



COMPREHENSIVE SOLDIER FITNESS

STRONG MINDS ★ STRONG BODIES

Resilience Training for Leaders

(Advanced Leader Course)



22 April 2010



“All Soldiers are entitled to outstanding leadership. I will provide that leadership.”



- Action: Apply the evidence-based, Warrior-oriented leader skills and behaviors to ensure resilience, individual well-being and mental fitness in Soldiers and organizations
- Conditions: In a classroom environment, given a group of Noncommissioned Officers and/or Commissioned Officers responsible for the training, developing and mentoring of Soldiers in their organization
- Standards: Applying evidence-based, Warrior-oriented leader skills and behaviors will consist of:
 - Discussing key principles and identifying leader skills that enhance resilience and mitigate the impact of combat and operational stress reactions
 - Reviewing behavioral health symptom indicators, referral resources and actions leaders can take to reduce behavioral health related stigma



*What does it mean to
be a resilient leader?*



- Think about a bad leader you've known...
 - Which specific behaviors made that leader ineffective?
- How did that leader affect Soldiers and the organization?
 - Performance
 - Morale
 - Resilience
 - Behavioral health



- Think about a good leader you've known...
 - Which specific behaviors made that leader effective?
- How did that leader affect Soldiers and the organization?
 - Performance
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- What's the difference between aggressive, passive and assertive communication?
 - Goal
 - Behaviors
 - Underlying beliefs



- Aggressive Communication:
 - Goal: Intimidation
 - Behaviors: Must have the last word, out of control emotion, accusatory, and denigrating
 - Underlying beliefs:
 - *The best defense is a strong offense*
 - *Never back down from a fight*
 - *Any sign of weakness and you'll be taken advantage of*



- Passive Communication:
 - Goal: Appeasement
 - Behaviors: Quiet, avoids eye contact, withdrawn, sulking, submissive, fearful
 - Underlying beliefs:
 - *No one ever really changes anyway*
 - *It's more important that people like me than to be right*



- Assertive Communication:
 - Goal: Connection
 - Behaviors: Confident, calm, clear, controlled
 - Underlying beliefs:
 - *We can work this out*
 - *I trust and respect others*
 - *I can express myself clearly and confidently*



- IDEAL model for Assertive Communication
 - Identify the problem
 - Describe the problem
 - Express your concerns
 - Ask for the other person's perspective
 - List the positive consequences



- Practice IDEAL model



- Use your “*Signature Strengths*”
 - “*True to oneself*” when using the strength
 - You can’t help using the strength when given the chance
 - Feel energized not exhausted
 - Motivation comes from within



■ **Wisdom and Knowledge**

- Curiosity/Interest
- Love of learning
- Open-mindedness/Judgment
- Originality/Ingenuity/Creativity
- Perspective

■ **Courage**

- Bravery/Valor
- Industry/Perseverance
- Integrity/Honesty
- Zest/Enthusiasm

■ **Humanity**

- Love/Intimacy
- Kindness/Generosity/Nurturance
- Social intelligence

■ **Justice**

- Citizenship/Duty/Loyalty/Teamwork
- Equity/Fairness
- Leadership

■ **Temperance**

- Forgiveness/Mercy
- Modesty/Humility
- Prudence/Caution
- Self-control/Self-regulation

■ **Transcendence**

- Appreciation of excellence and beauty
- Gratitude
- Hope/Optimism
- Humor/Playfulness
- Spirituality/Religiousness



- Each strength has a “shadow side” that can get you in trouble or limit you
 - Which shadow side do you need to be aware of in yourself?
- What’s the benefit of being aware of the strengths in your team members and Soldiers?



