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A PSYCHOLOGICAL GUIDE FOR LEADERS ACROSS THE DEPLOYMENT CYCLE

Edition B, Version 1

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NORTH ATLANTIC TREATY ORGANIZATION

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NATO LETTER OF PROMULGATION

19 March 2026

1. The enclosed Allied Medical Publication AMedP-8.10, Edition B, Version 1, A PSYCHOLOGICAL GUIDE FOR LEADERS ACROSS THE DEPLOYMENT CYCLE, which has been approved by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2565.

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS
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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
GRC	Army: The referred leader options regarding service providers (Level 2 psychological support) related to a potentially traumatic event (Section 7.5.1, Para 1) are carried out exclusive by certified professionals in the Greek Land Forces.
HRV	The reservation refers to the entire Chapter 6. "Military Family Readiness", as well as all other recommendations related to immediate work with families, due to the existing conceptual, human, material and financial limitations, and especially the characteristics of the culture, tradition and mentality of Croatian society and the perceived interest in family engagement. If and when the necessary preconditions and the need for a family support program are created, an appropriate program will be designed and created in cooperation with or on the initiative of civil society institutions at the national level. The reservation also refers to the entire concept of "trained peers support" in Chapter 7., since formal support and assistance to members of the Croatian Armed Forces, including participants in peace support operations, after acute stressful situations and/or traumatic experiences, is provided exclusively by trained and professional persons - primarily military psychologists and allied professions, and not by other trained special personnel (so-called trained peers). The procedures for psychological relief and psychological crisis interventions after stressful/traumatic events, as well as the conditions and method of their implementation, are detailed in the standard operating procedure of the Croatian Armed Forces.
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Documents Database for the complete list of existing reservations.	

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CHAPTER 1 INTRODUCTION

1.1. EXECUTIVE SUMMARY AND OVERVIEW OF THIS GUIDE

1. A 2023 Human Factors and Medicine (HFM) technical report (HFM-329) by the same titled as this STANAG ("A Psychological Guide for Leaders Across the Deployment Cycle),"[1] as well as lessons learned from recent conflicts, including the Russian invasion of Ukraine, made it clear that a major revision to this STANAG was necessary.

2. This revised NATO STANAG retains its original foundation and structure with the previous version (2019) but with important updates stemming from advances in science and lessons learned, particularly around training in psychological health. The STANAG combines work conducted by the Chiefs of Military Medical Services (COMEDS) Military Mental Health Panel (MMHP) and Human Factors and Medicine groups over many years. Analyses and recommendations from various HFM reports, beginning with NATO Task Group HFM 081/RTG "Stress and Psychological Support in Modern Military Operations" (2006), HFM-134, "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support" (2006), up to and including HFM-329 (2023), were considered. Several sections and references from HFM-329 were incorporated verbatim into this STANAG, as well as relevant quotes from NATO leader surveys included in the 2019 version, interviews with leaders conducted in 2022 as part of HFM-329, and other quotes.

3. The final product is a series of chapters covering the broad field of psychological support in military operations, in the form of a Military Leaders Guide. Military leaders at all levels have a key role in sustaining the mental readiness of service members under their command and play an important part in maintaining morale on the home-front for military families. Evidence shows the strong correlation between healthy unit morale, cohesion, psychological health and military performance. This guide provides military leaders with information and practical strategies for dealing with stress and the provision of psychological support to enhance unit effectiveness in modern military operations. While the guide is quite long, it is broken up into meaningful stand-alone chapters, with summary highlights covering specific topic areas. This guide also represents a consolidation of several previous STANAGs related to mental health so that NATO leaders have one document that encompasses all the essential components to support psychological readiness. This is positioned to be a guide for developing training specific to each country.

4. The information presented in the guide is the result of the MMHP's international collaboration. While there are gaps in the research literature and therefore a lack of science-based evidence to support some of the decisions about psychological support in military operations, the members of the NATO Military Mental Health Panel have made recommendations based upon current best practice.

5. The following chapters focus on seven main areas:

   a. The military leaders' role in psychological well-being and operational readiness (Chapter 2)

   b. Managing expectations and communicating effectively (Chapter 3)

   c. Assessing and supporting members' psychological/mental readiness (Chapter 4)

   d. Assessing and supporting unit morale and climate (Chapter 5)

   e. Providing family support (Chapter 6)

   f. Managing the psychological impact of traumatic events and other mental health problems (Chapter 7)

   g. Getting the most out of Mental Health Professionals (Chapter 8).

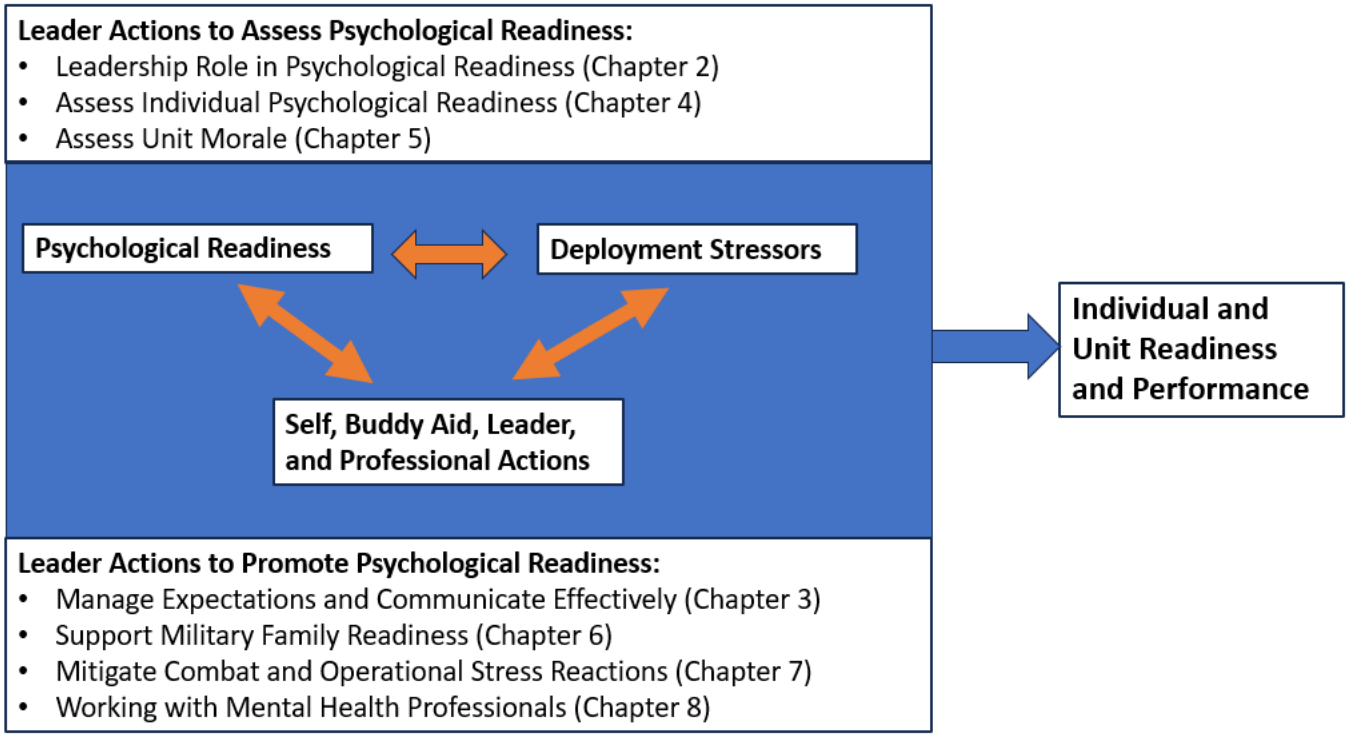

Figure. How Leaders Influence Psychological Readiness Through Deployment Cycle

6. The aim of each chapter is to provide military leaders with clear guidance on what they should consider when supporting the psychological readiness of their personnel. As illustrated in the Figure, military leaders have multiple opportunities to influence how unit members are impacted by operational demands to ensure optimal psychological health and readiness. This involves a combination of formal and informal approaches, individual and unit assessments, and ways in which leaders, with the support of their professionals, can intervene to strengthen individual and unit level coping with deployment-related experiences and stressors.

7. Each chapter provides core information illustrated by examples. The accounts may not always reflect the rapidly changing nature of current combat operations but were selected because they reflect issues that are universal and relevant for military leaders. Although nations differ in cultural background on the specific ways psychological support is organized, all military leaders face the same task of supporting their personnel to effectively address the stress of operations.

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CHAPTER 2 MILITARY LEADERS' ROLE IN PSYCHOLOGICAL READINESS

Chapter Objectives:

- Review the concept of leadership to support psychological readiness.
- Characterize the impact of deployment stressors (both traumatic and non-traumatic).
- Discuss role of leadership and training.

2.1. INTRODUCTION TO THE IMPORTANCE OF LEADERSHIP IN SUPPORTING PSYCHOLOGICAL READINESS

1. Views of leadership differ between NATO nations and can also vary within a nation among different departments and services; however, military leadership is typically viewed as a process of influencing others toward a common goal.[1] There are common aspects of this view:

a. Leadership is not a single act or set of traits but rather a process.

b. It emphasizes the act of influencing, thus, clarifying that leadership is more than simply issuing orders, but involves providing goals/purpose, direction, and motivation.

c. Leadership often involves motivating individuals to do things that are difficult or arduous and involves trust and mutual respect.

d. Leadership is embedded into the professional military culture and warfighting ethos.

e. Leadership is important in the moral and ethical component of fighting power.

Box 2.1: 'Best practice' (From Belgian Military Doctrine on Leadership Culture)[1]

"Command is a position of authority and responsibility to which personnel are appointed, whereas leadership is the ability to inspire those they command. It is through leadership that commanders gain the endorsement of those they command. There is no definitive style of a leader, but the nature of leadership remains unchanged. It is a variable combination of example, persuasion and compulsion, providing inspiration, purpose, and direction to develop and protect all components of fighting power. In armed conflict, leaders break the paralysis deriving from human fallibilities, uncertainty, death, and destruction. Their vision, intellect, communication, and unceasing motivation paves the way through chaos and confusion. Bad leadership, often masked in the hierarchy of command, has far-reaching and damaging effects. It rapidly demoralizes and destabilizes fighting power effectiveness."

2. In addition to technical knowledge and skills, physical and mental fitness, authenticity and core values, professionalism and objectivity, the military leaders need to know how to look after themselves, to be self-aware, and to be attuned to working collaboratively across geographical and cultural boundaries.

Box 2.2: Multinational Military Operations (from STO-TR-HFM-286)[2]

"…NATO will need leaders capable of crossing cultural as well as geographical boundaries to bring their organizations together. They will require highly developed social, cultural, and ethical abilities to build the trust and understanding needed to succeed as an alliance."

3. NATO nations prepare to operate in environments that are Volatile, Uncertain, Complex and Ambiguous (VUCA).[1] Deployed troops may face the threat of war with non-conventional weapons and leaders and their troops risk being exposed to mass casualty events. There are growing risks of large-scale combat operations and prolonged military conflict.

4. NATO missions vary in purpose from humanitarian and peacekeeping to combat, counterterrorism, and deterrence. Hence every mission demands agile, adaptive, and flexible leadership. Leaders need to be respectful of local culture and customs and have a historical perspective and must ensure their troops are aware of local sensitivities and the moral dilemmas that may arise during the missions.

5. Whilst most military personnel do well during training and on deployment, it is the leader's responsibility to manage psychological support when individuals are affected by training or operational stressors. Unit leaders may be called upon to handle crises such as the death of a unit member. They must also settle less dramatic issues such as conflict within their unit. The way in which leaders address these challenges has a profound impact on unit readiness and performance.

6. Military leadership has a key role to play in fostering and maintaining unit members' mental health across the deployment cycle. The importance of leadership, command and the leader's role in mental health support is emphasized in joint doctrine (Box 2.3).

Box 2.3: Principles of Mental Health Support on Operations (AMedP-8.6 1-4 Ed A v 1)

"The psychological welfare of troops is primarily a chain of command responsibility. Mental health support begins with the executive who needs to:

a. exercise good leadership, which engenders trust.
b. show competence and be credible.
c. provide a caring attitude which encourages cohesion and good morale.

All these command factors are protective of mental health."

7. **Note on terminology in this guide related to psychological readiness:** Terms such as psychological readiness, psychological fitness, psychological health, mental fitness, mental readiness, mental health, and behavioural health are not necessarily all approved NATO terms but are often used synonymously and interchangeably when discussing psychological factors in military settings. For this guide, the term "psychological readiness" will generally be prioritized, but with flexibility in use of other terminology as appropriate. Psychological readiness can be considered a capability, referring to the mental resilience, hardiness, and toughness to face the rigors and challenges of service.

8. The research literature reveals many studies about the role of leadership in unit cohesion and mental health outcomes of the deployed unit. The findings of these studies are consistent over time, and show that, for example, units with more effective leadership have lower rates of Combat Operational Stress Reactions (COSR) and other mental health problems after combat.[1] Studies reveal that in the presence of significant stressors, good leadership is associated with better troop mental health and willingness to seek care.[3,4]

Box 2.4: Which knowledge and skill did you find most useful to manage critical events?[1]

"A constant search for new ways to preserve and empower and motivate my people"

"Listening to people…knowing your people"

"Emotional intelligence…knowing my limits, having self-awareness" "Interpersonal skills…talking with others, seeking help"

9. High unit cohesion is thought to be a protective factor for suicidal behaviour and improves a unit's ability to function and adhere to safety guidelines in each combat situation[5,6] increasing its operational effectiveness. US Army studies of deployments to Iraq and Afghanistan revealed that effective and trusted leadership alongside unit cohesion reduced troop perceptions of stigma and barriers to care[7] and increased the sense of social support among the troops.[8] Role satisfaction increased and psychological distress decreased in deployed troops as the perception of unit cohesion increased.[9] Leaders' awareness of health need and promotion is also beneficial to the health of their troops – for example, leaders who engaged in health-promoting behaviours – a model known as "behavioural health leadership" – had troops who were more than twice as likely to follow certain public health guidelines.[10] This model is encapsulated by the acronym LEAD – **L**ead by example, **E**ducate and encourage, **A**cknowledge the challenge, and **D**evelop a plan – simple and effective![1]

10. The skills, responsibility and authority of military leaders put them in a unique position to make a significant difference in how unit members cope with operational stress. This guide is designed to provide leaders with tools to help them manage the array of psychologically demanding experiences that can occur during an operation, and which have the potential to degrade individual and unit performance.

2.2. THE DEMANDS ON DEPLOYMENT

1. Psychologically demanding experiences can involve a range of events which individuals may interpret or respond to differently depending on many factors (personal, biological, social, environmental). What is stressful for one person may not be stressful for another. Likewise, what is not stressful for someone one day may be extremely stressful another day.

2. One way to think about the demands that unit members face on deployment is to categorize them into two groups: the non-traumatic daily stressors of deployed life and the potentially traumatic dangers experienced from operational stressors. Leaders also need to consider factors such as social media, inclusivity, and moral and spiritual dimensions in their decision-making.

2.3. NON-TRAUMATIC STRESSORS

1. Deployed life stressors include missing family and friends and living in unfamiliar, culturally different surroundings. Other sources of chronic stress associated with deployed life can vary widely across operations, but include:

a. lack of privacy

b. the demands of close quarter living and group interaction

c. missing loved ones and physical intimacy

d. sleep deprivation

e. limitations in basic needs- food, sleep, hygiene

f. exposure to extreme weather conditions and other physically harsh environments

g. exposure to home events via electronic means (social media)

h. work-related stressors: long hours, boredom, conflict with work colleagues,

i. worrying about family, transition issues

2. While non-traumatic stressors may be tolerable, the cumulative effect can take its toll on personnel (see Box 2.5). Thus, it is the responsibility of leaders to consider the combined effect of such stressors on unit members.

Box 2.5: Deployed Life

"Problems can occur due to separation from family and friends, living together in close quarters without the comfort of home. The psychologist and chaplain were present during the mission but, in case of problems, troops would rather address NCOs or Officers before speaking to 'specialized' personnel. Leaders must make an effort to emphasize the importance and necessity of the mission and try to allow maximum communication with friends and family."

- Military Leaders Survey

2.4. OPERATIONAL STRESSORS

1. The duties performed on operations can expose military personnel to stressful and traumatic events, and will vary widely by operation, mission, and branch of service. Troops on the ground may have a wide range of experiences from managing uncontrolled crowds, witnessing destruction caused by regional conflict, or more protracted stressors of large-scale combat operations (see Box 2.6). Aircrews may fly from relatively safe rear areas into high-intensity combat and back, and this constant transitioning has its own challenges.

Box 2.6: A Leader on Patrol

"The most difficult moment I had to deal with was not a battle event. We were patrolling in a village. I was stunned to see the poverty the people were living in; their houses, the look on their faces, the ill children, everyone looking much older, the way women were treated. It was a completely different society than the one I was used to. I had heard a lot of stories from my colleagues describing the lives of these people, but the reality was hard to take in. In addition, I was thinking that at any given moment one of these people could point a gun in my face, so there was always this feeling of lingering danger. I felt pity for these people, and I wanted to help them and better understand them. I was not prepared to witness such suffering, and I needed a long time to adjust. Talking to other military personnel, translators, and locals, helped with this adjustment."

- Military Leaders Survey

2. Potentially traumatic events are those that involve more extreme stressors that carry the potential for lasting psychological effects (Box 2.7) such as:

a. snipers

b. fire fights

c. improvised explosive devices (IEDs)

d. artillery bombardment

e. drone and air attacks

f. serious accidents

g. mass graves

h. body handling

Box 2.7: Encountering Threat

"Several times, I'd found myself in a situation where I led a unit against an enraged crowd of people. I'd have appreciated the presence of a specialist or at least somebody who had undergone some specialized training...and knew what to do when soldiers come into contact with dead bodies." - Military Leaders Survey

"During the assault, the enemy began intense artillery fire. I and four soldiers used a ruined basement as a shelter. One of the soldiers was seriously wounded on the way to the shelter, his arm and leg were torn off. We dragged him into the shelter and gave him first aid. He was screaming terribly, I can still hear his voice from time to time, as well as the smell of fresh blood."

- Platoon Leader, Ukrainian Air Assault Brigade, 2024

i. mass casualties

j. crowd and riot control

k. missing in action / captivity

l. delayed or prolonged medical evacuation

m. prolonged periods in trenches

n. witnessing war crimes

o. chemical, biological, radiological, and nuclear attacks

p. friendly fire (fratricide)

3. Operational stressors which have become particularly apparent during the Russian invasion of Ukraine include the contested logistics, connectivity issues, electronic / information warfare, prolonged periods under bombardment and trench warfare, persistent drone presence in both forward and rear areas, concerns about well-being of family members in other areas of Ukraine that are also being attacked, and the potential to be hit by enemy fire in rear areas, including hospitals and training centers. Due to the inability to use aviation for medical evacuation and the constant presence of enemy reconnaissance drones, there are often long delays in medical evacuation. This can have devastating consequences and be highly stressful for team members. There is also the cumulative load of prolonged exposure over extended periods, as well as variability in training levels to prepare service members for the rigors of large-scale combat operations.

