

## **Annex B – NATO TRAINERS GUIDE FOR RESILIENCE TRAINING IN BASIC TRAINING**

This guide is for trainers who will deliver the NATO Resilience Training for Basic Training.

### **SECTION 1: INTRODUCTION – WHY ARE WE DOING THIS?**

Resilience is the ability to grow and thrive in the face of challenges and bounce back from adversity. Resilience training has the potential to enhance performance and effectiveness in a variety of settings both at the individual and organization level. Benefits of resilience training can include increased retention; improved morale; sustained health, well-being and performance under high demand conditions, during training/exercises, and on operations; improved relationships with unit members, friends, and family; and enhanced personal growth.

Traditional military training provides service members the opportunity to develop many fundamental resilience skills (e.g., self-control, persistence). Resilience training complements traditional training by increasing knowledge and awareness of physiological, emotional, and cognitive processes; normalizing stress responses; ensuring effective coping responses and flexibility; developing and supporting leaders in their efforts to sustain and enhance unit mental health; and stimulating them to learn and grow from their military experiences.

Initiating resilience training during basic training instills basic awareness and knowledge about resilience skills to assist recruits in dealing with the demands of basic training and, in some situations, has been shown lower drop-out rates without changing training standards. It also introduces a resilience ‘vocabulary’ that can be built upon throughout the military career.

#### **Content Overview:**

- Section 2 sets out the learning objectives describing goals of training, outlines of content and module specific learning objectives.
- Section 3 provides information on how to deliver the training.
- Section 4 addresses maintaining standards and evaluation.
- Section 5 describes who is involved in program implementation and improvement.
- Section 6 lists frequently asked questions (by trainers) and answers.
- Finally, Section 7 lists frequently asked questions (by trainees) and answers.

### **SECTION 2: MODULES AND LEARNING OBJECTIVES – WHAT WILL YOU TRAIN?**

The training consists of 3 modules with 4 main learning objectives:

**1) Discuss what it means to be resilient in Basic Training:** Psychological resilience is defined in different ways by different researchers who view resilience as a characteristic, as a capacity, or as an outcome. In this training, resilience is defined as the ability to adapt to stressful situations, which may also include bouncing back from adversity and growing and thriving from challenges.

In the training you will:

- Introduce the concept of stress and resilience;
- Discuss realities / demands of Basic Training;
- Explain the mental health continuum; and
- Provide a model for understanding how stress affects us.

**2) Learn fundamental skills to strengthen resilience during Basic Training:** The objective is to build on common existing skills that recruits may already possess and use, such as exercise, humor, taking a break or listening to music. While some of their existing skills may be helpful to manage the stressors of basic training, some may not be relevant to or effective in this setting.

In the training you will:

- Discuss coping skills, and how some previous methods of coping may need to be adapted to basic training environment; and
- Learn, strengthen and practice 4 fundamental resilience skills to help manage/overcome basic training challenges.

**3) Apply skills to strengthen resilience during Basic Training:** The objective is for service members to learn and apply fundamental skills in themselves and others to strengthen resilience during basic training. The goal is to train resilience skills to sustain and/or improve the mental health of service members during basic training. In total 9 resilience skills were selected for this training. These skills can be used to manage stress and improve performance during basic training, and will also be effective later in their careers to manage the demands of military operations and other challenges. Each of the skills targets one or more of their possible reactions to stressful situations, those being thoughts, emotions, or physical reactions. While all of the skills are important, relevant and effective, we have divided them into core and additional skills (**core skills are in bold**). The skills are aimed at managing thinking, emotions and physical reactions.

In the training you will teach skills to:

- Manage thinking: self-talk, goal setting, mental rehearsal;
- Manage emotions: acceptance, grounding, building optimism; and
- Manage physical reactions: tactical breathing, sleep management, progressive muscle relaxation.

**4) Learn about when and where to seek help when normal coping strategies are no longer effective:** In the training you will teach recruits to:

- Learn other methods of coping, such as teamwork and buddy support;
- Identify reactions along Mental Health continuum in self and others;
- Identify other resources and sources of support; and
- Apply what you have learned to some vignettes/scenarios.

### **SECTION 3: METHOD – HOW DO YOU DELIVER THE PACKAGE?**

Teaching mental health knowledge and changing attitudes and behaviours towards this subject is about teaching new skills not “drills”. Unlike physical skills like First Aid, where there is a concrete checklist and step by step procedure to follow when assisting another person, mental health support and education is based on adult learning principles and skills building techniques that must be learned, adopted and then applied differently and on a case by case basis.