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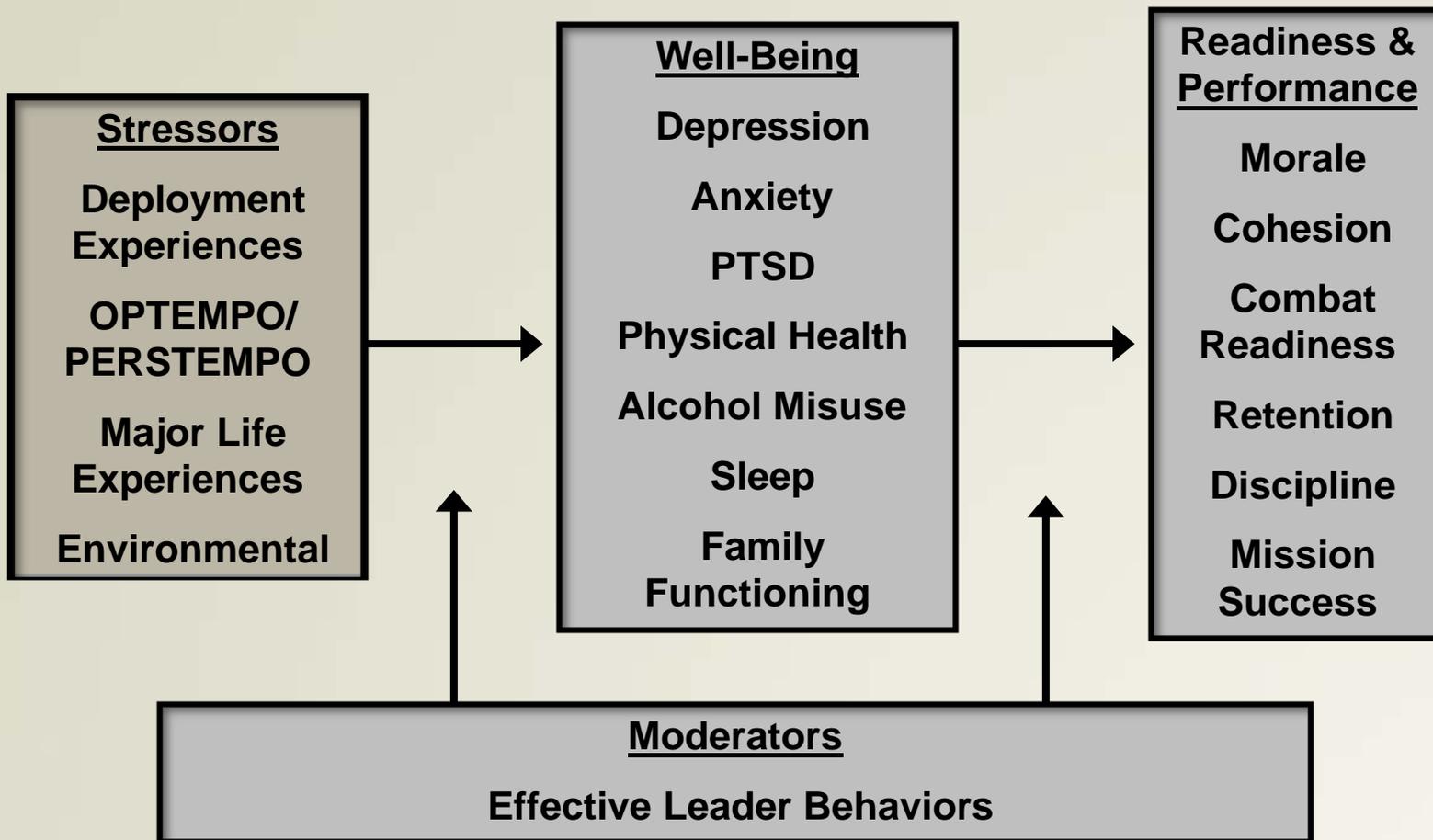
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this Training Module

*Thank-you for
your Attention*





How are you going to know
if you're a good leader?