4. The degree to which service members are psychologically impacted by potentially traumatic events varies greatly and depends on factors such as the duration and severity of the stressors, resiliency factors of the individual, and the cohesion of the team. The task of the military leader is to provide the conditions under which positive adaptation to both potentially traumatic events and non-traumatic stressors can be optimized, so that individuals can continue to grow through their experiences. These experiences may:

a. Affect the way in which people prioritize what is important to them

b. Change the way people see themselves and the world

c. Give military personnel a sense of accomplishment and pride.

2.5. SOCIAL MEDIA

1. Social media has become an increasingly important consideration for military leaders. 59% of the world's population now use social media and the average daily use is 2 hours and 31 minutes.[11] Not only can social media be used to communicate with family and friends, but it can also be used as a tool for strategic communication. It's been recognized that effective use of social media can lead to a better understanding of the environment in which the units are operating.

2. Social media and digital communication technologies can be protective factors for military families,[12] and is an invaluable means of communication between service members and families during periods of deployment.[13] Social media also may inadvertently keep service members overly involved in problems and stressors at home, which can decrease focus and detract from mission effectiveness. There are also risks associated with access to social media, such as service persons inadvertently recording or revealing their locations, and the use of disinformation or propaganda by opposing forces. Access to social media for service persons will require leaders to make carefully informed decisions.

3. The field of cognitive warfare is relevant here. Social media exposes the military to cyber-attacks, psychological, information operations, and cognitive warfare. Cognitive and physiological functions, mood, behaviour, and performance can be manipulated.

2.6. MINIMIZING MISTREATMENT, SUCH AS BULLYING AND HAZING

Leaders also benefit from instilling in themselves and their units respect for differences arising from diverse populations.[14] Leaders need to support unit cohesion and morale, ensure inclusivity, and be aware of and eliminate microaggressions, bullying, and hazing. There are considerable changes in society and highly polarized discussion around the topics of gender and diversity. It is important for leaders to model respectful and inclusive behaviours when performing NATO professional duties. Leaders should have clear and consistent communication about what is acceptable behaviour under their leadership and a mechanism for reporting unacceptable behaviour as it arises.

2.7. MORAL DILEMMAS AND SPIRITUAL READINESS

1. Military operations can challenge one's moral and ethical beliefs. Moral and spiritual dimensions of military operations can powerfully influence unit cohesion, operational effectiveness, and provide challenges to leaders seeking to promote psychological health throughout the deployment cycle. Moral and spiritual readiness focuses on the development and maintenance of positive individual and collective values during military operations. This could help prevent distress or dilemma by anchoring the commitments and actions of individuals and operational units in a system of references that allows them to act ethically.[15]

2. There is high interest in the topic of moral dilemmas in military operations, and the impact these may have on service members' psychological health and readiness. Witnessing unjust war events, for example, can be a major risk factor for negative health outcomes, such as post-traumatic stress disorder (PTSD).[16] Leaders need to create the conditions for ethical conduct in operations and spiritual support for soldiers. Military chaplains play an important role in facilitating these conditions. Leaders can create an environment in which their unit has the language to identify, challenge, and understand moral issues and ensure moral decision making. This topic will be discussed in greater detail also in chapter 6.

2.8. WHAT CAN LEADERS DO?

1. To summarize some of the operational challenges that leaders face in supporting their unit members' psychological health, the "Ten Tough Facts" of Deployment (stemming from a presentation at a Research Task Group's NATO Symposium), provides a summary of key domains for leaders to be aware of.[17]

2. Ten Tough Facts:

   a. Fear in combat is common.

   b. Unit members may be injured or killed.

   c. Combat events affect everybody mentally and physically.

   d. Unit members will be afraid to admit that they have a psychological problem.

   e. Unit members will perceive failures in leadership.

   f. Breakdowns in communication are common.

   g. Deployments can place a tremendous strain on families.

   h. The deployed environment can be harsh and demanding.

i. Unit cohesion and stability can be disrupted.

j. Deployment poses moral and ethical challenges.

3. Whilst these ten facts may overly simplify an infinitely more complex occupational experience described throughout this chapter; they also provide a streamlined checklist of factors that can have a strong impact on psychological readiness. This list also highlights some less tangible stressors that leaders often have to prepare for, such as breakdowns in communication, things that may interfere with unit cohesion, stigma of receiving help when needed, or the fact that unit members often perceive failures in leadership, no matter how good the leadership is.

4. The real-life incident described in Box 2.9 details the complex role of a military leader in the midst of a mission. The leader's role involved keeping troops focused on the immediate objective. Following the mission, that role shifted to creating the conditions for resilience.

5. As the leader's account illustrates, unit members reacted in different ways. Coping is highly individual. Cohesive military units often automatically provide an environment that supports healthy coping. They do it through joking around, creating strong bonds of friendship, routine, and sharing stories that show reactions are normal. Sometimes leaders don't need to do anything overt. As described in Box 2.8, leaders can monitor the unit to make sure natural unit processes are happening. When these processes are not working, however, the leader may need to intervene.

Box 2.8: Timing Leadership Actions

"The marines in my company had had minor fighting contact with the enemy up to this point and had come to feel, in my opinion, that they were naturally so well trained, fit and alert that this was all no more difficult than an exercise at home. When they extracted from the ambush, however, it was clear to them that they had had to fight for their lives. They had seen and dealt a lot with death and destruction, and they'd had some miraculous escapes. It was a really prominent turning point when they all became combatants, not simply Marines. There were some who could not articulate their thoughts properly, a number who were still in shock and demonstrating irrational behaviour. There was a great deal of stress.

The response was straightforward. We had a task to do; others needed our help urgently and the men needed direction. My approach was unsympathetic, harsh, and purely business-like and the response was exactly what I needed. They swept into order and set off to confront whatever was assaulting their colleagues. They were so accustomed to what was needed that after 10 days of clearances and patrols I had little more to do until we stopped.

On stopping, perhaps one hour later, I went round most groups and my troop leaders, and my sergeant major did the same. Most of the men were simply getting on with basic drills, cleaning weapons, re-arming, grabbing some food and sleep. Follow on orders had not been given at this stage so there was no sense of the next task, which would have given more tangible direction, and it was needed. All understood that we were going back into where we had just been. The men were dealing with stress themselves, with humor, discussion, talking through what had happened. Some had shot the enemy at less than 10 feet range and were starting to consider that. A few had had escapes that defied belief. My only input was to encourage them to talk about it, not to worry about it, to feel good that they had probably saved themselves and more importantly their buddies. They did not really need de-stressing, they were doing it themselves, all that we (the Chain of Command) provided was the sense of purpose, resolve, and the assurance that everything they had done and were feeling was entirely alright…I don't have any miracle cures to offer you, except that talking with other leaders is essential."

- Leaders Survey

6. There are two ways leaders can step in to support psychological readiness: informally and formally. To facilitate the informal process, leaders can foster a supportive unit climate, develop a sense of cohesion, and prioritize buddy support. They can also identify unit members who can coach and support the less experienced.

7. Formal mechanisms include using structured morale assessments and relying on assistance from Mental Health Professionals. To effectively use formal mechanisms, leaders need to know the chain of support. This chain may include Mental Health Professionals (see Definition Box). In several militaries, chaplains, behavioural health medics or technicians, and non-clinical Mental Health Professionals (for example, research, organizational, or performance psychologists), as well as primary care providers, also form part of the mental health team. Leaders will benefit from knowing how to work with these individuals before deploying.

Definition Box: "MH Professionals"

A broad term developed for this guide that encompasses a range of disciplines including:

- Psychologists
- Psychiatrists
- Social Workers
- Psychiatric or Mental Health Nurses/Nurse Practitioners

These professionals support units on operation and often work together as a team.

8. Pre-deployment is also an ideal time to establish a strong, resilient unit climate, and the way to do this is with effective training.

2.9 THE ROLE OF TRAINING

1. Military training can strengthen both formal and informal mechanisms of support. The formal mechanisms are strengthened when Mental Health Professionals are integrated into training, and leaders and unit members learn how to use the formal support system.

2. Informal processes are strengthened through training together. Tough realistic training develops unit confidence (Box 2.9) and builds camaraderie and appropriate expectations. Such training is particularly important for units that have not previously worked together and for integrating military personnel attached to a unit for a deployment (often called augmentees). Successfully integrating augmentees is an important task, as it supports the development of unit cohesion.

3. Well-trained military personnel report that even in difficult circumstances, their training provided a basis for successful coping (Box 2.10). Realistic training enhances confidence in oneself, in peers, and in unit leaders. This confidence helps protect military personnel from the negative effects of stress. Unit training provides a cornerstone for developing a positive unit climate.

Box 2.9: The Best Preparation

"…the best cure lies in experience but, in its absence, it lies in the training at the Training Centre, which is quite simply the best preparation a man can have short of live contact. The standards, discipline, camaraderie, cohesion and spirit (a little harder to define but very important) across all ranks (officers train alongside their men) cannot be found anywhere else."

- Military Leaders Survey

5. Realistic training helps leaders prepare unit members mentally. Unit members can learn what to expect in terms of deployment stressors and get a sense of how they might react under difficult conditions.

Box 2.10: Training Kicks In

"During a recent war deployment in the Middle East, I was a senior officer… We received information that the ship was under imminent threat of a missile attack. It was a very stressful situation. We knew where the missiles would land but we did not know if they would have chemical warheads and what the fall out would be. …For half an hour we did not know if the weapons would wipe out half the task force. The whole incident lasted a couple of hours. I was shaking with relief that I had done the right thing – the training 'kicked in'."

- Military Leaders Survey

"When the enemy missile appeared, I set aside emotions and relied on my training from hundreds of simulated launches. The system weighs 18 kilograms, and the responsibility is just as heavy. I'm thrilled I succeeded. Afterward, I let my emotions out. Our mobile firing team includes female soldiers, and we give our all to achieve results."

- Ukrainian female Solider talking about destroying a cruise missile with a man portable air defense system, 2024

2.10. SUMMARY

This chapter sets the stage for the subsequent chapters covering various aspects of how leaders can provide effective support for psychological readiness. Whilst good training is the basis of building an effective unit, actual operational events can test a leader's flexibility and adaptability. The remaining chapters of this guide will provide tangible recommendations for leader actions to support psychological readiness through these and other stressor.

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CHAPTER 3 MANAGE EXPECTATIONS AND COMMUNICATE EFFECTIVELY

Chapter Objectives:

- Explain the importance of managing expectations.
- Discuss healthy communication strategies.
- Provide list of leader actions to manage expectations.

3.1. INTRODUCTION

1. This chapter emphasizes the importance of managing expectations as part of effective leadership practices in fostering psychological well-being and maintaining a mentally healthy unit. These leadership practices involve clear communication, fairness, and mutual trust.

2. Leaders are encouraged to communicate, when appropriate, transparently, explaining the reasons behind changes and uncertainties, which helps service members, and their families manage expectations. Fairness in decision-making ensures that all personnel feel equally valued, even when difficult decisions, such as deployment extensions, are made. Building mutual trust through availability, competence, and reliability fosters a positive environment where service members feel safe to discuss psychological concerns without fear of negative repercussions. This trust is crucial for early identification and management of issues that could affect readiness and morale.

3. Within the military, transparent discussions and deliberation on courses of action are not always feasible or appropriate due to operational demands and security concerns. However, when circumstances allow, these practices are highly encouraged as they enhance team cohesion, which in turn serves as a force multiplier for operational effectiveness. By fostering open communication, active listening, and promptly addressing concerns, leaders create a supportive environment where service members feel valued and understood. Proactively managing expectations involves shielding personnel from unnecessary tasks during high-demand periods and providing additional personal time when possible. Additionally, leaders should support discussions on alternative courses of action, ensuring that decisions are well-considered and inclusive, thereby fostering a sense of participation and commitment among unit members. This approach not only builds a cohesive team capable of maintaining high morale, but also results in a more efficient and effective unit.

3.2 THE MODERN CONTEXT

Box 3.1: A New Mindset

I deployed as the commander of an engineering unit. The unit was mainly prepared for building and repairing stuff. This kind of work was probably the main reason many of the soldiers enlisted in the first place, an expectation the military didn't correct because our military needed specialists. In theatre, these specialists suddenly found themselves in the thick of the fight. There was no safe area to work in so they couldn't do what they expected to do. Instead, the unit had to do patrols and secure their own communication lines. These engineers even ended up in fire fights with enemy forces. As the commander, I had to face the challenge of quickly giving the unit a new mindset while maintaining discipline and morale.

1. In modern military operations, leaders face constant pressure to adapt quickly to changing circumstances. This often means preparing themselves and their troops for unexpected challenges, and balancing the need to take reasonable risks based on the information available. Rapid shifts in operational needs can catch units off guard, requiring swift adjustments. These changes, affecting both units and individuals, must be managed by leaders to align member expectations with evolving requirements. (see Box 3.1 for example)

2. Military personnel, their families, and society at large hold various expectations of the military, ranging from mission objectives to behaviour standards. Meeting these expectations is crucial, as any gap between expectations and reality can undermine morale and effectiveness. Unlike civilian life, where discrepancies may have more leeway, in military operations, there's little room for error.

3. Ultimately, maintaining morale hinges on the military's ability to uphold its promises to its personnel, even amidst operational challenges. Managing these expectations is essential for sustaining motivation. This chapter offers leaders practical guidelines for creating a supportive environment amid the stresses of unmet expectations, emphasizing the importance of adhering to fundamental principles of leadership, even in trying circumstances. illustrated in Box 3.2.

Box 3.2: A Small Sacrifice

In interviews with NCOs during an operation, it was a common complaint that their officers never visited the troops, especially if the troops were in a very austere environment. Naturally the assumption was that their leaders didn't want to be inconvenienced or put themselves at risk by having to travel from their air-conditioned headquarters buildings to where the troops were in 120 degrees heat. Impressively, the NCOs did not resent their leaders having air-conditioned work environments, although they themselves did not, but they did take exception to their leaders' apparent unwillingness to sacrifice a little by refusing to visit them.

3.3 EXPECTATIONS AND THE MILITARY

1. Expectations within the military are multifaceted, representing a complex interplay between service members, the military organization, and broader societal norms. Recruits enter the military with a preconceived set of expectations, which are often shaped by a myriad of influences, including narratives perpetuated by peers, depictions in various media forms, and cultural representations. These expectations encompass a wide spectrum, ranging from the pragmatic anticipation of basic benefits like a steady income to the aspirational desire to become part of an esteemed and impactful institution, potentially shaping the world.

2. However, these initial expectations are not static; they undergo change as service members progress through their military journey. Basic expectations evolve, with service members developing a deeper sense of what they believe the military owes them in return for their commitment and dedication. There's an implicit understanding that the military will provide certain benefits, such as support and opportunities for personal growth, in exchange for disciplined service.

Box 3.3: Examples of Expectations

Expectations held by service members
Money and financial security
Adventure and travel
Being part of an elite community
Leadership
Care in the event of injury in the line-of-duty
Recognition of service
National support for military tasks

Expectations held by the military organisation
Discipline and obedience
24/7 availability
Fitness and endurance
Skill specialisation

Expectations held by society
Protection
Sacrifice
Exemplary behaviour

3. This dynamic relationship between expectations and obligations forms the basis of what can be viewed as a psychological contract between service members and their military institution. While some expectations are explicitly outlined, such as those articulated in the enlistment oath, many remain implicit, existing as unspoken agreements.

4. Yet, when these expectations are not met, when the perceived contract is breached, service members may experience a sense of disillusionment and discontent. Such instances can have significant ramifications for morale, cohesion, and overall mission effectiveness. Leaders, who are not immune to the influence of these expectations, also harbor their own set of expectations regarding military life and their role within it.

5. Leadership positions offer a sense of fulfillment, authority, and the opportunity to serve as role models, but they also entail unforeseen challenges. Leaders may find themselves grappling with the weight of responsibility, the strain of constant scrutiny, and the isolation that sometimes accompanies their elevated position. The dissonance between their expectations and reality can be jarring, leading to feelings of disillusionment and a sense of being ill-prepared for the demands of leadership.

Box 3.4: Examples of Unmet Expectations

- Boredom during the mission may be more common than expected
- The leadership may be a disappointment
- The local population being protected by the mission may be hostile
- A spouse might want a separation rather than deal with continuous or prolonged deployments
- Deployments may be extended unexpectedly.

6. Moreover, service members may not always be equipped to navigate the unexpected costs and challenges associated with military service. These costs, both tangible and intangible, are factored into their decision-making process when considering whether to continue their service. When expectations diverge from reality, it can elicit a range of reactions among service members, impacting their morale, commitment, and overall well-being.

7. Military leaders must be cognizant of the potential ramifications of conflicting expectations and obligations. Understanding these conflicts can shed light on underlying behaviours, as illustrated in a case study (Box 3.5). In this scenario, the commander, sergeant, and spouse each had distinct expectations and assumptions guiding their actions.

Box 3.5: Case Study: Conflicting Expectations

Two days before going on a deployment a sergeant informed his commander that he could not deploy with the unit because of serious problems at home. The commander was disappointed because this sergeant was a highly valued member of his unit, and there was no replacement available on such short notice. The commander noticed that the sergeant was clearly distressed and looked depressed. The commander doubted the sergeant could effectively lead his men on operations, but the commander still decided to order the sergeant to go on the mission.

The commander felt betrayed. The sergeant had hidden his family problems until it was too late to deal with them. The commander was irritated because he believed that if the sergeant had told him sooner, they could have come up with a solution.

The sergeant also felt betrayed. He had done his utmost to solve his family problems and up to now had refused to let these problems interfere with work. He worried that others would think he was weak. He believed that work had already had an impact on his family and made his problems worse. As a result, he felt the commander had an obligation to give back something in return, especially because the armed forces always say that personnel are a top priority, and how their sacrifices are appreciated. In fact, the sergeant found it unfair that another NCO, generally regarded as incompetent, was not being taken on the deployment by the commander. It seemed unfair that this other NCO was let off the hook so easily just because that NCO was not up to the job.

The sergeant's wife had enough of the military after four deployments in three years. She felt unsupported by the military, despite the fact the organization is portrayed caring about families. She wanted something back from the organization and felt the military is obliged to give her family a break from deploying. She made it clear that if her husband let his job come first again, he wouldn't need to come home.

8. The commander expected timely communication about potential issues from his personnel, prioritizing organizational interests over concerns about personal readiness. However, he may have overlooked the importance of explicitly emphasizing this priority to his subordinates, leading to miscommunication.

9. Conversely, the sergeant expected support from the military and his commander, even if it meant being taken off the deployment list. Reluctant to discuss his problems earlier, he may have hesitated to burden his commander or be labeled negatively.

