a phased roll-out for the program, which is required of all Navy command by January 2022; however, the roll out to most ships will begin as early as summer 2021.

The Navy's OPTEMPO often results in combat and operational stress that can lead to negative psychological effects in Sailors and degradations in unit readiness (Delaney et al., 2020a). E-OSC objectives align with preparing and supporting Sailors and operational units when faced with stressful events. The core objectives aim to "build resilience and develop self-care techniques; support identification, mitigation and management of stress reactions as needed to maintain mission and personal readiness; and connection with services" (Gerardi & Tellez, 2020). The E-OSC program elements are integral in the successful implementation and execution of the E-OSC training curriculum.

a. *E-OSC Logic Model*

The E-OSC logic model was developed with the end state in mind. The end state being to meet the E-OSC short, intermediate, and long-term objectives for a functional E-OSC training program. Functionality is assessed by the metrics developed to reach the desired outcomes through activities like training provided to the operational units. The goal the E-OSC Logic Model is obtained by leveraging resources to meet the goal to "strengthen and reinforce the psychological health and readiness of operational units" (Delaney et al., 2020a). OPNAV N17 provides the policy, planning, and funding needed to launch and sustain the program and BUMED M333 holds the responsibility for the development of the curriculum, establishment of initial E-OSC Instructor Trainers (ITs) and providing training materials (Delaney et al., 2020a). Resources are critical for successful implementation of the program to include the trainers, leadership support at all levels,

marketing materials, and the Stress-O-Meter (SoM), which will be discussed later (Delaney et al., 2020a). The program must also work in concert with other Sailor readiness programs such as DAPA, SAPR, FAP, SP, PRP, and CMEO.

Numerous activities are conducted after the resources are in place. The most important activity is the establishment of the E-OSC trainers and partnership building with the CRT. These will be the personnel who conduct the actual training at the Command INDOC and other training events. Some of the training topics and material to include the Stress Continuum Model, Core Leader Functions, Combat Operational Stress First Aid (COSFA), and Resilience Building, buddy care supports, unit assessments, and SoM administration will be described in detail below (Delaney et al., 2020a).

The actions described above lead to various outputs that when assessed with metrics are integral in meeting outcomes. A variety of outputs are used for each of the individual outcomes that aid in meeting the goals under three main outcomes: short-term, intermediate, and long-term (Delaney et al., 2020a). The activities outputs have targets/ goals that must be met in order to reach status of a functional E-OSC Training Program. Some of these goals include the number of unit CRT members trained, number of E-OSC topics taught, number of departments/personnel trained, number of buddy care supports, and number of unit assessments completed (Delaney et al., 2020a). The SoM administrations should be performed quarterly while there should be at least two outreach events accomplished through a health promotion and safety standdown (Delaney et al., 2020a). The number of collaborations with other programs should be maximized to the greatest extent possible. Whether the outputs meet the outcomes that will be described below will be assessed using specific metrics.

The outcomes aim to reach specific goals based on their individual timeframe. The goal of the short-term outcome is establishment of a unit that has E-OSC capability and a functional E-OSC training program (Delaney et al., 2020a). There are four short-term outcomes that should be met relatively early in the program, which are increases in number of service members trained in the E-OSC, increases in buddy care supports, increases in unit assessments, and regular practice of E-OSC skills by service members (Delaney et al., 2020a). The metrics used to assess these outcomes are the same for the first three, which

is a Program Status Survey (PSS). The last outcome is based on results from the Servicemember Metric Survey (SMS) (Delaney et al., 2020a).

The intermediate outcomes focus on improving servicemember readiness. Intermediate outcomes such as increases in toughness, increases in resilience, increases in connectedness, improvements in stress management, and increases in healthy behaviors utilize the SMS metrics for assessment (Delaney et al., 2020a). Increases in trust in leadership and unit use not only SMS but also the Defense Organizational Climate Survey (DEOCS). Last, decreases in the stigma of seeking help is developed using three metrics: PSS, SMS, and DEOCS (Delaney et al., 2020a).

The long-term outcomes deal with improving unit readiness. Four of the long-term outcomes, improvements in retention and improvements in advancement/promotion rates, decreases in destructive behaviors, and decreases in unplanned losses, utilize command data as an assessment tool (Delaney et al., 2020a). Next, improvements in Physical Readiness Test (PRT) are captured with Physical Readiness Information Management System (PRIMS) data. Last, improvements in SBs are an outcome that is assessed with SMS and DEOCS (Delaney et al., 2020a).

b. ***Program Elements***

The E-OSC program has six primary components once fully implemented to include Understanding Stress, Building and Preserving Resilience, Core Leader Functions, Combat and Operational Stress First Aid (COFSA), Buddy Care and Unit Assessment, and the Stress-o-Meter (SoM) (Giraldi & Tellez, 2020). Three important elements of the program, the E-OSC team, command training, and command consultation and support, are detailed below (Giraldi & Tellez, 2020).

(1) E-OSC Team

An E-OSC team should be identified to provide training and implement the program within each Navy operational organization. The team should consist of a team leader (E-7 or above), assistant team leader (E-6 or above), and team members (minimum E-5) (Giraldi & Tellez, 2020). The command program will be implemented and

administered by an E-OSC team lead with support from the CRT. The E-OSC team will receive training commensurate with their position to enable their ability to train the organization (Giraldi & Tellez, 2020).

(2) Command Training

The E-OSC team is responsible for the command training for the organization. The team leaders will receive the most comprehensive training of all the team members in a two-day course that consists of all the E-OSC Course Modules listed below (Gerardi & Tellez, 2020). Other E-OSC team members and unit leaders will be trained based on their position within the organization. The E-OSC team conducts general command training that is held at the appropriate level as decided by command leadership, for example the departmental/divisional level, duty section, all hands, or at command indoctrination (Giraldi & Tellez, 2020). The Self-Care/Resilience Training course module is delivered in these venues and are designed as universal prevention to support understanding stress and building resilience (Giraldi & Tellez, 2020).

Second, the E-OSC team trains the CRT in Buddy Care with some CRT members also trained in Unit Assessment (Giraldi & Tellez, 2020). The CRT works in concert with the E-OCS team, but is mainly focused on command climate. Finally, the E-OSC team provides training to the deck plate leaders to include the Wardroom, CPO mess, Leading Petty Officers, and Work Center Supervisors (Giraldi & Tellez, 2020). These "extenders" need to have an understanding and be willing to support the E-OSC as well as receive training in five specific modules: SoM, Buddy Care, Unit Assessment, COFSA, and Core Leader Functions (Giraldi & Tellez, 2020). Once fully trained, the CRT and deck plate leaders are leveraged by the E-OSC team to provide "more assessable, collaborative resources and real-time assessments of unit culture to promote healthy command climates" (Giraldi & Tellez, 2020). The E-OSC Course Modules are summarized from the *E-OSC 3 pager* [PDF]:

1. COSC principles (Giraldi & Tellez, 2020)

- Stress & Resilience: Understanding stress and the Stress Continuum Model as a tool to identify, engage, and intervene when stress reactions

occur. Understanding resilience and how the four main domains of life, physical, mental, social, and spirit, influence resilience.

Figure 5 represents the Stress Continuum Model that is utilized by both the Navy and the Marine Corps.

Figure 5. E-OSC Stress Continuum Model. Source: *Expanded Operational Stress Control* (n.d.).

- COFSA: Understanding how to use the action steps, check, coordinate, cover, calm, connect, competence, and confidence, for the timely assessment and preclinical care of stress injuries.
- Core Leader Functions: Understanding how to use the functions, strength, mitigate, identify, treat, and reintegrate, to reinforce leader commitment to Sailor psychological health and organizational resilience.

Figure 6 depicts the Leader Core Functions that are integral for effective resilience leadership.

Figure 6. E-OSC Core Leader Functions. Source: *Expanded Operational Stress Control* (n.d.).

- Buddy Care: Way that peers can support individuals who are experiencing difficult times by engaging them providing an early intervention strategy that normalizes the process for seeking help.

