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As the US continues sustained combat operations and the operational tempo of the military shows no sign of slowing down, leaders must seek proactive solutions to building the psychological resilience of their subordinates. Command teams must be engaged with their subordinates, facilitate unit cohesion and morale, and provide examples of ethical and moral role models as part of their responsibility to build psychological resilience in their subordinates. Commanders have the ability to strengthen the psychological resilience of their subordinates during military training. Because of the multidimensional nature of resilience, military leaders must incorporate resilience training into entry level training, PTP, and PME.

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Military Leaders' Responsibility in Building Psychological Resilience in Subordinates

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Executive Summary

Title: Military Leaders' Responsibility in Building Psychological Resilience in Subordinates

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Thesis: Military command teams have a responsibility to foster psychological resilience in subordinates by focusing more intently on unit cohesion and morale, as well as through engaged leadership during all phases of military training and education to better support the military's most valuable asset, the individual.

Discussion: As the United States enters its sixteenth year of sustained combat operations and the operational tempo of the United States military shows no sign of slowing down, military leaders must seek proactive solutions to building the psychological resilience of their subordinates. Command teams must be engaged with their subordinates, facilitate unit cohesion and morale, and provide examples of ethical and moral role models as part of their responsibility to build psychological resilience in their subordinates. Additionally, commanders have the ability to strengthen the psychological resilience of their subordinates during military training. Because of the multidimensional nature of resilience, military leaders must incorporate resilience training into entry level training, PTP, and PME.

Conclusion: In an effort to improve the ability of command teams to build psychological resilience in their subordinates, individual services must establish service level directives and policies designed to facilitate unit cohesion. Next, a service-level directive must be established that requires the completion of resilience training designed to increase mind fitness as part of PTP. Finally, PME schools must establish resilience training and provide psychological health screening as part of the formal curriculum. The difficulties and stressors associated with military professions obligates command teams to build psychological resilience in subordinates by focusing on unit cohesion and morale, as well as through engaged leadership during all phases of military training and education.

Introduction

The United States has engaged in continuous combat operations for over fifteen years. During this time, the Department of Veterans Affairs reports that as of May 2016, over 4.3 million Americans have deployed in support of the Global War on Terror (GWOT). Research has shown that up to thirty percent of military personnel returning from combat operations are identified as suffering from psychological problems.¹ The rate of mental health diagnoses among active duty service members increased sixty-five percent between 2001 and 2011.² In 2011, more service members were hospitalized for mental disorders than any other illness.³ As a result, approximately four billion dollars that were spent on the treatment of mental health issues between 2007 and 2012 accounted for eighty-nine percent of military health care spending.⁴ The increase in mental health care is affecting the individual service member, as well as the service member's family, unit, and service. The dramatic rise in mental health issues within the military has resulted in increased political, military, and medical attention in an effort to remedy the epidemic.

The research conducted as part of this Masters of Military Studies set out to determine what role and responsibility command teams have in building psychological resilience in their subordinates before mental health injuries occur. Over the last ten to fifteen years, awareness of psychological health injuries has increased; however, the military has remained primarily focused on reactionary treatment. Because of the difficulties and increased stressors of sustained combat operations and increased operational tempo, the United States military force is beginning to show signs of strain.⁵ The indications of future retention issues, combined with an improving economy and political desires to increase the size of the United States military, require proactive solutions to improve and safeguard the psychological health of service members. Any method of

improving an individual's preparedness for a traumatic event or the stressors of military service will increase overall military readiness, reduce sky-rocketing medical costs, and improve the individual's overall operational effectiveness.

Military command teams have a responsibility to foster psychological resilience in subordinates by focusing more intently on unit cohesion and morale, as well as through engaged leadership during all phases of military training and education to better support the military's most valuable asset, the individual. Military commanders and other senior leaders can develop unit cohesion as well as individual and unit morale through engaged leadership. Engaged leaders establish trust by communicating clear guidance and visibly demonstrating commitment to their subordinates by removing the barriers preventing subordinates from achieving success.

Command teams that are present and promote two-way communication between leaders and subordinates and between peers create a command climate where service members can build psychological resilience while achieving mission accomplishment. Due to the multidimensional nature of resilience, military leaders must ensure resilience training is incorporated into training and education throughout service members' careers including during service entry training, pre-deployment training, and professional military education.

Background

A focal point of the increased political, military, and medical attention has been on how to build psychological resilience in members of the armed forces. Despite all the focus on resilience, a commonly accepted definition has not been adopted. A 2011 study by the Rand Corporation lists one hundred and four different definitions for resilience.⁶ The majority of the definitions identify two key characteristics of resilience: encountering adversity and the ability to

recover. Since this research focuses on building psychological resilience in military personnel, the definition of resilience used throughout this research paper is “the demonstration of positive adaptation after exposure to significant adversity.”⁷

In addition to the lack of a commonly accepted definition, studies about resilience have differed in what constitutes the ability to recover or, as it is also known as, positive adaptation. Outside of the military context, research tends to focus on the absence of mental health symptoms. Examining positive adaptation for members of the military must include more than just an absence of mental health symptoms. As previously discussed, resilience is multidimensional and military personnel often experience multiple or sustained traumas. Because of the multidimensional nature of resilience, positive adaptation in military personnel needs to focus on the individual’s ability to maintain a normal or higher level of performance, the presence of positive well-being, the importance of the social support structure, and the absence of mental health symptoms.⁸ The unique nature and demands of high risk occupations such as the military allow for a service member to hide outward signs of mental health issues, but internally suffer from a lack of meaning or purpose. Additionally, research has shown that traumatic events not only affect the service member, but also the service member’s social support structure.⁹ Building resilience in military personnel requires evaluating positive adaptation not simply in the absence of mental health symptoms, but also requires evaluating positive adaptation in other domains important to the service member and their social support structure.

Significant adversity is the final portion of the resilience definition and, similar to positive adaptation, researchers have differed in what constitutes significant adversity especially in a military context. Most studies on resilience focus on isolated events with short durations and

examine how individuals respond to those isolated events; however, military personnel often experience multiple or sustained traumas. Service members often experience multiple traumatic events during a deployment while continuing to manage personal and family stressors. These personal and family stressors include long periods of time separated from family, multiple deployments in a short period, and often living in an austere environment. According to the U.S. Office of the Surgeon General, fifteen percent of deployed service members reported that stress or emotional problems limited their ability to do their job, and twenty-three percent reported that mental health issues caused them to work less carefully.¹⁰ Because of sustained personal, family, and military stressors, military personnel are exposed to a wider range of acute and chronic stressors than the general population. The multiple and sustained stressors experienced by members of the military reach the threshold of significant adversity.