10. Similarly, the sergeant's wife expected support from the military due to her family's sacrifices, potentially unaware of available support services. These conflicting expectations can lead to clashes of interest, even with good intentions on both sides.

11. Effective leadership in such situations involves considering both the leader's and

subordinates' expectations, managing conflicts, and fostering open communication to address concerns and maintain cohesion within the unit.

3.4 ORGANISATIONAL PERSPECTIVES ON REACTIONS TO VIOLATIONS OF EXPECTATIONS

1. When faced with the reality of perceived violations of expectations, service members may react in different ways, but in general reactions will either be adaptive or maladaptive. An adaptive response aligns with the military's objectives and does not jeopardize the mission. In contrast, a maladaptive response is where the service member attempts to resolve the situation in ways that could potentially be problematic.

2. Adaptive responses include acceptance, appropriate adjustment, or compliance in response to violated expectations. An adaptive strategy is putting the situation in perspective, where there is a positive acceptance fostered by trust in leaders. This response may involve a "drive-on" mentality, using humor, and seeking support from fellow service members who grasp the challenges of military life.

3. However, trust isn't unconditional among military personnel. As trust diminishes, a "suck-it-up" mentality or silent pessimism may emerge, which could erode cohesion. Thus, leaders must remain vigilant for signs of pessimism, such as declining morale, and intervene before effectiveness wanes.

Box 3.6: Violated Expectations

"The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded you do not care…"

General Colin Powell.

4. As the quote from GEN Powell illustrates (Box 3.6), complaining is a healthy sign that leadership is engaged. In the face of violated expectations this may take the form of asking for change, which can entail confronting military leaders, making suggestions for improvement, or even threatening to leave the organization. Asking for change may be healthy or could lean toward confrontation or even insubordination in certain circumstances, and leaders have to know how to accept and balance feedback while also ensuring the professionalism of the organization remains intact.

5. Maladaptive responses can encompass a range of behaviours, from passive-aggressive actions like deliberately slowing task completion or performing at a minimal level, to outright insubordination. Another response to violated expectations is leaving the organization. This can occur through official channels or unauthorized means like desertion. Both forms of departure can negatively impact organizational readiness. Trust is vital for unit effectiveness but must be continually nurtured and upheld.

3.5 HOW LEADERS MANAGE EXPECTATIONS MATTERS

1. Given the significant impact of expectations on unit member commitment and loyalty, it falls upon all military leaders to proactively manage expectations, starting from the recruitment phase. Understanding unit members' perceptions of the psychological contract governing military service is crucial. This understanding enables leaders to anticipate discrepancies between expectations and reality and predict their potential impact on unit member motivation.

2. Leaders who foresee the repercussions of such mismatches can take proactive measures in two ways. Firstly, they can work towards aligning unit member expectations with reality by actively listening to concerns, acknowledging the disparity in expectations, normalizing the experiences of unit members as appropriate, and encouraging them to consider other obligations that the military has fulfilled. Secondly, leaders can address the failure of the military to meet its part of the bargain by safeguarding unit members from unnecessary taskings or providing additional time off to attend to personal matters when mission demands are particularly demanding.

3. Below is a list of other leader behaviours that can aid in anticipating and managing problems related to unit member expectations of the military. These skills also reflect best leadership practices in general useful in supporting psychological readiness.

3.5.1 Communication Strategies, Active and Reflective Listening

1. Leaders recognize the importance of communicating their intentions, but effective communication requires consistent effort. It involves conveying plans to subordinates in both formal and informal settings and explaining situations when information is uncertain. For instance, the actual return date from deployment may fluctuate due to mission or aircraft availability, a common challenge across various operations. Leaders can manage this unpredictability by transparently explaining why changes occur. At the very least, effective leaders inform unit members that the date is unknown and provide reasons why. This transparent communication helps both unit members and their families manage expectations.

2. As we explore communication dynamics, it's crucial to understand that it's not just about expressing ourselves; it's also about the art of listening. Active and reflexive listening in formal settings, like staff meetings, informal settings, such as during coffee breaks, and one-on-one with individual unit member, fosters healthy communication. Providing a safe environment for unit members to express their views encourages open communication (e.g. Box 3.6). Leaders who shut down discussion may find that unit members become hesitant to share important information. Careful listening can help identify unit members' concerns and develop strategies to enhance unit readiness.

3. Active and reflexive listening is also critical when individual unit members come to leaders with problems. Sometimes leaders are uncertain how to talk to unit members about sensitive or emotional topics. While leaders should not take on the role of a psychological support professional, they are likely to find themselves talking to individual service members going through rough times. Active and reflective listening skills can help during conversations.

4. Active listening is a way of communicating that builds relationships and helps the person communicating to feel heard and understood. Simple things that can help promote active listening is to focus on the individual and their narrative, maintain eye contact, avoid distractions, avoid talking about oneself, having a setting that is conducive (e.g. one that supports privacy), using open-ended questions, and summarizing to make sure you've understood what the individual has communicated.

5. Reflective listening involves listening for key words and phrases and then paraphrasing back what they have conveyed or asking clarifying questions (e.g., "it sounds like….", "seems like you are saying…", "Do you mean…?") to ensure understanding. Open ended phases can help get conversations started or keep them going such as, "Tell me more about that…". When it is necessary to express concern, use I-Statements, for example, "I am concerned about how your team is doing.", or "I am concerned about how much you are snapping at your team members." rather than You-statements, e.g., "Your team is performing poorly." "You're being overly hostile toward your team members."

Box 3.7: The Newcomer

I always felt safe with my men, knowing them well, having shared a lot of missions together and being on our third deployment as a team. However, during our last deployment we had a new member of the team join who had no deployment experience. It was not easy to fit him into the team camaraderie as we felt like veterans and had gained vast amounts of experience. Consequently, he was very distant at first and had difficulty sharing things with the team. He had excelled in training but on deployment he wasn't giving 100%. I finally decided that we should get together and talk. During our discussions he said he was feeling intimidated and was worried he would not be able to meet our expectations. I explained to him that there was a first time for everyone and that he had plenty of potential. He taught me an important lesson - that I tended to have the same expectations from him as from my other team members and that it was necessary to go step-by-step and build a relationship. It's important to be a model, but I think it is more important to perceive the chief as close and willing to know you as a person as much as possible. The whole team became more empathetic and took time to explain how things were carried out.

-Military Leaders Survey

3.5.2 Fairness and Mutual Trust

1. Fairness is also crucial in managing expectations, and leaders need to be able to address perceptions of lack of fairness, which is common in military units, for example by recognizing those who have sacrificed more in the course of their duties. Unit members are more likely to tolerate violations of their expectations if they perceive the situation as fair. For example, they may accept a deployment extension if everyone is affected equally. Fairness entails consistency, impartiality, accuracy, and flexibility. Leaders must balance their goals with the impact of their decisions on morale. Even seemingly well-intentioned decisions may backfire if they violate unit members' expectations of fair treatment.

2. Research indicates that trust plays a crucial role in determining whether reactions to violations of expectations are adaptive or dysfunctional. Unit members are more inclined to tolerate such violations when they trust their leader. Leaders can cultivate and maintain trust by:

   a. Being available and accessible

   b. Demonstrating competence

   c. Keeping promises

   d. Trusting subordinates

3. Trust not only fosters a positive environment but also facilitates open discussion about psychological readiness issues within the unit. In such an atmosphere, subordinates are more willing to address concerns that may affect their readiness for deployment, even if it means risking appearing vulnerable. When leaders are perceived

as trustworthy, unit members are more likely to identify and address problems, allowing leaders to provide necessary support and further strengthen mutual trust.

3.5.3. Address Issues

1. Subordinates expect leaders to tackle issues directly, but leaders must prioritize which to address and determine the appropriate response. Occasionally, leaders may opt to overlook an issue. This decision could stem from the belief that the problem will resolve itself or a desire to avoid stirring up conflict within the unit.

2. When leaders choose to avoid addressing an issue, they must be honest with themselves about their reasons. If timing is the concern, leaders may inform subordinates that the matter will be addressed at a more opportune moment. If the goal is to avoid conflict, leaders should weigh the long-term benefits of addressing the issue against any short-term discomfort within the unit.

3.5.4 Support Discussion of Alternative Courses of Action

1. Leaders bear the responsibility of making thoughtful decisions, a standard that subordinates expect. Conversely, once a decision is made, it becomes the obligation of subordinates to adhere to it, which leaders also anticipate. While mutual expectations exist between leaders and unit members, the decision-making process itself can pose challenges. It requires establishing a unit climate where subordinates feel comfortable participating (see Box 3.8 for example).

2. Effective participation occurs when subordinates are unafraid to express their opinions and question their leaders. Several indicators suggest issues with the decision-making process. For instance, a divided unit or the absence of humor and self-doubt may signal underlying problems.

Box 3.8: Example of Eliciting Feedback

"During the period when the battalion was gaining its first positive experience of assault operations, the battalion commander often relied on the opinion of the assault troops. The following was practiced. After the headquarters had planned the assault operation, the assault group commanders - sergeants and soldiers - were invited to present the plan for storming the enemy positions. After that, they asked the soldiers to give their assessment of the command's plan. As a result of this involvement in planning directly by the executors of the attack plan, casualties were minimized and the probability of achieving the desired result was increased due to the confidence and motivation of the personnel."

3.6. SUMMARY

Military leaders must be prepared to make decisions in challenging circumstances and bear responsibility for the outcomes. Balancing commitments to subordinates and mission objectives amidst numerous expectations poses a significant challenge. Clashes of expectations are common throughout the deployment cycle, and while leaders cannot entirely avoid them, they can create a conducive climate to minimize their impact. Furthermore, even when leaders make mistakes, they must be willing to learn from them. Leadership is an ongoing process, and effective leaders continuously reflect on and refine their approach. Effective management of expectations can be facilitated by employing leadership strategies outlined in Box 3.9.

Box 3.9: How Leaders Can Manage Expectations: Overview

- Communicate clearly
- Be accessible
- Be fair
- Be credible, authentic, and transparent
- Enhance mutual trust
- Make promises you can keep
- Address issues is a timely manner
- Support discussion of alternative courses of action

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CHAPTER 4 INDIVIDUAL PSYCHOLOGICAL READINESS

Chapter Objectives:

- Understand the mental health continuum and identify signs and symptoms of psychological problems.
- Determine individual psychological readiness.
- Identify when to refer to a Mental Health Professional, and what is involved with a formal mental health assessment.
- Summarize leader actions to promote psychological health and readiness, including sleep leadership and other actions.

4.1. INTRODUCTION

1. Psychological readiness is closely interrelated with physical health readiness and directly tied to individual and unit functioning. Leaders play an important role in promoting mental health and well-being of their troops across the deployment cycle. Psychological readiness is related to cohesion, morale, and occupational performance, and reflected in individual strengths such as a sense of belonging in the unit, maintaining a network of caring and supportive relationships, having sense of self-confidence or self-efficacy, and accepting change as a part of military life. Good leadership encourages help-seeking when needed and creates a unit environment that is open, supportive, and reduces stigma.

2. As noted in Chapter 2, terms such as psychological fitness, psychological readiness, psychological health, mental fitness, mental readiness, mental health, and behavioural health are often used synonymously and interchangeably when discussing psychological readiness (Box 4.1). Psychological readiness during deployment refers to the mental resilience, mental hardiness, and toughness to face the rigors and challenges of deployment, whether humanitarian, peacekeeping, combat, or the combination of all three.

Box 4.1: Synonyms

Psychological / Mental Readiness
Psychological / Mental Fitness
Psychological / Mental Health
Behavioural Health

3. Military leaders at all levels have an interest in enhancing and maintaining the psychological, readiness, fitness, and performance of the personnel under their command. Military leaders may also be among the first to notice behavioural

changes and other indicators of psychological stress in their units and have the opportunity to support their unit members through early identification and intervention. This process can occur at any point across the deployment cycle. This chapter outlines tools available to military leaders to help them with this process as they promote, enhance and sustain the psychological readiness of their unit members.

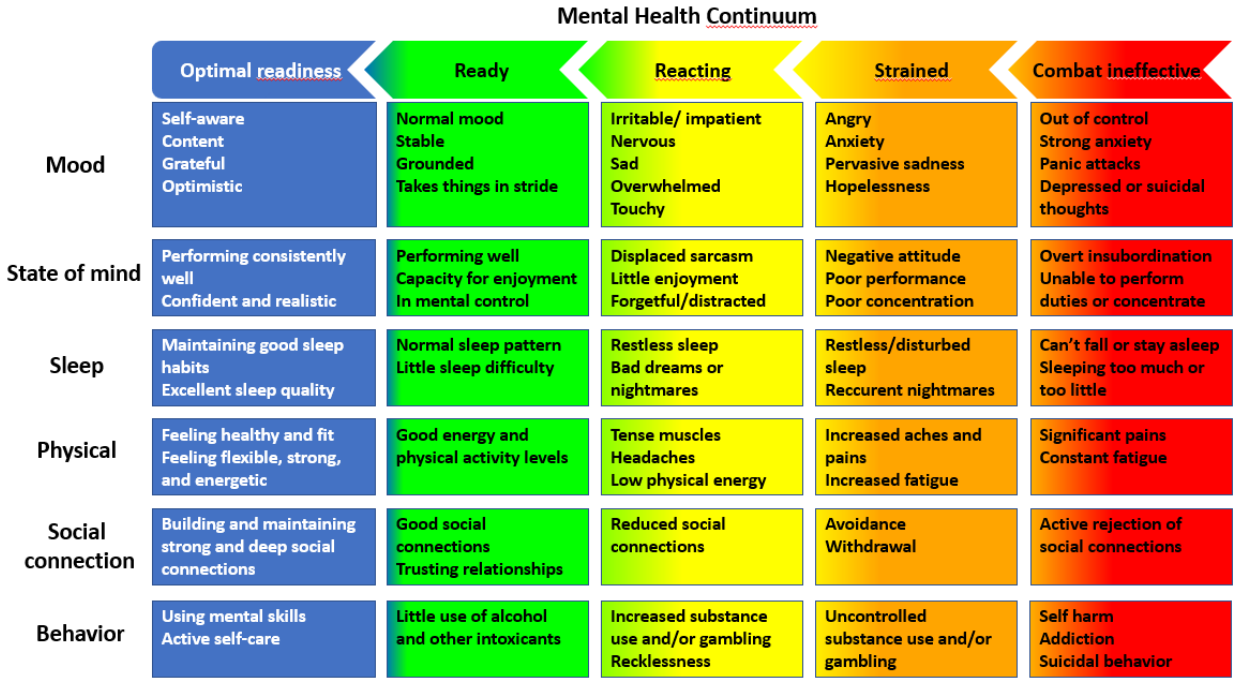
4.2 A FRAMEWORK FOR UNDERSTANDING INDIVIDUAL PSYCHOLOGICAL READINESS (MENTAL HEALTH CONTINUUM)

1. One way to understand how to assess psychological readiness is the Mental Health Continuum (Figure 4.1), a model used in different ways for many years by several nations as a quick reference for how individuals are doing psychologically. The model shown in figure 4.1 is one of the most up-to-date versions of the continuum used in trainings for Ukrainian medics and front-line platoon leaders conducted by Norwegian military personnel, in collaboration with researchers from the U.S. Walter Reed Army Institute of Research. Individuals can shift back and forth across the continuum throughout their careers, and leaders can learn to recognize where individuals are on this continuum.

2. As someone moves toward the right side of the continuum, their level of distress and likelihood of impaired functioning increases. Markers of distress include the yellow zone (“reacting”), the orange zone (“strained”) and the red zone where occupational functioning is impaired to the degree that the individual is combat ineffective. There are six domains to consider, and individuals can be at different levels across these six domains. While the green zone indicates full readiness, the blue zone is there to reflect optimized readiness.

3. It should be noted that nobody can be in the “blue” all the time, and that the far-left end of the spectrum is intended to describe an aspirational state of psychological readiness. Leaders can be aware of and influence how individuals on their teams are doing across the entire mental health continuum.

Figure 4.1: Mental Health Continuum



4. The responsibility for recognizing where individuals are on the Mental Health Continuum and acting when appropriate lies with everyone in the unit. Unit health and readiness is a team effort. Individuals and battle buddies can recognize where they fall on the continuum from the blue to the red zones. Medics and healthcare professionals have an additional responsibility to more systematically evaluate and intervene when individuals move into the orange and red zones.

5. Strategies to promote psychological readiness across the deployment cycle include the following:

a. Individual military personnel are largely responsible for their own psychological readiness, though the military organization must set the conditions that encourage personnel to be psychologically fit. For the individual, this may mean maintaining good physical conditioning, using adaptive coping techniques, setting good sleep habits, moderating alcohol use, reinforcing a spiritual practice, and developing effective social support within their units. Self-care strategies can help with affect regulation or moving to the left on the mental health continuum, and may be facilitated by self-help educational materials, apps, or resiliency initiatives within the unit. These can include such things as mindfulness, diaphragmatic breathing, progressive muscle relaxation, grounding techniques, distraction techniques, and talking with someone.

b. Fellow soldiers / battle buddies are an essential part of maintaining the psychological health of unit members. Unit members look out for each other. In some militaries, unit members receive specialized training in suicide prevention and providing support to others when needed (see Chapter 7 for further discussion of peer training). Fellow soldiers can provide practical support, someone to talk to, and can encourage help- seeking when needed.

c. Military leaders play a critical role in establishing the conditions that help military personnel focus on their psychological readiness. Military leaders set the conditions for psychological readiness by providing training, building effective unit cohesion, influencing motivation and morale, promoting optimal health (e.g. effective sleep management), and working with Mental Health Professionals. The resources available to the military leader in accomplishing these tasks differ across NATO nations. In all nations, however, the military leader is supported by at least some other professional.

6. To reaffirm healthy leadership strategies, building on what was covered in chapter 3, psychological fitness of the unit and of individuals can be enhanced by:

a. Training realistically

b. Providing specific tools and training that promote psychological resilience

c. Setting clear and realistic expectations

d. Recognizing and rewarding desirable behaviour

e. Swift and thoughtful management of disruptive behaviours

f. Providing good communication up and down the chain-of-command

g. Avoiding unpredictability where possible

h. Maintaining a just system of procedures and rewards

i. Supporting unit cohesion

j. Acknowledging the sacrifices being made

k. Emphasizing the purpose and meaning of the mission

7. Regardless of the phase of the deployment cycle, unit leaders routinely assess the psychological readiness of their unit. This assessment can occur informally, formally, or may be a combination of the two. In an informal assessment, leaders talk with subordinates or rely on peers to identify problems. If leaders identify a problem in an individual's psychological fitness, they may decide to call in a professional for a formal assessment. Or it may be national policy to conduct formal psychological assessments of all unit members returning from a particular deployment. In either case, leaders establish the climate that encourages a sense of responsibility for individual psychological readiness and for unit members to watch out for each other.

