

NATO Survey of Mental Health Training in Army Recruits

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ABSTRACT To-date, there has been no international review of mental health resilience training during Basic Training nor an assessment of what service members perceive as useful from their perspective. In response to this knowledge gap, the North Atlantic Treaty Organization (NATO) Human Factors & Medicine Research & Technology Task Group “Mental Health Training” initiated a survey and interview with seven to twenty recruits from nine nations to inform the development of such training ($N = 121$). All nations provided data from soldiers joining the military as volunteers, whereas two nations also provided data from conscripts. Results from the volunteer data showed relatively consistent ranking in terms of perceived demands, coping strategies, and preferences for resilience skill training across the nations. Analysis of data from conscripts identified a select number of differences compared to volunteers. Subjects also provided examples of coping with stress during Basic Training that can be used in future training; themes are presented here. Results are designed to show the kinds of demands facing new recruits and coping methods used to overcome these demands to develop relevant resilience training for NATO nations.

INTRODUCTION

Mental health training (sometimes also called resilience training to reflect a positive psychology orientation) has the potential to strengthen the ability of service members to respond to the psychological demands of military life. The

concept of such training is to teach mental health-related skills to prevent the development of mental health symptoms and to promote well-being. While mental health problems have been associated with attrition in basic training,¹ they have also been associated with deployment across several nations.² Training typically adapts cognitive-behavioral treatment approaches for depression and anxiety.³

Ideally, these kinds of training initiatives should begin during Basic Training and be followed across the individual’s military career. The military has a history of assessing the impact of mental health support and training in the Basic Training context, with mixed results. In one study, at-risk U.S. Navy recruits who were randomly assigned to 9 hours of mental health training had better mental health and reduced attrition than those assigned to an active comparison condition.⁴ In a study with Dutch Navy recruits that did not use randomization, mental health training enhanced psychological characteristics related to resilience, such as self-efficacy, coping, and positive beliefs about the military, but there was no effect on attrition.⁵ In another study that did not use randomization, Australian recruits assigned to a cognitive-behavioral intervention reported better coping and lower psychological distress at follow-up relative to recruits in a control condition.⁶ Furthermore, a U.S. study with at-risk Air Force recruits found that those recruits who received a 2-session stress management course did not differ in terms of attrition from recruits in a control condition.⁷

Despite these research efforts, there is a gap in understanding mental health training from an international military perspective and a gap in understanding what service members perceive as useful in terms of mental health training. In response to this knowledge gap, the North Atlantic Treaty Organization (NATO) Human Factors & Medicine Research & Technology Task Group (RTG-203), “Mental Health

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TABLE I. Basic Training and Mental Health Training Characteristics for Participating NATO Nations

Nation	Length of Basic Training (in Weeks)	Mental Health Training During Basic Training		
		Specific Training	Hours Spent	Goals
Belgium	8	No	—	Does not apply
Canada	13	Yes	3	Identify elements of mental fitness, learn skills to maintain mental fitness, know when and where to seek help
Estonia	12	Yes	1	Introduce the term Combat Stress, describe its symptoms and coping on individual level
Germany	12	Yes	1–2	Recognize when, where, and how to seek help; recognize when a buddy shows reactions of distress and needs help
Latvia	12	Yes	4	Recognizing stressful situations in basic training. Skills development: analyzing stressful situations in group, stress management techniques, self-motivation, strengthen resources
Spain	8	Yes	1–2	Identify the basics of stress and adaptation
The Czech Republic	12	No	—	Does not apply
The Netherlands	17	Yes	2–3	Increase awareness of stress reactions and their effects. Normalize and recognize stress and learn skills to cope with them. Know how to give buddy support
The United States	10	Yes	2	Know what to expect in terms of basic training stressors, and specific techniques to manage training stressors

For this study, mental health training is considered to also include material described as resilience training, mental fitness training, and other similar terminology.

Training,” assessed mental health training during Basic Training across the participating nations. In part, RTG-203 also conducted this assessment to inform their development of a prototype mental health training package for NATO nations. As can be seen in Table I, the majority of participating NATO nations had some type of mental health training. Nevertheless, there was a lack of consistency in terms of approach and little systematic evidence driving the content of the training. In addition, the nations without training were interested in recommendations from the group as a whole.