2. Self-Care and Resilience Building (Giraldi & Tellez, 2020)

- Mindfulness: Understanding what it is, the different types, such as meditation, diaphragmatic breathing, progressive muscle relation, and benefits of its practice.
- Navy Values: Review of Navy Core Values, Navy Ethos, and Core Attributes and Signature Behaviors and their influence on resilience.
- Valued Living: Personal values influence on Sailor attitudes, beliefs, and behaviors and how they align with Navy Values.
- Emotional Intelligence (EQ): Understanding EQ as an important leadership element, how it can be improved, and its benefits.
- Flexible Thinking: Understanding how it induces consideration and awareness of possible options in developing strategies to cope and adapt to issues and challenges.
- Healthy Behaviors: Understanding how to increase physical resilience through mind, social, and spiritual domains and the health benefits of sleep, nutrition, and exercise.

- Problem Solving: Understanding active problem solving as a process of finding solutions using SMART goals to difficult or complex issues and to cope with adversity and life challenges.

3. Command Consultation (Giraldi & Tellez, 2020)

- Unit Assessment: Understanding the purpose of a Unit Assessment and how it can be used as a leadership tool to evaluate the overall functioning and stress health of a unit.
- Stress-o-Meter (SoM): Understanding how to use the SoM as a web-based resource tool to provide a confidential & anonymous real-time "snapshot" of a units stress level.
- Program Implementation & Course Planning Command Consultation and Support: Identifying key elements to effectively implement the E-OSC program at the unit level. Understanding the requirement for conducting an E-OSC Trainer course.

The SoM is installed on the organization's SharePoint. Individual Sailor responses are anonymous unless they request assistance via the SoM outlook email. Buddy Care requests and interactions are confidential unless there is a mandatory reporting situation (Bardales et al., 2020). Additional components of the E-OSC program, Buddy Care, Unit Assessment, and the SoM, are described above in various E-OSC Course Modules. The program should also work in concert with other Sailor readiness programs as stated in the E-OSC Logic Model.

c. *Baseline Evaluation*

The E-OSC program evaluation method entails collecting metrics, consisting of the SMS and PSS, which were mentioned in the E-OSC Logic Model (Delaney et al., 2020a). According the the *Baseline E-OSC Program Report for 13 APRIL 2021*, "The SMS is a self-report assessment completed by Sailors that measures individual readiness domains, such as toughness, resilience, trust, connectedness, feeling comfortable providing and asking for support, signature behaviors (SBs), and healthy behaviors. The PSS is completed by the E-OSC team that collects information about the type and number of E-OSC program activities that have been conducted throughout the command" (Delaney et al., 2020b). These metrics are collected at four points after implementation of the program. Once the data is gathered, the Navy utilizes a Statistical Package for the Social Sciences (SPSS) to

analyze it (Delaney et al., 2020b). The results are used to compare Sailor responses to measures for: toughness, resilience, ability to manage stress, trust, connectedness, support, healthy behaviors, and command SBs (Delaney et al., 2020b).

The baseline report examined how many Sailors received E-OSC training and identified the venue used to conduct the training. The report broke down the the completion of SMS by department and rank. Additionally, Sailors are asked if they found the training helpful and if they had used skills taught in the training or thought they might use them in the future (Delaney et al., 2020b). For the command, the evaluation is a way to gain insight into the pulse of their command. The report documented what E-OSC topics were covered in trainings, current unit phase, other program collaborations, major command events, and whether or not the E-OSC program was perceived as beneficial or if there were any barriers to implementation (Delaney et al., 2020b). Finally, the report discussed the way forward for the E-OSC program activities and administration and completion of the SMS and PSS in future iterations.

d. *Future Efforts*

In addition to the fleet wide implementation of the E-OSC program and further expansion of the Warrior Toughness program, OPNAV N17 is working with various mental health professionals on development and implementation of an alternative operational stress continuum. Research shows that resilience is not only required during stressful events. The Navy is researching how to achieve optimal performance from Sailors in the fleet. The current stress continuum model consists of the traditional red, orange, yellow, green that is illustrated in the right half of the bell curve depicted in Figure 7 below. This is the current Stress Continuum Model utilized by both the Marine Corps OSCAR program and the E-OSC SoM model. While the point of concern occurs during the yellow section of the stress level, portions of the blue, when an individual is underperforming, can be cause for concern also.

The model presented in Figure 7 shows that optimal performance requires some stress; however, there is a point where too much stress can degrade performance (Defense Health Agency, n.d.). This model developed by the Defense Health Agency uses a modified

Stress Continuum slide overlaid with the Yerkes Dodson curve. This stress optimization model has been discussed as a potential replacement for the original stress continuum model for the E-OSC and possibly the OSCAR program in the future.

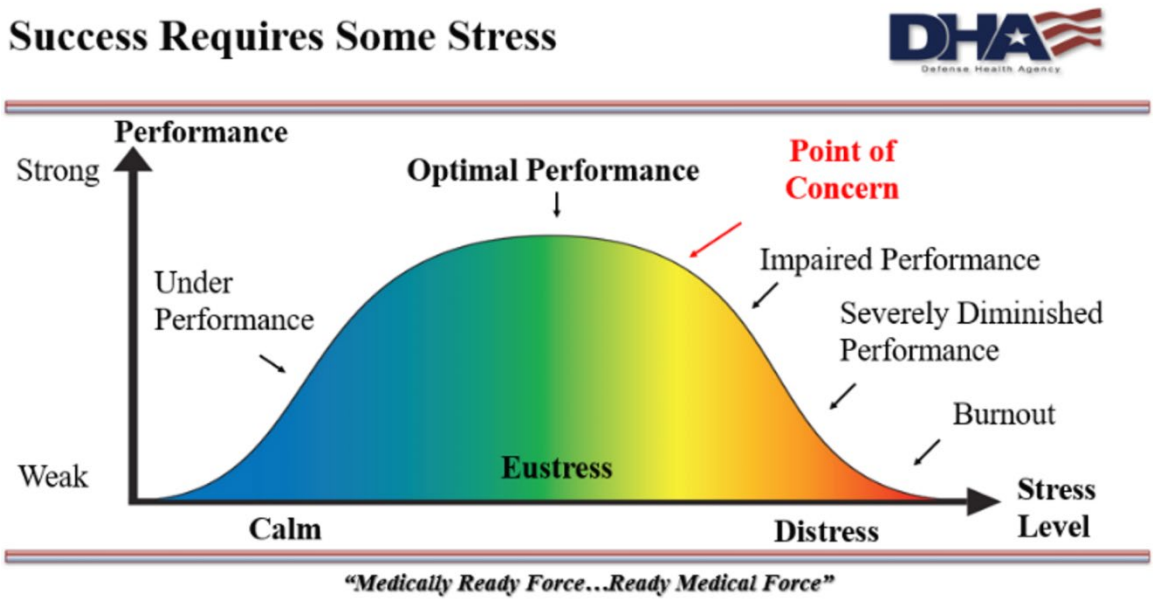


Figure 7. Optimal Performance Stress Continuum. Source: Defense Health Agency (n.d.).

3. Summary

E-OSC is the Navy's attempt to catch up with the other military services resilience efforts, particularly the Army and Air Force. The Navy created many quasi-resilience programs in the past, but E-OSC is the first true fleet-wide resilience program to be implemented in the history of the Navy. While E-OSC is still in its infancy phase, early data is presented in the from the pilot program shows encouraging successes that hopefully can translate to future program success.

C. ARMY COMPREHENSIVE SOLDIER AND FAMILY FITNESS RESILIENCE PROGRAM

After more than nine years of soldiers rotating in and out of the combat zone, the burdens of frequent deployments manifested in soldier performance, readiness, and personal relationships (Casey, 2011). Army leadership recognized the need to fortify the physical and psychological health of soldiers, family members, and Army civilians. The Army introduced the Comprehensive Soldier Fitness (CSF) program in August 2008 in response to Soldiers' stress due to nearly a decade of fighting. The Army has a rich tradition of taking a proactive approach to Soldier's health, and the CSF reflects this heritage as it focuses on prevention rather than treatment (Cornum et al., 2011). In developing the CSF program, the Army turned to professionals in the field of psychology to explore how to build upon the existing resilience among soldiers. The following paragraphs will explain the intricacies of the program.