4.3 HOW LEADERS DETERMINE INDIVIDUAL PSYCHOLOGICAL READINESS

The Mental Health Continuum includes both internal processes that the individual themselves are most aware of (e.g., an individual's mood or sleep functioning) as well as observable behaviours (e.g. withdrawal from peers, inappropriate use of alcohol, anger outbursts). Military leaders often informally assess an individual's psychological readiness when they notice changes in behaviour. Unit leaders and unit personnel typically know the individuals in the unit well because they work, train, and deploy together and are in an ideal position to notice changes. Discipline problems such as absenteeism, insubordination, sudden decline in work performance, disheveled appearance, and inappropriate aggression are some observable indicators that individuals might be having psychological problems. Other indicators include family-related conflict, sleep difficulties, becoming socially withdrawn, or losing interest in activities they used to enjoy. Finally, problems related to alcohol may include driving under the influence of alcohol, blackouts, drinking to the point of intoxication, or using alcohol to get to sleep.

4.4 THE DECISION TO REFER

1. Whilst leaders continuously assess unit members in their day-to-day interactions, the decision about when and how to refer unit members for an assessment by a Mental Health Professional requires consideration. Changes in behaviour can be a natural reaction to military deployment and may not necessarily be abnormal or problematic. In fact, it can be helpful for unit personnel to hear that others experience similar reactions (see Box 4.2). When reactions become extreme and/or prolonged or interfere with performances, however, there may be a need for psychological assessment and referral. When dealing with these concerns, military leaders should consider the following questions:

Box 4.2: Normalizing Stress Reactions

"When deployed, we were under a 36-hour consistent artillery bombardment – 1,600 shells in the first two hours, then 4,000-5,000 over the next 34 hours. The explosions were shocking – literally. For about the next six months after returning home, even the sound of a door slamming was exceptionally frightening. I was only a Captain at the time, so had not had much fighting experience. No one spoke about the bombardment afterwards, and I didn't speak to anyone about my reaction to it. I didn't understand what was happening to me – why I was reacting in such a strong way to a door slamming…. It would have been really useful if someone had just explained how people react to such artillery bombardments and explained why I was reacting so strongly to doors slamming. Soldiers need to be made aware that it's good to talk about things - it's a release."

- Military Leaders Survey

a. Has the problem become more frequent or intense over time?

b. Is the problem interfering with the individual's or unit's ability to accomplish the mission?

c. Is the individual a danger to him/herself or to others?

d. Has the individual asked for a referral?

Box 4.3. Indications for potential mental health problem

- ✓ Absenteeism
- ✓ Insubordination
- ✓ Inappropriate aggression
- ✓ Discipline problems
- ✓ Family-related conflict
- ✓ Alcohol-related problems
- ✓ Sleep difficulties
- ✓ Agitation/irritation
- ✓ Social withdrawal
- ✓ Difficulty concentrating
- ✓ Difficulty making decisions
- ✓ Lack of enjoyment
- ✓ Changes in eating habits
- ✓ Changes in appearance
- ✓ Sudden change in performance.

2. Answering "yes" to any of these questions would be a strong indicator that a leader should refer an individual for a formal evaluation. If uncertain, leaders may find it especially useful to consult with a Mental Health Professional about the decision.

4.5 WHAT IS EXAMINED WHEN FORMALLY ASSESSING MENTAL HEALTH?

1. Leaders play a key role in ensuring that individuals get formally assessed by Mental Health Professionals when needed. Mental Health Professionals conduct this formal assessment using questionnaires and interviews to determine if there is a clinical problem

that interferes with functioning, needs treatment. It is their responsibility to diagnose, treat, and at times remove the individual from the unit if there is a condition that seriously interferes with function or poses safety concerns. Some of the domains that Mental Health Professionals focus on during such as assessment include the following:

a. Sleep Problems
   (1) Dissatisfaction with sleep pattern
   (2) Difficulty falling asleep or staying asleep
   (3) Self-medicating to deal with sleep problems, such as drinking alcohol in order to sleep

b. Traumatic Stress (see chapter 7 for an additional information)
   (1) Having intrusive thoughts about traumatic events
   (2) Numbing of emotions and being withdrawn
   (3) Jumpiness and hyper-vigilance
   (4) Persistent guilt or shame
   (5) Avoiding thoughts or feelings, or avoiding people, places or things associated with the trauma

c. Depression/Anxiety
   (1) Feeling depressed or sad more days than not
   (2) Losing interest in activities one used to enjoy
   (3) Difficulty concentrating or making decisions
   (4) General worry
   (5) Panic attacks

d. Alcohol and other substance use disorders
   (1) Trying to cut down, but can’t
   (2) Needing to drink more to get the same effect
   (3) Drinking causing problems with family or friends
   (4) Using alcohol to sleep or deal with nightmares
   (5) Risk-taking behaviour related to drinking (driving, fighting)
   (6) Gambling

e. Anger and Irritability Problems
   (1) Arguing with others
   (2) Physical aggression toward others
   (3) Being short-tempered, irritable
   (4) Relationship conflict
   (5) Concern that the arguing might get out of control

f. Safety (suicidal or homicidal thinking)

g. Judgement and reliability

h. Functioning (occupational, social, personal - e.g. difficulty managing personal hygiene)

i. Underlying or chronic medical conditions that might be worsen or be worsened by the mental health condition(s). This could include history of injuries, traumatic brain injuries, or chronic physical symptoms, such as headaches, fatigue, and chronic pain.

2. Most importantly, the clinician will assess the degree of functional impairment, particularly in occupational impairment and safety, and determine if any duty limitations are needed.

4.6 GROUP-LEVEL ASSESSMENTS

1. Although individuals may be recommended for formal assessment based on their behaviour, there may also be occasions when it might be helpful to conduct group-level assessments with the goal of helping to facilitate access to care for those who need it. Unit-level assessments generally occur for two reasons. First, the decision may be driven by the deployment cycle. This approach links formal assessments to specific periods in the deployment cycle. For instance, a pre-deployment unit assessment can be used to assess the psychological support needs of unit members about to deploy. Post-deployment assessments are required by some NATO nations to link service personnel to Mental Health Professionals back home. Such assessments typically involve a survey using validated clinical scales combined with a medical review by a physician or other health professional.

2. Second, there are times when it might be useful to provide unit-level assessment or counseling in response to concerns about the well-being of a unit, or a specific traumatic event affecting the unit, such as the death of a unit member. (This will also be discussed in chapters 5 and 7). NATO nations differ in the degree to which leaders are

encouraged to facilitate such assessments, and there is debate on the value of evidence supporting this. Some assessments may involve anonymous surveys to assess the needs of the unit, and some may involve the use of clinical screening instruments to help identify individuals in need of care. The involvement of Mental Health Professionals is a supplement to, not a substitute, for leadership.

4.7 LEADERS' ACTIONS TO PROMOTE PSYCHOLOGICAL HEALTH

There are many actions leaders can take to optimize the psychological health of unit members.

4.7.1 Communication Strategies, Active and Reflective Listening.

See Chapter 3 for discussion of communication strategies.

4.7.2 Regular Check-Ins

It is also helpful for leaders to find ways to have regular check-ins with unit members, either through informal means, such as walking around the unit, or through scheduling face-to-face meetings. This facilitates team members feeling supported, and helps in getting to know them better, build cohesion, more quickly recognize when there are problems, and model good leadership. Areas to focus discussion on to facilitate this include what is going well, what needs the service member may have, any challenges they may face, and any problems the leader can help address or acknowledge.

4.7.3 Balancing Routine with Time Off

When units are confronted with significant psychological demands, basic military tasks still need to be completed. Even in the aftermath of a serious incident, it is the leader's responsibility to emphasize normal military routines. Routine provides structure for unit members facing demanding events. When leaders structure military routines in a way that is understandable, mission focused, equitable, and transparent this helps to support cohesion and mission focus. Understanding the need for work-life balance that supports social bonds, and optimal health is also important. Closely related to this is how leaders support unit members sleep, as discussed in the next section. Leadership in response to traumatic events is also detailed in Chapter 7.

4.7.4 Sleep Leadership

Box 4.4: Sleep As Item Of Resupply

"A Ukrainian company commander was promoted to the position of battalion commander. His area of responsibility was considerably greater, and he started to only get a few hours of sleep a night. He started to view his battalion functioning much more catastrophically and began to have panic episodes. He approached the psychologist he knew to help with the unit, but instead the psychologist asked him about his own mental health and suggested that he prioritize his sleep. Very soon his mood became stable, and he stopped projecting his inner state of panic onto his unit."

- Conveyed by Psychologist in Ukraine, 2024

1. Sleep is a foundational component of health and influences how well service members think, recover physically from missions, and manage their emotions. Sleep is critical to healthy psychological and physical functioning, and unit leaders need to ensure that they are structuring work routines in a way that optimizes healthy sleep practices. Healthy sleep means getting 7-9 hours' sleep per 24-hour period, and there are numerous serious health and cognitive effects associated with getting less than this.[18-20] Normal sleep includes cycles of dreaming and deeper sleep, with brief periods of awakening between cycles.

2. People typically underestimate the negative impact that lack of sleep has on their cognitive performance, so it is critical for leaders to pay attention to the topic of sleep to ensure that they and their units function effectively. An estimated 1-3% of the population carry a genetic mutation that gives them the ability to function well and stay healthy on less than 7 hours sleep per night.[21] Everyone else needs 7-9 hours for effective health and functioning. Leaders themselves are not immune, and frequently underestimate their own ability to function well on less sleep. Even if a unit leader happens to be in the rare category that favours less sleep, that leader must ensure that they do not assume everyone else functions the same way. Regardless of their own capacity to withstand lack of sleep, leaders need to make sure that sleep routines support all unit members. Leaders may want to think of sleep as a critical item of resupply, much like water and food (see Box 4.4).

3. Cognitive functioning and health can be negatively affected both by full sleep deprivation as well as an insufficient number of hours or poor-quality sleep. Not getting enough sleep leads to impairment in cognition, including problem-solving, decision-making, judgement, and moral and ethical reasoning.[18-20] Studies have shown that one full night of sleep loss is roughly comparable to getting only 4 hours of sleep a night for 5 days. In both cases, the individual's cognitive impairment is the same as being intoxicated, equivalent to a blood alcohol level of 0.09%. In addition to cognitive dysfunction, not getting enough sleep can rapidly lead to difficulties regulating emotions, as well as physical health problems, like pain, inflammation, immune system difficulties (including increased susceptibility to illnesses), and other medical problems.

4. Leaders can facilitate unit effectiveness through establishing a healthy sleep culture.[22,23] Such leader actions involve:

a. monitoring and prioritizing sleep

b. leading by example

c. protecting sleep time

d. ensuring recovery time after shift work or continuous operations

e. setting equitable schedules (especially when it comes to shift work) including sleep management in planning

f. educating unit members on ways they can promote healthy sleep

5. When missions result in unit members sleeping less than 7 hours per day, it's important for leaders to consider how they can optimize the health of their units. First, in preparation for the mission, leaders can encourage their unit members to bank their sleep. By investing in sleep up front, before the mission, the unit can handle the lack of sleep more effectively. Second, leaders can emphasize the importance of tactical napping, accumulating as much sleep during these missions as possible to counter the individual's total sleep debt. Third, leaders can ensure that their units have a chance to recover after a period of sleep restriction. This recovery period may take several days for individuals to get their cognitive skills back to baseline**.**

6. In addition to banking sleep for anticipated periods of high operational tempo and tactical napping to catch up on lost sleep, leaders can also ensure that unit members understand how to optimize sleep habits by avoiding electronics within one or two hours of sleep, controlling temperature, light, and noise in the environment, and using white noise to cancel out other sounds that might be in the environment.

7. Leaders can turn to medical or Mental Health Professionals to help educate unit members in sleep health. Education can cover the deliberate use of caffeine to help sustain performance during continuous operations or during night-time missions, while avoiding side effects or subsequent sleep disruption. Education can also address how alcohol can interfere with normal sleep functioning and lead to less restful sleep. Even a single alcohol drink consumed before bed can lead to less restorative sleep, including more awakenings during the night and difficultly falling back to sleep.

8. Unit members can also be encouraged to identify signs of insufficient sleep in their peers. Such signs include obvious problems, like difficulty staying awake during duty hours, slower reaction time, and difficulty understanding or tracking information, or more subtle signs such as irritability. Leaders need to ensure that they build a healthy unit sleep

culture by countering underlying beliefs that sleep is for the weak or should not be a priority, epitomized by phrases such as, “I’ll sleep when I’m dead.” Instead, leaders can explain that sleep is essential for mission success and necessary fuel for the brain, just like water, nutrition, and physical fitness.

9. Sleep leadership matters. Studies have shown a link between sleep leadership and better unit health and functioning over time. Moreover, leader teams that completed a one-hour training in sleep leadership had more unit members reporting adequate levels of sleep six weeks later compared to leaders who were not trained.[23] Collectively, these studies demonstrate that sleep leadership is effective and that by understanding the foundation that sleep provides, leaders can boost the sleep health of their units.

10. To summarize, leaders should treat sleep as a depletable resource like water, food, or ammunition. Sometimes the operational demands are such that very little sleep is possible, however, sleep loss will entail a performance hit that requires proper reconstitution to reverse. Thus, on longer missions, thoughtful management of the soldiers’ sleep can have a big impact on mission success. Inadequate sleep is also a significant factor in triggering combat stress reactions (discussed in Chapter 7).

4.7.5 Reducing Stigma and Barriers to Support

1. There are several steps the leader can take to support the process of helping service personnel receive mental healthcare when needed:

a. First, as mentioned in Chapters 2 and 3, the leader should establish a climate of trust and reinforce the message that maintaining psychological readiness involves all members of the unit.

b. Second, leaders need to reduce concerns about stigma and barriers to care. Studies over many years have characterized the wide range of reasons that military personnel are reluctant to seek mental healthcare or often drop out of care prematurely.[24-27] These include stigma (such as perceptions that they will be treated differently by their leaders or team members), barriers to care (such as the availability of appointments), and their own perceptions (negative and positive) about the effectiveness of mental health services or their ability to handle problems on their own. Studies have shown that military personnel with higher levels of symptoms are especially concerned about the stigma associated with seeking out psychological support services. Leaders can reduce stigma and barriers by encouraging individuals to take care of their psychological health and emphasizing that seeking care, when indicated, is a sign of strength that supports psychological readiness. They can work to reduce barriers to care, for example, by ensuring that unit members know what

options are available to access care, facilitating access to care while on duty, and addressing concerns that unit members may have, such as whether mental health treatment could impact their job or security clearance.

c. Policies should clearly articulate how privacy will be protected and any limits of privacy, such as when mental health problems lead to safety concerns. Stigma reduction and access to care efforts can be reinforced through 24-hour hotlines, peer-support, advertising campaigns, and confidential treatment options.

4.7.6 Psychological Fitness After Returning Home: Leadership Continues

1. Experienced military leaders and Mental Health Professionals acknowledge that the post- deployment period can be particularly challenging in terms of psychological fitness. Military personnel who deploy on operations where they are exposed to extreme circumstances are likely to be affected in some way by the experience. They may return with a greater appreciation for their own life and their relationships, and a sense of purpose and pride in accomplishments. Many military personnel, however, report that returning home involves a transition that takes time.

2. Some individuals returning from an operation may initially dismiss symptoms of psychological problems. Over time, however, problems may become more obvious. Military leaders report the need to be especially aware of the potential for problematic behavioural changes at the 3–6-month post-deployment point. Consistent with other research, respondents to the Military Leaders' Survey suggested that psychological support efforts be extended beyond the immediate post-deployment period.

3. Some units will remain together in this post-deployment phase providing leaders with continuity in terms of watching out for unit members. Other units will be dispersed, or augmentees may return individually to units that did not deploy. In such cases, the augmentees' leaders need to monitor the psychological fitness of the returning individual. There are several aspects to the transition back home that leaders may want to directly address in collaboration with Mental Health Professionals. Indeed, some nations have decompression programs or other formal homecoming activities that teach unit members and their families about adapting to work and family life after the deployment. To help unit members anticipate post-deployment challenges, leaders need to be aware of what should be expected during this phase. Leaders who are aware of these normal changes can also assess whether an individual is having a reaction that is part of the normal pattern or if the individual's reaction is relatively extreme.

4.7.7 Adjusting To Home Life

For the returning unit member and for the family, the adjustment may not be as simple as a welcome home ceremony. Roles have shifted, and families have become used to daily routines that do not include the service member. Rebuilding intimacy takes time. Despite idealized expectations, it takes time for everyone to readjust and for the family to accommodate the presence of the returning unit member (see also Chapter 6).

4.7.8 Transition to Garrison Life

1. Whilst the degree of adjustment varies by deployment, service members often describe ambivalence about returning to regular garrison duties.

2. Garrison can seem less meaningful and there is often less unit autonomy than during deployment. After high intensity operations, some unit members may be inclined to engage in high-risk activities such as driving too fast. Leaders can play a key role in helping with this transition by recognizing this shift in intensity and level of responsibility. Leaders can address this issue by looking for opportunities for unit member professional development, by utilizing the expertise of unit members in training, and by focusing on the need for safety.

4.7.9 Understanding the Adaptive Nature of Reactions

For those individuals returning from high-intensity deployments, it is normal to have reactions to events that did not previously bother them. For example, individuals may jump to a door slamming or get anxious and irritable at being stuck in traffic. Many of these reactions are based in adaptive responses in a deployed environment, and in general should subside over time, though sometimes additional psychological help is needed.

4.7.10 Changes in Social Interactions

1. Unit members on deployment typically develop close bonds. They've learned to trust each other and to depend on each other. When they return, they may find that it is hard to relate to those who haven't deployed. They may feel like they don't know how to talk to others who haven't been through similar experiences. Learning to relate to others is an essential part of the reintegration process that can take time.

2. Leaders can take advantage of day-to-day opportunities to normalize problems in adjusting to life back home. They can also reinforce the message that most unit personnel will do fine even if some need help maintaining their psychological fitness over time. Leaders need to be aware that unit personnel may be ambivalent about seeking help from

Mental Health Professionals even though military leaders consistently report viewing help-seeking as a sign of strength and courage. Communicating this message provides unit members with a clear signal that taking care of psychological fitness is a priority.

4.7.11 Leaders Ensuring Their Own Psychological Readiness

Like their unit members, military leaders are not immune from the challenges of operational stress and adjusting to home life following deployment. Regardless of rank, military leaders report experiencing the same transition difficulties reported by other personnel (see Box 4.5). The key for leaders is to check their own adjustment and determine whether it is affecting their functioning at work or relationships at home. Leaders can evaluate their transition by listening to those around them. If friends or family comment about the leader's behaviour and suggest that the leader get help, it is a sign that the transition is not going smoothly. For long-term success, leaders need to ensure that they take breaks

Box 4.5: Leaders Are Not Immune

"I redeployed and … didn't go through decompression. I had feelings I couldn't control. Not realizing I'd gone through one stressful event and was going into another. I wasn't smart enough to recognize it in myself that I had PTSD. The senior leaders are neglected. We are the guiltiest ones. We need to take a lot more responsibility for ourselves during the process…. I talked to people around me about it. I had to explain, if I behave in a certain manner, this is the reason why. I had to get past my ego to recognize the fact that I had a problem. I went back down range and told them about my experience. 'Look, if I can experience this, you can too; don't be afraid to let someone know'."

