Resilience and Thriving Among Military Personnel

February 25, 2016; 1-2:30 p.m. (ET)

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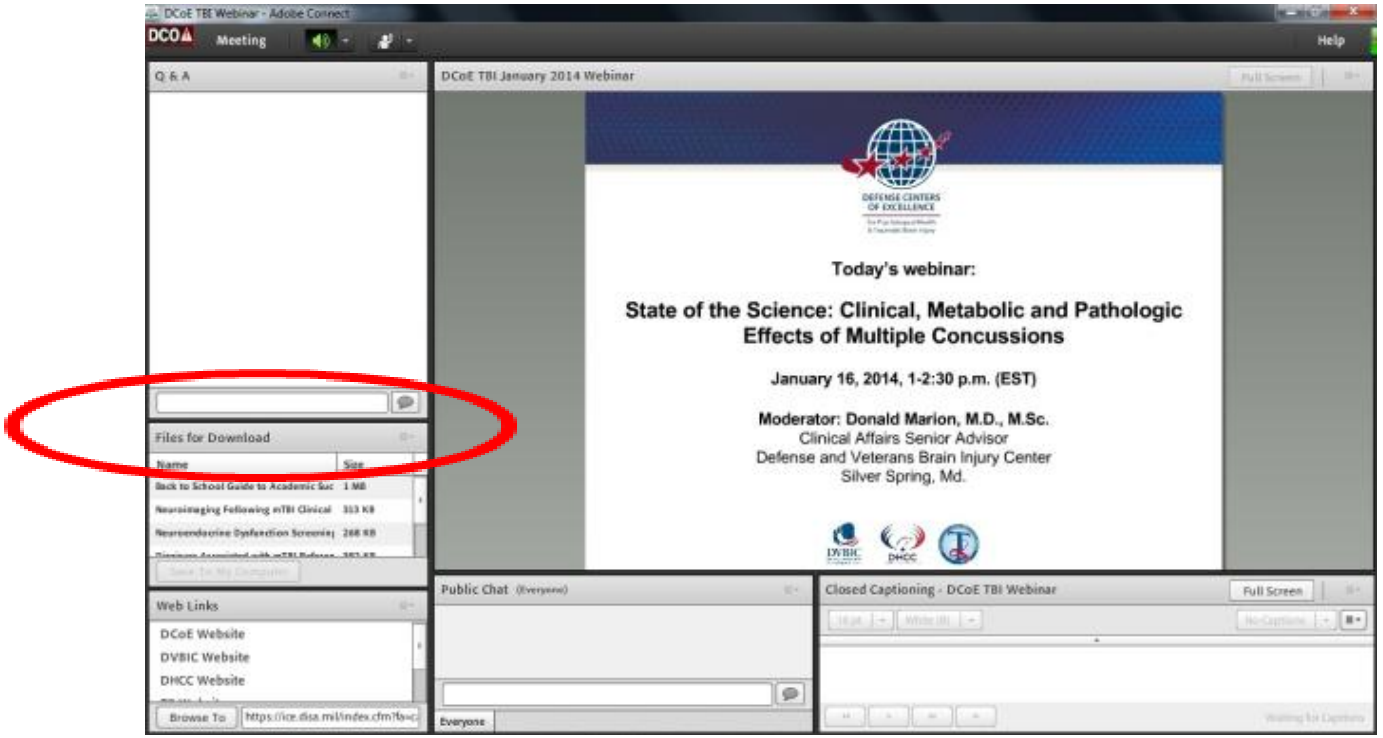

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- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).

- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ACCME Non Physician CME credits
  - 1.5 ANCC Nursing contact hours
  - 1.5 CRCC
  - 1.5 APA Division 22 contact hours
  - 0.15 ASHA Intermediate level, Professional area
  - 1.5 CCM hours
  - 1.5 AANP contact hours
  - 1.5 AAPA Category 1 CME credit
  - 1.5 NASW contact hours

Continuing Education Accreditation

Physicians
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Professional Education Services Group and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE). Professional Education Services Group is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of AMA PRA Category 1 Credits™. Physicians should only claim credit to the extent of their participation.

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Continuing Education Accreditation

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This activity is approved for up to 0.15 ASHA CEUs (Intermediate level, Professional area)

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This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

Continuing Education Accreditation

Nurse Practitioners
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Physician Assistants
This Program has been reviewed and is approved for a maximum of 1.5 hours of AAPA Category 1 CME credit by the Physician Assistant Review Panel. Physician Assistants should claim only those hours actually spent participating in the CME activity. This Program has been planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

Social Workers
This Program is approved by The National Association of Social Workers for 1.5 Social Work continuing education contact hours.

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Webinar Overview

In an attempt to define resilience, researchers have examined adaptation and growth and capacity versus demonstration. Findings have shown that positive adaptation is influenced by factors both outside and inside the work setting. When examining resilience in high-stress occupations, the process includes appraisal of adversity, coping with adversity and seeking help from others in order to achieve positive adaptation. To address the challenges of positive adaptation for those deploying to war zones or other high-stress environments, the Department of Defense implemented pre-deployment training on resilience. The training is based on literature that identified several predictors of resilience in military personnel including quality of sleep, higher unit moral and positive leader behavior.