1. Comprehensive Soldier Fitness Framework

In understanding the CSF broadly, it is important to note a few key aspects of the program. First, the CSF is a training and education initiative broken down into five areas: physical, social, emotional, spiritual, and family (Casey, 2011). Second, The CSF training is accessible by soldiers, families, and Army civilians via in-person and online instruction. Last, the CSF is a dynamic program developed to meet a person's psychological resilience level. The Army used a "four-pillared approach" to implement the system. The four pillars are as follows:

1. Assessment: Individual soldier resiliency is assessed through the Global Assessment Tool (GAT). The GAT is an "online self-assessment to identify resiliency strengths" (Casey, 2011). The GAT is intended to be completed by soldiers not less than every two years throughout the soldier's career (Cornum et al., 2011). The GAT allows soldiers to view their own improvement over time, remains anonymous to leadership while allowing feedback, and is not connected to soldier promotion, evaluations, or selection for schooling.

2. Universal resilience training: Mandatory resilience training occurs at every leadership development school across the Army and begins at initial entry into the Army. “There will be continuous, progressive, and sequential sustained resilience training of both enlisted soldiers and officers, given at every level of professional military development” (Cornum et al., 2011).
3. Individualized training: This training occurs for every soldier across the Army. It is an online, self-paced training customized based on the individual’s GAT results. The training uses a “strict evidenced-based approach” (Cornum et al., 2011) that allows modifications and improvements of the online training. The feedback provided will help the Army decide which programs to keep or eliminate based on its added value.
4. Trained master resilience trainers (MRTs): MRTs are primarily non-commissioned officers (NCOs) who complete a 10-day MRT course at the University of Pennsylvania (Cornum et al., 2011). NCOs were targeted to become MRTs due to their direct access and influence over soldiers. Initiating the training at the unit level by NCOs lends the CSF more credence with soldiers. The Army identified NCOs as the best point of entry for this program.

The goal of the CSF is to begin the shift of the stigma against mental health that exists within the warrior culture—at the same time, elevating the importance of mental fitness to that of physical fitness (Casey, 2011). By approaching resilience as a training program rather than medical treatment, it helps dissolve the stigma of weakness. The CSF intends to be a long-term strategy that is part of the Army experience and spans a Soldier’s career (Cornum et al., 2011). The CSF offers the flexibility of meeting the Soldier where they are in their career while providing the skills and training to overcome challenges across any rank and career length. Those skills and training improve the fabric of the Army and once they are integrated back into society, improves the fabric of society.

2. Comprehensive Soldier Fitness Program Evaluation

The CSF Program is an evidence-based effective program. According to the *CSF Report #3*, the CSF program showed improvements in soldier resilience and psychological health (R/PH) in those soldiers who had been exposed to the program (Lester et al., 2011). The program evaluation sought to answer four questions according to the report (Lester et al., 2011):

1. Do Soldiers in units that received training from MRTs report higher scores than Soldiers who were not trained by MRTs?
2. Over time, do the R/PH scores of Soldiers exposed to MRT training improve at a greater rate than Soldiers not exposed to the training?
3. Which demographic or contextual variables, if any, enhance the effectiveness of MRT training?
4. Does the effectiveness of the training depend on whether MRTs formally train their units: Is the training more effective when MRTs feel better prepared to train and when they feel they have the support to of their command?

First, "do Soldiers in units that received training from MRTs report higher R/PH scores than Soldiers who were not trained by MRTs?" (Lester et al., 2011). Findings show that soldiers who were exposed to the MRT training "scored significantly better on Emotional Fitness and five of the nine scales that were used to measure Emotional Fitness" (Lester et al., 2011). Additionally, there was a significant improvement in the scores for the Social Fitness dimension. There were no significant improvements on scores for Family or Spiritual Fitness. The report concluded that there was evidence suggesting that the MRT training positively impacted Emotional and Social Fitness.

Second question, "over time, do the R/PH scores of Soldiers exposed to MRT training improve at a greater rate than Soldiers not exposed to the training?" (Lester et al., 2011). Results indicated that for Soldiers exposed to the MRT training, there was improved Emotional Fitness while the control group showed no significant difference. Furthermore, the Soldiers who received MRT training had reduced catastrophic thinking while Soldiers

who had not received the training had no significant change. Another notable change identified was related to the Soldier's character scores. Those exposed to the MRT study had no significant change to their character scores while those who had no exposure to the MRT study had a drop in score. The hypothesis for this anomaly is that there is a natural decay in character but having the MRT training helped prevent the decay.

Third question sought to explore, "which demographic or contextual variables, if any, enhance the effectiveness of MRT training?" (Lester et al., 2011). The researchers analyzed two demographic variables, gender, and age, and two contextual variables, leadership, and unit cohesion, to evaluate any significant MRT training effects. The regression analysis indicated that age was a significant factor in the effects of MRT training. It indicated that MRT training was most effective on Soldiers between 18–24 years of age, with effectiveness declining after age 24 (Lester et al., 2011). There were no significant indicators suggesting that MRT training influenced the variables of gender, leadership, or unit cohesion.

Last, the researchers sought to find the impacts of MRT training by asking, "does the effectiveness of the training depend on whether MRTs formally train their units: is the training more effective when MRTs feel better prepared to train and when they feel they have the support to of their command?" (Lester et al., 2011). Analysis showed that when an MRT received formal training, displayed self-confidence to teach the subject matter, and had the support of their command, it resulted in better R/PH scores of young Soldiers. The results of this inquiry suggest formal training, MRT efficacy, and command support are all crucial factors in the CSF program.

The *CSF Report* #3 offered evidence that there were positive outcomes in the CSF Program; however, all subjects were not affected in the same manner. Army researchers and CSF program developers could benefit from these results by using them as a guide to help adjust and correct areas found deficient. One area of plausible improvement is to adapt training to increase the effectiveness of the MRT training on soldiers over the age of 24. While it is theorized that soldiers in the older demographic have already developed resilience skills through life experiences, focusing in on improving those skills could help prove or disprove the theory. The factors of Family and Spiritual Fitness could also be

adjusted to increase the effectiveness of the program. Using the CSF assessment provides researchers the opportunity for continual refinement.

3. Critiques of the Comprehensive Soldier Fitness Program

Critiques of the Comprehensive Soldier Fitness Program concluded that the findings were incomplete, and concerns surrounding the CSF program culminated in Congressional inquiries (Eidelson & Soldz, 2012). In the *Ethical Psychology* report, authors Roy Eidelson and Stephen Soldz found that concerns ranged from a $31 million no-bid contract to improperly promoting religion through the "spirituality" component of the program. The authors took issue with the *CSF Report #3* and psychologist Martin Seligman's Penn Resiliency Program (PRP), the CSF's foundations. The report refers to a comprehensive meta-analysis of the PRP whose findings reveal that the PRP's effectiveness was difficult to measure. When the authors shifted their focus to the *CSF Report #3,* they raised concerns about the assessment's disregard of "important outcomes of PTSD, depression, or other psychological disorders despite the availability of validated measures for doing so" (Eidelson & Soldz, 2012).

The methodology, data analysis, and interpretation of the findings in the *CSF Report #3* was also deemed problematic (Eidelson & Soldz, 2012). Eidelson & Soldz questioned the methodology of a "weaker quasi-experimental approach by choosing which units would include a Master Resilience Trainer" over the use of the standard randomized controlled trial. The observers' concern regarding methodology was that the "treatment" and control groups were not comparable. Upon closer inspection of the *CSF Report #3*, they found "half of the soldiers who received CSF training were *deployed* during the time, whereas soldiers who did not receive the training tended to be *non-deployed*" (Eidelson & Soldz, 2012). The authors made a firm recommendation that the CSF leadership should either issue a public correction to the record or retract *CSF Report #3* (Eidelson & Soldz, 2012).

In a separate critique of the program, analyst Nicholas J. L. Brown noted that the CSF program was mandatory for all active-duty service members and reservists. Soldiers failing to participate in the CSF program faced disciplinary action. Brown observed that

the adverse effects of a forced program upon soldiers escaped paramount concern in the CSF. The validity of the results was compromised when participation in the completion of the GAT was involuntary. Involuntary participation made it impossible to differentiate between participants who were genuine or acted in their own best interests (Brown, 2015).