To deliver the content of MH training topics optimally, a coaching approach (defined below) is more suitable than one way communication. After learning and using military instructional techniques for many years, some of you may find this way of delivering training to be outside your comfort zone, but it will become more comfortable with practice. It should be noted, however, that this type of training demands more of the trainers than other types of military instruction. In resilience training there is more than one correct answer, just as there is more than one way to improve our physical fitness. You will need to be flexible with this training while still adhering to the speaker’s notes and main teaching points to ensure proper understanding and application of the skills.

As you know from previous experiences, even the best information will not be useful unless it is communicated effectively.

Key points of effective training delivery:

- Encourage active participation (by asking questions and encouraging responses);
- Stimulate trainees to try new skills and experience the results (during resilience training and stressful exercises);
- Acknowledge that mistakes are an important part of the learning process;
- Provide clear instructions and feedback; and
- Encourage group interaction so that trainees can learn from each other’s experience and learn to more effectively help each other.

Comprehensive speaker’s notes have been developed, and are included with each slide, in order to provide sufficient information for trainers to feel prepared to deliver the modules. While the intent is not to script each and every word for you, specific examples and scenarios are provided to ensure that additional discussion supports the main teaching points of the lessons.

### **SECTION 4: STANDARDS AND EVALUATION**

This training package must be delivered in a standardized fashion by trained and qualified instructors. The minimum amount of time required to deliver the NATO Basic training content is 3 – 4 hours, with an optimum group size of 20 – 30 recruits.

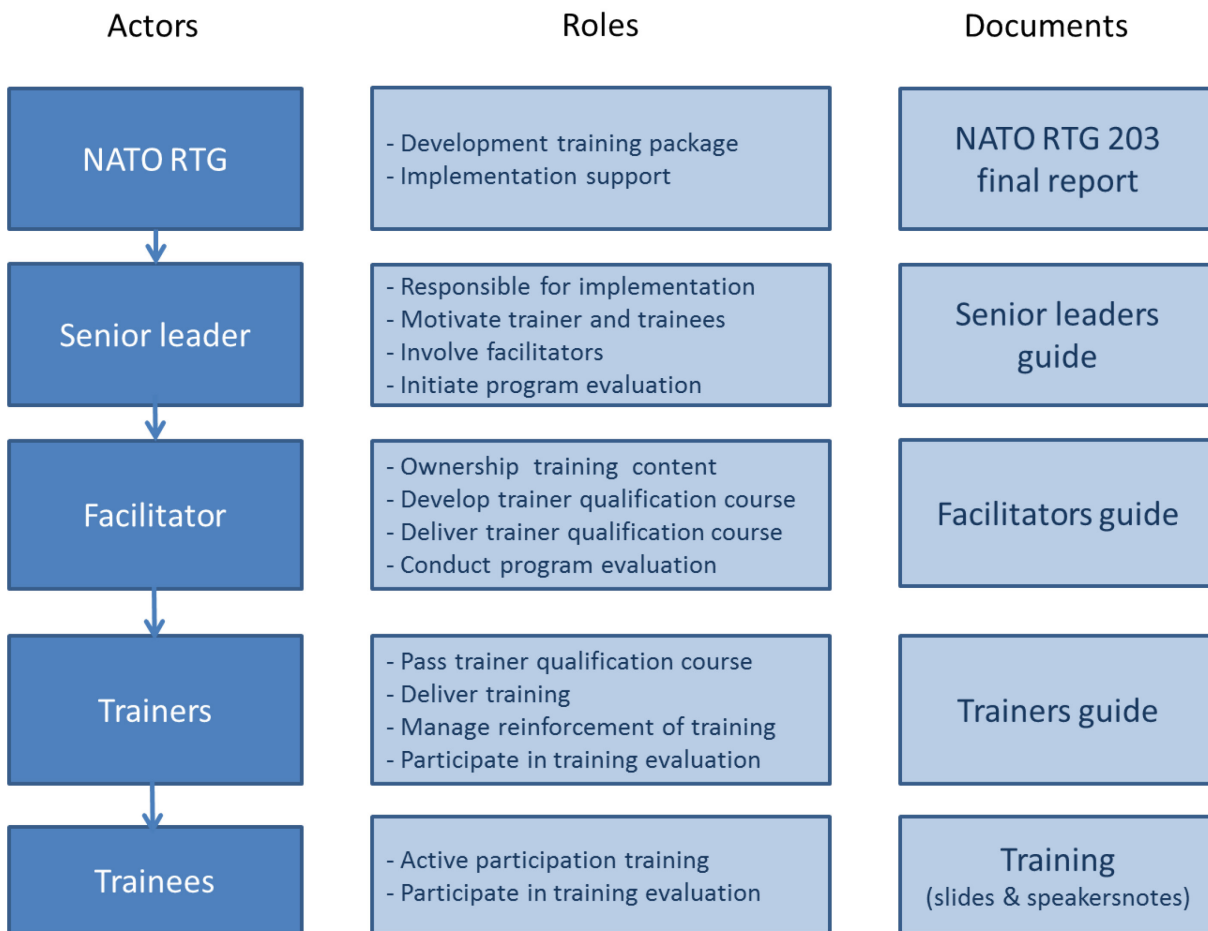
Training is to be assessed to ensure that the training is executed as intended, training aids are properly used, the training environment is acceptable and facilitates learning, and the trainers are qualified/certified. The goal of quality control is to prevent drifting of material or insertions of unsanctioned training.