It is also important to understand that resilience is multidimensional. An individual may be resilient in one domain of their life, such as work life, but not in another domain like family life. Additionally, individuals may exhibit resilience during the adolescent phase of their life, but not in middle age. Furthermore, individuals may be more resilient to certain types of trauma, but not as resilient to others. When studying resilience in military personnel, the concept of resilience being multidimensional is extremely relevant. As previously discussed, members of the military often experience multiple or sustained traumas. This means individuals in the military may simultaneously experience stressors in multiple domains of their life. A deployed service member may experience stressors in their work domain, such as long work hours and combat exposure, while also experiencing stressors in their family domain, such as family separation and parental demands. Another dynamic where the multidimensional aspect of resilience is applicable to the military is multiple deployments. Over the course of a career,

service members may deploy multiple times conducting different types of military operations. A military individual who deploys at age twenty may have a different level of resilience than if they deploy at age forty. The individual may experience different stressors in multiple domains and may adapt differently based on the different phase of their life. Since resilience is multidimensional, it is critical that any effort to build resilience in military members remains flexible based on the individual's needs and incorporates multiple domains.

According to the Department of Defense, the overall responsibility for ensuring the Force Health Protection (FHP) of assigned forces is assigned to the Combatant Commander.¹¹ The Department of Defense defines FHP as, “all measures taken to promote, protect, improve, conserve, and restore the mental and physical well-being of Service members across the range of military activities and operations.”¹² In other words, by the direction of the Secretary of Defense, military commanders have a responsibility to take an active role in the mental health care of their subordinates. Because of the dynamic nature of military training plans and the level of interaction between operational commanders and their subordinates, the operational command element is best suited to accomplish the task of ensuring the individual service member is prepared professionally, physically, and mentally. Military command teams have historically relied completely upon health care and religious professionals to accomplish psychological health. Often commanders only refer subordinates to psychological health care once the military member has suffered a decline in the performance of their work-related duties. Command teams can no longer delegate their FHP responsibility and must become proactive in the treatment of psychological health care. FHP is designed as a force preservation tool and provides long-term physical and mental health for individual service members. It is DoD policy that all members of

the military shall be physically and mentally fit to carry out their missions and this is the responsibility of operational command teams.¹³

In 2011, the Rand Corporation reviewed 270 publications and, through an expert review process, identified 20 factors associated with building resilience.¹⁴ According to the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's (DCoE) Resilience Continuum command teams play a critical role in building resilience in their subordinates and have the largest involvement in resilience education and training.¹⁵ Psychological resilience is an important component of a healthy and fit force, and military command teams can influence the psychological resilience of subordinates in part by focusing on unit cohesion and morale.

Unit Cohesion and Morale

The first area military leaders need to examine is the role that command elements play in unit cohesion because, according to numerous studies published in *Military Psychiatry*, the supportive relationship commanders establish with subordinates contributes to increased psychological resilience.¹⁶ The importance of group solidarity for improved psychological health and effective military performance has been a staple of military doctrine for 2500 years.¹⁷ Former United States Army Chief of Staff Edward Meyer defined unit cohesion as “the bonding together of soldiers in such a way as to sustain their will and commitment to each other, the unit, and mission accomplishment, despite combat or mission stress.”¹⁸ Unit cohesion in a military context has two distinct fundamental aspects and leaderships plays a significant role in each.

The first fundamental aspect of military unit cohesion is vertical cohesion, which is the relationship between leader and subordinate. Leaders own the responsibility for developing and promoting vertical cohesion between subordinates and command teams.¹⁹ Through this type of

relationship, leaders can foster positive mental health in their subordinates in multiple ways. Command teams, through continuous interaction with subordinates, develop unit pride and support for the unit mission. Leaders develop, promote, and enforce the unit policies and types of acceptable conduct that provide the framework for unit cohesion. By enforcing and ensuring rule clarity, command teams create an atmosphere where service members can achieve mission goals and satisfy their needs, as well as the needs of the organization.²⁰ Research conducted by the Walter Reed Army Institute of Research (WRAIR) about leadership providing a buffer against adverse health consequences suggests that enhancing leader-subordinate relationships increases subordinate effort, reduces frustration and stress, and improves the health and relationship consequences of stressors.²¹ Additionally, through frequent interaction with subordinates, leaders provide a reference point and present an example of behavior that should be emulated. As a role model, command teams can create a command climate in which it is acceptable to seek additional support and resources before, during, and after traumatic events. According to the Rand Corporation, the most commonly cited barrier to mental health treatment is related to gaining or maintaining buy-in from military commanders.²² Role models are important in the development of vertical cohesion and psychological resilience because of displayed values, behavior, and characteristics that are conducive to building resilience, and they provide the opportunity to learn through imitation. Command elements that foster vertical unit cohesion through direct participation in psychological resilience training and that emphasize the value of the training create a command climate that encourages subordinates to utilize programs and resources designed to build psychological resilience.

The second fundamental aspect of military unit cohesion is horizontal cohesion, which is the relationship between peers. Unit leaders are responsible for facilitating peer bonding between

military members. Command teams that create an environment that encourages two-way conversation among peers within a unit will help service members build resilience to stressful events. Members of a military unit with high levels of cohesion will have access to higher levels of social resources, which will equip military members to handle future stressors. Research published in the *Journal of Personality and Social Psychology* has shown that the effects of stress on psychological health can be compounded if a service member feels isolated, alone, or unsupported by peers.²³ According to Dr. Guy Siebold, a former social psychologist at the US Army Research Institute, a command team's concern for its members and the climate in the unit are important to peer cohesion and support group development.²⁴ Dr. Siebold goes on to say that "unit cohesion leads to more efficient and effective performance, better use of resources, stronger social support and comfort, and greater chances of survival."²⁵ Command teams have a responsibility to take an active role in developing horizontal unit cohesion in order to foster the development of subordinate psychological resilience.

During the 1980s, in an attempt to address high personnel turnover rates and unit cohesion concerns, the US Army reformed its individual replacement system. The goal of the reform was to allow soldiers the ability to spend more time in a single unit. In October 2011, the United States Marine Corps established a policy for deployed unit cohesion staffing with an end state of individuals arriving at units six months prior to deployment to train and become cohesive units prior to combat operations.²⁶ These service level directives have identified the importance of unit cohesion, but have fallen short of ensuring compliance. One example of non-compliance is a recent USMC operational unit that deployed in support of Operation Inherent Resolve (OIR) and almost fifteen percent of the unit's officers executed Permanent Change of Station (PCS) orders during the combat deployment. Additionally, one of the officers was the supervisor for

over seventy-percent percent of the enlisted personnel. While the unit accomplished its assigned mission, the unit's cohesion and morale were severely damaged as evident in multiple command climate surveys that received attention from the Naval Safety Center due to the below average results. This is simply one example of how failure to comply with service level directives can lead to a disruption in unit cohesion.