- Military Leaders Survey

from the pressures of work and deployment, take care of and monitor themselves, and seek out consultation as needed.

4.7.12 Leader Actions Linked to the Mental Health Continuum

There is a continuum of mental health from healthy and reacting, to strained and combat ineffective (Figure 4.1). At each point along the continuum, there is an explicit role for leaders. Figure 4.2 shows specific leader actions. Even when military personnel are doing well (blue/green zones), it is still critical for leaders to engage in health-promoting behaviours such as those listed in the first two columns of figure 4.2. When individuals begin demonstrating signs of stress reactions (referred to in figure 4.1 as 'reacting'), it is important for leaders to consider promoting early intervention strategies, identified in the middle column of figure 4.2. For those instances when military personnel experience significant distress that interferes with their functioning (orange/red), leaders should facilitate treatment and recovery, actions identified in the third column. Leaders should focus on the goal of helping unit members stay in or more toward the green zone, with the blue zone there as an aspirational goal for individuals to consider.

Figure 4.2. Leader Actions

4.8 SUMMARY

Psychological readiness is a fundamental component of overall readiness. As with other components of readiness, military leaders and individual service personnel are responsible for ensuring psychological fitness for the demands of operational life. For the military leader, that means capitalizing on informal and formal psychological readiness assessment, knowing which behaviours are indicators of difficulty, and knowing when and how to access services from military Mental Health Professionals. This partnership of individuals, leaders, and Mental Health Professionals can strengthen the readiness of the unit. By ensuring psychological fitness, military leaders build their unit's resilience so the unit can respond effectively to the challenges of military life across the deployment cycle.

CHAPTER 5 MORALE AND UNIT EFFECTIVENESS

Chapter Objectives:

- Describe the importance of measuring unit morale and climate
- Provide guidance on how to assess unit morale
- Review leader actions to improve unit morale

Box 5.1

"An army's effectiveness depends on its size, training, experience and morale, and morale is worth more than any of the other factors combined." Napoleon Bonaparte (1769-1821)

5.1 INTRODUCTION

This chapter describes why morale is important, how it can be assessed, and how leaders can prevent or minimize morale problems across the deployment cycle. Unit morale assessments are also referred to as unit climate or unit needs assessments. Such assessments can provide useful information to support the organizations, as well as providing data to improve medical support.

5.2 WHAT IS MORALE?

1. Morale is a broad term that can be defined as "the enthusiasm and persistence with which an individual member of a unit and/or the defense organization engages in accomplishing mission objectives."[1]

Box 5.2: Catching Morale Problems Late in the Game

"During the deployment I had disciplinary problems with soldiers – alcohol abuse, insubordination, inappropriate behavior. The consequences included one NCO being sent home and a further 6 soldiers being punished. Getting rid of the troublemakers didn't really solve the problem. During the rest of the operation the atmosphere in the unit was strained and full of distrust. It was a very delicate situation to deal with as a superior. I wish I had caught the problems earlier."

-Military Leaders Survey

2. Research on morale has produced two key findings[1]:

a. High morale is positively related to performance

b. High morale is associated with fewer stress casualties.

3. Assessing morale alerts leaders to problems that need to be addressed and can prevent low morale from interfering with mission performance. As demonstrated in Box 5.2, poor morale can lead to disciplinary problems and diminished readiness. While the previous chapter on fitness focused on the individual, this chapter emphasizes the importance of the group's overall psychological readiness.

5.3 FACTORS INFLUENCING MORALE

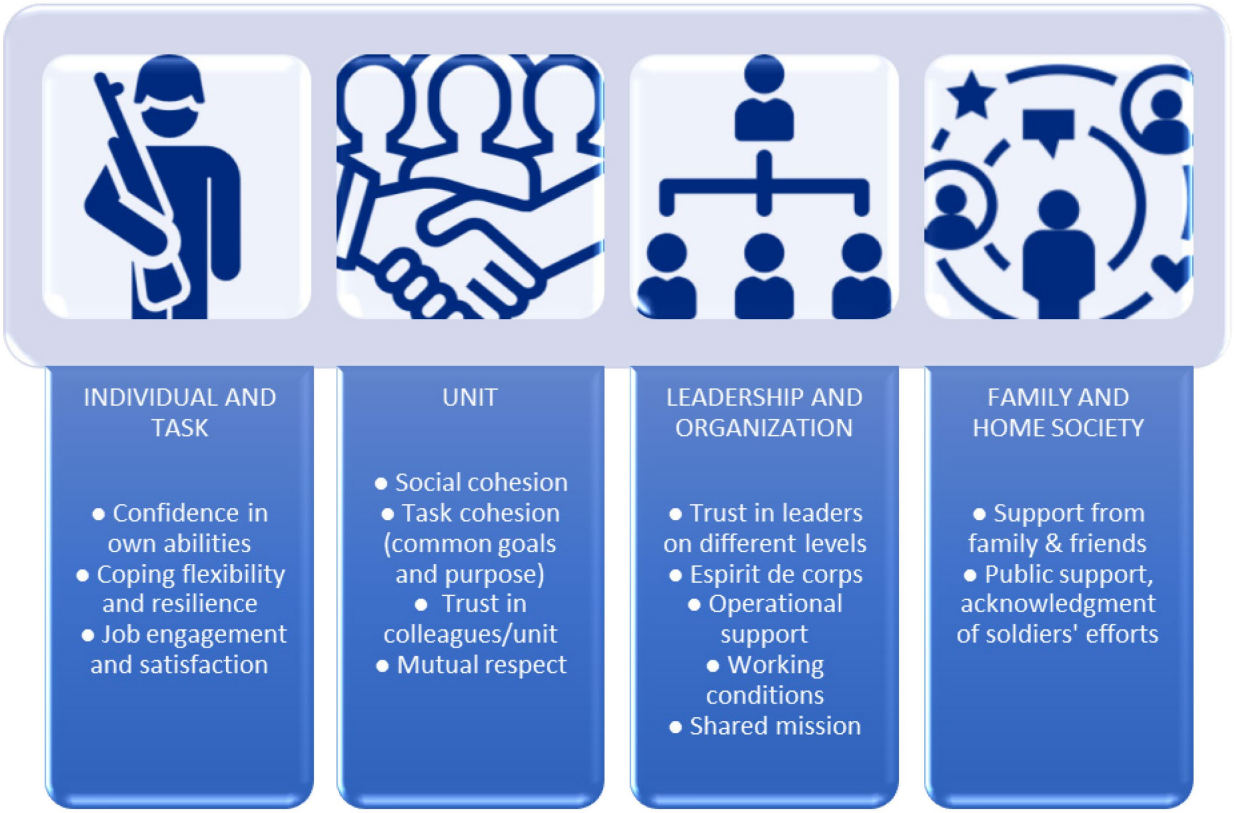


Figure 5.1: Factors influencing morale.[1,28]

Many factors influence unit morale (Figure 5.1). The nature of the military operation, for example. If the mission and rules of engagement are not made clear (e.g. combat, peacekeeping, humanitarian, combination), or expectations are not well managed (as discussed in chapter 3), this can undermine the individual and shared sense of purpose and confidence. Other factors that can influence morale include media coverage, public support for a mission, and the degree to which unit efforts are acknowledged. In addition, factors related to the mission itself can influence unit morale, such as appreciation from the local population and seeing positive results on a particular mission. However, one of the most significant factors influencing unit morale, is leadership quality, from the local level to the senior level. Morale is tightly linked to cohesion and trust in leaders.

5.4 HOW TO ASSESS UNIT MORALE

Leaders need to assess unit morale to determine unit readiness. Assessment is important because leaders often rate unit morale more highly than do unit members. Consequently, leaders may not detect morale issues early enough to avoid problems unless they work to assess morale. Assessing morale can be done in 4 different ways:

5.4.1 Informal Contact with Unit Members

1. Leaders informally assess unit morale across the deployment cycle by listening to their subordinates. They do this in a variety of contexts, sometimes even in the middle of a mission (Box 5.3).

Box 5.3: Checking the Pulse of Morale

"I once had a high-risk mission with my team. We all felt a little bit scared as the territory was not known and we did not know what to expect. We were very focused. However, there were signs that some of my men were wavering. So, I decided to stop in a safe location for a moment. I reminded everyone of how well they had performed in training and asked them to behave in a similar manner. I told them that as a team we had to trust each other and work together. We all calmed down and completed the mission. When we arrived back at base, we discussed what we had felt during the mission and how we could build upon this experience as a team."

-Military Leaders Survey

2. These informal moments can tell a leader a great deal about the unit's morale. Relying on these informal moments, however, may not be enough. Informal assessments may provide a voice for outspoken unit members, but these individuals may not necessarily reflect the views or concerns of most of the unit. In addition, some subordinate members may be afraid to speak up due to an imbalance of power if leaders are present or if a member of higher rank dominates the discussion. Relying on informal assessments also makes it difficult for unit leaders to track changes systematically over time. Without a formal mechanism for tracking changes, leaders cannot determine whether their actions promoting morale have been effective.

5.4.2 Examining Objective Indicators

One way in which leaders can assess their unit's morale more objectively is by examining the number of problematic behaviours in their unit. Such behaviours include disciplinary violations, accidents, injuries, unauthorized absences and sick leave. Typically, these problems are documented by the unit. Unfortunately, these indicators do not serve as an early warning system, rather they may demonstrate that a unit is already having substantial morale difficulties. Systematic formal assessments can, therefore, be useful in the early identification of morale problems.

5.4.3 Focus Groups

1. A focus group is a structured discussion directed by trained facilitators with about 10–15-unit members. The unit members discuss their concerns and provide constructive criticisms and suggestions related to specific problems. For example, one topic of a focus group could be family communication; another topic might be team building. Focus groups allow for quick assessments of issues of concern to leaders. Focus groups also provide possible solutions. The main limitation of focus groups, however, is that the small number of participants allows the opinions of only a few to be heard. For example, in a large battle group, it may be tempting to base decisions on the results of a focus group even though these decisions may not be representative of the entire group. Nevertheless, when the unit is small, a focus group may be an efficient means of assessing unit morale. Successful focus groups use:

    a. experienced facilitators who are not part of the chain-of-command structured questions prepared ahead of time to emphasize particular issues

    b. participants who are representative of the unit

2. Used in combination with other approaches (see Table 5.1 for an overview), focus groups can provide leaders a more complete assessment of unit morale and psychological readiness.

5.4.4 Morale Surveys

1. Moral surveys (also called climate surveys or needs assessment surveys) are often jointly developed by operational leaders and military Mental Health Professionals trained in survey methodology. Trained survey professionals will write the survey items, select the sample, administer the survey, and analyze, interpret, and report the results in a manner that ensures that the procedures are conducted in accordance with professional standards. It is recommended that the surveys be anonymous to facilitate greater veracity of the responses.

Table 5.1: Comparing Methods of Morale Assessment

Approach	Objectivity	Value as an Indicator of Change	Information about Morale Problem and Cause	Comment
Informal Contacts and discussion with unit members	Low	Low	Yes	Easy to obtain but biased on small number of opinions.
Objective Indicators (such as number of discipline problems and accidents)	High	Medium	No	Indicates possible morale problems but does not provide early warning.
Focus Groups	Medium	Low	Yes	Efficient for examining specific problems, but may not be representative of entire unit, or provide overall picture of unit morale
Morale Surveys	High	High	Maybe	Requires some level of professional expertise to ensure solid methodology. May provide some information on causes if the right questions are included on the surveys.

2. Even if unit members do not like filling out surveys, they like being asked how they are doing. This is particularly true if they believe leadership cares about their responses and if they believe their answers can make a difference. Most nations have a standard set of questions covering key areas linked to operational readiness that leaders can address. The assessment provides the status of morale and other indicators or unit climate at a specific time and is useful only if it is intended to take action. The involvement of the leaders is necessary. The items themselves are often standardized to allow for comparison. Leaders often provide input to add questions and make a survey specifically relevant to a particular situation or deployment.

5.5 HAT TO MEASURE IN A MORALE / UNIT NEEDS ASSESSMENT SURVEY

1. There is a core set of areas assessed by several NATO nations (Box 5.4). The items from these areas may cover global perceptions (such as cohesion) as well as satisfaction with specific environmental factors that affect morale (such as food or shelter). These types of surveys give unit leaders information to better inform programs and policies to help their personnel remain psychologically healthy and mission effective.

Box 5.4: Things to Consider on Morale Surveys

- Unit Climate
- Cohesion
- Leadership Behaviours
- Efficacy
- Stressors
- Deployment Events
- Family/Relationship Stressors
- Psychological Health

2. **Climate** – A simple rating of the overall unit climate can provide a point of comparison for follow-up surveys and a direct assessment of unit members' perceptions of how they are treated and how confident they feel working under current organizational conditions.

3. **Cohesion** – As an important component of morale, cohesion indicates the degree to which individuals feel connected to their unit. Cohesion is a protective factor that helps individuals adjust more effectively to stressors experienced across the deployment cycle.

4. **Leadership** – Morale survey items addressing leadership are most useful when the items target specific NCO and officer behaviours. Items can reflect the degree to which unit members perceive their leaders are effective, competent and concerned about their well- being. By emphasizing specific behaviours, leaders can get feedback about things they can change.

5. **Individual and Organizational Efficacy** – Morale surveys also typically assess unit member confidence in their skills and abilities and their assessments of the skills and abilities of the entire unit. Self and unit efficacy can be increased through realistic training and serves to protect individuals from the negative effects of stressors.

6. **Stressors** – A morale survey usually includes a short list of environmental stressors even if these stressors cannot be directly controlled by a leader. These items are developed for specific missions but may include:

   a. Environment e.g., noise, environmental exposures, weather conditions

   b. Food quality

   c. Living conditions

d. Amenities, such as gym or other recreation facilities

e. Uncertainty around date of return from deployment

f. Workload, professional burnout

7. **Deployment Events** – Whilst exposure to deployment events such as snipers, fire fights, artillery, drones, or casualties are not events that can be controlled by a military leader, they are often included in morale surveys. These items document the levels of major stressors which may have been encountered by unit members. As in the case of environmental stressors, deployment events need to be tailored to the specific mission.

8. **Family or Relationship Stressors** – Family and home-front issues can exert a big influence on deployments, and it can be helpful to include questions about relationship strengths and challenges, and communication back home.

9. **Psychological Health** – Finally, a morale survey can include a brief assessment of psychological health. Such assessments are not designed to identify individuals with mental health problems, which would be done through other means, such as medical screening processes (see Chapters 4 and 7). Standardized and validated measures of psychological health on unit level surveys are useful because they track overall unit mental health changes over the course of the deployment cycle and may help units identify unique needs. Specific measures of psychological health may include depression, anxiety, sleep problems, and alcohol use. For broader unit needs assessment surveys questions about willingness to seek help when needed, and stigma and barriers to care can also be asked.

5.6 WHEN TO MEASURE MORALE

1. Morale surveys can be administered before or during deployment, or while in garrison:

a. Pre-Deployment: Leaders should ensure the survey is administered toward the end of the pre-deployment phase. By that time, team building and mission-specific training will have occurred, and unit members will know their leaders and each other.

b. During Deployment: The timing of the survey during deployment needs to be carefully considered. If the survey is administered only once, then it should be administered early in the middle phase allowing unit leaders to make mid-course adjustments. Another option is to survey unit members several times. In that case, the military leader may want to ensure that unit members are surveyed after the first few weeks of the initial adjustment period and again towards the end of the deployment.

c. Post-Deployment: Some nations also administer the morale survey after the return from the deployment.

d. Due to specific concerns. For example, if there has been an increase in objective indicators, such as discipline, alcohol problems, or accidents, or other indicators of poor morale or mental health functioning, then a unit needs assessment may be considered to gather relevant information to assist with intervention efforts.

5.7 WHAT LEADERS SHOULD DO

1. Assessing morale helps to make leaders more effective by identifying potential actions that leaders need to take to address unit concerns. Morale assessment is a joint effort (see Box 5.5).

2. Mental Health Professionals bring general knowledge of morale issues. Their expertise and objectivity are essential for providing leaders with useful feedback and making suggestions based on the assessment results.

3. Military leaders have specific knowledge about their unit. They have the authority to make decisions regarding changes that will impact on unit morale. At the same time, they also have an obligation to provide feedback of the results to unit members. This feedback does not need to be detailed but should include information about what unit members have reported. The more transparent the feedback, the more unit members will be actively engaged in leader initiatives to address unit concerns.

Box 5.5: Creating Optimal Conditions for Morale Surveys

- Establish a close working relationship with Mental Health Professionals to ensure that current operational and unit concerns are addressed.
- Allow Mental Health Professionals access to personnel to ensure timely and accurate feedback on morale and readiness issues.
- Stress the importance of the assessments to unit personnel to ensure serious and honest responses.
- Endorse the survey at unit briefings and meetings.
- Provide feedback to unit members regarding the results.

4. Morale assessments may reveal difficulties across a range of topics such as cohesion, leadership and stressors. Appropriate leader responses will depend on the circumstances. One way to measure whether leader actions addressing morale issues have had an impact is to reassess morale at a later point in time. If global ratings of morale and cohesion are relatively low, leaders may want to consider unit events and team building exercises. Scheduling unit training is one leader action that can promote morale.

5. While morale assessments may indicate specific actions that leaders can take to address a problem in the unit, there are also several general strategies that help to support morale and psychological readiness. Boxes 5.6 and 5.7 provides a summary of leader behaviours that support morale. This list of leader behaviours comes from surveys and interviews with military personnel with experience in combat and overlaps considerably with other recommended leadership behaviours from earlier chapters. Each of these behaviours may sound obvious, but studies have found that they are routinely practiced by only some NCOs and officers. Leaders need to focus on specific behaviours, rather than on global attributes such as charisma. By taking a moment to stop and consider their unit's needs, by thinking about their own role, and ultimately by acting, leaders can promote unit morale.

Box 5.6: Morale matters (Leaders' Survey 2022)

"When I think about what kept the morale going amongst my troops during our ground movements, I recall avoiding arrogance – that while I wanted to execute our mission perfectly, I had to accept that imperfections were inevitable. In this, the troops, the officers and I shared similar beliefs about tolerance, honesty and respect. The officers and I never grew tired of getting to know every man and woman under our command, staying engaged with them and listening to their thoughts, feelings, their views about the mission. It was my responsibility to protect them, I would never sell them short, and they always knew this."