Eidelson shed light on the importance of conducting randomized controlled trials on small groups to eliminate any seemingly "positive program's" potential adverse effects (Eidelson, 2011). He referenced a study conducted by Joan McCord titled Cures That Harm: Unanticipated Outcomes of Crime Prevention Programs as evidence to back his observation. McCord's study reported that well-intentioned, well-planned programs did not guarantee safety or efficacy (McCord, 2003). For this reason, Eidelson expressed concern over a mass rollout of a program without a prior control group study. The CSF program critiques were essential and valuable in the learning process. Other military services can apply the Army resilience program's lessons to avoid repeating mistakes in their future resilience initiatives.

4. Army Resilience Today

Today, the Army has an active website called *Army Resilience Directorate,* in which there is a tab labeled Ready & Resilient (R2). "Ready and Resilient is the Army's strategy for strengthening individual and unit personal readiness by providing training and resources to the Army Family" (*Army Resilience Directorate*, n.d.). Visitors to the website are met with an impressive wealth of information on various resilience topics: deliberate breathing, conflict resolution, strengthening relationships, mindfulness, among other subjects. There are options to select in the menu if a person wants to enhance their resilience or become an MRT. Additionally, the website offers Army soldiers and civilians a source to request training at their nearest R2 performance center. The Army Resilience Directorate is a one-stop-shop for Army soldiers, family members, and civilians to seek self-help and support. An observation made while researching the resiliency resources for each of the branches of service is that the Air Force Resilience website and the Army Resilience Directorate website are robust and share many parallels suggesting shared ideas.

D. MARINE CORPS OPERATIONAL STRESS CONTROL AND READINESS (OSCAR) PROGRAM

In response to the 1999 U.S. Department of Defense (DOD) Directive 6490.5 on combat stress–control programs, Marine Corps leadership designed the Operational Stress Control and Readiness (OSCAR) program. "In the Marine Corps, combat/operational stress control programs fall under the direction of the Deputy Commandant for Manpower & Reserve Affairs, not the Marine Corps' medical support agency, the Navy Bureau of Medicine and Surgery" (Nash, 2006). The Marine Corps recognized that "in order to improve prevention, early identification, and optimal management of adverse stress reactions, both in training and during operational deployments," military leaders and mental health professionals needed to come together (Nash, 2006). A greater partnership between the warfighter and the psychological health personnel was a critical component to developing and implementing the OSCAR program at Camp Lejeune, North Carolina, in 1999. The program has evolved over the years and is currently in Generation III.

1. OSCAR Program Framework

The OSCAR program was innovative and distinct compared to prior military efforts. It embedded mental health providers, mainly psychiatrists and psychologists, directly into operational units at the regiment, Air wing, and logistics group level (Nash, 2006). In the past, mental health professionals were attached to medical treatment facilities or external combat stress teams, which required Marines to seek help outside of their command. Unfortunately, seeking mental health has a negative connotation in the military profession. The mental health professionals assigned to the regiment supported the Marines through training, deployment, and post-deployment. The mental health providers extended their reach and increased capability by developing OSCAR teams. The OSCAR teams complemented "the Marine Corps tradition of small-unit leadership by training select Marine Corps leaders to identify and assist Marines affected by combat-related stress," to include Marine officers, NCOs, and medical and religious professionals (Vaughan et al., 2015).

As the program evolved, the OSCAR teams were embedded with the battalions and companies on deployment as far forward as allowed (Nash, 2006). The foundation for the OSCAR approach to operational stress is the Combat and Operational Stress Continuum (COSC) Model, which has been identified for a critical update by the Navy recently. This issue will be further discussed in Chapter IV. The COSC has three main goals: "prevention, identification, and treatment of stress problems arising from military training and operations" (USMC, 2016). COSC has two objectives: "to create and preserve a ready force and to promote the long-term health and well-being of individual Marines and Sailors and their family members" (USMC, 2016). These objectives have strategic importance in meeting the mission of winning wars and returning Marines home safely.

While the goal is to keep individuals in the green zone, operational stress often pushes them to the right into the yellow, orange, and red zones. The program's purpose is to make sure when individuals move to the right, they return to the green zone as quickly as possible. Leaders utilize the Decision Matrix to assess Marines' operational stress during operations anytime along the stress continuum (*Stress Continuum and Decision Matrix*, n.d.). This matrix helps leaders make decisions based on an individual's symptoms and severity. Figure 8 illustrates the COSC zones that describe the responses operational stress has on an individual. Figure 9 shows the Decision Matrix, which includes the stress symptoms, severity evaluation criteria, and actions for each severity level.

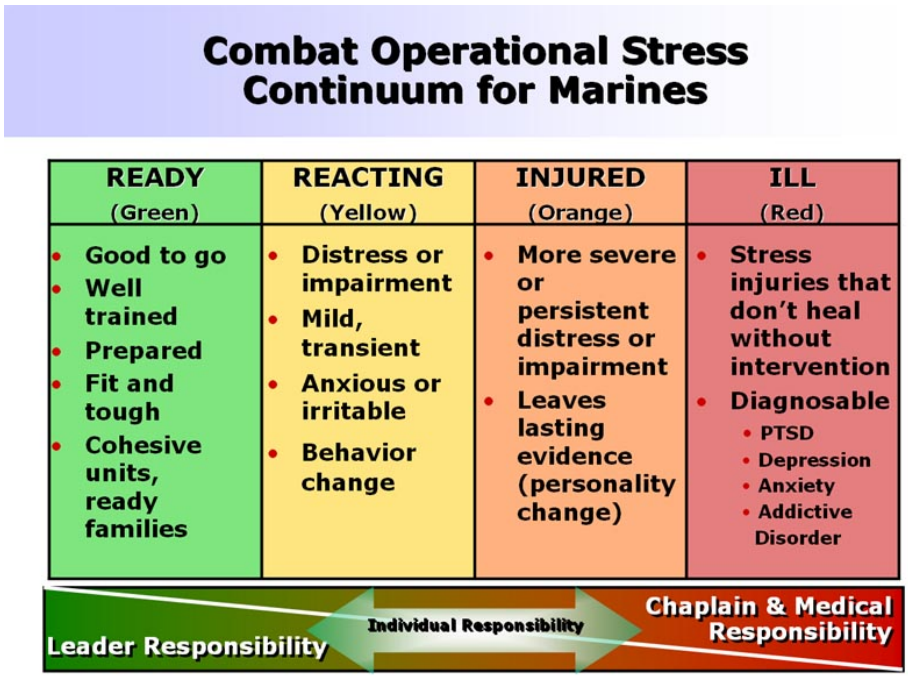


Figure 8. Combat Operational Stress Continuum. Source: *Stress Continuum and Decision Matrix* (n.d.).

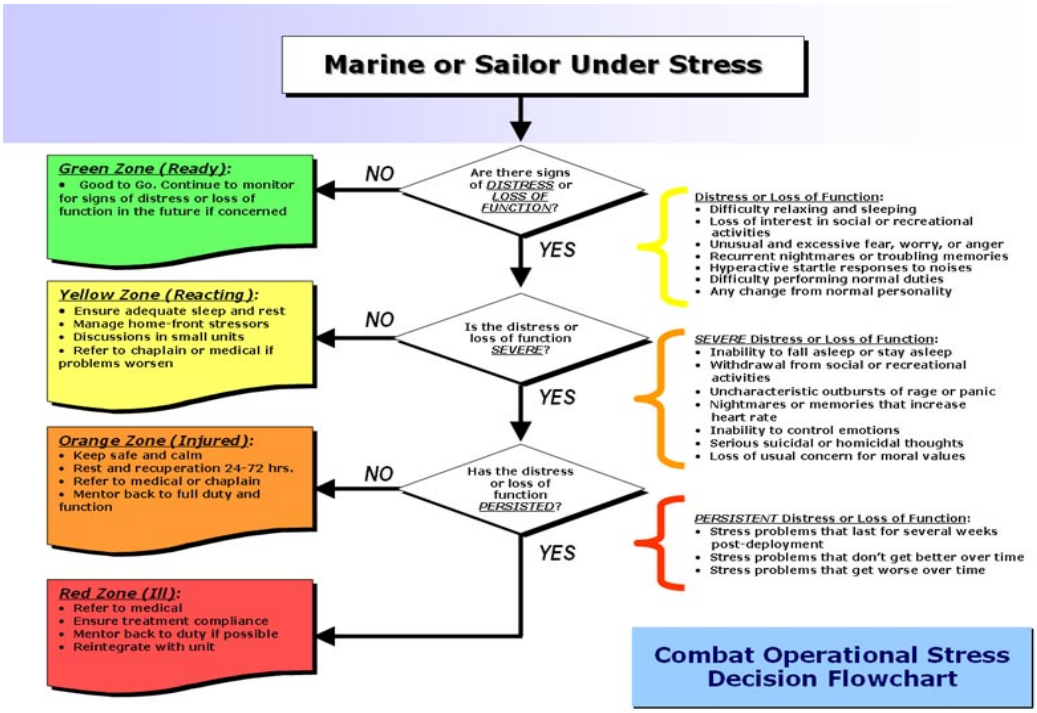


Figure 9. The Decision Matrix. Source: *Stress Continuum and Decision Matrix* (n.d.).