Unit deployment cycles are scheduled years in advance and need to be synchronized with service manpower management divisions. The current system of rotating members of the military every three to four years, combined with the scheduled predictability of unit level training and deployments, creates the ability to properly staff units in accordance with service directives. The importance of unit cohesion in mission success and individual psychological health has been identified throughout history and most military command teams know how to build unit cohesion. Now manpower management divisions must give commanders the opportunity to build unit cohesion by adhering to and enforcing current service directives.

The next factor of military command teams' responsibility to examine is the role that command elements play in unit and individual morale. Morale is defined as "the enthusiasm and persistence with which a member of a group engages in the prescribed activities of that group."²⁷ The relationship between factors such as morale and unit cohesion is established in other common definitions of morale such as the level of engagement or motivation of an individual to contribute toward the unit achieving mission accomplishment. Because of the relationship between morale and unit cohesion, a command climate conducive to unit cohesion is also conducive to high unit morale. Regardless of what the command element says or publishes, subordinates will focus on and remember leaders' actions. Commanders who publicly reward superior performance, actively seek opportunities for unit success, encourage dialogue, and make

their subordinates a priority are, through their actions, creating a command climate that builds unit morale.

High risk occupations such as the military, where members experience sustained stressors or traumatic events, place command elements in a unique position to shape individual morale. Individual members of the military whose command team provides clear expectations for performance, allows subordinates to exercise judgment, instills trust, and emphasizes that individual service members are important to the overall unit mission are likely to have increased morale and higher levels of resilience. Research conducted among soldiers returning from combat operations in Iraq supports the idea that high morale leads to an increase in resilience. Soldiers who experienced high levels of combat exposure and identified as having high morale during the deployment reported fewer symptoms of PTSD four and ten months after the deployment.²⁸

Research on how to build psychological resilience in military personnel has identified numerous contributing individual, unit, and social factors. Samuel Marshall, one of the United States most influential twentieth-century authors, wrote, “It has happened too frequently in our Army that a company was careless about the manner in which it received a new replacement. The result was the man’s total failure in battle and his return to the rear as a mental case.”²⁹ Commanders are responsible to ensure all of their subordinates are physically and mentally fit to carry out assigned missions.³⁰ Unit cohesion and morale are two key factors command elements can influence in order to build the psychological resilience of their subordinates.

Military Training and Education

In addition to identifying factors that can increase resilience, research conducted in civilian organizations has shown that resilience can be built through training involving intensive and realistic scenarios designed to foster mental agility, regulate emotions, and increase attention and situational awareness.³¹ Members of the military are continuously conducting various types of individual and unit level training throughout their military careers. Incorporating resilience training into already established military training and education can enhance a service member's ability to handle stress and traumatic events, as well as promote psychological health. Because resilience is multidimensional, resilience training in a military context must occur at the individual, unit, and service level. In order to promote psychological resilience, senior military leaders must ensure resilience training is incorporated into service entry training, pre-deployment training, and professional military education.

The first opportunity to incorporate resilience training into military training occurs during service entry training. Regardless of whether this training is recruit training, officer candidate school, or at a service academy, the importance of initial resilience training cannot be overstated. Individuals entering military service have preexisting psychological strengths and weaknesses based on genetic make-up, past experiences, personality, social support, and other factors.³² However, entry level training creates an environment of sustained and overwhelming stressors that these preexisting psychological traits may not be equipped to handle. Research published by the National Center for PTSD shows that sustained or repeated stress that is overwhelming or out of an individual's control can lead to extreme behavioral and emotional responses to future stressors.³³ In contrast, sustained or repeated exposure to stress that an individual is equipped to handle tends to have an "inoculating" effect leading to a more appropriate behavioral or

emotional response.³⁴ In order to eliminate the stigma associated with psychological health injuries, avoid further mental health issues, and prepare individuals for the stressors associated with military service, resilience training must be mandated for all service entry training.

A 2014 study on psychological resilience in Canadian military personnel determined the aspects of resilience change significantly during the early stages of a military member's career.³⁵ A separate study on the Canadian military found that service members who receive psychological health treatment before their symptoms became severe are less likely to be medically discharged.³⁶ Providing service members with exposure to the psychological health benefits of strengthening attention, regulating emotions, and limiting mental lapses would build the foundation necessary for increased psychological health throughout a service member's career. Additionally, lectures and practical exercises designed to build psychological resilience will eliminate the stigma of psychological health injuries as service members exposed to resilience training during entry level training become more senior.

In addition to the sustained and overwhelming stressors of military entry-level training, it is important to remember that individual resilience is impacted by social support factors. These individuals were part of communities, cultures, and organizations that provided social support that helped to protect against mental injury. Removing or limiting access to these social support networks and not providing additional mechanisms to cope with the stressors of entry-level training is problematic. Research published in *Journal of Occupational Health Psychology* found that soldiers in entry-level training utilized one of five different coping dimensions: active coping, acceptance of demands, seeking social support, humor, and denial/self-criticism.³⁷ Of the five coping dimensions, acceptance of demands and denial/self-criticism had the greatest impact on the number of mental health symptoms displayed under high levels of stress. Results of the

research demonstrated that individuals who utilized the acceptance of demands coping mechanism reported fewer mental health issues while users of the denial/self-criticism mechanism reported an increase in mental health issues.³⁸ Individuals undergoing entry-level military training have limited or no access to established social support networks and without resilience training they are vulnerable to mental health injury because of the sustained and overwhelming stressors associated with the training.

Today's military members operate in an ever increasingly complex, fluid, and uncertain environment that exposes them to increased stressors and trauma.³⁹ Military pre-deployment training is designed to prepare the service members for these increased demands by ensuring they are physically, emotionally, and mentally able to handle the stressors of deployment. A large portion of pre-deployment training is "stress inoculation training," meaning it is realistic training scenarios designed to gradually increase in difficulty and expose service members to the type of stressors they will experience during deployment.⁴⁰ The intensive realism of scenario-based pre-deployment training, combined with the increased operational tempo, increases service members risk to psychological health injury. Research published in *The Journal of Traumatic Stress* reported that forty-three percent of military personnel assessed during pre-deployment training, but prior to deployment, had elevated levels of psychological distress.⁴¹ In order to achieve optimal individual and unit combat readiness, command teams must proactively incorporate resilience training into pre-deployment training to decrease the risk of psychological health injury by developing mind fitness and active coping mechanisms.