At the conclusion of this webinar, participants will be able to:

- Define the distinct elements of resilience
- Describe how adverse conditions affect resilience
- Narrate the potential benefits of resilience in high-stress occupations

Thomas W. Britt, Ph.D.

- Dr. Thomas Britt is a Professor of Psychology at Clemson University. He received his Ph.D. from the University of Florida in 1994 before entering active duty as a research psychologist in the U.S. Army.
- He left active duty in 1999 and moved to Clemson University in 2000, where he was promoted to Full Professor in 2007.
- He has published over 70 empirical articles and multiple book chapters, and has been an editor for two books and a 4-volume series in the area of Military Psychology.
- His current research programs investigate how stigma and other barriers to care influence employees in high stress occupations seeking needed mental health treatment, and the identification of factors that promote resilience among employees in high stress occupations.
- **Education**
  - B.A. 1988 College of William and Mary *Psychology*
  - M.A. 1990 Wake Forest University *General Psychology*
  - Ph.D. 1994 University of Florida *Social Psychology*

Disclosure

- Dr. Britt has no relevant financial relationships to disclose.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- The description of programs in this presentation is for descriptive purposes only and not intended to promote any individual program.

Resilience and Thriving Among Military Personnel

Thomas W. Britt, Ph.D.
Department of Psychology

What is Resilience?

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Definitions of Resilience

- Meredith (2011): 104 definitions of resilience; key distinction between adaptation and growth
  - "The ability of adults….who are exposed to an isolated and potentially highly disruptive event…..to maintain relatively stable, healthy levels of psychological and physical functioning" (Bonanno, 2004)
  - "Growth and positive life changes that may result from exposure to traumatic incidents" (Maguen et al. 2006)
- Basic distinction: Capacity versus Demonstration
  - "Resilience can be defined as the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Masten & Narayan, 2012)

Definitions of Resilience

- Basic distinction: Capacity versus Demonstration
  - Britt, Sinclair, & McFadden (2013); Fikretoglu & McCreary (2012): “the demonstration of positive adaptation in the face of significant adversity (p. 6).”
- Resilience among military personnel
  - The demonstration of positive adaptation in the face of significant adversity experienced during military service
- Capacity for Resilience
  - Personal, organizational, familial, and community factors that contribute to resilience
  - Better seen as antecedents to resilience

What Constitutes Significant Adversity at Work?

What constitutes "significant" adversity?

- Adverse events studied outside employee settings
  (Bonanno; 2004; Bonanno et al. 2012; Masten, 2001)
  - Having a schizophrenic or alcoholic parent
  - Growing up in an economically disadvantaged environ.
  - Death of a loved one (e.g. spouse)
  - Combat exposure during military deployments
  - Checklist of adverse life events (e.g. divorce, violence)
  - Groups separated into "at risk" versus "not at risk"
- What constitutes significant adversity for military personnel?
  - Combat exposure during military deployments
  - Multiple deployments within a short time-period
  - Potentially the malevolent deployment environment

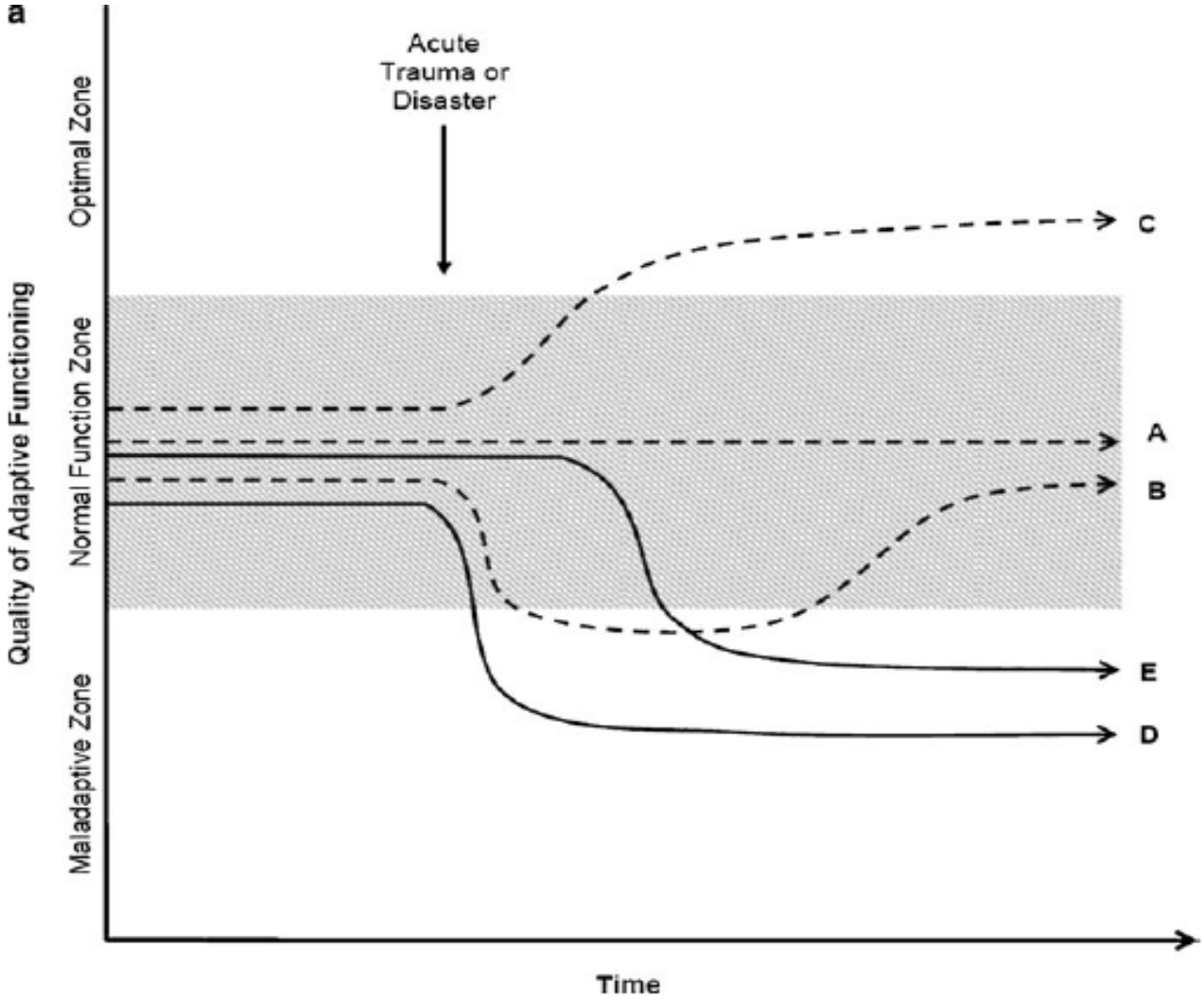
What Constitutes Positive Adaptation?