After each training session trainers should complete a training report that contains the following information: trainers, date and location of training, group size, course number, time allotted for training, and adequacy of training facility.

The training report is used to provide feedback to the trainers and to assure the leadership that the training is being carried out correctly. The training report is sent to the training coordinators in each country.

**SECTION 5: PROGRAM IMPLEMENTATION AND IMPROVEMENT**

Different people are involved with program implementation and improvement. See figure below for actor, roles and documentation. Senior leaders are responsible for program implementation and improvement. Subject matter experts (facilitators) will conduct program implementation together with trainers. Training programs should be reviewed once every 2 years to ensure that the training utilizes the most recent evidence-based research/findings and that it is meeting its stated objectives as indicated by program evaluation results. Program improvement will be conducted by subject matter experts. Trainers can provide feedback on the training content and delivery to aid program improvement.



**Figure B-1: Key Actors, Roles and Documents in Program Implementation and Improvement.**

## **SECTION 6: FREQUENTLY ASKED QUESTIONS (BY TRAINERS)**

*Do I need to have mental health background to provide this training?*

No. This training is developed so it can be provided by non-mental health professional who have knowledge of their trainees. You do need to have passed the trainer-the-trainer course.

*Did I need to have gone through Basic Training myself?*

The trainer needs to have credibility. Therefore it is preferable but not required to have gone through Basic Training because it may be helpful to relate to their own experience.

*Do I need to be a uniformed person to provide this training?*

The trainer needs to have credibility. Therefore it is preferable but not required that you are in uniform to be able to relate mental health training to military experience and demands.

*Does talking about stress create stress?*

Talking about stress does not in itself create stress, but it can remind us of stressful experiences in the past. When this is severe, a recruit should be referred to a mental health professional.

*What do I do when I get a question I do not know the answer to?*

Do not make up an answer. Tell them you do not know the answer, find the answer and get back to them.

*What do I do when I feel awkward with the topics of the training?*

When you do not feel comfortable with the content of parts of the training, rely on primary teaching points that are in the speaker notes. Ask another trainer for ideas.

*Why are we talking about resilience?*

Resilience is directly related to performance and mental health.

*Can I change the training?*

No. The training package was developed to optimally deliver the content in the most efficient manner. As such, training effectiveness is highest when the content is delivered as a whole.

## **SECTION 7: FREQUENTLY ASKED QUESTIONS (BY TRAINEES)**

During training you will get questions. Here are some questions and answers you might get. During training, identify and record other frequently asked questions and answers to use in future trainings.

*Can I use these skills in my private life?*

Yes, these are basic skills that you can use to cope with everyday life stressors. You can share it with your friends and family.

*Is this going to count for my evaluation?*

[Differs per Nation]

*Is there a test?*

No.

*Does this training make you soft?*

No, emotions are part of life. Recognizing and accepting them will help you deal with them and make you a stronger person.

*When I am experiencing stress symptoms does that mean I am mentally ill?*

No, everybody has ups and downs and experiences stress occasionally. [Refer to mental health continuum]

*Where do I go when I have mental health issues?*

Refer to mental health resource [different per unit, make sure you know who to refer to].

**TRAINER REPORT FORM**

Date of training	
Location (Base/City)	
Trainers (rank, first/last name)	1. 2.
Course Number	
Building and Classroom #	
Number of recruits	
Workshop Summary (impressions, concerns, questions, unusual circumstances)	
Overall, how well do you think the information was received by the recruits?	
How well did the training team work together?	
What would you do differently next time?	