Pre-deployment training focuses on mission skill readiness and physical fitness, but often neglects proactive mental fitness training. Research funded by the Department of the Army found that periods of persistent and intensive demands such as pre-deployment training lead to

attentional performance lapses, increased off-task thinking, and decreases in overall performance and psychological health.⁴² Military studies have repeatedly produced results that found multi-stress environments lead to substantial degradation in problem-solving skills and working memory capacity.⁴³ Also, research has shown individuals with higher working memory capacity have increased attentional skills, complex problem-solving skills, general fluid intelligence, and emotional regulation processes.⁴⁴ Because of the increased risk to psychological injury, command teams have an obligation to address the mental fitness of their subordinates as part of pre-deployment training. Resilience training designed to improve mind fitness is a proactive method of building psychological resilience and may lead to faster recovery from cognitive depletion and psychological stress.⁴⁵ Mind fitness training can be tailored for military pre-deployment and provide real-world counterinsurgency examples that show how mind fitness skills can enhance performance and mission accomplishment.⁴⁶

A recent mind fitness study conducted at Schofield Barracks, Hawaii, during pre-deployment training for Afghanistan produced results showing increased resilience of cognitive capacities after only eight hours of formal training delivered over the course of eight weeks.⁴⁷ The most effective mind fitness training placed an emphasis on concrete applications of mindfulness practices such as meditation and cognitive therapy.⁴⁸ The formal training consisted of four hours of lecture and four hours of practical application.⁴⁹ The results of the study once again confirmed that sustained periods of high demand such as pre-deployment training increase attentional lapses and decrease working memory capacity.⁵⁰ However, mindfulness training focused on the practical application in an operational environment promotes resilience by guarding against associated performance costs.⁵¹ The complex and uncertain nature of today's operating environment, combined with increasing operational tempo, strains the time available

for command teams to conduct and complete pre-deployment training. Research and studies have shown the ability to complete formal mindfulness training in the equivalent of one duty day. If the purpose of pre-deployment training is to achieve optimal unit and individual combat readiness through mission essential task training and physical and mental fitness, then command teams must allocate the necessary time to ensure their subordinates are mentally fit to maintain effectiveness and handle the stressors and traumatic experiences associated with the military deployment cycle.

In order to maximize command teams' ability to build psychological resilience during pre-deployment training, command elements must provide realistic occupational scenarios that allow subordinates to immerse and fully engage. These realistic training scenarios provide repetitions and standardized feedback that allow subordinates to develop active coping mechanisms as well as to develop the confidence to know they are prepared for future stressors and traumatic events. According to the Department of Veterans Affairs, numerous studies have found active coping mechanisms, such as problem solving, decision making, and seeking social support, lead to increased psychological resilience and fewer symptoms of mental health injury.⁵² Additionally, stress inoculation training allows military members to understand the effects of exposure to traumatic events with the benefit of learning additional coping mechanisms from peers and providing the opportunity to reflect upon personal responses. In order to maximize the psychological health benefits, provide the full potential to build resilience, and avoid potential negative outcomes of exposing service members to increased levels of stress, every pre-deployment training evolution must include a detailed discussion of the training's purpose and intent and, following the training, a review of actions taken and how to decompress effectively.⁵³ Command teams can develop and improve subordinates' mission-essential skills while

increasing their psychological resilience through incorporating operationally realistic training opportunities into pre-deployment training.

According to the Professional Military Education Policy, leadership development is the predominant theme of Professional Military Education (PME).⁵⁴ During PME, service members combine training and operational experience with continued education and self-development to produce the most professional and competent leader possible.⁵⁵ Following PME, the majority of military members return to operational units and assume billets as part of the unit's leadership team responsible for ensuring subordinates are physically and mentally prepared to carry out their assigned missions. Combining resilience training with PME's focus on leadership development ensures future members of command teams are aware of available psychological health resources, provides an opportunity for positive adaptation, and gives those future leaders a chance to obtain knowledge from peers.

According to the National Center for PTSD, one of the most important psychological resilience factors is social support.⁵⁶ The research conducted by the National Center for PTSD goes on to say, "Poor social support has been associated with greater clinical depression in a host of medical patients and higher rates of PTSD in combat veterans."⁵⁷ Using formal PME to educate future members of command teams on their ability and responsibility to build psychological resilience in their subordinates will ensure the support of future military commanders. By placing the oversight of resilience training at PME schools, the Department of Defense is reinforcing the values and issues that are important to the individual military services.⁵⁸

In 2011, the Department of Defense had over sixty programs available to service members and their families designed to build psychological resilience; however, numerous studies have shown that one obstacle to receiving treatment remains a lack of knowledge on what resources are available.⁵⁹ The perception that command teams do not support mental health treatment can develop inside operational units if command teams are unaware of available psychological health resources. This perception will further deepen the stigma of mental health treatment that often prevents service members from seeking support and treatment. According to the Rand report *Promoting Psychological Resilience in the U.S. Military*, the most commonly cited barrier to building psychological resilience is support from military commanders.⁶⁰ Discussions led by senior military leaders, subject matter experts, and program administrators of the psychological health resources available to command teams and their subordinates included as part of the formal PME curriculum will reinforce the value of these resource while also increasing overall awareness.

In addition to providing an overview of psychological resources, PME schools provide the opportunity for service members to demonstrate positive adaptation. Former Marine Corps University President Brigadier General William F. Mullen, when discussing the intent for the Executive Health and Wellness portion of the curriculum said, "We need to screen for health issues early in the year and make available treatment and support programs available for any issues that have developed...We need to enable our students to use their time in school to get healthier."⁶¹ Providing future members of command teams with the opportunity to complete a mental health screening during the administrative phase of PME schools provides the individual and the services with multiple benefits.

The most tangible and obvious benefit is the opportunity to diagnose and treat potential psychological injuries to the individual service member. The operational tempo of PME schools provides likely the first occasion for a service member to remain in place without the potential for combat deployments or temporarily assigned duty. This allows the service member time to conduct sustained and consistent treatment with same psychological health resource. Conducting the psychological health evaluation during the PME school's administrative phase maximizes the amount of time available for individuals to receive treatment and increases the likelihood of positive adaptation. Providing this psychological health screening at the multiple levels of PME helps to address the multidimensional nature of resilience. Members of the military are exposed to constantly changing work stressors, such as the deployment cycle, changes in billet assignment, and duty location. Combining these work stressors with changing circumstances in their personal and family domains makes it essential to receive resilience training and psychological health screening at multiple periods in their career.