What constitutes "positive adaptation"?

- Positive adaptation studied outside of military settings (Bonanno, 2004; Masten, 2001; Masten & Narayan, 2012)
  - Meeting salient developmental tasks
  - Absence of mental health symptoms (heavy emphasis)
  - Positive performance on competence-related tasks
- What constitutes positive adaptation for military personnel?
  - Work-related outcomes (morale and performance)
  - Absence of mental health symptoms
  - Presence of positive well-being (meaning, purpose, growth)
  - Family outcomes (e.g. marital satisfaction, child adjustment)

Self-report measures of resilience

- Measures developed to assess resilience itself
- Block and Kremen's (1996) Ego-Resiliency Scale
  - e.g. "I quickly get over and recover from being startled"
- Connor and Davidson's (2003) Resilience Scale
  - e.g. "I am able to adapt to change"
- Smith, et al. (2008) Brief Resiliency Scale
  - e.g. "I tend to bounce back quickly after hard times"
- Evidence that individuals who score higher on these measures report stronger mental health
- Need to connect these measures to demonstrated resilience and capacity for resilience



(Masten & Narayan, 2012)

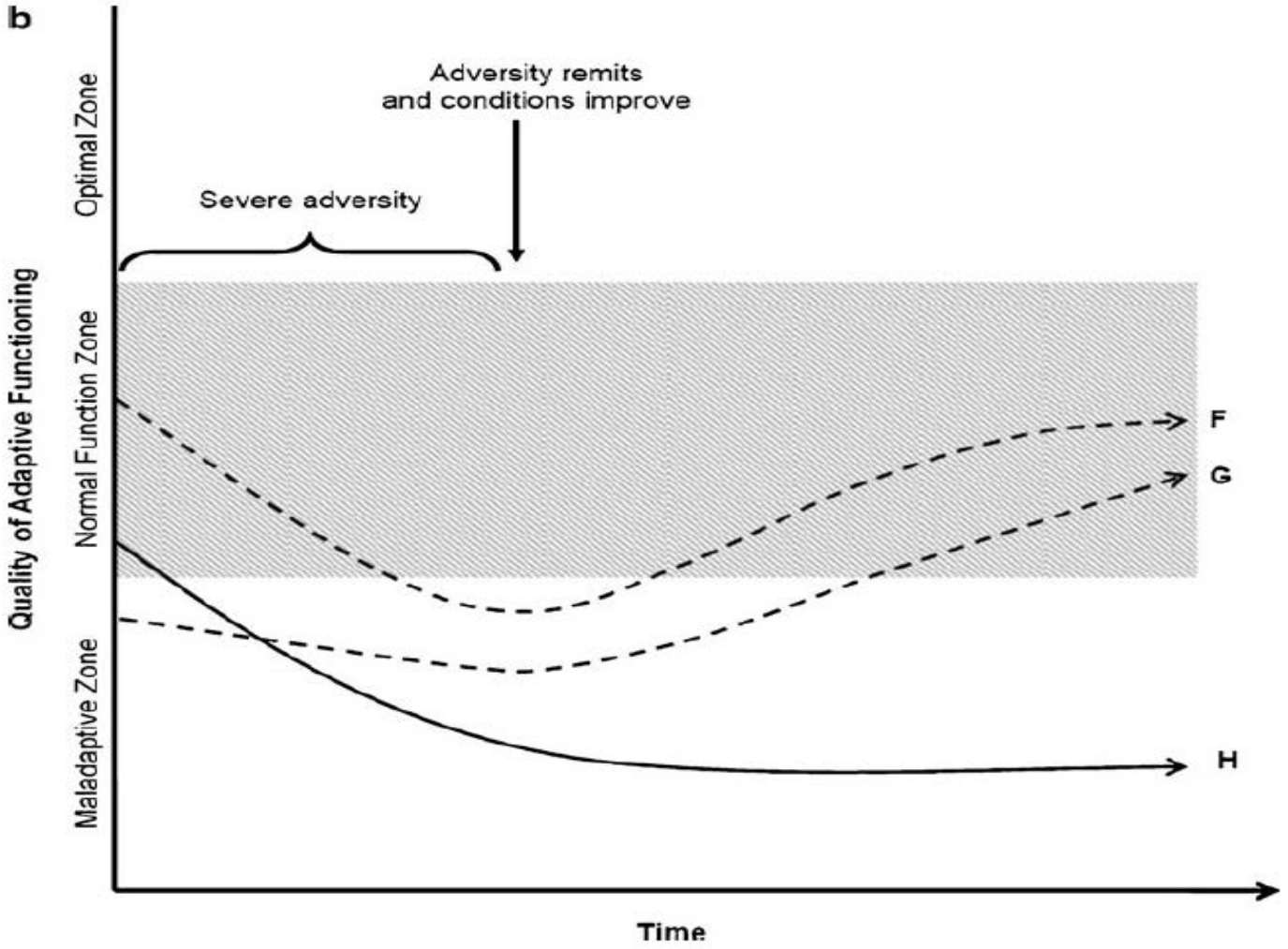


Figure 1

(Continued)

(Masten & Narayan, 2012)

How Common is Resilience?

Prevalence of Resilience

- Demonstration of resilience outside of military settings
  - Assessed via percentage of sample showing a resilient trajectory following a particular adversity (e.g. death of a loved one, exposure to natural disaster/terrorist attack)
  - More recent studies use latent growth mixture modeling to identify classes of respondents; resilience most common trajectory (70-85%)

Military Personnel

- Overall, up to 30% of service members returning from combat have some mental health problem (Hoge, et al. 2004)
- This number goes up to 40% for soldiers who spend > 40 hours a week outside of base camp (Castro & Adler, 2011)
- Rate is 41% for Reserve Component forces (Milliken, et al. 2007)
- Objective work stressors linked to problems: combat exposure, length of deployment, multiple deployments