Leaders need to monitor and continually assess Marines within their units for responses to operational stress throughout a deployment cycle. Marines and family members can do their part by continuously tracking the stress continuum model for themselves and others (USMC, 2016). This model is insufficient alone to improve psychological health and does not meet the two COSC objectives discussed above. According to the MCTP 3-30E, to integrate the continuum model and the objectives, the Marine Corps and Navy created five core leader functions: strengthen, mitigate, identify, treat, and reintegrate (USMC, 2016). These five leader functions as described by the MCTP 3-30E are as follows:

1. Strengthen: "Strengthening individuals, units, and families to enhance their resilience is the first core COSC…. activities available to commanders to strengthen their troops fall into three main categories—training, social cohesion, and leadership" (USMC, 2016).
2. Mitigate: "Mitigation is a preventative activity….and since no Service member is immune to stress, regardless of strength or preparedness, the prevention of stress injuries and illnesses requires continuous monitoring and alleviation of the stressors to which individuals and units are exposed" (USMC, 2016).
3. Identify: "Since even the best preventive efforts cannot eliminate all stress reactions and injuries that might impact occupational functioning or health, effective COSC or OSC requires continuous monitoring of stressors and stress outcomes" (USMC, 2016). Leaders must know the strengths and weaknesses of the individuals within the unit, be able to recognize any changes to individuals when faced with challenges and monitor the stress zones for the individuals (USMC, 2016). Sometimes it is difficult to identify service members suffering from stress issues, especially when there is such a stigma in the military to admitting one needs help. The most effective method is for leaders to watch for signs among their subordinates and peers watch out for one another.

4. Treat: “Available tools for the treatment of stress injuries and illnesses exist along a broad spectrum and include—Self-aid or buddy aid, support from a small unit leader, chaplain, or corpsman, and definitive medical or psychological treatment’’ (USMC, 2016). It is the leaders’ overall responsibility in their respective units to make sure Marines who need treatment for stress injuries and illness receive care in a timely manner. Again, stigma is a barrier, so the leaders need to ensure individuals within the unit understand that needing help is not a weakness and should be used when symptoms arise. Constant affirmation from leaders that requesting mental health will not be viewed as unfavorable will increase the probability that help will be requested and accepted.

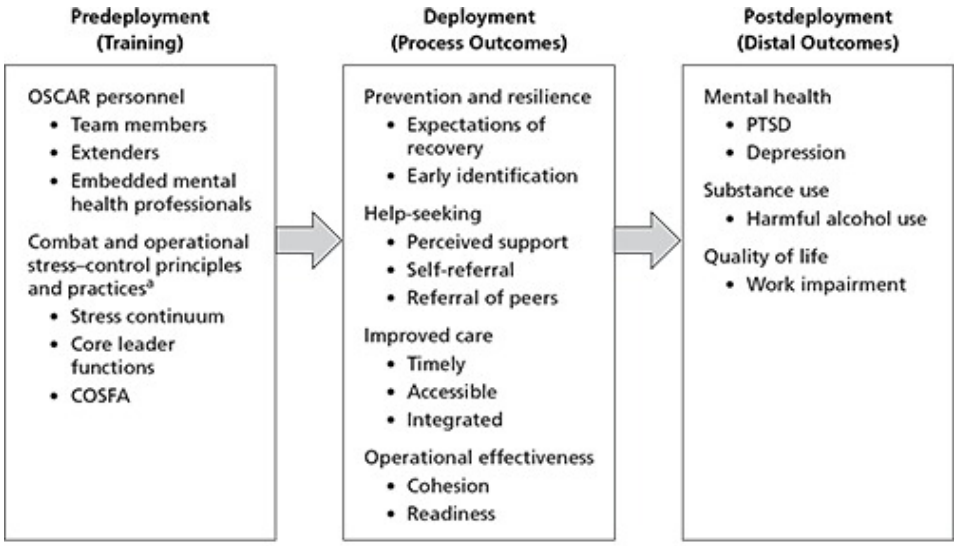
5. Reintegration. The road to recovery may be long for those treated for stress injuries or illnesses. “The normal course for a stress injury, as for a physical injury, is to heal over time, with most able to do so with or without treatment. Similarly, the normal course for a stress illness, especially if properly treated, is to improve significantly over time or completely remit” (USMC, 2016). It is imperative that leaders “continually monitor their fitness for duty, including worldwide deployment, and mentor them back to full duty as they recover” (USMC, 2016). Sometimes reintegration may not be in the military organization, so leaders need to be ready to help with transition to life outside of the military.

2. Program Evaluation

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury requested an evaluation of the OSCAR program by RAND in 2010 (Farmer et al., 2015). RAND focused on the OSCAR program’s performance as it pertains to Marines’ experiences in conflicts with high exposure to combat and extended deployments in Iraq and Afghanistan. RAND conducted a large survey of Marines who were preparing for deployment to Iraq or Afghanistan.

"The OSCAR evaluation had two primary aims: (1) to determine the impact of OSCAR on such outcomes as stress-related attitudes, help-seeking for stress problems, and mental health and alcohol use problems, and (2) to determine Marine Corps leaders' perceptions of OSCAR's impact on attitudes toward stress response and recovery; unit cohesion and morale; stigma around mental health and help-seeking; and unit leaders' abilities to prevent, identify, and manage stress problems in the unit" (Vaughan et al., 2015). There were four components to the evaluation: the individual Marine survey, OSCAR team members survey, Marine focus groups, and interviews with Battalion Commanding Officers who received OSCAR training.

If properly implemented, the OSCAR program is expected to positively affect long-term outcomes after deployment for the Marines to include better mental health, lower levels of alcohol use, and lower levels of functional impairment (Vaughan et al., 2015). Figure 10 depicts a logic model that illustrates the OSCAR program's desired outcomes from pre-deployment to deployment then finally post-deployment.



NOTE: PTSD = posttraumatic stress disorder.
[a] Combat and operational stress–control principles and practices are presented in OSCAR training but are not unique to OSCAR. Rather, they are broadly endorsed by both the Marine Corps and Navy and are presented to Marines in multiple venues.

Figure 10. Oscar Logic Model. Source: Vaughan et al. (2015).

a. ***Individual Marine Survey***

The Individual Marine Survey was given to 1,307 Marines in units deploying to Afghanistan or Iraq between March 2010 and December 2011 (Vaughan et al., 2015). The study compared Marines in battalions that received OSCAR training and Marines in battalions that did not receive the training. Both Marines groups were surveyed before and after deployment to assess their individual psychological and behavioral health, stress-related attitudes, and behaviors.

The survey results suggest that the OSCAR program met some of its intended effects on the pre-deployment and deployment outcomes, but there is no evidence that the long-term post-deployment outcomes were met (Vaughan et al., 2015). The Marines in the OSCAR trained battalions were more likely to report they sought help from leaders, peers, and medical within the battalion than the control battalions. However, the program did not have the intended effect on Marines to seek formal medical care for long-term outcomes such as mental health, substance abuse, and quality of life for stress response and recovery after deployment.