The second benefit of the service member completing a mental health screening is the positive effect it will have on the individual's future unit. According to Joint Publication 1, *Doctrine for the Armed Forces of the United States* "The most valuable resource in our military—individual Service members—are continually confronted with considerable, sustained, and diverse stressors that not only impact their health and well-being, but impact the health and well-being of their family and may ultimately impact the ability of their unit and the US Armed Forces to accomplish assigned missions."⁶² In addition to increasing the combat readiness of future units, mental health screenings would provide future military leaders with a hands-on experience of psychological health resources that are available to subordinates. This first-hand commander participation creates the perception that the command values resilience training and

increases the likelihood that subordinates will seek opportunities to build psychological resilience. Members of the command team that, through experience, can encourage subordinates to be innovative and seek solutions during stressful and traumatic experiences and that provide an understanding of the process required to build psychological resilience is valuable to themselves, subordinates, and their service.

The final reason why psychological resilience training needs to be conducted as part of PME is because of the opportunity for peer-to-peer education. One of the most valuable benefits of PME schools is the bringing together of tremendous amounts of unique experiences and backgrounds. PME schools are often the only time during a military member's career when service members from multiple military occupational specialties (MOS), duty stations, military services, and government agencies are brought together for a substantial period of time. Conducting a formal period of instruction on psychological resilience followed by small group discussions begins the process of peer-to-peer communication and furthers the exchange of coping mechanisms, available resources, and ideas on how to build psychological resilience in subordinates. Providing future military leaders with the opportunity to discuss experiences and scenarios dealing with psychological resilience challenges would maximize these learning opportunities. Through formal psychological resilience curriculum and the peer-to-peer exchange of unique challenges in building psychological resilience, PME schools will ensure they are producing leaders who establish and support total force fitness (TFF) programs within their organizations.

Conclusion

In conclusion, as the United States enters its sixteenth year of sustained combat operations and the operational tempo of the United States military shows no sign of slowing down, military leaders must seek proactive solutions to building the psychological resilience of their subordinates. An estimated 1.2 million of the over 4.3 million Americans who have deployed in support of the GWOT suffer from some sort of psychological health injury. Psychological health injuries continue to account for the overwhelming majority of military health care spending and the dramatic rise is affecting the individual service member, service member's family, unit, and service. The increased political, military, and medical attention requires command teams to focus on unit cohesion and morale, as well as practice engaged leadership during all phases of military training and education to build psychological resilience in their subordinates and ensure their subordinates are prepared professionally, physically, and mentally for the trauma and stressors associated with military service.

Military leaders are essential in the proactive process of building psychological resilience. Command teams do not need to concern themselves about whether individual service members do or do not suffer from diagnosable psychological health injuries as much as whether the individual needs immediate referral to a psychological health professional for evaluation or treatment.⁶³ Psychological health, physiological health, and religious professionals do not interact with unit personnel with the frequency of engaged command teams. As a result, senior leaders must establish two-way communication not only with their subordinates, but also with professionals outside of the unit that offer social support resources. Leaders who foster two-way communication not only provide subordinates with access to a multitude of social support resources, but also create a command climate that is essential to unit cohesion. According to

MCWP 6-11 *Leading Marines*, leaders who teach and inspire, instill confidence, provide relevance for the assigned mission, and provide an example of an ethical and moral role model will strengthen their subordinates and promote unit cohesion and individual and unit morale.⁶⁴ Command teams must be engaged with their subordinates, facilitate unit cohesion and morale, and demonstrate honorable character as part of their responsibility to build psychological resilience in their subordinates.

In addition to unit cohesion and morale, the other critical area commanders have available to strengthen the psychological resilience of their subordinates is training.⁶⁵ Because of the multidimensional nature of resilience, military leaders must include resilience training at all levels of training. During entry level training, military members are isolated or separated from their social support resources. The National Center for PTSD says one of the most important resilience factors is social support, and reducing the availability of these resources without providing additional resilience training increases military members' vulnerability to psychological injury. Following entry level training the next major level of training that is critical to incorporate resilience training is PTP. The majority of PTP is designed to expose service members to the type of stressors they will experience during deployment. This intense realistic training, combined with increased operational tempo, places members of the military at increased risk for psychological injury. Resilience training designed to improve mind fitness is conducted in as little as eight hours and can be integrated into PTP as a proactive method of building psychological resilience.⁶⁶ The final level of military education needing the incorporation of resilience training is PME. PME schools are tasked with producing the most professional and competent military leaders possible and including formal curriculum that

reinforces the command team's role in building resilience in subordinates will promote values important to individual services.⁶⁷

The research conducted as part of this Masters of Military Studies produced several recommendations in an effort to improve the ability of command teams to build psychological resilience in their subordinates before mental health injuries occur. The first of these recommendations is to enforce current unit staffing policies. In 2011 the United States Marine Corps established the *Deployed Unit Cohesion Staffing* policy, stating that individuals will arrive at units six months prior to deployment to train and become cohesive units prior to combat operations, and individuals will remain at the unit for ninety days following the completion of the deployment. Service level directives and policies regarding unit staffing are noble efforts designed to facilitate unit cohesion which has been a staple of military doctrine for over two thousand years. The majority of military command teams know the importance of unit cohesion and how to build it; however, the individual services must enforce the policies designed to give commanders the opportunity. The next recommendation is to establish a service level directive that requires the completion of resilience training designed to increase mind fitness as part of PTP. Because PTP is designed to achieve optimal unit and individual combat readiness through mission-essential task training and physical and psychological fitness, command teams must be required to conduct at least eight hours of mind fitness resilience training to ensure their subordinates are mentally fit to maintain effectiveness and handle the stressors and traumatic experiences associated with the military deployment cycle.⁶⁸ The final recommendation is to establish resilience training for military leaders as part of the formal curriculum at PME schools and provide psychological health screening during the administrative phase of those schools. Providing formal education that reinforces the command team's role in building resilience in

subordinates promotes the values important to individual services, while providing psychological health screening during the initial portion of the academic calendar allows service members with psychological health injuries the maximum amount of time to demonstrate positive adaptation. The difficulties and stressors associated with military professions obligates command teams to build psychological resilience in subordinates by focusing on unit cohesion and morale, as well as through engaged leadership during all phases of military training and education.

¹ Robert R. Sinclair and Thomas Britt, ed., *Building Psychological Resilience in Military Personnel*. (Washington D.C.: American Psychological Association, 2013), 3.

² Katherine Blakeley and Don J. Jansen, *Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress*, CRS Report for Congress R43175 (Washington, DC: Congressional Research Service, August 8, 2013), 1, <https://fas.org/sgp/crs/natsec/R43175.pdf>.

³ *Ibid*.

⁴ *Ibid*, 14.

⁵ Elizabeth A. Stanley and Amishi P. Jha, “Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience,” *Fires Bulletin* (January-February 2010): 17, <https://www.army.mil/article/29549/>.