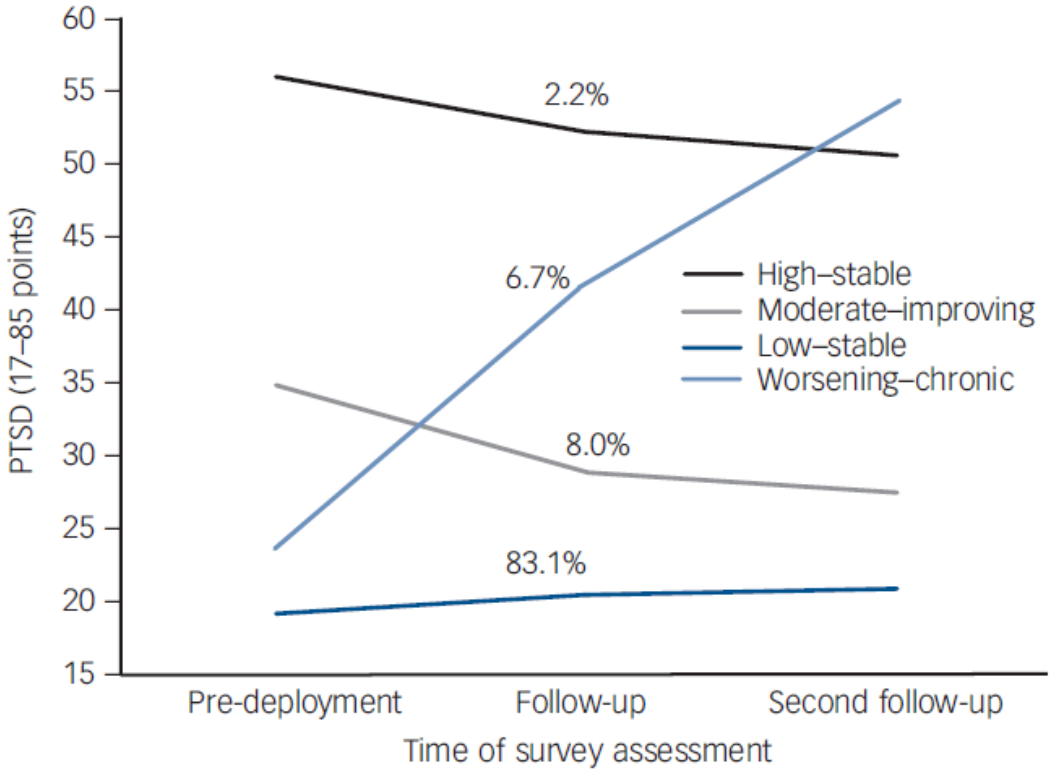


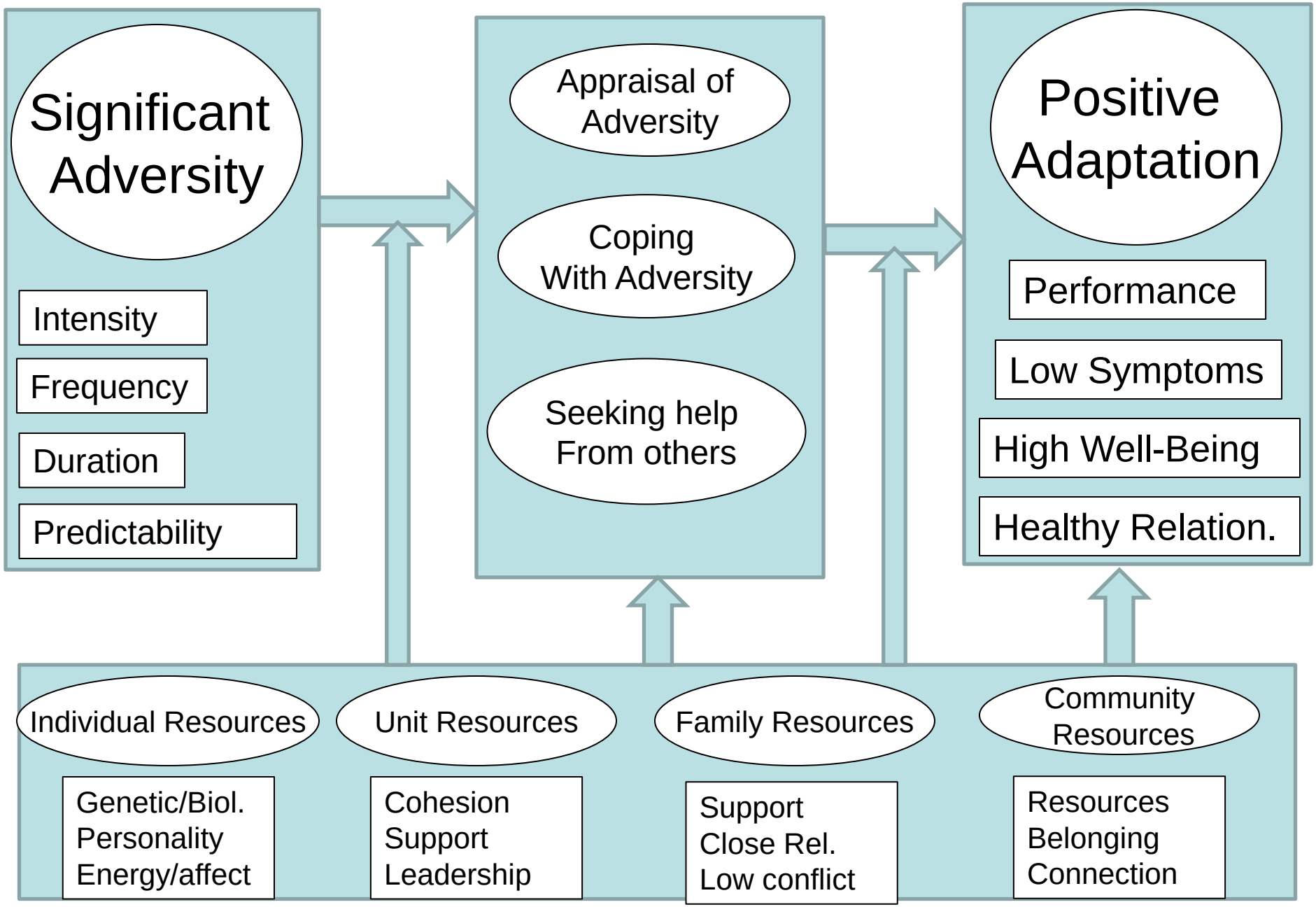
Fig. 1 Conditional model (including covariates) of post-traumatic stress over time among 3393 Millennium Cohort participants with a single deployment between baseline (pre-deployment) and first follow-up.

Post-traumatic stress disorder (PTSD) assessed using the PTSD Checklist – Civilian Version.

(Bonanno, G. A. et al., 2012) : Note a concern with using only PTSD symptoms to index resilience

What predicts resilience in the military? Model based on Meredith et al. (2011)

Model of Resilience in Military Personnel



Predictors of Resilience in Military Settings

- Resilience in military personnel after combat
  - Quality sleep associated with fewer symptoms for personnel reporting high combat (Wright et al., 2011)
  - Higher morale associated with fewer symptoms of PTSD among high combat soldiers (Britt et al., 2013)
  - Unit cohesion/social support predictors (Siebold, 2006)
  - Positive leader behaviors associated with fewer symptoms under high levels of stress (Britt et al., 2004)
- Resilience among Soldiers in basic training
  - Acceptance coping associated with fewer symptoms under higher levels of stress; denial coping more
  - Slope of acceptance coping negatively related to slope of symptoms over time, denial coping positively related (Britt et al., 2015)