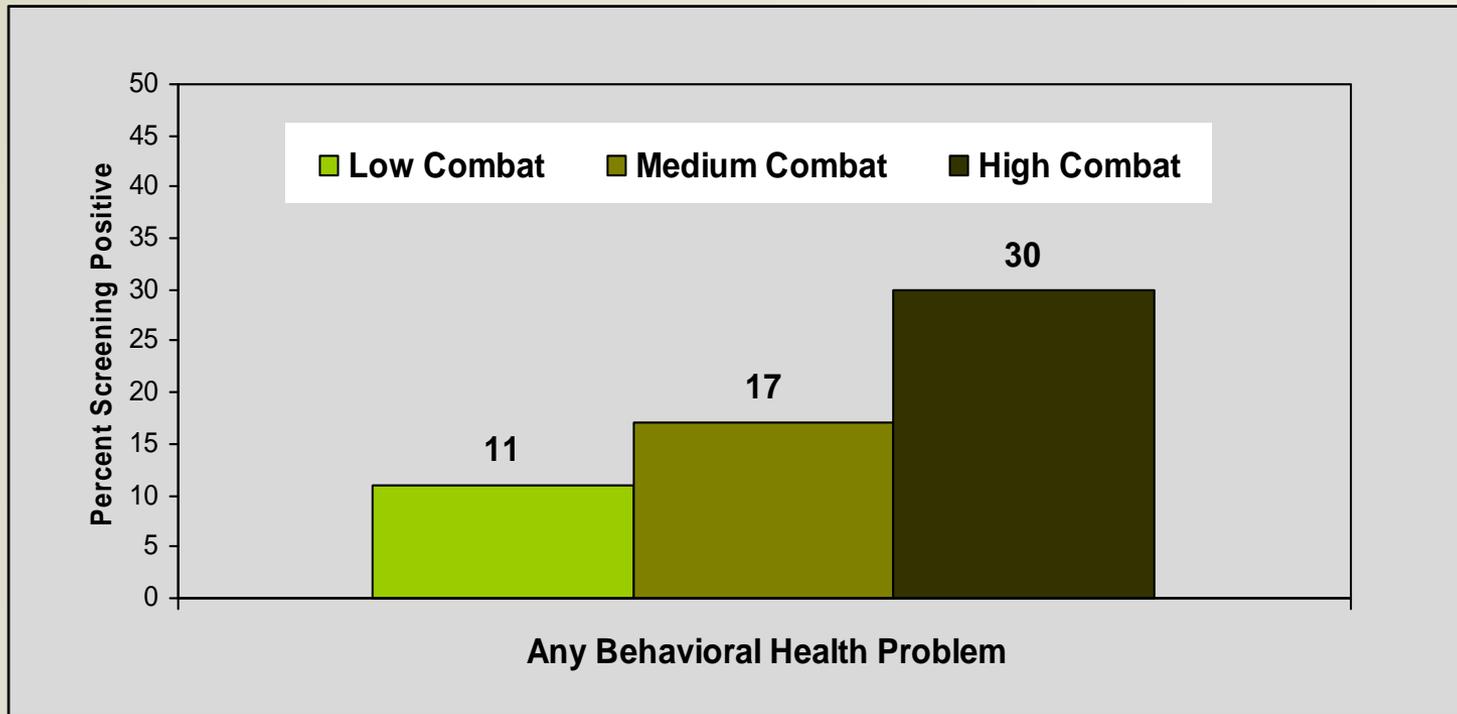




- Previous adverse experiences
- Multiple deployments
- Short dwell time
- Combat experiences
- Lack of sleep
- Work environment
- Other challenges



- The US Mental Health Advisory Team (MHAT) IV surveyed OIF Soldiers and found that those who reported more combat experiences also reported more behavioral health problems



