

Work Group 1 – Resilience



Mr. David Morton

Australia

Lead, Work Group 1

Work Group 1 - Resilience

Overview

- Reminder of goal and objectives
- WG members
- Challenges and issues
- Current themes and areas of work
- What further contribution would make a difference?
- Some questions to clarify purpose and effort
- Ideas for next steps

Goal and Objectives

Work Group Lead
Mr. David Morton
(Australia)

Participating Nations
Australia
Canada
Denmark
Netherlands
New Zealand
United Kingdom
United States

- **Goal:**
 - **Improve efforts** to build and maintain resiliency levels in Service members and their families
- **Objectives:**
 - Identify a **flexible definition** of “resilience” (medical, non-medical)
 - Establish feasible metrics, collection techniques, and reporting methods to **measure effectiveness** of resilience programs (medical, non-medical)
 - Identify practices that **incorporate Service members’ families** into resiliency training (non-medical)
 - Outline criteria for a **longitudinal study to address post-traumatic stress** (medical)

Sharpening WG focus

- Agreed to use an existing working definition for resilience formulated by the TTCP Action Group. Plus minor addition to **include recognition of transition and recovery.**
- Agreed that it is important that we identify a **unique contribution** that is required on the topic of resilience rather than duplicating previous and current efforts.

Many definitions with similar components

- Capacity to adapt, recover and thrive
- Physical and psychological ability to cope with
- Situations of risk, challenge, adversity, potentially traumatic
- In challenging environments
- Garrison, training, operational deployment, individuals personal life,
- Remain operationally effective

Challenges and Issues

- Definitions of resilience – need for consistency
- Medical and Non-medical – holistic approach required
- Measuring –small effect sizes, need to develop focus on medium and long term effects
- The solution – Resilience – looking for a problem
- A focus on Post Traumatic Stress alone is too narrow
- Need to look beyond the individual
- Need to leverage off effects of building resilience in the military

Work Group 1: Resilience—*Supporting Efforts*

Objective 1:

Identify a flexible definition of “resilience” (medical, non-medical)

Resilience is the capacity of the individual, team and organisation to recover quickly, resist, and possibly even thrive in the face of direct/indirect stressors and adverse situations in garrison, training and operational environments.

Building and sustaining resilience involves a range of psychological, physical, social and environmental factors and is critical to mission performance and an individual’s wellbeing over the course of their career. **This includes during transition and recovery, following illness or injury, to return to duty or return to civilian life.**

Work Group 1: Resilience—*Supporting Efforts*

Objective 2: Establish feasible metrics, collection techniques, and reporting methods to measure effectiveness of resilience programs (medical, non-medical)

Work Group Effort	Type(s) of Effort Best Practice, Lesson Learned, Innovative Concept	Target Date	Status of Effort	Primary POC
Summarize outcomes from 'A qualitative study of flourishing in the Army'	Lesson Learned	June 2017	Research being conducted	Australia -Army
Sustainable Health and Readiness program (not a flexible definition, but an example of a holistic approach)	Innovative	Ongoing	Ongoing program. First pilot projects are being executed	Netherlands
Royal Australian Navy Resilience Plan- focus on Mind, Spiritual, Physical and external factors.	Innovative and lesson learned	2016-18	Incorporates existing resilience programs and applies effect to individual, team and Commanders	Australia- Navy

Work Group 1: Resilience—*Supporting Efforts*

Objective 3: Identify practices that incorporate Service members' families into resiliency training (non-medical)

Work Group Effort	Type(s) of Effort Best Practice, Lesson Learned, Innovative Concept	Target Date	Status of Effort	Primary POC
ADAPT– Adaptive Parenting Tools Program	BP	Jan 2017	First Pilot – for families experiencing reintegration difficulties post deployment	Netherlands
Road to Mental Readiness (R2MR): Canadian Armed Forces mental health awareness and resilience training program for all military personnel and their families.	Innovative evidence based approaches to increasing mental health literacy teaching practical and adaptable strategies to manage the demands of military service.	Since 2008, evolving and adapted to changing needs	Delivery of more than 500 events per year with a reach of more than 15K military personnel/year	Canada
FamilySMART, which delivered to family members; and LifeSMART, delivered during the tri-Service Transition Program.	Based on concepts BattleSMART	Since 2010	Available online and delivers as presentation at Transition Seminars	Australia

Work Group 1: Resilience—*Supporting Efforts*

Objective 4: Outline criteria for a longitudinal study to address post-traumatic stress (medical)

Work Group Effort	Type(s) of Effort Best Practice, Lesson Learned, Innovative Concept	Target Date	Status of Effort	Primary POC
Longitudinal ADF Study Evaluating Resilience	BP, Innovative	2018	Since 2009, 5 time points, GE and Officers	Australia
NZDF qualitative research study tracking the wellbeing of pers deployed on an identified high psychological threat mission over the last 10 years.	BP	2017	Aim is to understand how deployed personnel are going over time and the effectiveness of NZDF deployment support programmes.	NZDF
The Transition and Wellbeing Research Programme consists of three study components. Two time points – prevalence, trajectory, impact of combat.	BP	2017-18	Population transitioned current serving, combat, reservist and families.	Australia
NZDF Health and Wellbeing Survey Aims is to build a better understanding of the health status of our people, risk and protective factors, and attitudes towards help seeking.	BP	FEB 2017	. A key area of focus is to better understand the impact of deployments and other life events through longitudinal research.	NZDF

WG discussion – what is required?

- Leadership and whole of organisation approach
- Individual readiness and self-management
- Realistic expectations of resilience and recovery
- Programs must be part of overall recovery orientation
- Evidence informed interventions in military environment
- Utilise opportunities of the deployment cycle
- Integrated (training school, command training, health care)
- Family sensitive, inclusive. engaged practice
- Evaluation – metrics, what effect, effect size, beyond the individual, impact on and value for organisation and capability
- Contribute to successful transitions

Given current focus, where is the gap?

- What is required to strengthen resilience, enable recovery and support engagement of ill and injured serving members and their families in their transition returning to duty or from military to civilian life?
- Agreed common issues and standards of practice to inform
 - Transition from care to return to duty
 - Transition from military to civilian life

Some questions to guide discussion and shape next steps

- What are the factors associated with resilience at the level of individuals, family, the Unit, command, the military organisation and the broader community?
- What are some of the tangible characteristics, skills and knowledge that individuals and families require if they are to transition effectively returning to duty, to the community and ultimately into employment?

Some questions to guide discussion and shape next steps

- Is there a **shared responsibility** between the military member, their family, command, the organisation and the broader community to achieve better health outcomes through improved resilience?
- If there is, do our **current approaches** to building resilience and **measuring effectiveness** reflect this?
- What is the **role, responsibility and expectations** of those involved?

Discussion Question

- Most research has focused on resilience in individuals but the concept is also being seen as related to systems of families, workplaces, organisations and communities that the person is engaged with, or a part of. What are the implications of this for the range of programs required and the impact of those programs?

Next steps

- Focus on transitions
- Produce an agreed framework to support development and implementation of resilience programs
- Develop qualitative case needs assessment to inform common issues and standards of practice

A framework to guide practice in strengthening resilience in wounded, ill and injured

Factors → Levels ↓	Factors associated with resilience	Expectations, role and responsibilities	Resources they require	What success looks like – Outcomes
Individual				
Family				
Peers/Mates				
Unit Command				
Leaders				
Organisations				
Health care and rehabilitation system				
Broader community stakeholders				