Predictors of Resilience for Military Personnel

- Gaps in the literature
  - Need to investigate joint influence of multiple resilience-promoting factors
  - Develop “capacity for resilience index” based on possession of factors in different domains
  - Assess the mechanisms through which resilience-promoting factors influence resilience
  - Assess resilience as more than the presence of mental health symptoms
  - Use longitudinal designs where personnel are assessed prior to exposure and at multiple points following exposure

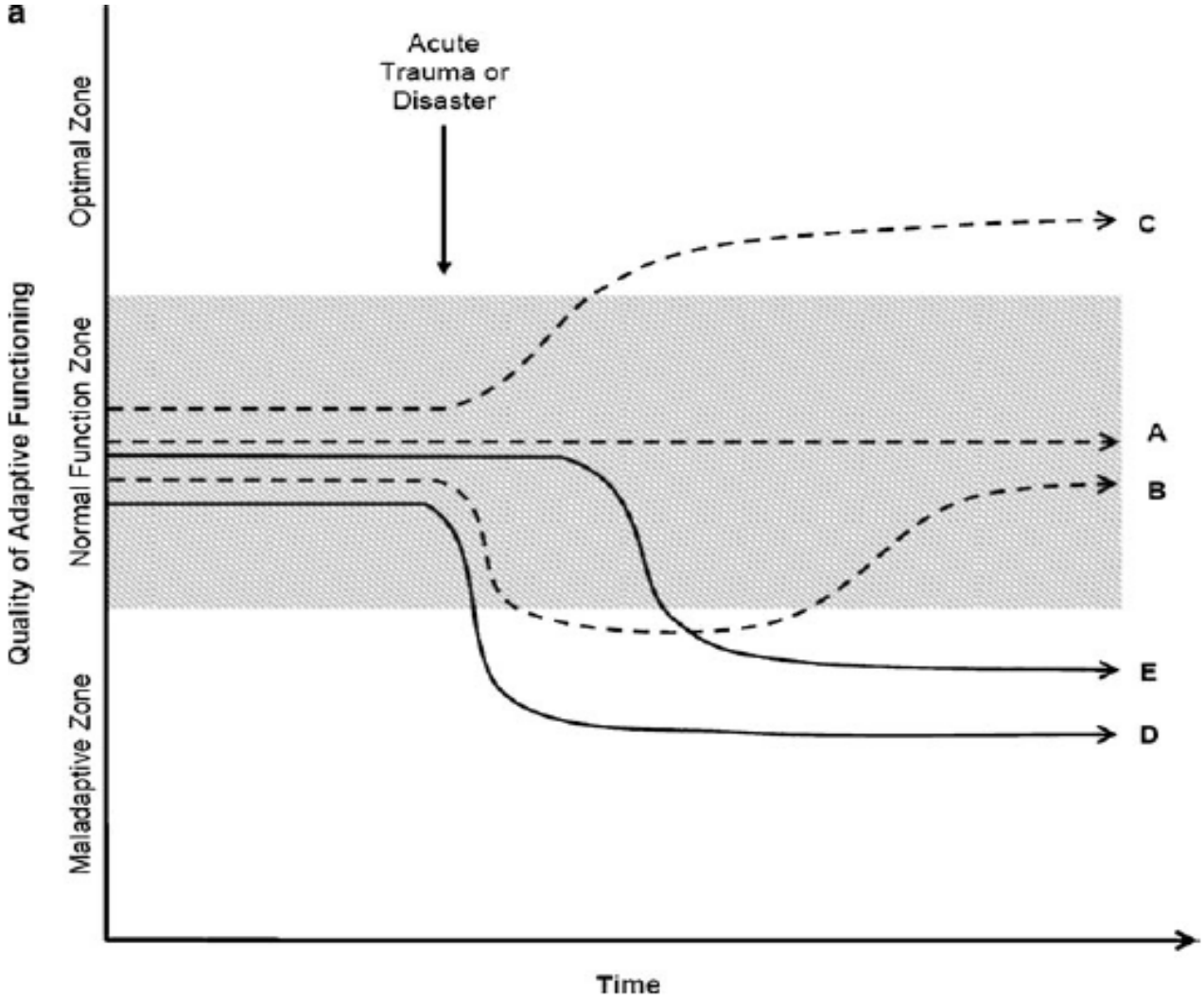
How might an emphasis on resilience adversely affect military personnel?

Resilience and mental health treatment

- Early receipt of mental health treatment can prevent larger problems
- Culture of resilience in military deters treatment seeking (Britt & McFadden, 2012)
  - Stigma associated with treatment
  - Treatment seen as last resort
  - Self-reliance may involve maladaptive coping
- Need to highlight mental health treatment as a contributor to resilience, not a failure of resilience
- Proactive receipt of treatment in military a leader/organization responsibility

What is “thriving” or “growth” following adversity at work?

What benefits might military personnel experience?