CO of infantry unit deployed to Afghanistan circa 2012

Box 5.7: Leader Actions that Promote Morale

- Be fair and just
- Instill discipline
- Punish with caution, don't enjoy it
- Keep subordinates informed
- Admit your own mistakes
- Protect subordinates when they make honest mistakes
- Shield subordinates from unfair treatment
- Prevent subordinates from taking unnecessary risks
- Visit the troops, endure hardship together
- Engage in team building
- Manage within-group conflict early

5.8 SUMMARY

1. Morale is critical to military effectiveness and readiness.

2. There are four methods of assessing unit morale: Informal contact with unit members, Examining Objective indicators, Focus Groups, and Morale / Climate Surveys (Table 5.1)

   a. A morale / unit climate / needs assessment survey is an objective method of data collection suitable for most military units that should be jointly developed by leaders and military Mental Health Professionals. It should be able to measure variables regarding the unit's Climate, Cohesion, Leadership, Efficacy, Stressors, Family and Relationship Stressors, Deployment Events, and Psychological Health.

b. Morale surveys may be administered before a deployment, at least once during the deployment, post-deployment, or as needed for specific reasons.

c. There are general actions that a leader can take to promote morale (Box 5.7).

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CHAPTER 6 MILITARY FAMILY READINESS

Chapter Objectives:

- Introduce concept of the Emotional Cycle of Deployment
- Review reactions families have to deployment
- Identify actions to enhance family readiness and support

6.1 INTRODUCTION

Box 6.1: Shocking Amount of Family Problems

"It was a rather shocking experience as a battle group commander to discover, over the duration of our mission, just how many of my soldiers at one point were affected one way or another by problems related to the family back home. Family members being hospitalized following accidents, relatives getting ill or dying, burglary at home, sons and daughters being arrested by the police, ex-husbands causing serious trouble to the spouse, flooding in the house, … the list seemed endless. Whereas, in garrison, even major problems get solved without the commander knowing or intervening, obviously the deployment context changes that situation dramatically."

- Military Leaders Survey

1. The term "family" in this guide is broadly defined as biologically related family members, family of origin, and/or chosen family such as spouse, partner, and other loved ones sharing their lives with the service member.

2. Military leaders understand that deployments impact not only service members but their families (Box's 6.1 and 6.2). Deployments can foster resilience, highlight the value of family bonds, and reinforce important values, but they can also create significant stress. These challenges are compounded by the service member's absence from daily family life and the fear of loss or serious injury. Family issues can also impact unit focus and performance, making it essential for leaders to support families throughout the deployment cycle. This support ensures both family well-being and the service member's operational effectiveness.

3. Leaders recognize that family readiness is a critical aspect of overall military readiness, extending beyond deployments to include the entire deployment cycle. Family challenges can also exist with service members conducting air or drone missions who return back to their home after mission completion.

Definition Box
"Family Readiness"

Families who are emotionally prepared and have the attitude, skills, tools and knowledge to meet the challenges of the military lifestyle.

Box 6.2: Impact of Mental Readiness:

"You can train your men as much as you want, but what do you think will happen if there is a war and these boys run around with the thought that nobody cares for their families? No way will they fight as effectively." - *General Norman H. Schwartzkoff*

"It Doesn't Take a Hero"

6.2 SUPPORT ACROSS THE CYCLE OF DEPLOYMENT

1. Military communities rely on formal and informal networks to support families throughout the deployment cycle (Box 6.3). Formal networks include Mental Health Professionals and rear detachments tasked with practical home-front needs and communication. Leaders must ensure rear detachments are staffed with capable personnel who can foster relationships between units, local resources, and families. A strong rear detachment is vital to addressing family readiness effectively.

2. Informal networks, such as extended family, friends, and community groups, are equally essential. Leaders can enhance these resources by community activities that encourage their involvement in supporting military families.

3. Addressing family-related concerns can be one of the most challenging aspects of leadership (Box 6.4). While leaders are trained to direct personnel, they may not have experience communicating with families, who are not bound by military obligations and may have differing views on operations. Nonetheless, families expect the military, represented by the unit leader, to address their needs.

4. Leaders take on both practical concerns, such as communication or pay issues, and emotional concerns, like managing anxiety. While not expected to solve every issue, leaders promote unit confidence by acknowledging concerns and maintaining a calm presence, even under pressure. This approach fosters effective family support across the deployment cycle.

Box 6.3: Networks of Support:

Formal network
- Family support organization
- Psychiatrist / psychologist
- Social worker
- Mental health nurse
- Primary care clinician
- Chaplain
- Rear detachment support

Informal network
- Extended family
- Friends
- Community groups

Box 6.4: Impact of Mental Readiness:

"All of the great leaders have one characteristic in common: It was willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership.

- John Kenneth Galbraith "The Age of Uncertainty."

6.3 EMOTIONAL CYCLE OF DEPLOYMENT

1. Leaders need to promote family support throughout the deployment cycle. By prioritizing family support, leaders demonstrate their commitment to unit members and their families and can identify potential problem areas while there is still time to address them. There are many ways to consider family member stress and coping around deployments. One useful model is the Emotional Cycle of Deployment.[29] This model provides a way for leaders to anticipate the concerns of family members at each stage.

2. The stages are distinct, and each poses specific challenges. Military leaders can prepare by being aware of each stage. Good planning in each of these phases can positively impact family stability as well as individual and unit readiness.

Box 6.5: Five Stages of Emotional Cycle of a Military Separation

1. Pre-Deployment
2. Initial Phase of Deployment
3. Stabilization
4. Anticipation of Return
5. Post-Deployment

6.3.1 Stage 1: Pre-Deployment

1. The pre-deployment stage begins with the warning order and ends when the unit member departs. This phase, lasting days to over a year depending on the mission, is marked by family challenges in accepting the upcoming separation and managing the emotional distance as unit members bond with their teams and prepare for deployment.

2. Families may feel tension as they cram activities and tasks like home repairs, finances, and childcare planning into the final weeks (Box 6.6). Arguments may occur, which is a normal expected response to the stress. Anxieties about the mission and doubts about coping alone can also surface, often expressed as frustration with military life. Leaders can reassure families that these reactions stem from deployment stress.

3. Military leaders play a critical role in supporting families during this phase by providing reliable information and hosting pre-deployment briefings. These sessions can engage families, address concerns, and introduce them to resources and one another. Offering activities for children, flexible scheduling, and geographically tailored support shows families they are a priority. Leaders should also coordinate with Mental Health Professionals to address how deployment impacts children differently by age.

Box 6.6: Pre-deployment Challenges

- Accepting the reality of deployment
- Anticipation of loss
- Train up/long hours away
- Getting affairs in order
- Mental/physical distance
- Arguments

4. Leaders need to provide reliable information on what family members should expect at every stage of the deployment. A military leader's commitment to family readiness ensures the unit can deploy with confidence. Leaders can express this commitment through pre-deployment briefings and by showing personal interest in how unit family members are doing and understanding their unique needs.[30] Clear guidance to rear detachments on family support and establishing strong communication between deployed leaders and home-front teams ensures families are supported, setting the tone for readiness throughout the deployment cycle. See Boxes 6.7 and 6.8 for guidance on how leaders can support families and conduct pre-deployment briefings.

Box 6.7: What Can Military Leaders Do?

- Ensure unit members are trained in what to expect in terms of family adjustment.
- Offer training to family members about what to expect.
- Develop unclassified intelligence briefings.
- Emphasize joint effort between individuals and rear support, and provide contacts when help is needed.
- Set aside time in the unit calendar for unit members to take care of personal, administrative and logistical issues.
- Communicate and build rapport with family members.
- Provide information regarding the mission and identify resources available.
- Identify contact persons with phone numbers.

Box 6.8: Considerations for a Pre-Deployment Brief for Families

- Nature of the Mission
  - Mission goals, location, duration
  - Measured risks associated with the mission
  - Options for communication (e.g. phone, mail, email, internet, social media)
- Access to Mission Updates:
  - Unit web site or social media site
  - Rear detachment support
- Calendar of unit events before, during, and after deployment
- Media awareness
- What to expect in terms of the emotional cycle of deployment
- Resources available with phone numbers and email contacts
- Contact procedures in the event of an emergency

6.3.2 Stage 2: Initial Phase of Deployment

1. The deployment phase presents challenges as families reorganize roles and responsibilities in the absence of the service member. The first weeks can be disorienting and emotional, with gaps in both practical tasks and emotional support (Box 6.9). However, knowing what to expect can help families manage their reactions and adapt more effectively.

2. During this time, effective rear detachment support is vital (Box 6.10). Structured family events in the early deployment phase allow families to connect, share experiences, and reduce feelings of isolation. This support helps ease the adjustment during a busy and challenging period, making the transition smoother for families.

Box 6.9: Possible Reactions During Initial Phase of Deployment

- Overwhelmed
- Numb, sad
- Lonely
- Disoriented
- Mixed emotions/relief
- Sleep Difficulties

Box 6.10: Initial Phase of Deployment: What Can Military Leaders Do?

- Establish strong rear detachment in advance
- Support rear detachment activities
- Maintain regular contact with the rear detachment

Box 6.11: Handling Family Problems

"I considered myself fortunate to be able to rely on efficient key personnel to deal with the impact of the family problems that arose during the mission. It allowed me to concentrate on the mission and still know that problems were effectively addressed. In theatre, in addition to my staff and battery commanders, the doctor and the psychologist formed a team to advise me on possible actions. Back home my rear detachment commander was a very experienced officer with a natural flair for liaising with the families..."

- Military Leaders Survey

6.3.3 Stage 3: Stabilization

Stabilization occurs as family members engage in activities and establish new routines. Many rely on the rear detachment and other local resources for support. These formal networks meet regularly to handle problems and disseminate information. Other families prefer informal networks of support, relying on extended family, friends, and community groups. Many family members find they can cope with problems that arise and feel increasingly confident and in control.[31] These are markers of a successful adjustment.

Box 6.12: Possible ReactionsDuring Stabilization

- Become involved in new activities
- Develop new routines
- Become more independent
- Feel more confident
- Feel more in control

6.3.4 Stage 4: Anticipation of Return

1. This stage is marked by intense anticipation and mixed emotions. Families may feel excited about the reunion but also apprehensive about how the returning service member and family dynamics may have changed (Box 6.13). Service members share similar concerns as they transition home.

Box 6.13: Possible Responses to Anticipation of Return

- Intense anticipation
- Excitement
- Anxiety or concerns about adjustment

2. Military leaders can support this stage by encouraging open communication between families and unit members about their expectations, helping to ease the post-deployment transition and fostering a smoother reintegration.

Box 6.14: Anticipation of Return: What can military leaders do?

- Communicate the planned return date and emphasize the fact that this date may change.
- Send a thank you letter to the families for their continued support.
- Ensure unit members are briefed on family reintegration issues.
- Address differences in expectations between familymembers and unit members.
- Plan the homecoming reception.

3. Challenges may also apply to any R&R (rest and recovery) vacation period that service members take during deployment. There may be anxiety about reunification and separation again after a short time, as well as challenges like the service member simply needing extended sleep and rest which might disappoint their family members. They may wake frequently in the night due the sleep cycles they have been on in the operational environment. Commanders should provide some information on what to expect during leave and then check in with the service members after return from leave, since this may be an emotionally vulnerable period.

6.3.5 Stage 5: Post-Deployment

1. The post-deployment stage has two phases. The initial phase involves adjustment, which may include a "honeymoon" period where families idealize each other, or feelings of estrangement caused by mismatched expectations (6.15). Both reactions are normal as the service member begins reintegrating into the family.

Box 6.15: Possible Post-deployment Reactions

- Honeymoon period
- Loss of independence
- Need for "own" space
- Renegotiating routines
- Reintegrating into family

2. The second phase focuses on re-establishing roles and routines, which can be challenging as the returning member may still be mentally tied to the deployment. Families often need time to reconnect emotionally and renegotiate expectations, requiring patience, communication, and flexibility. While many expect this stage to be easy, it can be one of the most difficult (Box 6.16).

Box 6.16: Talk to Me

"After my husband had been home for a few days, I got aggravated with him when he would telephone his colleagues every time something of importance came up within the family - finally I told him 'I'm your wife, talk to *me*'."

- Military Spouse

3. Intimacy can be particularly challenging in the reintegration phase (Box 6.17), due to the prolonged separation, changing routines, and the fact that intimacy is tightly tied to

physiological regulation, which might be altered during deployment from prolonged sleep restriction, prolonged stress, trauma exposure, and physical injuries.

4. Leaders have a critical role during this phase, ensuring continued support for families. This includes involving them in post-deployment briefings that highlight mission accomplishments, making their sacrifices feel meaningful, and formally and informally recognizing their efforts. Leaders should also acknowledge the rear detachment's contributions and remain vigilant for unit members struggling with family challenges, facilitating referrals to Mental Health Professionals when necessary. Box 6.18 provides some guidance for this phase.

Box 6.17: Intimacy Takes Time

"I couldn't believe it. After my shower, I kept my towel around me to walk to our bedroom."

- *Military Leaders Survey*

Box 6.18: Post-Deployment Phase: What Can Military Leaders Do?

- Incorporate family members in post-deployment briefings
- Emphasize the accomplishments of the mission
- Thank families for their support and acknowledge their efforts
- Watch out for unit members who may be struggling

6.4 LEADING BY EXAMPLE

Many military leaders report forgetting to prioritize their own families. Some leaders believe that family issues in the emotional cycle of deployment do not apply to their own families. Ironically, by not considering their own family, leaders may lack a firm basis of support during deployment and upon returning home. Additionally, paying careful attention to their own family is one way to set a good example for their unit members.

6.5 SUMMARY

Military families know they are a special type of family. They understand that adjusting to the demands of military life requires a commitment and competence that many civilian families never have to demonstrate. This special status is part of their identity. Military families also know that deployments are one of the most challenging demands of military life. Even if families know deployments will happen or have already undergone them, they will still likely experience the emotional roller coaster over the deployment cycle. Families that overcome these challenges and learn to navigate the emotional phases of the deployment cycle often emerge stronger and closer than ever. It's up to military leaders to provide the climate for family support so that military families have an opportunity for successful adaptation and personal growth.

CHAPTER 7 WHAT LEADERS CAN DO TO MITIGATE STRESS REACTIONS TO POTENTIALLY TRAUMATIC EVENTS AND OTHER SERIOUS STRESSORS

Chapter Objectives:

- Define importance of early intervention
- Introduce 3-level model for early intervention
- Review leader actions following serious stressors or potentially traumatic events
- Provide guidance on mitigating stress reactions and common psychological problems

7.1 INTRODUCTION

1. Military leaders know they are responsible for the physical and psychological well-being of their unit members. Leaders are frequently faced with providing leadership and support to personnel who have experienced serious life stressors, and/or are experiencing stress reactions or mental health related problems that can interfere with their functioning, and potentially with unit performance or mission success. This chapter provides guidance and tools for leaders in assisting service personnel experiencing reactions to serious stressors. Box 7.1 provides some examples of serious life stressors as well as more extreme potentially traumatic events that can have a considerable impact on military personnel.

Box 7.1: Examples of Life Stressors and Potentially Traumatic Events

Serious Life Stressors	Potentially Traumatic Events
Death or Serious Illness in Family Member	Death in Training
Relationship Strain	Suicide in the Unit Member
Financial Difficulties	Death / serious injury of Unit Member
Chronic health problems or injuries	Direct Combat or Sustained Combat Threats
Legal Difficulties	Ambushes, artillery bombardment, IEDs
Move to a new unit or location	Witnessing War Crimes
Training failure	Witnessing Civilian Suffering or Causalities
Non-Combat Operational Stressors (see chapter 2)	Mass Casualty
Sleep disruption from continuous ops or shift work	Severely Injured Unit Member

2. These events may occur during any phase of the deployment cycle. Stress reactions can occur because of individual stressors, especially potentially traumatic events, as well as cumulative stressors over time, such as when unit members are confronted with chronic levels of threat, danger, violence or destruction.

3. Leaders may at times feel reluctant to get involved in subordinates' personal problems or ask whether paying attention to stress may somehow bring undue attention to it and make stress reactions worse. However, readiness entails both physical and psychological components, and the personal problems of unit members affect their psychological readiness. Even if the larger culture would typically consider stress-related problems beyond the reach of the work organization, the military is different. For leaders, being responsible means actively checking in with unit members and offering them the opportunity to talk about concerns and address those concerns, as indicated, before they affect unit readiness. By giving unit members the clear and consistent message that stress-related problems concern everyone, leaders are establishing the expectation that unit members should be able to rely on their unit for support. Showing concern for levels of individual and unit stress and/or morale will also not cause stress to suddenly increase or worsen.

7.2 COMMON STRESS REACTIONS

Reactions to stressful life events and potentially traumatic events are broad. These reactions are neither a disorder nor a weakness: rather, they are natural responses to stressful or extreme events. It is normal for individuals to experience some range of reactions into these sorts of stressors, which may go on for varying lengths of time depending on the circumstances. These reactions can be categorized in terms of cognitive, physical, emotional, and behavioural changes, as well as spiritual and social changes (see Box 7.2).[32] Sometimes, symptoms of stress reactions occur right atter stressors. In other cases, symptoms take time to appear. Generally, reactions subside over time.

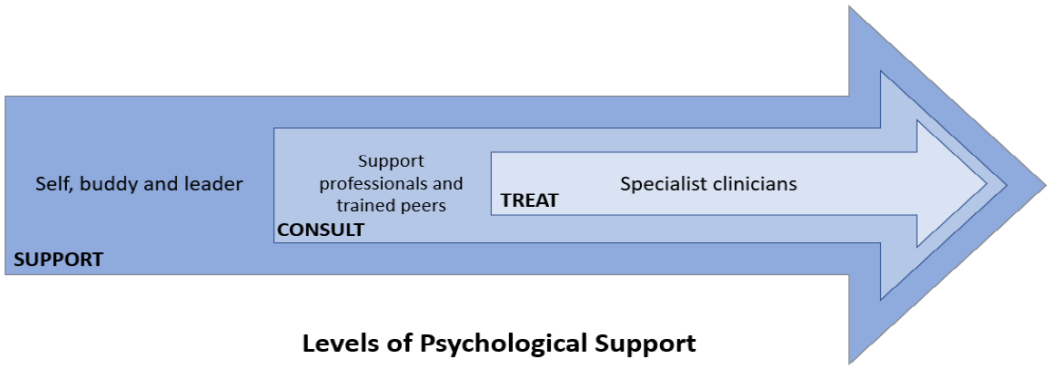
Box 7.2: Common Stress Reactions	
Cognitive	***Physical***
Memory Problems Inability to concentrate Difficulty making decisions Poor judgement Seeing only the negative Anxious or racing thoughts Worry, Feeling overwhelmed Disorientation	Excessive sweating Nausea or dizzy spells Chest pain or increased heart rate Elevated blood pressure Rapid breathing
Emotional	***Behavioural***
Helplessness Emotional shock Moodiness or irritability Anger Grief / sadness Guilt or shame Depression or general unhappiness Feeling overwhelmed Hopelessness Panic	Changes in ordinary behaviour patterns Changes in eating and drinking Changes in alcohol/illicit substance consumption Changes in sleeping habits (insomnia and hypersomnia) Changes in physical activity Decreased personal hygiene Reduction in performance Prolonged silences Nervous habits (e.g. Nail biting, pacing)
Spiritual	***Social***
Lack of purpose Lack of meaning Change of belief pattern Erosion of altruistic outlook	Lack of connection with others Interpersonal conflict Withdrawal from others Family strain

7.3 LEADER ACTIONS AND LEVELS OF PSYCHOLOGICAL SUPPORT

1. Following exposure to stressful life events or potentially traumatic events, unit members are likely to engage naturally in behaviours that promote recovery, though sometimes these types of events can cause less helpful responses, such as drinking too much or engaging in risky behaviour. The actions of leaders at all levels can go a long way to establish conditions that support and sustain recovery.