Thus, RTG-203 conducted an assessment of service members completing Basic Training in each of the participating nations. The goal was to identify common (1) Basic Training demands, (2) coping strategies, (3) preferred resilience skill training, (4) recommendations for new service members, and (5) real-world examples of coping during Basic Training that could be used as a basis for developing training scenarios. The procedure was built on the development of the NATO guide on leadership and operational stress.⁸

METHOD

Procedure

Nine NATO nations participated in the project between November 2010 and March 2012, which included first a survey and then a face-to-face interview. This order was maintained for consistency. The 15-minute survey was conducted in the national language of the participant. Translations from English, when needed, were conducted by military experts fluent in English and their own national language. A convenience sample was used with soldiers who were within a few weeks of completing Basic Training. Note, however, that there was one exception: the sample of volun-

teers (as opposed to conscripts) from Estonia was individuals who had completed Basic Training 1 to 10 years previously (with modal response of 4 years after Basic Training). Throughout, responses were not linked with specific names or identifying information, and participation in the study was voluntary. Data were aggregated across nations, thereby also preserving the anonymity of specific nations. Each nation followed their respective rules regarding ethics review and research. The studies were initiatives carried out by each participating nation and were not funded by NATO.

Sample

Of the eleven nations that originally comprised HFM-203/RTG, nine nations participated in the needs assessment study (Table II) with a total of 121 subjects. Two participating nations contributed data from conscripts as well. To enhance consistency of comparison across nations, data were limited to responses from Army personnel. See Table III for an overview of demographic characteristics. In terms of mean

TABLE II. Number of Survey Participants by NATO Nation (N = 121)

Nation	Volunteers	Conscripts
Belgium	10	0
Canada	15	0
Estonia	9	10
Germany	14	6
Latvia	20	0
Spain	7	0
The Czech Republic	10	0
The Netherlands	10	0
The United States	10	0
Total	105	16

TABLE III. Sample Demographics by Volunteer or Conscript Status

Variable		Professionals		Conscripts	
		N	%	N	%
Gender	Male	82	78.1	16	100.0
	Female	23	21.9	0	0.0
Rank	Soldier	99	94.3	16	100.0
	NCO	6	5.7	0	0.0
Marital Status	Single	90	85.7	13	81.3
	Married	8	7.6	1	6.3
	Other	6	5.7	2	12.5
	Separated	1	1.0	0	0.0
Education	High school	68	64.8	7	43.8

age, volunteers were 22.76 years old ($SD = 5.09$) and conscripts were 20.31 ($SD = 1.49$). Ages ranged from 17 to 45 for volunteers and 18 to 27 for conscripts.

Measures

Survey

A list of Basic Training demands was adapted from a measure used in an unpublished study with U.S. soldiers. The 25 items were rated on a 5-point scale (1 = very low, 2 = low, 3 = medium, 4 = high, and 5 = very high).

A list of 27 coping strategies was adapted from a measure used in an unpublished study with U.S. soldiers. Coping items were rated on a 4-point scale (1 = I haven't been doing this at all, 2 = I've been doing this a little bit, 3 = I've been doing this a reasonable amount, 4 = I've been doing this a lot).

A list of 16 mental health-related skills that subjects rated in terms of degree of importance for potential training was developed for this study. Items were rated on a 5-point scale in terms of how important it would be for soldiers going through Basic Training to be trained in these skills (1 = not at all, 2 = a little, 3 = somewhat, 4 = very, and 5 = extremely).

Interview

The structured interview asked subjects to identify Basic Training demands, coping strategies, what training strategies were effective, and what they thought new recruits should do to deal with the demands of Basic Training. The interview concluded with subjects being asked to describe an example from their Basic Training experience when they faced a significant psychological demand and how they handled it.