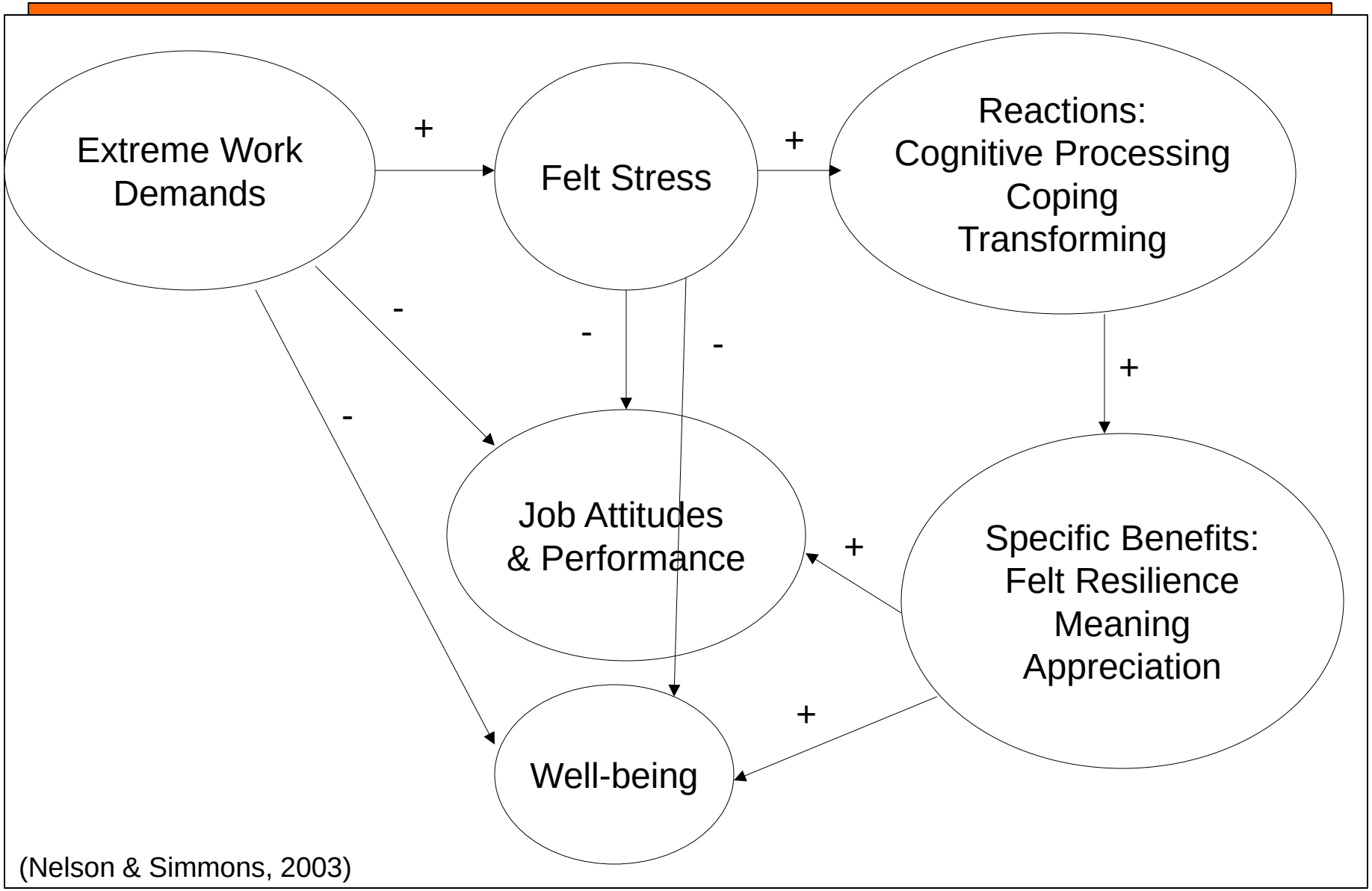


(Masten & Narayan, 2012)

Potential Benefits in High Stress Occupations

- Benefits of Stressful Events: Non-Work
  - Large literature documenting benefits that come from dealing with traumatic events such as earthquakes, accidents, physical illnesses, etc. (Helgeson, et al. 2006; Tedeschi & Calhoun, 1996)
  - Types of benefits: New possibilities, relating to others, personal strength, spiritual change, appreciation for life
  - Also referred to as stress-related growth or post-traumatic growth
  - Some support for the severity of stressful events being positively related to benefit finding

Overall Theoretical Model



(Nelson & Simmons, 2003)