2. Different levels of support may be needed for different stressful situations or stress reactions (Figure: Levels of Psychological Support[1]), as noted also in the discussion of

the mental health continuum in Chapter 4. **Level 1** support in the darker blue reflects self-help, team member (buddy) help, and leader actions and represents the largest component of the support levels that is always available to every unit member throughout their time in service. **Level 2** interventions involve trained peers and other professionals who can assist in various ways, for example, unit-level psychological support after traumatic incidents, spiritual support or resources to address stressors (e.g. financial, housing, relationship). **Level 3**, the highest level of support that occurs less frequently than the other two levels is mental health clinical support that provides specialized treatment for individual unit members. Note that these are additive, such that even when professional mental health support is needed, the other two levels of support continue to remain important.



Levels of Psychological Support

3. A key assumption underlying this chapter is the belief that most unit members will recover from potentially traumatic events or serious life stressors without professional intervention. The assumption is that in many cases self-help and buddy help will be sufficient for most unit members to cope with potentially traumatic events or serious life stressors.

4. It is also important to note that leaders' ability to help their units, particularly after potentially traumatic events, depends upon leaders taking care of themselves also. Leaders may have experienced the same events as unit members, and the leaders may also experience stress reactions. In particular, leaders should be aware that their decision making may be influenced by these normal stress reactions. Leaders may want to pay attention to the quality of their sleep, signs of irritability, and other reactions in box 7.2. By monitoring themselves, leaders can take these changes into account and adjust their decision-making accordingly.

7.4 LEVEL 1 SUPPORT: INFORMAL BUDDY HELP

1. Leaders have a responsibility to establish a climate in which buddy support takes place across the deployment cycle. Buddy help can be defined as informal psychological support given by one unit member to another. Buddy help relies on the existence of a

personal relationship and the sharing of a common experience and represents unit members looking out for each other.

2. Buddy help is unique because unit members understand each other in a way that outsiders may not. They share experiences, values and beliefs. That's why buddies are so effective in helping each other deal with the aftermath of potentially traumatic events. Buddy help is often considered a type of psychological first aid.

Box 7.3: The Buddy System Working

"An explosive device had blown the front off one of our vehicles. No one was injured inside, remarkably, but the whole front end of the armored vehicle had been sheared completely off. Sitting with some of these 18- and 19-year-old soldiers, sitting with them in their barrack block when they disclosed the excitement of this, you could see they were still running on adrenalin. We gave them the opportunity and the time to articulate, not just verbally, but emotionally too. We gave them the space to do that in an operational theatre where they were expected to go back out on duty again the next day. To just give them that little time between duties, not just for eating and resting, but to just get a hot cup of tea and just talk to each other about how they all felt and how desperately scared and everything else they were, was very important. I could see that this was the buddy-buddy system actually working, keeping people with their team for mutual support. I think we've learned that lesson, that you keep people in their little tight group where you can give them the opportunity to talk about things like that".

- Military Leaders Survey

3. Some nations have focused basic military training to improve the "buddy" system. This training includes teaching service members to recognize signs of stress in friends. It also includes training in listening skills, stress management and coping techniques.

4. Unit members will naturally engage in buddy help if the circumstances are correct (Box 7.3). Leaders can foster a climate that encourages buddy support. They can emphasize the importance of looking out for one another, make time to process events, bring people together, and encourage other unit activities and training such as those described in Box 7.4.

Box 7.4: How Leaders Can Help

- Make time to process critical events that affect the unit
- Bring people together in an appropriate setting and at an appropriate time to address stressors that affect the unit
- Allow service members to react both as individuals and as a group
- Recognize unit members' experiences and sacrifices
- Manage stressful events using unit resources
- Call in specialist help if and when needed

7.4.1 When to Consider Additional Support

1. When leaders identify individuals who are having difficult functioning or who have problematic symptoms or behaviour changes despite individual and buddy support, formal interventions may be required by specially trained personnel (e.g., Box 7.5). It is essential that leaders look for ways to facilitate recovery and rapid return to duty. Any explicit or implicit messaging that seeking help reflects a sign of weakness feeds into societal and organizational stigma. It is paramount that leaders encourage help seeking as a sign of strength. Service members with stress responses, even those with significant mental health symptoms, can usually continue to be fully productive members of the team if they receive the right type of support.

2. These interventions are designed to take care of unit members and reduce personnel loss. Ideally, they are provided as near as possible to the unit, as soon as possible, and with the expectation of rapid return to duty. This approach facilitates the natural process of recovery, and many individuals will be able to remain with their unit.[33] Those who do not benefit from this level of intervention may need to receive more specialized treatment (for example, hospitalization or air-evacuation).

7.5 LEVEL 2: SUPPORT BY TRAINED PEERS

1. Consistent with the principles of Level 2 and 3 support, some nations have peer-delivered stress risk-assessment and intervention programs activated quickly after a potentially traumatic event. Leaders from these nations may request support from trained peers (see Box 7.5). Trained peers normally come from the unit but may come from outside if no trained peers are available or if the unit's trained peers were involved in the incident themselves.

2. Formal support from trained peers is similar to buddy help. Peers have credibility and are not seen as part of the medical establishment. What makes them special is that they are trained in the use of certain techniques to support units or individuals. These peers can conduct risk assessments, crisis management briefings and early interventions. In those nations that have formal peer support programs, leaders should consider selecting unit members for such training as part of ongoing preparation for operational deployments.

Box 7.5: A Formal Peer Assessment

Four marines, including one sergeant, deployed to a country on diplomatic protection duties, were targeted by rebels as they picked up the diplomatic bags at the airport. Two RPGs severely damaged the vehicle in which they were travelling. When the emergency services arrived, the sergeant tried to explain that they had been attacked. However, the local police saw that the marines had weapons but were in civilian clothing and became aggressive and hostile. All four were taken to police cells and their wounds were given scant attention despite all four having suffered lacerations and varying degrees of concussion.

Eventually diplomatic pressure led to the group being released from custody and taken to hospital. After having their wounds tended, all four returned to the embassy compound. The detachment sergeant major (who was a specially trained peer practitioner) discussed the incident with the sergeant and the diplomats who negotiated the marines' release. He decided that a formal peer assessment was warranted and decided that the sergeant should be seen separately as he may have felt in some way responsible since he was in charge. The junior marines, who were seen together, all showed varying signs of distress but perceived that the situation would have been far worse if the sergeant had not been as steady and robust as he had been. Although one appeared to be suffering with some signs of acute stress and was not functioning well, the sergeant major was able to alter his duties to ease his work stress, whilst ensuring that he had the support of his buddies. The sergeant appeared to feel very guilty that he had let his lads down and was not able to get them to hospital sooner. However, after seeing both groups the sergeant major decided it was best to get all four together. Indeed, when the juniors praised their sergeant's actions, it was obvious to all that the sergeant became less distressed, realizing at last that he had done a good job and that he had earned the respect of his subordinates.

All four were encouraged to keep talking to each other and were given the opportunity to phone home. However, they all continued to carry out their duties in theatre. At follow up, some four weeks later, they were back to their same old selves. *NATO RTO HFM-134 Symposium*

7.5.1 Level 2 Support After Potentially Traumatic Events

1. Level 2 psychological support is designed to assess and provide early interventions after a potentially traumatic event. The specific types of interventions might include short term one-on-one consultations as well as targeted group interventions, under names such as After-Action or Post-Event Debriefing, Critical or Post Incident Stress Debriefing, Ad-hoc Incident Review, Traumatic Event Management, and other terms. Leaders may have several options regarding who provides this type of service and, in general, should select group facilitators who are known to the unit. The facilitator could be the unit leader, a peer, or a Mental Health Professional, though professionals are often not needed for group facilitation after critical incidents.

2. The research literature is mixed on the effectiveness of post-incident group debriefing by Mental Health Professionals. For individual victims of a disaster, group debriefing appears unhelpful. In contrast, some evidence suggests that group debriefing may help in the contexts of a military unit or workgroup exposed to potentially traumatic events as part of professional duties. Group after-action reviews are already part of the

military culture and expected after missions. To that end, some nations have established additional traumatic event management or unit-level debriefing capabilities that involve professionals. There is also training in some nations for after-action debriefings led by leaders themselves. Importantly, the goals of a post-event debriefing are distinct from traditional After-Action Reviews that focus largely on mission-related lessons learned. The goals of a psychologically oriented debriefing include reviewing and making sense of the events that happened as a group and reinforcing cohesion, resiliency, self-aid, buddy-aid, and peer support. These discussions provide an opportunity for team members to acknowledge what happened as a group, share how they are affected by an event, listen to one another, and get some support.

3. Effective leaders actively demonstrate concern for individuals, acknowledge loss, communicate directly with team members (and families where appropriate), and send a message that helps build team cohesion and the expectation that the team will recover and continue to be successful in their mission. General principles are that individuals are not required to speak in these debriefings if they do not want to, and that there is a respectful, team-focused approach. Chaplains may help with spiritual, moral, existential questions, or grief, or other support personnel to help with managing serious life stressors.

7.6 LEVEL 3: PROFESSIONAL REFERRAL

1. Although most personnel will experience some degree of stress reaction after a potentially traumatic event, only a minority will develop severe psychological problems such as post-traumatic stress disorder or depression. As noted in Chapter 4, everyone in the unit has responsibility for being aware of the mental health continuum and can assist in facilitating referral when needed.

2. Mental Health Professionals evaluate individuals, make diagnoses and treat individuals in need. This support may be provided close to the unit or farther from the unit depending on the circumstances. See chapters 4 and 8 for more information on working with Mental Health Professionals. Given the potential severity of stress reactions, it is essential that leaders support the system of managing high-risk individuals (see Box 7.6).

Box 7.6 Leaders Managing Traumatic Events

"Each time there were situations of important stress, the chain-of-command fully played its role, and the medical support team intervened by taking on individual management of particular cases or referring on where appropriate. An NCO died after an accident during artillery live firing. I managed this situation together with my unit's doctor. Together, we managed unit stress, provided support to the family etc."

- NATO RTO HFM-134 Symposium

7.7 ACUTE STRESS REACTIONS

1. An acute stress reaction is characterized by temporary psychological and physiological symptoms that can interfere with functioning due to the direct result of a serious stressor. Acute stress reactions are often very transient (few minutes). These symptoms may span the same broad range of physical, cognitive, and emotional symptoms, such as those shown in box 7.2. In a combat situation, for example, a Soldier may be temporarily overwhelmed, confused, and disoriented by traumatic events such as blasts (perhaps compounded by exhaustion and/or sleep disruption), resulting in dissociation, panic, freezing, agitation, or erratic behaviour. Regardless of the specific symptoms, the common thread across these reactions is that the individual is unable to function for a brief period, potentially endangering themselves, the team, and the mission. Acute stress reactions are not psychological disorders, but normal responses to abnormal stressors, temporary periods of dysfunction resulting from extreme stress. Some facts about acute stress reactions are shown in Box 7.7.

Box 7.7: Key Facts about Acute Stress Reaction

a. Acute stress reaction is characterized by transient symptoms and disrupted functioning

b. Acute stress reaction is not a psychological disorder but normal responses to abnormal stressors or extreme stress.

c. In one survey of US miliary personnel who deployed to combat, 17-24% reported having experienced a possible acute stress reaction, and 40-50% witnessed an acute stress reaction in others.[34]

d. Many acute stress reactions are transient, lasting a few minutes, but can still endanger individuals, teams, and the mission.

2. When an acute stress reaction occurs in an operational environment and transiently results in an individual unit member not being able to perform their duties, teammates can be trained to step in and play a critical role in helping the individual quickly resume functioning. Teammates can be taught to identify an acute stress reaction and promptly intervene to help the individual quickly return to functioning. This is a good example of Level 1 buddy / peer support.

3. Several NATO nations have developed and disseminated a rapid intervention for peers to use in response to an acute stress reaction. This intervention is rooted in a

program originally developed by the Israel Defense Forces (IDF). Whether the NATO program is called BESSER (DEU), Re-START (Norway), Back-from-the-Black (CAN), or iCOVER (USA and GBR), there are similarities in the programs across these nations.[35.36] The technique is described in box 7.8

Box 7.8: Essential Components of Peer-Based Management of Acute Stress Reaction (iCOVER)

Identify acute stress reaction

Connect and get the individual's attention - to break through their sensory disconnection

Offer reassurance that the individual is not alone - to reduce their sense of psychological isolation

Verify simple facts - to kick-start the thinking brain

Establish what happened, is happening and will happen - to re-orient the individual

Request purposeful action - to counter feeling a lack of control

4. The procedure is as follows. After identifying a unit member who may be experiencing an acute stress reaction, the peer gets the attention of the affected individual through speaking with them, gaining eye contact, and physical contact (like touching their shoulder). The peer also reassures the individual that they are not alone as they go through this experience. Then, the peer asks a couple of simple fact-based questions to engage the affected individual's focus and provides a brief thumbnail sketch of what's happened, what is happening, and what will happen. Finally, the peer directs the affected individual to engage in simple purposeful mission-oriented activity.

5. A Ukranian combat medic who went through the iCOVER training in Norway reported back that "It's a bad idea going into combat without knowing iCOVER."

6. One of the benefits of preparing teams to manage acute stress reactions is that the training can address unspoken concerns that service persons may be harboring, such as asking themselves "what if I freeze up?" or "will I let my team mates down?" By knowing that their leader and troop mates are ready to intervene and prompt them to continue contributing to the mission, service persons will likely be more confident in navigating the psychological demands of deployment.

7.8 OPERATIONAL STRESS REACTIONS IN DEPLOYED SETTINGS

1. A synonymous and broader term to “acute stress reaction” is the term Operational Stress Reaction (also referred to as Combat and Operational Stress Reaction- COSR). Operational stress reactions encompass transient acute stress reactions, such as what is described above, but is the preferred terminology when symptoms due to operational stressors last for hours or a few days. All individuals can reach their mental, cognitive, or physical breaking point where their functioning becomes impaired due to cumulative or severe operational stressors, such as chronic sleep loss, physical exhaustion, injuries (including concussions), continuous operations, loss of team members, and exposure to other traumatic events. Knowing about COSRs and how they are best managed can help leaders maintain the health of their units. These reactions, which can involve a range of emotional, behavioural, cognitive, and physical symptoms, do not reflect a psychological disorder or diagnosis, but a normal response to extreme stress. COSRs includes many types of symptoms, such as panic/anxiety, withdrawal, slowness of thought, difficulty prioritizing tasks, preoccupation with minor issues, cognitive problems, amotivation, exhaustion, agitation, confusion, and even temporary psychotic states.

2. While training such as iCOVER is helpful for transient reactions with immediate consequences (e.g. freezing during a mission), the frameworks of PIES and 5Rs provides the optimal structure of support for addressing most other combat and operational stress reactions that last a few hours or days (see figure and box 7.9 below). PIES highlights the need to provide intervention as near as possible to the unit, as soon as possible, with the expectation that the individual will recover quickly and return to duty. Individuals with serious operational stress reactions should receive a medical evaluation to ensure that their symptoms are not related to a medical condition. Then they can be given a brief respite from the serious stressors or direct combat operations while supporting basic needs (sleep, food, hydration, hygiene) in a location as close to the unit as possible, and with the expectation that the individual will recover fully and return to duty quickly (typically within 1-3 days). A close variation of PIES is BICEPS, currently part of U.S. military doctrine, which adds a “B” for Brevity of interventions and a” C” for Contact of Centrality emphasizing ongoing contact with the unit.

3. The 5Rs is another way to think about the specifics of an optimal intervention strategy. Operational stress reactions should be expected and planned for. Of critical importance is evidence showing that if individuals with operational stress reactions are moved too far from their

Box 7.9: 5Rs

- **Reassurance**
- **Rest**
- **Replenish** body needs (sleep, food, water, hygiene)
- **Restore Confidence**
- **Return to Duty**

unit for treatment, for example to a hospital, their chance of recovery and full return to duty decreases considerably. A case example is presented in box 7.10.

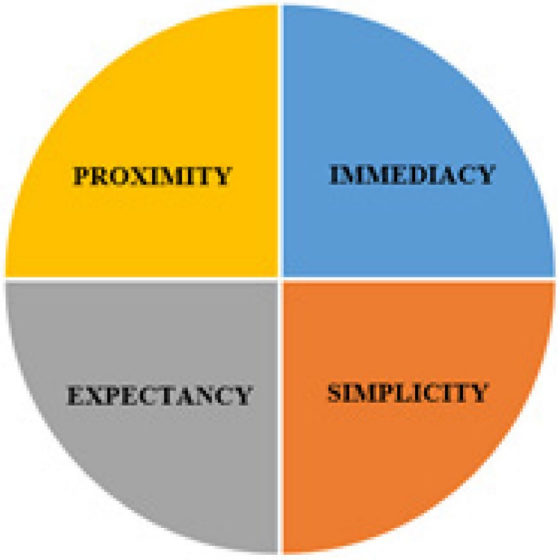


Figure: PIES framework

Box 7.10: PIES, 5Rs, and Peer Support Case Example

A Ukrainian Marine attending a combat medic training in Norway relayed the following personal example while forward deployed to the Krynky bridgehead at the south side of the Dinipro river. After many days of intense combat, a Marine developed a severe COSR with psychotic symptoms that included hearing and seeing enemies who were not there. The Marine was treated with the 5Rs and according to the PIES principles. A fellow team member from his company was assigned to do regular check ins on the Marine and used active listening to provide good peer-to-peer support. After 3 days of these treatment efforts the Marine completely recovered from the COSR and was able to return to duty. The Marine served meritoriously in several subsequent combat engagements without any issues. The case example illustrates the efficacy of PIES, the 5Rs and peer-to-peer support.

– Relayed by Ukranian Marine attending training in Norway

7.9 POSTRAUMATIC STRESS DISORDER (PTSD) AND OTHER MENTAL HEALTH CONDITIONS

1. Acute stress reactions and COSRs exist on a continuum from transient symptoms amenable to brief interventions by unit peers such as iCOVER, short term symptoms lasting a few hours or days that can be treated using PIES or 5Rs principles, and more enduring symptoms consistent with a mental disorder, such as major depression, post-traumatic stress disorder, anxiety disorders, or more serious conditions such as psychotic or bipolar disorders. (See also Mental Health Continuum Model in Chapter 4). Post-traumatic stress disorder is a condition directly linked to exposure to potentially traumatic

events and is characterized by difficultly shutting off the fight or flight response after the life-threatening situations have past, with symptoms lasting more than one month. Symptoms include feeling constantly hyperalert/ revved up, reexperiencing traumatic memories, avoiding things that might trigger strong reactions, and feeling detached or numb. One paradox is that PTSD-related reactions that are labeled symptoms by medical professionals in a home environment are also adaptive necessary responses in a combat environment. For example, high situational awareness in an operational environment may translate to hypervigilance in a non-operational setting. Having symptoms of PTSD, depression, or other anxiety disorders does not necessarily preclude deployment and military service if the occupational functioning is not seriously impaired and the individual is able to receive the clinical support they need.