The findings reported did not consider that the control battalions were combat service support and the OSCAR trained battalions were infantry (Vaughan et al., 2015). The OSCAR trained battalions were more likely to have been in stressful combat situations than the control group due to the inherent difference in their jobs. This is likely the culprit for the observed help seeking within the OSCAR trained battalions. The comparison of the groups, the main focus of evaluation, "reflects the incremental contribution of OSCAR over and above the stress-related training that all Marines receive" (Vaughan et al., 2015). Additionally, variation within just the OSCAR trained battalions was analyzed and there were "significant differences across the OSCAR-trained battalions in changes over time on all of the outcomes examined, providing support for the hypothesis that the implementation of OSCAR might have varied among battalions" (Vaughan et al., 2015).

b. ***Team Member Survey***

The OSCAR team member survey was designed to assess the program's perceived impact by each of the members pre- and post-deployment (Vaughan et al., 2015). The

participants in the survey were from the same battalions that completed the individual Marine survey. Survey participants generally were positive about the OSCAR program's ability to manage operational and combat stress through positive influence over mission readiness, unit cohesion, and overall morale before deployment. Interestingly, the same participants revealed that OSCAR had less effect than had been intended post-deployment. One major issue for the team members was the lack of requests for assistance for stress-related problems before or after deployment. They had expectations that they would apply the principles learned during OSCAR training before deployment.

c. ***Focus Group with Marines***

Focus groups with the Marine Corps members sought to get feedback on how the OSCAR program affects the culture (Vaughan et al., 2015). The groups were led by a RAND researcher that started with a set of questions to foster discussion regarding combat-related stressors and the OSCAR program. Focus group participants provided recommendations for improving the management of combat stress issues within the Marine Corps. The groups were comprised of OSCAR-trained team members and Marines who were the intended beneficiaries, who provided various experiences and knowledge about the program.

The Marine participants agreed "combat stress is a problem but emphasized that combat stress management has always been an important part of Marine Corps culture" (Vaughan et al., 2015). Two criticisms from the Marine participants were 1)the OSCAR program was a formal way of dealing with combat stress management that had been met by informal means in the past and 2)OSCAR training was lumped in with multiple other combat-related stress and noncombat training, which was seen as excessive and redundant (Vaughan et al., 2015). The peer-to-peer approach had the greatest effect and was the preference of those in the focus groups. Again, the importance of effective leadership and peer support were viewed as critical factors in dealing with stress management (Vaughan et al., 2015). Consensus of the participants was stigma surrounding mental health still existed which often prevents those in need from seeking help. They also stated that unnecessary overemphasis on stress response could lead to an individual receiving the

wrong level of care (Vaughan et al., 2015). These issues if not properly managed, they will not only affect the mental health of the individual, but also unit readiness of the command.

The focus group members who had experience with the OSCAR program observed its value as a way for the Marine Corps to respond to combat-related stress issues (Vaughan et al., 2015). The program worked with existing support networks and provided a common language that all Marines could universally understand, which is one of the characteristics this report has identified as being key to successful program implementation. These members favored having OSCAR team members who had experience with the OSCAR program in the past as they were more knowledgeable about the principles.

d. *Interviews with Commanding Officers*

Battalion commanders are uniquely positioned to affect the lives of the Marines under their command. It is their responsibility to make sure the Marines receive the training, support, and treatment needed when dealing with operational and combat stress. Their perspective is significant in understanding how management views the OSCAR program's effectiveness as they can observe all Marine reactions to combat stress in the battalion (Vaughan et al., 2015). RAND conducted 18 interviews with battalion commanding officers who had received OSCAR training to get their input on whether OSCAR addressed the Marines' needs in their battalions, respectively, and recommendations to improve the program.

Marine commanders viewed the management of operational and combat stress as an effective leadership issue and not a medical, mental health issue (Vaughan et al., 2015). The commanders had favorable OSCAR opinions as they believed the principles were in line with those of effective leadership. Open communication about combat stress experiences and peer support without interference from external entities were cornerstones of the program in which the commanders applauded (Vaughan et al., 2015). They echoed the same sentiment as the Marine focus group in that they preferred peer support rather than formal mental health support and that common language used in the program was beneficial. Regarding training, the commanders recommended training more junior Marines and not limiting the training to NCOs. Like the Marine focus groups, the

commanders stressed the importance of having OSCAR team members with combat experience who were able to recover and lead a successful career (Vaughan et al., 2015).

The study results were positive in regard to OSCAR providing tools and resources for operational and combat stress control. However, as noted in the comments by many of the Marines surveyed, OSCAR did not have the intended effect on key outcomes affecting stress-related attitudes or health-related outcomes as described in its mission (Vaughan et al., 2015). The RAND study concluded "this evaluation did not find evidence of OSCAR's effectiveness that would support the continuation of OSCAR in its current form" (Vaughan et al., 2015). The variation and inconsistency of implementation between the OSCAR trained battalions and control group and even within the OSCAR-trained battalions made it difficult to capture the true data to properly analyze the program. RAND provided recommendations on how the Marine Corps could move forward in their quest to manage combat and operational stress. These recommendations, which should only be regarded as subjective, were only based on the qualitative components of the study that were also utilized with other research on the subject. Moreover, RAND prefaced the recommendations with a disclaimer that they had not been tested and the viability for Marine Corps adoption was unknown due to "organizational, policy, regulatory, and budgetary constraints" " (Vaughan et al., 2015).

3. Marine Resilience Today

The Marine Corps is currently in Team Training Generation III for the OSCAR program as of January 2020. MARADMIN 045/20 provides guidance for the implementation of the training program and establishes minimum requirements for battalion and squadron trained OSCAR team composition. According to the MARADMIN 045/20 (2020), "OSCAR GEN III designed to provide selected Marines, Sailors, medical professionals, religious ministry teams, and mental health professionals information and resources needed to help Marines and Sailors prevent, identify, and manage combat and operational stress issues as early as possible, before they become medical problems." The training course stresses OSCAR principles and features practical applications, discussion,

and critical thinking scenarios (USMC, 2020). Marines must be certified as a master trainer by Headquarters Marine Corps (HQMC) to facilitate the OSCAR GEN III training.

E. AIR FORCE RESILIENCE PROGRAM

The Air Force adopted the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) definition of resilience, which is "the ability to withstand, recover and/or grow in the face of stressors and changing demands" (Meadows et al., 2015). This definition underlines the implications that resilience is an ability that is not a stable, unchanging quantity; it can not only recover after a stressor but also flourish by growing. Hence the Air Force views resilience as a process that is not stagnant, but changes over time. The Air Force understood the importance of resilience after the enduring conflicts and realized a need to revamp their programs.

The Air Force Instruction 90–5001 *Integrated Resilience* was published January 25, 2019, in response to the RAND study, to be discussed in detail next, DODI 1342.22, and CJCS 3405.01. The instruction "establishes guidance for resilience and the primary prevention of interpersonal and self-directed violence (hereafter violence prevention) programs" as well as responsibilities of Air Force personnel at various levels (Department of the Air Force (AF), 2019). The *Integrated Resilience* instruction states, "resilience focuses on the Total Force's quality of life and their ability to withstand, recover, and grow in the face of stressors and changing demands to accomplish the Air Force mission" (AF, 2019). The Total Force (TF) consists of all personnel who make up the Air Force to include service members, civilians, and their families. In response to negative effects on the Total force, "The Air Force established the Integrated Resilience Directorate (AF/A1Z) at the headquarters level to integrate and consolidate programs and activities that support resilience and violence prevention" (AF, 2019). The instruction highlights five major tenets to include:

- Recognizes that programs and activities that support resilience and violence prevention are key elements of the Comprehensive Airman Fitness (CAF) framework. This framework supports the well-being of Total Force members while sustaining their ability to accomplish the Air Force mission.

- Establishes command relationships, authorities, and responsibilities that empower leaders and Airmen to foster dignity, mutual respect, inclusion, and trust.
- Assigns roles and responsibilities to Air Force stakeholders and functional agencies. This includes Major Command (MAJCOM) Community Support Program Managers (CSPM), installation Community Support Coordinators (CSC), MAJCOM Violence Prevention Program Managers (VPPM), and installation Violence Prevention Integrators (VPI).
- Provides the authority and criteria to establish and implement Air Force, MAJCOM, and installation Community Action Boards (CAB) and Community Action Teams (CAT).

    Establishes requirements for programs and activities that support resilience and violence prevention (e.g., training and education). (AF, 2019).