Analysis Strategy

We used both survey and interview data to identify common themes. Given this goal, survey responses about demands, coping strategies, and resilience skills were ranked within each nation and the top five ranked items were examined. If at least two nations gave the demands, coping strategy, or resilience skill a top five ranking, it was reported in the analysis as a common theme. We also highlighted common-

alities in the least-reported demands and coping strategies. In the interview data, one coder developed a list of thematic categories (e.g., training demands, coping strategies), and two other coders then refined that list. The interview data were then coded into categories. If a coding category was mentioned by most of the nations, it was reported in the analysis as a common theme. Direct quotes were used as illustrations, with only minor editing for clarity. Survey data allowed for consistency across interview contexts and interview data allowed for more in-depth descriptions of soldier concerns. The analysis strategy was consistent with the approach used in other NATO studies.⁸

RESULTS

Basic Training Demands

In the survey, there was general consistency in what was ranked in the top 5 by each nation as the most stressful demands (Table IV). Note that most of these demands were performance related. When asked about Basic Training demands in the interview, respondents from several nations reported performance-related demands as well, like time pressure ("The permanent hurry and waiting, the time wasting"), and having to perform in physically demanding situations ("Marching in the hilly terrain, carrying the heavy backpack").

In both the survey and interviews, negative interaction with others was mentioned as well. In the interviews, common demands included being yelled at or having a negative interaction with the instructors ("All the yelling; when the whole platoon gets in trouble for a couple messing up").

Other demands mentioned in the interviews were related to adjusting to the military environment: lack of sleep ("Not getting enough sleep"), lack of privacy ("I have no privacy"), and feeling homesick ("The change from home to military environment. I keep thinking what is going on at home"). "Lack of support from back home" was among the least stressful experiences in all of the nations as reported in the survey and was not a theme in the interviews.

In the interview, soldiers commonly reported that these perceived demands made them feel angry ("I felt bad and angry and tired of the monotony"; "In some situations, I got angry and asked myself, 'What am I doing here?')", tired ("At the beginning, I was constantly tired. I felt exhausted. But things improved in the course of time"), and forgetful ("Because of the stress, you don't think enough and you can forget things"). Some soldiers mentioned that when they were under particular stress, they would question their motivation and think "What am I doing here?"

However, others in several nations reported that demands did not have an impact on their performance or well-being ("Nothing had an impact on me"). Still others reported that the demands made them try harder, and they were able to challenge themselves and grow as individuals ("I worked harder and thought deeper about things to accomplish them correctly").

TABLE IV. Survey Responses Common Across Nations for Top-Five Basic Training Demands, Coping Strategies, and Resilience Skills Recommended for New Recruits

Category	Survey Item	No. of Nations
Basic Training Demands	Worry about making a mistake	8
	Worrying about doing well in Basic Training	7
	Dealing with other soldiers who aren't motivated	5
	Being expected to handle everything	5
	Having to perform when you're tired	4
	Being tested on performance	3
	Not knowing what to expect, things being unpredictable	3
Coping Strategies	Worry about making a mistake	8
	Worrying about doing well in Basic Training	7
	Doing exactly as I was told	9
	I've accepted how things are during basic training	9
	I've learned to live with the realities of basic training	8
	I've been looking for something good in what is happening	6
	I've been taking action to try to make the situation better	4
	I've been concentrating efforts on doing something about the situation	2
	I've been making jokes about it	2
	I've been planning ways to cope with the situation	2
Resilience Skills Recommended for New Recruits	Specific mental skills to enhance military performance	8
	Knowing about deployment stress	8
	Knowing how to support a buddy who is struggling with stress	7
	Specific skills to build psychological resilience and handle stress	7
	Understanding how stress affects military performance and health	5
	Knowing how to manage fatigue/sleep problems	3
	Specific skills to facilitate effective interpersonal communication	2

Items are included if at least two nations ranked it in their top-five responses. This table represents rankings for professional recruits only; conscript data are presented separately in the text.

Coping With Demands

In the survey, there was also general consistency in what was ranked in the top five by each nation as the most common coping strategies (Table IV). From both the interview and survey data, four categories of coping strategies emerged: (1) using various cognitive approaches, (2) focusing on professional goals, (3) seeking social support, and (4) using energy management strategies.