⁶ Lisa S. Meredith et al., *Promoting Psychological Resilience in the U.S. Military* (Santa Monica, CA: Rand, 2011), 77, <http://www.rand.org/pubs/monographs/MG996.html>.

⁷ Sinclair and Britt, ed., *Building Psychological Resilience in Military Personnel*, 4.

⁸ Thomas Britt, “Resilience and Thriving Among Military Personnel,” Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, webinar, February 25, 2016, http://dcoe.mil/Training/Monthly_Webinars/Archive.aspx.

⁹ *Ibid*.

¹⁰ Sinclair and Britt, ed., *Building Psychological Resilience in Military Personnel*, 142.

¹¹ US Department of Defense, *Force Health Protection (FHP)*, Directive 6200, 04, October 9, 2004, 6, <http://www.dtic.mil/whs/directives/corres/pdf/620004p.pdf>.

¹² *Ibid*, 10.

¹³ *Ibid*, 2.

¹⁴ Meredith et al., *Promoting Psychological Resilience in the U.S. Military*, 16-20.

¹⁵ Mary Hull, “Resilience Continuum,” *Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury*, last modified September 15, 2008, http://www.dcoe.mil/content/Navigation/Images/Resilience_Continuum_FINAL.pdf.

- ¹⁶ Frederick J. Manning, "Morale and Cohesion in Military Psychiatry," *Military Psychiatry: Preparing in Peace for War* Part 1 (1994): 4, https://ke.army.mil/bordeninstitute/published_volumes/military_psychiatry/MPch1.pdf.
- ¹⁷ *Ibid.*
- ¹⁸ *Ibid.*
- ¹⁹ Sinclair and Britt, ed., *Building Psychological Resilience in Military Personnel*, 51.
- ²⁰ *Ibid.*
- ²¹ Thomas W. Britt et al., "How Leaders Can Influence the Impact That Stressors Have on Soldiers," *Military Medicine* 169, no. 7 (2004): 543, <https://msrc.fsu.edu/system/files/Britt%20et%20al%202004%20How%20leaders%20can%20influence%20the%20impact%20that%20stressors%20have%20on%20soldiers.pdf>.
- ²² Meredith et al., *Promoting Psychological Resilience in the U.S. Military*, 49.
- ²³ Sinclair and Britt, ed., *Building Psychological Resilience in Military Personnel*, 58.
- ²⁴ Thomas W. Britt, Carl Andrew Castro, and Amy B. Adler, ed., *Military Life: The Psychology of Serving in Peace and Combat Volume: 1 Military Performance* (Westport: Praeger Security International, 2006), 193.
- ²⁵ *Ibid.*
- ²⁶ Commandant of the Marine Corps, *Deployed Unit Cohesion Staffing*, MARADMIN 585/11, October 4, 2011. <http://www.marines.mil/News/Messages/Messages-Display/Article/887911/deployed-unit-cohesion-staffing/>.
- ²⁷ Manning, *Morale and Cohesion in Military Psychiatry*, 4.
- ²⁸ Thomas W. Britt et al., "Morale as a Moderator of the Combat Exposure-PTSD Symptom Relationship," *Journal of Traumatic Stress* 26, no. 1 (2013): 1 https://www.researchgate.net/profile/Amy_Adler/publication/235392062_Morale_as_a_Moderator_of_the_Combat_ExposurePTSD_Symptom_Relationship/links/5576e2eb08aeb6d8c01cb33f.pdf.
- ²⁹ Samuel Lyman Atwood Marshall, *Men Against Fire: The Problem of Battle Command* (Norman: University of Oklahoma Press, 2000), 42.
- ³⁰ US Department of Defense, *Force Health Protection (FHP)*, 6.
- ³¹ Stanley and Jha, *Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience*, 21.
- ³² William P. Nash, "US Marine Corps and Navy Combat and Operational Stress Continuum Model: A Tool for Leaders," *Combat and Operational Behavioral Health* (2011): 113 http://www.academia.edu/download/34660200/Nash_2011.pdf.
- ³³ Steven M. Southwick et al., "Resilience: An Update," *PTSD Research Quarterly* 25, no. 4 (2015): 2 <http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>.
- ³⁴ *Ibid.*
- ³⁵ Kerry A. Sudom, Jennifer E. C. Lee, and Mark A. Zamorski, "A Longitudinal Pilot Study of Resilience in Canadian Military Personnel," *Stress and Health* 30, no. 5 (2014): 384 http://cradpdf.drdc-rddc.gc.ca/PDFS/unc226/p803782_A1b.pdf.
- ³⁶ Britt, *Resilience and Thriving Among Military Personnel*.
- ³⁷ Britt, Thomas W. Britt et al., "Effective and Ineffective Coping Strategies in a Low-Autonomy Work Environment," *Journal of Occupational Health Psychology* 21, no. 2 (2016): 154 <http://psycnet.apa.org/journals/ocp/21/2/154/>.
- ³⁸ Britt, *Resilience and Thriving Among Military Personnel*.

- ³⁹ Stanley and Jha, *Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience*, 17.
- ⁴⁰ *Ibid*, 19.
- ⁴¹ Elisa E. Bolton et al., "Reports of Prior Exposure to Potentially Traumatic Events and PTSD in Troops Poised For Deployment," *Journal of Traumatic Stress* 14, no. 1 (2001): 1
http://www.academia.edu/download/44879890/Reports_of_Prior_Exposure_to_Potentially20160419-19764-jxbos6.pdf.
- ⁴² Amishi P. Jha et al., "Minds "At Attention": Mindfulness Training Curbs Attentional Lapses in Military Cohorts," *PLOS ONE* 10, no. 2 (2015): 1
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116889>.
- ⁴³ Stanley and Jha, *Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience*, 19.
- ⁴⁴ *Ibid*, 21.
- ⁴⁵ *Ibid*, 21.
- ⁴⁶ *Ibid*, 21.
- ⁴⁷ Jha et al., *Minds "At Attention": Mindfulness Training Curbs Attentional Lapses in Military Cohorts*, 6-17.
- ⁴⁸ *Ibid*, 7.
- ⁴⁹ *Ibid*, 7.
- ⁵⁰ *Ibid*, 16.
- ⁵¹ *Ibid*, 16.
- ⁵² Steven Southwick, "Resilience to Stress and Trauma," *PTSD: National Center for PTSD*, podcast, September 19, 2011, http://www.ptsd.va.gov/professional/continuing_ed/resilience.asp.
- ⁵³ Jasen Walker and Fred Heffner, "Resilience as a Critical Factor in the Workplace." *The New Worker* (Summer 2010): 5
https://cecassoc.com/download/i/mark_dl/u/1389501/5180391/Summer%202010.pdf.
- ⁵⁴ Chairman of the Joint Chiefs of Staff, *Officer Professional Military Education Policy*, CJCSI 1800, 01E, May 29, 2015, 1
- ⁵⁵ *Ibid*, A-2.
- ⁵⁶ Southwick, *Resilience to Stress and Trauma*.
- ⁵⁷ *Ibid*.
- ⁵⁸ Meredith et al., *Promoting Psychological Resilience in the U.S. Military*, XIX.
- ⁵⁹ *Ibid*, Appendix C.
- ⁶⁰ *Ibid*, 49.
- ⁶¹ William Chesarek, "Executive Health, Wellness, and Resilience" (lesson card, Marine Corps University, Quantico, VA, 2016), 1.
- ⁶² Joint Chiefs of Staff, *Doctrine for the Armed Forces of the United States*, Joint Publication 1. (Washington, DC: Joint Staff, March 25, 2013), IV-21.
- ⁶³ Nash, *US Marine Corps and Navy Combat and Operational Stress Continuum Model: A Tool for Leaders*, 113.
- ⁶⁴ Headquarters US Marine Corps, *Leading Marines*, Marine Corps Working Publication 6-11. (Washington, DC: Headquarters US Marine Corps, November 27, 2002), 93-99.
- ⁶⁵ Nash, *US Marine Corps and Navy Combat and Operational Stress Continuum Model: A Tool for Leaders*, 113.
- ⁶⁶ Stanley and Jha, *Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience*, 21.