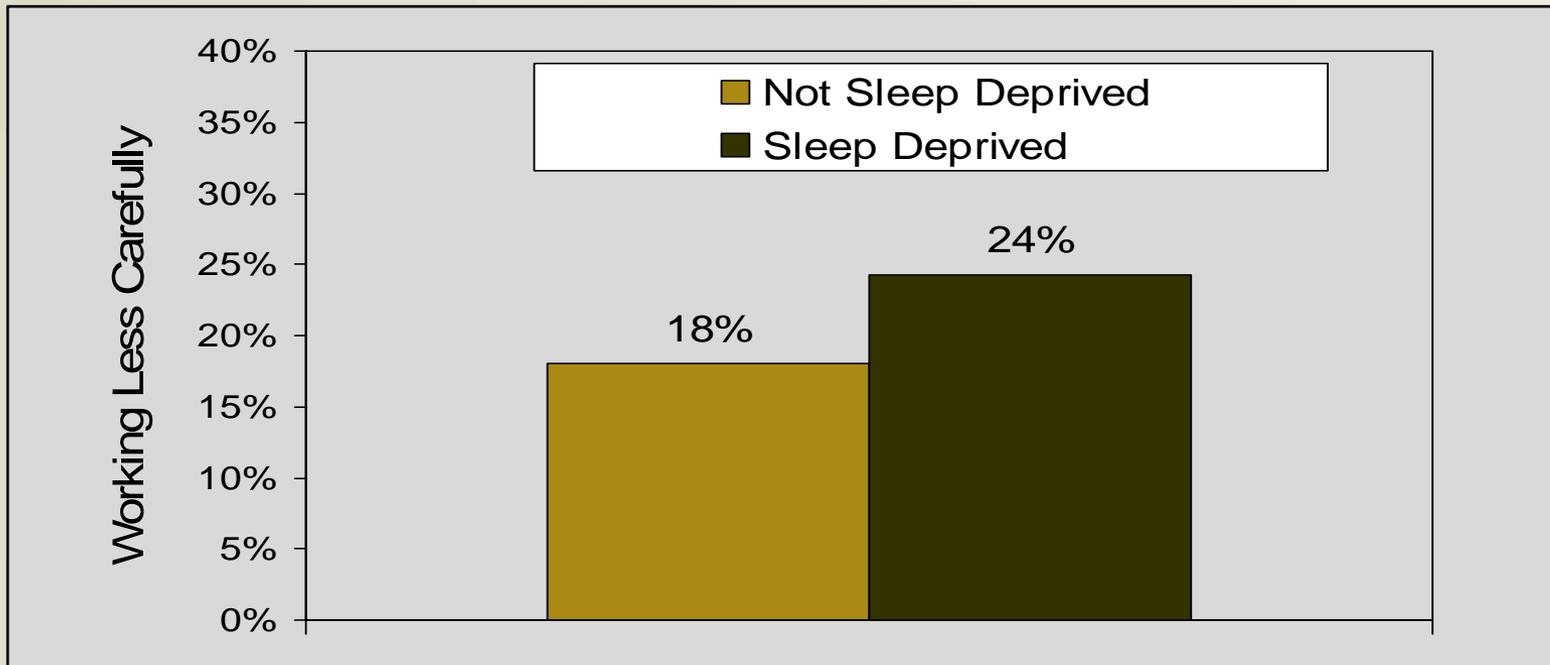


- Good leadership “protected” Soldier mental health from the effects of combat experiences





- Not getting enough sleep produces negative results and impacts the mission
- Leaders must actively manage organizational sleep schedules (*their own as well*)





- Read through the case study
 - Which behavioral health symptoms did SSG Paul notice?
 - Which of SSG Paul's actions were helpful?
 - Which actions were less than helpful? What else could he have done?



- Sleep difficulties
- Insubordination
- Inappropriate aggression
- Discipline problems
- Family-related conflict
- Alcohol-related problems
- Agitation/Irritation
- Social withdrawal
- Difficulty concentrating
- Difficulty making decisions
- Lack of enjoyment
- Changes in eating habits



- Changes are a natural reaction to the deployment cycle and may not necessarily be abnormal or pose problems
- Sometimes leaders may need to refer a unit member for help
- How do leaders decide when to refer?



- Chaplain
- Medical Clinic
- Behavioral Health professionals; Combat Stress Control (CSC) teams
- Military OneSource
- Military Family Life Consultant
- Veteran's Administration programs



- Many Soldiers do not seek help due to a perceived stigma
 - Less than half of Soldiers with behavioral health problems seek help
 - Concern it will be seen as a “weakness”
 - Worry how leaders and their battle-buddies will see them if they do
 - Fear of negative impact on their career



- Leaders can let them know help is available
- Know the resources available
- Consider command-directed referral
- Listen; let them know you're not simply going to *“let this drop”*
- How will your behavior as a leader affect a Soldier's decision to get help? Affect organizational climate regarding stigma?



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