Consistent with survey results, cognitive strategies aimed at acceptance and positive reinterpretation were addressed by soldiers across many nations in the interviews. Soldiers described using cognitive approaches to maintain optimism and noted these approaches were effective. They reported “Staying positive,” and “Trying to be motivated by positive self-talk.” Soldiers also reported the importance of “Putting things in perspective,” particularly when receiving feedback from the training cadre. They also focused on accepting their situation: “Just accept what is happening,” “Just doing what you have to do,” and “Calming down, accepting the reality.” Another cognitive approach was to use distraction and avoidance: “I tried to distract myself during the marches,” “Thinking about moments that are less difficult,” and “Not thinking about it.”

In addition, both survey and interview strategies related to focusing on professional goals. Comments included “I tried to make up for my deficits after duty hours,” “Thinking an activity through,” “Systematically looking for opportunities

for new experience and growth,” and “Analyzing what went wrong and how to improve.” Soldiers reported focusing on their professional goals with thoughts such as “I also tried to motivate myself to accomplish my goals,” “Thinking about how much you want to be in the Army,” and “Setting sub-goals.” As one soldier explained: “When I signed in the Army I had my goal: to obtain my beret. During the training, I focused on my goal when it was hard.”

This occupational theme was reflected in coping with the expectations and demands of Army trainers. Interestingly, soldiers reported a variety of acceptance and goal-setting techniques designed to keep instructors content: “Don’t stand out too much,” “Don’t take it personally,” “Don’t ask a lot of questions but just do the job,” “Listen carefully to instructors,” and “Keep instructors happy with your performance.”

Although not ranked high on the survey, social support was a key theme that emerged in the interviews. Soldiers described reaching out to family back home and connecting with fellow soldiers. They used strategies such as “Talking with buddies,” “Asking others for help and advice,” “Sharing tips on how to do well,” “Helping and encouraging others,” and “Discussing with each other, not looking for solutions but just sharing opinions.”

Service members generally reported social support as particularly effective (e.g., “We were joking. The spirit was really good and we had good cohesion inside the team and the training became funny.”). Soldiers reported “I found the

motivation given by my comrades very helpful” and “I’ve been looking at how others in my situation are coping.” As one soldier described, “At the beginning you don’t know anybody, so you were alone lying on your bed in the evenings. And when you have your colleagues... you have someone to clear your mind with and to have some amusement. Then you feel better.” This focus on humor was also rated highly on the survey by two nations.

Finally, although not explicitly addressed in the survey, energy management strategies were occasionally mentioned in the interviews, and soldiers described the utility of strategies such as “Getting rest when possible,” “Finding a place to relax a little,” and “Taking a break during the weekend.”

The least-endorsed coping strategies in the survey were related to religion (“Praying or meditating” and “Trying to find comfort in my religion or spiritual beliefs”), to “Blaming others” and to minimizing the experience (“Not taking Basic Training too seriously”).

Scenario: Demands and Coping During Basic Training

Most soldiers provided an example of demands they faced during Basic Training (11 individuals did not; see Table V). The themes generally reflected managing the stress of a performance task (such as being on the range the first time, having a weapon malfunction, performing under time pres-

sure), dealing with the stress from training cadre, managing anger at some perceived unfairness (such as waiting in difficult conditions because someone wasn’t prepared, enduring the consequences when team members did not succeed), and managing social support issues (lack of support from buddies because of being injured, being forced to operate closely with a team for a long time).

Formal Resilience Skill Training

In the interview, soldiers were asked if they had received any specific mental health or resilience training during Basic Training. Although most nations have a stress education program (see Table I), the majority of soldiers in seven nations said they did not receive any such training. Possible reasons for this discrepancy are addressed in the discussion.

Recommendations

Recommendations for New Recruits

Soldiers thought that new recruits should prepare for Basic Training by building their stamina and physical strength before Basic Training. They also encouraged new recruits to get information about the Army so that they could manage their expectations about the Basic Training experience and the Army in general (“Prepare yourself physically and mentally.”). These practical tips included getting ready for the next day during the evening before, using free moments to sleep, adapting to the routine, and “Relaxing when possible.”

In general, recommendations for new recruits reflected coping strategies they used themselves such as social support, maintaining perspective, accepting the situation, and setting professional goals. Soldier advice also focused on dealing with cadre, including “The benefits of not speaking up,” and “Turn your brain off; do what you are told when you are told.”