While the instruction encompasses many programs that make up the integrated resilience concept, it highlights the Comprehensive Airman Fitness (CAF) framework. "CAF is a holistic, strength-based, and integrated framework that plays a role in sustaining a fit, resilient, and ready force" (AF, 2019). The framework is a cultural shift on how the Air Force views and maintains fitness to include mental, physical, social, and spiritual domains. The resilience program fits in with the framework as it "equips Airmen with the knowledge, skills, and tools required to continually assess and adjust to their environment" (AF, 2019). The Resilience Program is led by the MAJCOM CSPMs and installation CSCs, but it takes the vigilance of all Airmen to understand and recognize distress symptoms for themselves, fellow Wingmen, and families (AF, 2019). The CSCs oversee the Resilience Program and are considered the installation SMEs. Resilience training is conducted by MRTs and Resilience Training Assistants (RTA) by using approved curriculums. Leaders and supervisors are the first line defense in reinforcing Air Force Core Values, promoting a healthy culture encouraging early help seeking, and ensuring resilience training is completed by all Airmen. They are required to know the signs of distress and effective ways to discuss issues with their Airmen. They are encouraged to coordinate all resilience issues and requests for further training with the CSCs to make sure the proper tools and support are available to all Airmen under their purview.

In addition to the instruction, the Air Force has a dedicated resilience website that provides resources needed for the Airmen, Guardians, and their families to thrive through enhanced well-being, optimized human performance, and promotion of a culture that exudes dignity and respect (*U.S. Air Force Resilience*, n.d.). The Air Force resilience program provides leadership tools for crisis prevention, intervention, and postvention to support the TF. The program's objective is to provide skills, resources, and tools for military members and their families to meet demanding challenges to enhance resiliency and develop a better version with each challenge. The program seeks to encourage members to seek help when needed and promote connectedness so others can recognize signs of distress to enhance the total force's support (*U.S. Air Force Resilience*, n.d.).

The Air Force Resilience website outlines other Air Force programs, including Suicide Prevention Program, Sexual Assault Prevention and Response, True North, Resilience Tactical Pause, and Spouse Resilience Toolkit. These programs work in concert with the Resilience program to provide Airmen and their families with the tools they need to support themselves and others. Finally, the Air Force Resilience website includes contact information for helping agencies and local assistance for those seeking help. In fiscal year 2011, the Air Force commissioned RAND to conduct a literature review on their behalf as they did not have the manpower or expertise to conduct one (Meadows et al., 2015). The goal was to help the Air Force understand how to assess and track the force's total fitness, which was outlined in the concept of TFF established by the previous CJCS Admiral Michael Mullen. Furthermore, RAND was asked to aid in the development of programs to increase the resilience of military and civilian Air Force personnel and their families (Meadows et al., 2015). RAND's approach focused on resilience resources or factors that would help to promote resilience through systematic efforts by the Air Force. RAND conducted a thorough literature review and sought to adapt the individual TFF domains discussed in the CJCSI 3504.01: medical, nutritional, environmental, physical, social, spiritual, behavioral, and psychological. The research identified several key themes among the resilience literature according to the RAND study:

- Resilience can be studied only in the context of stress.
- It is a process, rather than a static set of traits or characteristics.

- Individuals do not have a static, set amount of resilience or resilience resources or factors.
- Key resilience resources/factors broadly include personality factors, behaviors, external resources, and biology/physiology. (Meadows et al., 2015).

RAND established seven recommendations to strengthen Air Force initiatives' current and future resilience through a comparison of Air Force practices and the research literature. The RAND study published the following recommendations:

- Promote regular unit physical activity and hold commanders accountable for the physical fitness of their military personnel.
- Better resource Health and Wellness Centers to increase capacity for targeted interventions by subject matter experts.
- Continue to leverage Wingman Day 1.
- Add a Programs and Services tab to the Air Force Base website template.
- Increase sharing of resilience-related data across the Air Staff.
- Fill gaps in data collection.
- Strengthen the ability of the Air Force Resilience Office (which preceded the Comprehensive Airman Fitness Office) to promote resilience factors across the force. (Meadows et al., 2015).

RAND's literature research aided in developing recommendations for how the Air Force can build resilience capacity. RAND determined the capacity can be developed through "understanding which factors shape the experience and interpretation of stressors, responses to stressors, and associated changes to well-being and resilience resources, if any, following the event" (Meadows et al., 2015). The Air Force has further developed their resilience programs and initiatives from the RAND study output described in more detail above.

F. ANALYSIS

The isolation of programs hinders the Navy's ability to move to scale. There are two different organizations in charge of the two initiatives, which have different leadership, goals, and objectives. The Table 1 is a visual representation of the assessment for the organization's resilience program as measured by the key characteristics of a successful program as described in Chapter IV. An X in the box is representative that the

organization's program possesses that characteristic. Absence of an X means that that characteristic is deficient in the organization's program.

Table 1. Organization Resilience Program Assessment

	ORGANIZATIONS				
KEY CHARACTERISTICS		Navy	Army	Air Force	Marine Corps
	Common Language		X	X	X
	Integration		X	X	X
	Point of Entry	X	X	X	X
	Training	X	X	X	
	Leadership	X	X	X	X

1. Navy Initiatives

The Navy Warrior Toughness and E-OSC initiatives are both established programs flourishing in separate domains with different objectives and no immediate plans to converge. The Warrior Toughness is found in most Navy accessions programs with plans for expansion into the U.S. Naval Academy in the summer of 2021. The E-OSC initiative predominately exists at the operational unit level and fleet. Warrior toughness is focused on performance psychology, while E-OSC is focused on resilience. Warrior Toughness has emerged in a limited capacity into the fleet recently, specifically on the *USS ROOSEVELT* (CVN 71) (Lauby et al., 2021). While the programs are distinct, they both exist under the umbrella of psychological health, which may explain why some people confuse Warrior Toughness for a resilience program.

The autonomy of the initiatives encourages misalignment in language. The Warrior Toughness program promotes speech that teaches mindfulness; developing, fortifying, and

institutionalizing toughness; and is performance focused. Toughness concepts do not completely align with the training objectives of the E-OSC program. Both programs aim to add value to the overall health of Navy units but due to their similarities, they risk confusing Sailors. These two programs are introduced at different times within Sailors' careers and since each use their own concepts and language, it may lead to nonacceptance due to the appearance of redundancy or unnecessary training.

The initiatives overlap in some areas such as incorporating mindfulness and promoting Navy values into their programs; however, there is no clear path forward for complete integration of the programs in the fleet. In addition, such similarities pose the risk of elimination of one program should resources become constrained. In speaking with the E-OSC team representatives, they acknowledge that there are no indications of integration with the Warrior Toughness program as of this report. However, there has been initial conversations for select members to attend each other's training.

E-OSC and Warrior Toughness have found an effective point of entry for implementing the programs in their respective domains. Both programs use the "train the trainer" method in their training approach, which has been established by other programs as an effective means. Initial responses to the training method have been positive for both initiatives. RTC staff has become indoctrinated in the Warrior Toughness training, while the E-OSC team consists of organizational unit Sailors who received training from the regional E-OSC trainers.

Both Navy initiatives are successfully implementing training throughout the fleet even though only the E-OSC initiative has been directed to be implemented in all operational units. While the Warrior Toughness was developed to be executed at the accessions programs, it has creeped into the fleet realm by integration at NNPTC and onboard the *USS ROOSEVELT* and other ships. E-OSC could move to scale once the program is fully implemented in the fleet, which is scheduled for early 2022.

In the E-OSC program's initial 2019 announcement, Vice Adm. John B. Nowell, Jr., the Navy's chief of personnel, urged Navy leaders to "make the mental and physical well-being of our Sailors a priority and get actively involved in resiliency programs. To

properly train everyone for this critical fight, a fight we must wage 24/7, our Command Resilience Teams must take a new approach to how they do business with leadership engaged for every Sailor, every day," (Faram, 2020). Leadership buy-in for both programs at the top senior level has been established. The next step is making sure all operational unit commanders embrace the program and emphasize its relevance to subordinate leaders.