⁶⁷ Meredith et al., *Promoting Psychological Resilience in the U.S. Military*, XIX.

⁶⁸ Stanley and Jha, *Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience*, 21.

Bibliography

- Bartone, Paul T. "Resilience Under Military Operational Stress: Can Leaders Influence Hardiness?." *Military psychology* 18, no. 5 (2006):
http://www.academia.edu/download/39759891/Resilience_Under_Military_Operational_St20151106-25258-rg4imn.pdf.
- Berke, Philip R., and Thomas J. Campanella. "Planning for Postdisaster Resiliency." *American Academy of Political and Social Science* 604 (March 2006): 192-207.
<http://www.jstor.org/stable/25097788>.
- Blakeley, Katherine and Don J. Jansen. *Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress*. CRS Report for Congress R43175. Washington, DC: Congressional Research Service, August 8, 2013.
<https://fas.org/sgp/crs/natsec/R43175.pdf>.
- Bolton, Elisa E., Brett T. Litz, Thomas W. Britt, Amy Adler, and Elizabeth Roemer. "Reports of Prior Exposure to Potentially Traumatic Events and PTSD in Troops Poised For Deployment." *Journal of Traumatic Stress* 14, no. 1 (2001):
http://www.academia.edu/download/44879890/Reports_of_Prior_Exposure_to_Potential_y20160419-19764-jxbos6.pdf.
- Bonanno, George A. "Loss, Trauma, and Human Resilience." *Psychological Trauma: Theory, Research, Practice, and Policy* 1 (2008):
<http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/1942-9681.S.1.101>.
- Bonanno, George A., Anthony D. Mancini, Jaime L. Horton, Teresa M. Powell, Cynthia A. LeardMann, Edward J. Boyko, Timothy S. Wells, Tomoko I. Hooper, Gary D. Gackstetter, and Tyler C. Smith. "Trajectories of Trauma Symptoms and Resilience in Deployed US Military Service Members: Prospective Cohort Study." *The British Journal of Psychiatry* 200, no. 4 (2012):
<http://bjp.rcpsych.org/content/bjprcpsych/200/4/317.full.pdf>.
- Britt, Thomas W., Amy B. Adler, Paul D. Bliese, and DeWayne Moore. "Morale as a Moderator of the Combat Exposure-PTSD Symptom Relationship." *Journal of Traumatic Stress* 26, no. 1 (2013):
https://www.researchgate.net/profile/Amy_Adler/publication/235392062_Morale_as_a_Moderator_of_the_Combat_Exposure-PTSD_Symptom_Relationship/links/5576e2eb08aeb6d8c01cb33f.pdf.
- Britt, Thomas W., Carl Andrew Castro, and Amy B. Adler, ed. *Military Life: The Psychology of Serving in Peace and Combat Volume: 1 Military Performance*. Westport: Praeger Security International, 2006.

- Britt, Thomas W., James Davison, Paul D. Bliese, and Carl Andrew Castro. "How Leaders Can Influence the Impact That Stressors Have on Soldiers." *Military Medicine* 169, no. 7 (2004):
<https://msrc.fsu.edu/system/files/Britt%20et%20al%202004%20How%20leaders%20can%20influence%20the%20impact%20that%20stressors%20have%20on%20soldiers.pdf>.
- Britt, Thomas W., Monique Crane, Stephanie E. Hodson, and Amy B. Adler. "Effective and Ineffective Coping Strategies in a Low-Autonomy Work Environment." *Journal of Occupational Health Psychology* 21, no. 2 (2016):
<http://psycnet.apa.org/journals/ocp/21/2/154/>.
- Chairman of the Joint Chiefs of Staff. *Enlisted Professional Military Education Policy*. CJCSI 1805.01B, May 15, 2015. http://www.dtic.mil/cjcs_directives/cdata/unlimit/1805_01.pdf.
- Chairman of the Joint Chiefs of Staff. *Officer Professional Military Education Policy*. CJCSI 1800.01E, May 29, 2015.
http://www.dtic.mil/doctrine/education/officer_JPME/cjcsi1800_01e.pdf.
- Colvin, Heather M., and Rachel M. Taylor, eds. *Building a Resilient Workforce: Opportunities for the Department of Homeland Security: Workshop Summary*. National Academies Press, 2012. PDF e-book.
- Commandant of the Marine Corps. *Deployed Unit Cohesion Staffing*. MARADMIN 585/11, October 4, 2011. <http://www.marines.mil/News/Messages/Messages-Display/Article/887911/deployed-unit-cohesion-staffing/>.
- Cornum, Rhonda, Michael D. Matthews, and Martin EP Seligman. "Comprehensive Soldier Fitness: Building Resilience in a Challenging Institutional Context." *American Psychologist* 66, no. 1 (2011): <https://books.apa.org/pubs/journals/releases/amp-66-1-4.pdf>.
- Griffith, James and Courtney West. "Master Resilience Training and Its Relationship to Individual Well-Being and Stress Buffering Among Army National Guard Soldiers." *The Journal of Behavioral Health Services and Research* 40, no.2 (April 2013): 140-155.
<http://search.proquest.com.lomc.idm.oclc.org/index?accountid=14746>.
- Headquarters US Marine Corps. *Leading Marines*. Marine Corps Working Publication 6-11. Washington, DC: Headquarters US Marine Corps, November 27, 2002.
- Hepner, Kimberly A., Elizabeth M. Sloss, Carol P. Roth, Heather Krull, Susan M. Paddock, Shaela Moen, Martha J. Timmer, and Harold Alan Pincus. *Quality of Care for PTSD and Depression in the Military Health System: Phase I Report*. Santa Monica, CA: RAND Corporation, 2016.
http://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR978/RAND_RR978.pdf.