Recommendations for Resilience Skill Training

In the survey, there was general consistency in what resilience skills were ranked in the top five by each nation (Table IV). Interestingly, although two nations rated it highly, “Specific skills to facilitate effective interpersonal communication” was ranked in the bottom five skills by four of the nations. In addition, most nations gave “Specific skills for building and maintaining healthy relationships” and “Knowing about mental health resources” the lowest ratings.

Conscripts versus Professional Soldiers

In contrast to demands described by professional volunteers (Table V), the two conscript samples reported “Lack of personal time/down time” as a top-five demand although there were some similarities. However, the conscript samples did not rate worrying about making a mistake, worrying about doing well, being tested on performance, and being expected to handle everything in their top-five demands although most of the professional samples did.

TABLE V. Sample Scenarios from the Interviews

<ul style="list-style-type: none"> • “When Basic Training started, I did not pay close attention to the lessons. I was acting like I was in high school. Then I failed a weapon handling exam because I could not remember. Then you stand out and had to take extra lessons. Now I pay better attention and take lessons more seriously.” • “I promised my girlfriend I would call her one evening. Suddenly we had to go in to the field and we were not allowed to call home. I did it anyway and got caught. I had to do stupid chores. I learned not to promise my girlfriend or family anything, because you’re just not available a lot of times. I’m trying to get them to understand. . .” • “The first time at the shooting range was stressful because it was a completely new and a dangerous situation. The days before, I talked about it to the others. I was satisfied with this approach. No other approach would have helped me more.” • “One evening we were ordered to all pack our bag in 5 minutes. The instructor was yelling that we should hurry up. It was almost impossible to be in time. We were 5 seconds late and the instructor got mad. We had to do it again. I just accepted the situation.” • “The last inspection (4 days from graduation) was described as a ‘bitch’. There were so many things we had to memorize, including the entire chain of command. I worked and worked very hard to remember all of the things we had to remember. Studying in formation during the inspection, I realized I didn’t know anyone’s name in the chain of command—I did, but now it was all gone. I panicked, but finally said to myself, ‘I guess it’s cleaning latrines from now until graduation’. They only asked me about my M-16; I knew those answers. I was mad at myself for all of the wasted energy I used when I panicked. When I calmed down I realized I knew all of their names after all.”
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The coping strategies reported by conscripts were similar to those described by professional volunteers (Table IV). The two conscript samples reported “Looking for something good in what is happening,” “Doing exactly as I was told,” “Learned to live with the realities of Basic Training” and “Concentrating my efforts on doing something about my situation” in their top-five strategies.

There were some similarities between volunteers and conscripts in terms of recommended training in resilience skills; both conscript samples ranked “Specific skills to build psychological resilience and handle stress,” and “Knowing how to support a buddy who is struggling with stress,” in their top five. However, the conscripts also ranked “Specific skills to manage feelings of depression” in their top five, whereas the professional volunteers were more interested in military-specific skills.

DISCUSSION

In this study with soldiers completing Basic Training in nine NATO nations, there was remarkable consistency in perceptions of training demands, coping strategies, and recommendations for new soldiers. Although this study was a general needs assessment, and not designed to systematically quantify results from all nations, this consistency is important because it lends credence to the concept of developing a NATO-wide training package.

In terms of demands, soldiers in a majority of nations reported experiencing the most stress related to performance. Other concerns, also echoed across the interviews, included stress related to the physical demands of Basic Training, being yelled at, interpersonal conflict, and homesickness. Training can target these concerns, although for conscripts, training could also be used to target concerns related to lack of personal time.

With regard to coping, there was general consistency in the survey and interview as well as across nations in terms of using cognitive strategies and developing a professional focus. The discussion of cognitive strategies was centered not only on developing a positive outlook but also on using acceptance and distraction. These techniques likely reflect the fact that the environment of Basic Training is essentially uncontrollable from the perspective of the soldier. Adopting these strategies (rather than a problem-focused approach) is consistent with research on the need to match coping technique to circumstance.⁹

Social support also emerged as a significant theme in the interviews. Importantly, the discussion of social support was not just about receiving social support but integrating into the team and giving social support to others. Mental health training should consider incorporating the role individuals play in supporting others in this kind of team environment.