2. Army's Comprehensive Soldier Fitness

The Army's CSF program is an evidence-based program that has achieved success through implementing key characteristics of common language, integration, point of entry, and leadership. There are no competing resilience programs in the Army, which allows the CSF to establish a common language without interference. Additionally, integration is not an issue since the program is autonomous. The program uses the MFTs as the point of entry consisting primarily of the NCOs within the unit. The former Army Chief of Staff, General George Casey, was a strong supporter of the CSF. The CSF was rated as having high leadership buy-in considering General Casey's robust support was a driving force for the CSF becoming a significant program within the Army.

The CSF delivered universal training that was given to all Soldiers regardless of need. The training should have been directed to Soldiers who identified as having an elevated risk for maladaptive behavior. Critics of the CSF denounced the universally mandated training for all Soldiers as there was no screening process to differentiate those who needed an intervention and those who did not. Other program initiatives should consider tailoring intervention and treatment because "mandatory participation causes a major practical problem in the interpretation of GAT results because a unique confounding variable of unknown magnitude has been introduced" (Brown, 2015). According to Brown (2015), "CSF is one of the largest single applications of psychological research in history." It provided not only the Army, but other institutions valuable research for designing successful resilience programs.

3. Marine Corps OSCAR Program

The Marine Corps commissioned a RAND study to provide insight and recommendations for their OSCAR program. The OSCAR program has been around since

the late 1990s but has not changed much through its "generations." The Marines use common language within its program and does not have integration issues with any other competing psychological health programs. In the RAND study, the Marine focus groups participants "described how OSCAR is beneficial in that it provides a "common language" or "platform" for managing combat stress" (Vaughan et al., 2015). There is, however, additional training that contains overlapping training requirements with the resilience training that could create an appearance of redundancy. While the program is in its third generation, the program has remained consistent in its program objectives.

The point of entry can be anyone from the OSCAR team who has been trained to deal with operational stress. This team has the right cadre of personnel that can relate to the Marines in the unit and has the requisite knowledge to care for individuals in need. The OSCAR training program involves identifying those in need and reacting appropriately and quickly. As discussed in Chapter IV, the work "quickly" can be worrisome as quickly can be on a spectrum from hours to years. Regardless, the training has been successful in providing Marine units with the tools required to support Marines dealing with combat operational stress. Leadership buy-in is extremely important in the OSCAR program. The Marines have a culture of small-unit camaraderie where leadership at lower levels are as important as the higher levels. Even though the OSCAR program has buy-in from the commanders leading the units, it is the leadership at the company levels that has ensured program success.

4. Air Force Resilience Program

Like the Army, the Air Force has taken the subject of resilience seriously as shown in their aggressive actions to include commissioning a study by RAND in 2011. After the continuous wars in Iraq and Afghanistan, the Air Force observed a decline in their Airmen and their families' ability to cope with stress and difficult situations. The Air Force established many programs under the umbrella of resilience to provide support and resources when needed. The Air Force uses common language and has an integrated approach to resilience with their overarching instruction and website that brings all of the programs together. The Air Force, however, mainly focuses on suicide and violence

prevention instead of utilizing a more holistic approach to resilience. The MRTs and RTAs provide resilience training and act as the point of entry for the Airmen. Leadership buy-in is a critical component for the Air Force resilience programs. The resilience effort is led by a Brigadier General and Chief Master Sergeant, which shows the importance resilience has in the Air Force to not only the Airmen, civilians, and their families, but also those outside of the organization.

G. SUMMARY

This chapter reviewed current resilience initiatives in the Navy, and other military resilience programs. Analysis of the programs was conducted using characteristics outlined in the Chapter III methodology. The key factors used as a measurement tool are representative of an what constitutes a successful resilience program. The next chapter will present the conclusion, recommendations, and further research on resilience.

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V. CONCLUSION, RECOMMENDATIONS, AND FURTHER RESEARCH

A. INTRODUCTION

This chapter discusses the conclusion and recommendations based on research and analysis provided in Chapter IV. The questions presented in the introduction are answered in the conclusion. The chapter will conclude with areas for further research for the Navy initiatives.

B. CONCLUSION

In the analysis and research of other prominent resilience programs within the DOD, it becomes apparent that the Navy has fallen behind the other military services in developing, evaluating, and integrating its resilience programs; however, it is postured to catch up if the necessary conditions are met, which we describe later. The table presented in Chapter IV provides a snapshot of how the service's resilience programs were rated based on the key characteristics that were determined to be vital for a successful resiliency program. The research questions this report sought to answer are as follows:

1. What are the implications of the current Navy programs designed to strengthen and improve the psychological health of Sailors and operational units?

2. What are the programmatic issues that impede the Navy program's ability to move to scale?

The answers to the research questions are summarized as follows: Both Navy initiatives provide preliminary positive results to strengthen and improve the psychological health of Sailors and operational units; however, programmatic issues exist. The Navy's programmatic issues stem from siloed initiatives that work independently under different directorates and have different objectives while both operating in the fleet. This presents a dilemma for overtasked operational units which must prioritize training. Two separate trainings that seemingly have similar impacts to a command could be perceived as redundant. The two Navy initiatives emerging with different lexicon and training focus could cause confusion and undermine the legitimacy of the programs.

Navy leadership has created the opportunity for the Navy programs to move to scale. Integration of efforts and collaboration are critical in ensuring the programs work efficiently in the operational environment. It is imperative that the resilience programs assimilate themselves into the operational fleet tempo without being intrusive on the units limited capacity for additional training requirements. In addition, there is no central entity that conducts oversight and quality control for the major Navy initiatives and other programs under the psychological health umbrella.

C. RECOMMENDATIONS

Based on the conclusion the following are the recommendations the Navy initiatives could adopt to strengthen and improve their programs.

1. Integrate, Streamline Navy Resilience Initiatives

The Navy initiatives should align and simplify the current psychological health initiatives to reduce the burden of excessive training requirements within organizations. Developing a common language between the programs would help the Sailor graduate from an accessions program and have the continuity of language into the fleet. Resilience should be part of the professional lexicon for Sailors, and it should be defined properly so all individuals understand its meaning.

An additional benefit to integration is reducing the risk of appearing to be a redundant program. While the E-OSC and Warrior Toughness are distinct programs, they both achieve comparable improvements to the psychological health of the Sailor. Without integration, operational commanders may view the programs as providing similar benefits and may be forced to prioritize one program over the other. If integration occurs, the benefit of both programs could be delivered in one package to the operational commander and eliminate the threat of perceived redundancy. Another option to prevent the optics of redundant programs in the fleet environment is if the Warrior Toughness program limits their training to the accession programs while E-OSC limits their program to the operational units. Even in this scenario, there would have to be some integration between the programs so that the "toughness" concepts taught to Sailors during recruit training continues to thrive in the fleet.

2. Establish an Overarching Authority for Resilience Initiatives

As described in Chapter IV and in the conclusion, the Navy lacks a single overarching authority for all resilience efforts. Currently the two major Navy resilience initiatives are under the purview of two separate command organizations. This affects interoperability issues between the programs as there is not a positional authority to direct coordination or set common objectives and goals. Additionally, there are many smaller programs that exist within the resilience realm that are not synced, have not been properly vetted, and perhaps should not exist at all.

Quality control and consistency will be difficult to manage and could become troublesome if too many resilience initiatives sprout without proper direction. While there are preliminary evaluation methods for the two Navy initiatives, there is not a measurement system in place to conduct longitudinal studies on the effectiveness of the programs. It is essential that a program office be established and resourced to provide oversight, support, and direction to make sure the Navy resilience programs are successfully implemented to support the needs of operational units and Sailors.

D. AREAS FOR FURTHER RESEARCH

As programs mature, there will be opportunities to assess the effectiveness and efficiency of the Navy initiatives. This is especially true for the E-OSC program since it is in the infancy phase with planned fleet-wide rollout set to start the summer 2021. After a sufficient amount of data is collected for both programs, further research would be beneficial in the study of the long-term effects of the Navy initiatives on the health of Sailors and operational units.

Another area worth exploring is the feasibility of screening potential recruits at Military Entrance Processing Station (MEPS). Developing a system to screen potential recruits at MEPS could identify those who have already experienced significant stressors in their lives or who may not have the capacity to withstand the demands inherent to a military lifestyle. Identifying those who are not be equipped to handle the rigors of a military career ahead of military indoctrination has the potential to save government resources and achieve greater efficiencies.

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