- Jha, Amishi P., Alexandra B. Morrison, Justin Dainer-Best, Suzanne Parker, Nina Rostrup, and Elizabeth A. Stanley. "Minds "At Attention": Mindfulness Training Curbs Attentional Lapses in Military Cohorts." *PLOS ONE* 10, no. 2 (2015):
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116889>.
- Johnson, Douglas C., Nathaniel J. Thom, Elizabeth A. Stanley, Lori Haase, Alan N. Simmons, Pei-an B. Shih, Wesley K. Thompson, Eric G. Potterat, Thomas R. Minor, and Martin P. Paulus. "Modifying Resilience Mechanisms in At-Risk Individuals: A Controlled Study of Mindfulness Training in Marines Preparing for Deployment." *American Journal of Psychiatry* 171, no. 8 (2014):
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458258/pdf/nihms690084.pdf>.
- Joint Chiefs of Staff. *Doctrine for the Armed Forces of the United States*. Joint Publication 1. Washington, DC: Joint Staff, March 25, 2013.
- Maddi, Salvatore R. "Relevance of Hardiness Assessment and Training to the Military Context." *Military Psychology* 19, no. 1 (2007):
<https://msrc.fsu.edu/system/files/Maddi%202007%20Relevance%20of%20hardiness%20assessment%20and%20training%20to%20the%20military%20context.pdf>.
- Manning, Frederick J. "Morale and Cohesion in Military Psychiatry." *Military Psychiatry: Preparing in Peace for War* Part 1 (1994):
https://ke.army.mil/bordeninstitute/published_volumes/military_psychiatry/MPch1.pdf.
- Marshall, Samuel Lyman Atwood. *Men Against Fire: The Problem of Battle Command*. Norman: University of Oklahoma Press, 2000.
- Meredith, Lisa S., Cathy D. Sherbourne, Sarah J. Gaillot, Lydia Hansell, Hans V. Ritschard, Andrew M. Parker and Glenda Wrenn. *Promoting Psychological Resilience in the U.S. Military*. Santa Monica, CA: RAND Corporation, 2011.
<http://www.rand.org/pubs/monographs/MG996.html>.
- Moore, Monique, David Brown, Nisha Money, and Mark Bates. "Mind Body Skills for Regulating the Autonomic Nervous System." *Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury* 2 (June 2011):
<http://www.dcoe.mil/Content/Navigation/Documents/MindBody%20Skills%20for%20Regulating%20the%20Autonomic%20Nervous%20System.pdf>.
- Nash, William P. "US Marine Corps and Navy Combat and Operational Stress Continuum Model: A Tool for Leaders." *Combat and Operational Behavioral Health* (2011):
http://www.academia.edu/download/34660200/Nash_2011.pdf.
- Reivich, Karen J., Martin EP Seligman, and Sharon McBride. "Master Resilience Training in the US Army." *American Psychologist* 66, no. 1 (2011):
https://www.researchgate.net/profile/Karen_Reivich/publication/49740667_Master_Resilience_Training_in_the_US_Army/links/5527da540cf2e089a3a1e61a.pdf.

- Robson, Sean. *Psychological Fitness and Resilience*. Santa Monica, CA: RAND Corporation, 2013. http://www.rand.org/pubs/research_reports/RR102.html.
- Seligman, Martin E.P. "Building Resilience." *Harvard Business Review* (April 2011): <https://hbr.org/2011/04/building-resilience>.
- Seligman, Martin E.P., and Michael D. Matthews. "Comprehensive Soldier Fitness." *American Psychologist* 66, no. 1 (January 2011). <http://www.apa.org/pubs/journals/special/4016601.aspx>.
- Siebold, Guy L. "The Essence of Military Group Cohesion." *Armed Forces & Society* 33, no. 2 (2007): <http://journals.sagepub.com/doi/pdf/10.1177/0095327X06294173>.
- Sinclair, Robert R, and Thomas Britt, ed. *Building Psychological Resilience in Military Personnel*. Washington D.C.: American Psychological Association, 2013.
- Southwick, Steven M., Robert H. Pietrzak, Jack Tsai, John H. Krystal, and Dennis Charney. "Resilience: An Update." *PTSD Research Quarterly* 25, no. 4 (2015): <http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>.
- Stanley, Elizabeth. "Cultivating the Mind of a Warrior." *Inquiring Mind* 30, no. 2 (2014): <http://www.inquiringmind.com/Articles/CultivatingMindOfWarrior.html>.
- Stanley, Elizabeth A., and Amishi P. Jha. "Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience." *Fires Bulletin* (January-February 2010): <https://www.army.mil/article/29549/>.
- Stanley, Elizabeth A., and Amishi P. Jha. "Mind Fitness and Mental Armor: Enhancing Performance and Building Warrior Resilience." *Joint Force Quarterly* 55 (2009): https://www.researchgate.net/profile/Amishi_Jha/publication/228573691_Mind_fitness_and_mental_armor_enhancing_performance_and_building_warrior_resilience/links/00b7d526fc3469d795000000.pdf
- Sudom, Kerry A., Jennifer E. C. Lee, and Mark A. Zamorski. "A Longitudinal Pilot Study of Resilience in Canadian Military Personnel." *Stress and Health* 30, no. 5 (2014): http://cradpdf.drdc-rddc.gc.ca/PDFS/unc226/p803782_A1b.pdf.
- Tanielian, Terri, and Lisa H. Jaycox, ed. *Invisible Wounds of War*. Santa Monica, CA: RAND Corporation, 2008. http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.
- US Department of Defense. *Force Health Protection (FHP)*. Directive 6200.04, October 9, 2004. <http://www.dtic.mil/whs/directives/corres/pdf/620004p.pdf>.

Watson, Patricia, Brett Litz, Steven Southwick, and E. C. Ritchie. "Preparation for Deployment: Improving Resilience." *Combat and Operational Behavioral Health* (2011): https://ke.army.mil/bordeninstitute/published_volumes/combat_operational/CBM-ch3-final.pdf.

Walker, Jasen, and Fred Heffner. "Resilience as a Critical Factor in the Workplace." *The New Worker* (Summer 2010): https://cecassoc.com/download/i/mark_dl/u/1389501/5180391/Summer%202010.pdf.