Furthermore, although some soldiers discussed using energy management to facilitate relaxation and recovery, the reality of Basic Training makes these techniques impractical. Instead, cognitive strategies may be more feasible for this environment.

Similarly, developing a professional focus can help soldiers endure significant hardship while remaining motivated.

Finally, soldiers seemed to generally agree on what to recommend for new recruits. These recommendations reflect the coping strategies described above as well as practical considerations regarding preparation and how to best deal with training cadre.

Although the results related to conscripts are considered provisional because we were able to collect data on only two nations with conscripts, the results suggested some differences between conscripts and their volunteer counterparts. Unlike volunteers, conscripts did not report stress from performance concerns but did report stress from lack of personal time. In addition, while coping strategies were comparable, and both groups were interested in resilience skills, conscripts preferred resilience training to address stress and depression rather than the topics of military-specific skills identified by volunteers. These contrasts reflect the occupational orientation of the volunteers and the relatively more personal struggle experienced by the conscripts in adjusting to the national requirement for military service. Given that this volunteer–conscript distinction was not the focus of the study, future research is needed to confirm these findings.

Although many nations in the study have some kind of mental health training component to Basic Training, the majority of soldiers said they did not receive such training. Possible reasons for this discrepancy include that the training was not actually implemented or that the training was not identified or remembered as such. In addition, it may be that a brief training module gets lost within the midst of an overwhelming and high-stress training environment. Soldiers may be cognitively overloaded and too exhausted to be able to focus on and remember the training. Perhaps integrating mental health or resilience concepts into the larger training context can optimize the impact on soldiers. For example, trainers can prompt soldiers to use skills during specific training tasks (e.g., goal setting during physical fitness tests, providing social support after a period of high stress). Trainers can also reinforce these principles multiple times over the course of Basic Training.

Limitations

This study was a general assessment that relied on a convenience sample across many nations. Respondents were not necessarily representative of their nation’s Basic Training population. Furthermore, qualitative data may be subject to researcher bias that may challenge the degree to which the results are generalizable, and coding, while checked by three coders, was not calculated in terms of inter-rater reliability. Instead, given the diversity of interview contexts, the analysis of the qualitative data was focused on expanding on the survey results through the addition of descriptive information. Another limitation is that responses from one nation may have been affected by retrospective bias because of the

time lag between graduation from Basic Training and the data collection.

Subjects were also limited to soldiers who completed training, not those who dropped out. Given the vastly different systems (and latitude) for dropping out of Basic Training across each nation, the study focused on soldiers who either were close to graduation or had graduated from Basic Training. However, this limitation may bias the results in favor of soldiers who already have a significant number of mental health skills and a more positive attitude.

Another limitation was that the survey was conducted first, followed by the interview. Although this order was used across nations for consistency, it may have led to a possible priming effect that could have biased interview responses. Furthermore, while the translations were conducted by military experts fluent in their national language and in English, back translation was not used. Thus, it is possible that translations may not have been precise.

Implications

Overall, the results show that recruits from a range of nations experience significant demands during Basic Training and that while they use various coping strategies to manage these demands, they also think resilience training would be of value. Research suggests such training may benefit mental health outcomes and performance.⁴⁻⁶ It may be that by establishing a culture of resilience skills early during the professional development of a soldier, these skills can help prevent negative outcomes following deployment. Although more research needs to be conducted, militaries in several nations are moving to establish a developmental perspective on building resilience skills that would entail the integration of such training early in the military career cycle.¹⁰

This was the first assessment of its kind and can be used in conjunction with other research evidence to help ensure that training programs are responsive to soldiers' needs. The information obtained from the participating nations provides a platform for developing a prototype of mental health or resilience training for Basic Training. Indeed, the results are helping training developers in RTG-203 prioritize the focus of the training package, and the real-world scenarios are

being used as examples. The training will then be tailored to address specific issues related to individual nations, including language, examples, and conscript status. The goal of such training is to translate psychological information into a useful product for military trainers and simultaneously increase interoperability by providing NATO personnel with a similar foundation in mental health skills. Follow-up research should assess the efficacy of such programs both within and across nations.

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