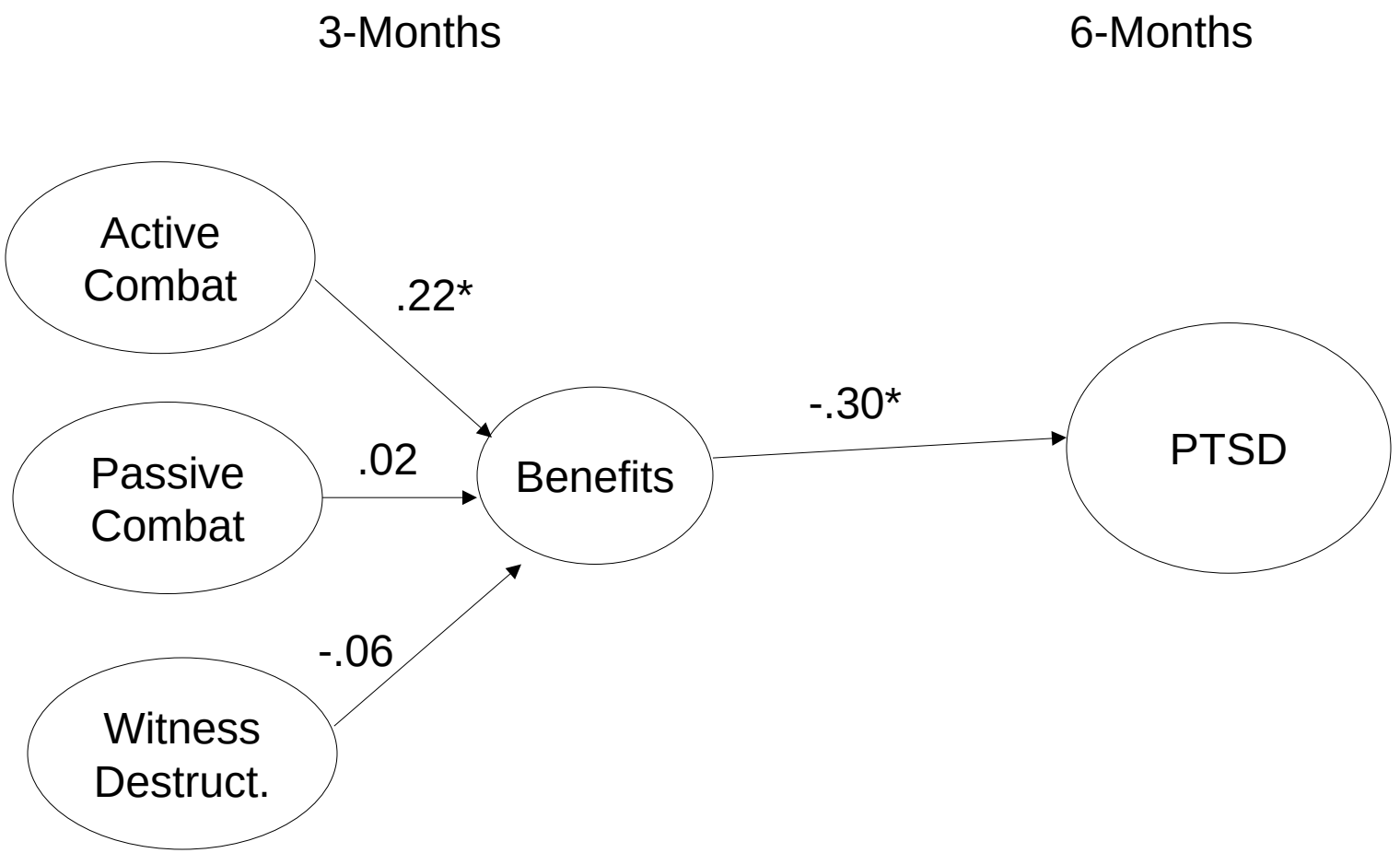
Potential Benefits for Military Personnel

- Benefits following combat operations
  - Prior research suggests Soldiers report benefits following combat operations (Elder & Clipp, 1989; Wood et al. 2012)
  - Inconsistent evidence for a positive relationship between amount of combat exposure and perceived benefits; Type of combat exposure may be important
  - Some combat experiences occur as a result of Soldiers actively doing their job (fighting, clearing houses); other experiences are more passive, such as witnessing the destruction of war
  - Benefits may be more likely in response to combat experiences where the Soldier plays an active role

Potential Benefits for Military Personnel

- Benefit finding as an inconsistent mediator of the combat exposure-PTSD relationship (Britt et al., in press)
  - Active combat experiences should predict higher levels of PTSD symptoms and lower levels of morale
  - Active combat experiences should predict higher levels of benefit finding
  - Given the negative association between benefit finding and symptoms/low morale, a portion of the active combat-PTSD/low morale relationship will be reduced by controlling for benefit finding

Potential Benefits for Military Personnel



SB χ^2 (978) = 1,762.26, $p < .05$, the CFI was .93, the NNFI was .93, and the RMSEA was .041 (90% CI = .038 to .044).

Potential Benefits for Military Personnel

- Tests for inconsistent mediation
  - Sobel test showed the positive relationship between active combat (T1) and PTSD symptoms (T2), was partially mediated by benefit finding (T1), $Z = -2.81$, $p < .05$
  - Benefit finding accounted for 18.5% of the relationship between active combat and PTSD symptoms
  - Important not to over-emphasize benefits; simply indicate how they may be used to prevent negative effects

Potential Benefits in Military Personnel

- Future Research Directions
  - How can the experience of benefits be used to increase resilience among military personnel?
  - Be careful not to imply that all military personnel should experience or look for benefits following combat
  - Examine factors that promote the perception of benefits following military operations (e.g. being involved in meaningful work; Britt et al., 2001)

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Management of Sleep Disturbances Following Concussion

March 10, 2016; 1-2:30 p.m. (ET)

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State of the Science in Diagnosing and Treating Co-occurring TBI and PTSD

March 24, 2015; 1-2:30 p.m. (ET)

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