2. Mental Health Professionals are trained to assess these conditions, identify more serious conditions that need immediate treatment or evacuation, and provide treatment. They can also provide guidance to unit leaders on any occupational impact they or the leader observes. Chapter 4 and Chapter 8 provide additional guidance to leaders on stigma reduction and what to expect from Mental Health Professionals. Treatment approaches can include psychotherapy and/or medications depending on the conditions, and there are clinical practice guidelines to help clinicians determine optimal treatment strategies.

3. Some broad recommendations for leaders include:

   a. Identity and assist the service person needing mental health support

   b. Emphasize and encourage early intervention

   c. Recognize PTSD and other mental health conditions as possible responses to trauma and chronic stress

   d. Reduce stigma and barriers to receiving care

   e. Promote education

7.10 SELF-HARM AND SUICIDE

1. STO-TR-HFM-218 “Military Suicide Prevention Report (2018) and STO-TR-HFM-277 “Leadership Tools for Suicide Prevention” (2022)[37,38] provide comprehensive guidance for leaders on suicide prevention, including an extensive set of infographics to support education efforts included with the HFM-277 report. This section summarizes key points from these reports to help the leader as part of this psychological guide. Leaders need to be alert to indications about risk to personal safety of their troops. Keeping channels of communication open with junior leaders and amongst peers is key. Box 7-11 provides a guide to signs to look out for.

Box 7.11: Warning signs of suicide

Often talking or writing about death, dying or suicide.

Making comments about being hopeless, helpless or worthless.

Expressions of having no reason for living; no sense of purpose in life; saying things like "It would be better if I wasn't here" or "I want out."

Irresponsible alcohol and/or drug use.

Withdrawal from friends, family and community.

Reckless behaviour or more risky activities, seemingly without thinking.

Dramatic mood changes.

Talking about feeling trapped or being a burden to others.

2. Effective leadership has its role in enhancing unit cohesion and therefore in turn reducing combat stress. Similarly, toxic leadership styles have been strongly associated with suicidal behaviour. However, when a suicide attempt or actual suicide has occurred, it is the leader's responsibility to continue to support the unit and follow steps to maintain safety and mission readiness.

3. **Postvention in situations of attempted or actual suicide** should be undertaken to assist service persons and to ensure their safety in cases of self-harm or suicide attempts:

a. Assist service persons who have attempted suicide with navigating the healthcare system to receive appropriate care.

b. Provide support to service persons and family members impacted by a suicide attempt.

c. Train service persons about the vital role that the 'Buddy System' plays in unit cohesion and readiness.

d. Improve unit intervention skills, build knowledge, and build confidence to respond to suicidal risk factors and warning signs.

e. Foster a culture that reinforces responsible help-seeking behaviour as an accepted part of being a responsible service person.

4. In cases of **death by suicide,** leaders should be guided by the following:

   a. Provide support to service members and family members impacted by a suicide.

   b. Ensure service persons and family members are connected to support systems. Encourage troop mates to discuss and process intense emotions, and to express any concerns.

   c. Have the facts of the event and balance honest information sharing with the victim's privacy. Be sure not to condemn or glorify their actions.

   d. Consider inviting an external facilitator such as a Mental Health Professional/Chaplain to support a group discussion.

   e. Promote the idea that the outcome of a crisis need not be suicide; there are other alternatives.

   f. Honor the deceased service person and support the funeral as an important part of the healing process for fellow troops and for family members.

Box 7.12: Key messages for military suicide prevention (from HFM-218)

- Suicidal service members require immediate attention and must not be stigmatized.
- Best practices in suicide prevention exist and their wide dissemination is imperative.
- Leaders are strategically in an ideal position to ensure that suicidal service members receive timely assistance from mental health, substance use, chaplaincy, and/or family-focused programs.

5. Of note is that in discussion of self-harm and mental health concerns leaders sometimes ask the question of whether service members sometimes intentionally harm themselves or intentionally display mental health behaviours for secondary gain, such as getting out of duty or out of a risky mission. Overall, malingering is not a major problem in the military. Although it does occur, it is rare, and it is also difficult to diagnosis because it requires a high level of objective evidence to support the diagnosis. Using this label on suspicion alone can be extremely harmful to the individual as well as team cohesion and morale. Additionally, suicidal behaviour is usually associated with underlying mental health problems that require medical attention, and even if there is intention for some sort of secondary gain in the self-harm behaviour, for example to get off duty, this still represents a pathological and potentially dangerous response that requires professional mental health assessment.

7.11 MORAL AWARENESS LEADERSHIP

1. Events that involve moral dilemmas or that carry moral or ethical ambiguity occur in kinetic operational environments and can affect psychological readiness. Besides life threatening combat-related events, like being in a firefight or having a unit member seriously injured in battle, morally challenging events reflect events that carry more complex moral or ethical implications. These types of experiences, which may not fit cleanly into the usual categories of potentially traumatic events, can at times be associated with significant psychological impact.

2. The need to address this topic has led to the development of moral awareness leadership training that some nations are utilizing. The medical community has also addressed this topic using the term “moral injury” to describe potential psychological impacts that can result from exposure to morally ambiguous events. Chaplains have also taken an interest in and developed some counseling efforts around the topic of moral injury. Medical definitions for moral injury have varied, and there is not uniform agreement on the construct from a clinical perspective. One definition is “enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one’s moral beliefs or sense of right and wrong.”[39] Another definition has focused more on the impact of participating in or witnessing unjust war events[16] Examples that are frequently cited for moral injury include:

   a. The individual does something or fails to do something that goes against their moral beliefs.

   b. The individual observes someone they trust do something or fail to do something that goes against their moral beliefs.

   c. The individual perceives that someone they trust (like a leader) betrays them.

3. With these types of experiences, feelings such as guilt, shame, anger, and disgust may be amplified. Individuals can feel damaged, lose their faith in others, and lose their belief in a just world.[16,40] Studies suggest possible associations between the construct of moral injury, PTSD, and suicide risk, though there are many gaps in the evidence on the degree to which “moral injury” itself drives serious health symptoms independent from other factors. Moral and ethical concerns, as well as feelings of guilt, shame, and betrayal, are often associated with trauma, and have always been a focus of attention in treatment of PTSD, well before the “moral injury” construct was coined.

4. Leaders do not necessarily need to be familiar with the nuances of the medical “moral injury” concept itself, though they should be aware of the term, since it is increasingly being used by military Mental Health Professionals and chaplains. However, leaders should establish moral awareness as part of their leadership approach. Military

leaders can potentially set the stage for preventing negative psychological or readiness outcomes from morally ambiguous experiences, supporting individuals as they navigate exposure to these experiences, and mitigate the associated negative effects.

5. For example, in one study, soldiers who experienced high levels of combat and who reported that their leaders engaged in moral awareness leadership were less likely to report symptoms of depression and anxiety even after adjusting for overall leadership ratings of effectiveness.[41] Moral awareness leadership was characterized by:

a. Having clear expectations of ethical conduct,

b. Encouraging unit members to raise potential moral issues,

c. Sharing their own moral dilemmas,

d. Talking about how combat relates to military values,

e. Forgiving honest mistakes, and

f. Recognizing that sometimes bad things happen even if unit members do the right thing.

6. In another study, being prepared to address ethical concerns and ethical leadership were both independently associated with better mental health following exposure to combat-related morally injurious events.[42]

7. The results of these studies suggest that leaders can provide a foundation of moral awareness even under difficult conditions like combat. Setting the stage and fostering a unit climate that recognizes moral issues can serve the unit well both in the short term, in terms of building trust and cohesion within the group, and the long term, in terms of reducing the psychological burden that can accompany morally ambiguous actions.

8. While there is still much to be learned in this space, early efforts reinforce the significance of leaders maintaining a morally aware stance and promoting moral awareness in their formation. This positive impact can occur at all levels of leadership.

7.12 LEADER ACTIONS SURROUNDING THE DEATH OF UNIT MEMBER

1. One of the most significant traumatic events that a leader may face is the death of a unit member and the subsequent grief reactions of unit members and those on the home-front. These reactions will be different for each individual and can affect the functioning of the unit. Although unit leaders may not feel trained to manage a death in their unit, unit members will look to the leader for guidance, and the family will expect a personal acknowledgement of the loss. What leaders choose to do in the aftermath of such a loss will set the tone for how the unit and families cope with and recover from the loss. Leaders

who acknowledge the loss, give permission to grieve, show their own vulnerability, and place the loss in context provide meaningful support at a time that many unit members need it most.

2. It is critical to acknowledge and honor the lost individual. While full memorial ceremonies might not be feasible in the operational environment it is important for leaders to acknowledge a unit member's death in all phases of the deployment cycle. In times of grief, good leadership involves taking time to stop and consider the loss. Box 7.13 provides one example of simple leader actions in a far forward environment.

Box 7.13: Honoring the Fallen in Far Forward Situation

"The rocket attack happened late at night. It killed two-unit members. We were in an outpost miles away from anyone else. What were we to do with the bodies because it was too dangerous for helicopters? At first, they were left in a place close to the guys' kit. I and the other NCOs from the platoon were not happy with this. First, it would have been demoralizing for the guys to see the bodies when they went to retrieve their kit the following morning and, second, we thought it was a bit undignified because of how they were left. We decided between ourselves to move the dead to a sheltered spot in a garden under a big tree and cover them over. This simple gesture played a big part in handling this situation and helped to prepare us for the rest of what was to come. We later made a plaque and hung it in the room where they died."

- Leader's Guide Reviewer, Military Leaders Survey

3. Memorial ceremonies may occur during the deployment and again afterwards upon homecoming. Such ceremonies can become especially meaningful by incorporating the use of symbols that have significance to the unit and by having unit members involved in planning wherever possible. Box 7.14 provides one example of a ceremony that honors the fallen

Box 7.14: Ramp Ceremony

"Attending a ramp ceremony is unlike anything else—it's haunting, solemn, and deeply personal. As the casket passes, each of us is lost in our own thoughts. It's a chance to honor the fallen, say goodbye, and reflect on the fragility of life. Each salute, each step, is a reminder of the sacrifice made. As heavy as it feels, it also brings us closer together, grounding us in the shared purpose we carry forward. In those moments, we honor not just the fallen but the bond that unites us all and the reality of our own mortality."

- Canadian Officer supporting the MMHP group, 2024

4. The role of leadership in the aftermath of a unit member's death involves acknowledging the loss and giving permission to grieve. This permission can include standing the unit down for a period and reminding subordinate leaders that grieving takes time. Leaders can also lead by example by talking about the impact of the loss on them,

as appropriate. By acknowledging their own reaction, leaders help shape a unit climate that counters stigma associated with grief.

5. Leaders also have the opportunity to set the foundation for unit recovery by placing the loss in context. The leader can help orient the unit toward the future by emphasizing the meaning of the unit member's contributions, the meaning of their sacrifice, and the expectation that the unit will continue its mission. Unit leaders also need to ensure that they have an outlet for their own emotional reactions, such as talking with a peer or a chaplain. In many nations, chaplain support is a key part of helping the unit with the process of recovery by offering counsel and spiritual guidance.

6. Some things that leaders can focus on to support healthy grieving and recovery include:

a. Acknowledge the loss

b. Promote self-care (e.g., exercise, nutrition, sleep)

c. Acknowledge that grieving takes time, and to be patient

d. Support connection with others and buddy support

e. Balance acknowledgement of the loss with mission needs

7.13 HANDLING HUMAN REMAINS

1. Unit members may be in situations where they encounter or have to handle human remains, and be exposed to disturbing or grim sights, smells, and/or sounds in chaotic and dangerous environments. Mortuary affairs professionals who are specifically trained in this may be available. However, when the need for processing the remains of the fallen outpaces the number of trained mortuary affairs specialists in a certain situation, service persons of other specialties may be called upon to augment this function. Leaders will need to be able to prepare and guide them. Preparation should include providing clarity on context and circumstances of the body handling task, what unit members will likely encounter, the value of the task, and ethical obligations (for example, if the dead are enemy combatants). Leaders can support service persons involved in mortuary operations with simple strategies that help limit their exposure to the most distressing aspects of the work and enhance their sense of togetherness.

2. Prior to starting the task, leaders should talk with the team about the importance of the task and what to expect, as well as ensure security of the site and safety of the team members. After the task is complete, leaders should provide recognition for the contribution of the team and encourage buddy aid and support.

3. **Key Strategies for Leaders to Support Units During the Task**:

a. Some guidance that can help those conducting these tasks:

b. Pair or group members in teams and assign the teams separate tasks, such as (1) handing personal effects, (2) managing human remains, and (3) managing mourners or others from the community who may be in the same area and having strong emotional reactions.

c. Provide a rest area with shade, fluids, food, and quiet

d. Engaging service persons in conversation throughout the day

e. Discouraging identification with or personalization of the dead

f. Notice those who are struggling and assign them new tasks whenever possible

g. Stay professional. Focus on the task, not the remains.

h. Limit unnecessary exposure by use of screens, covers, body bags, or barriers to block people from seeing the remains unless necessary.

i. If individuals handling human remains choose to mask smells with disinfectants, air fresheners, etc. choose scents that are unlikely to be encountered in daily life, because the masking smell itself can get mentally paired with the task and bring back unwanted memories in the future.

j. Try to avoid looking at the hands and faces of the remains, cover hands and faces.

k. Reduce interactions with the deceased personal effects.

l. Ensure unit members pace themselves and take breaks even if they say they don’t need it.

m. Accept any reactions that may come up if you feel you are becoming overwhelmed take a break.

n. Stay grounded, well hydrated, fed, and maintain hygiene.

o. Check in with each other and stay connected during and after the task is complete.

p. Accept any feelings that come up during or after the task.

q. Recognize that thoughts and feelings may emerge afterwards but will dissipate over time.

7.14 SUMMARY

1. Military organizations ideally have structures in place that enable level 2 and level 3 interventions and pro-actively support leaders in taking care of their unit. With these structures in place, the military leader has a responsibility to:

a. Understand when it is appropriate to use each level of support

b. Be aware of the importance of their own actions in supporting unit recovery

c. Communicate the importance of buddy help

d. Facilitate access to each intervention level

e. Understand strategies to mitigate acute stress reactions, COSRs

f. Apply suicide prevention and postvention best practices.

g. Understand strategies to support those engaged in handling human remains

h. Incorporate the above understanding into training scenarios, for example, routine use of buddy aid and iCOVER strategies to address acute stress reactions.

i. Work to reduce stigma associated with seeking help from professionals

2. Potentially traumatic events, combat operational stress reactions, and other severe stressors not only provide leaders with a challenge but also provide them with an opportunity. Effective leaders actively demonstrate concern for individuals, acknowledge loss, communicate directly with unit members and their families, and send a message that the unit and individuals are expected to recover and continue to be effective members of the team. Through good leadership, they can help their unit strengthen cohesion, resilience, and psychological readiness.

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CHAPTER 8 WORKING WITH MENTAL HEALTH PROFESSIONALS

Chapter Objectives:

- Describe the benefits of consulting with Mental Health Professionals and understand mental health disciplines
- Provide guidance on how to make the most of Mental Health Professionals
- Describe what leaders should expect from their Mental Health Professionals

8.1 INTRODUCTION – WHAT LEADERS KNOW

Box 8.1: It's Our Job

"Commanders at all levels should realize that they have the responsibility for, and play a vital role in, education and management of stress and for all the mental and emotional problems of the soldiers under their care.

Pre -deployment training, knowing your soldiers and the management of stress during and after operational deployments are fundamental to helping soldiers deal with adjusting their reactions to normal circumstances after having been under abnormal conditions.

The responsibilities of a Commander are enormous, starting well before a deployment and probably never ending afterwards. For a Commander this is a lonely job. He cannot and must not abrogate responsibility. But he does not have to feel lonely when he puts his trust in his subordinates."

Major General Cammaert
NATO RTO HFM-134 Symposium

Ultimately, military leaders know that responsibility for their unit's performance and the health of their subordinates rests with them. As stated in Box 7.1, the Commander's responsibilities for taking care of the mission and personnel are enormous. The goal of this brief chapter is to provide leaders with a perspective on the benefits of consulting with Mental Health Professionals (also called psychological support professionals) and on how to make the most of these professionals.

8.2 BENEFITS AND QUESTIONS SURROUNDING MENTAL HEALTH SUPPORT

Leaders maximize their effectiveness by managing stress-related concerns of unit members. In this role, leaders will sometimes need to consult with, or refer to, a psychological support professional. These professionals represent different disciplines

and training, but they are all specialists in dealing with psychological issues. Leaders and unit members occasionally have questions about Mental Health Professionals.

8.2.1 What do military Mental Health Professionals Offer?

Mental Health Professionals assess the well-being and morale of unit members and offer prevention, assessment, diagnosis and treatment of mental disorders. Leaders can also consult with Mental Health Professionals to help them address unit issues and to generate recommendations for actions to improve well-being and morale. These recommendations can then be considered when military leaders implement changes within their unit. Leaders can also request specific training on issues that affect their whole unit including how families are affected by deployment, stress management, anger control, and responsible alcohol use. Mental Health Professionals also play a critical role in assessing fitness for duty and occupational evaluations for certain types of military jobs.

8.2.2 What are the Differences in Mental Health Professional Disciplines?

Mental Health Professionals include a range of disciplines trained to provide assessment, diagnosis, and treatment of mental disorders. There are varying levels of training, expertise, and certification requirements across different Nations. Psychiatric medications are typically prescribed by psychiatrists, but other medical doctors or primary care specialties (e.g. family medicine, internal medicine, nurse practitioners, physicians assistants) may also prescribe psychiatric medications. Psychologists and mental health social workers typically provide therapy, but may also have specific types of expertise, for example in psychological testing. Nurses, occupational therapists, and mental health technicians are also critical members of mental health teams. There may also be non-clinical professionals who do not provide diagnosis or treatment but are experts in areas such as organizational psychology, psychological survey methodology, and performance enhancement. Military Chaplains also play an important role in psychological readiness, both in providing spiritual support, non-medical counseling, and in facilitating important linkages between command, unit personnel, and professional mental health support when needed. Leaders should find out about the specific areas of expertise the Mental Health Professionals have who are available to them, become familiar with them, and integrate them into unit training and deployment planning.

8.3 USER'S GUIDE TO MILITARY MENTAL HEALTH PROFESSIONALS

1. The following tips may help leaders better utilize their Mental Health Professionals:

2. **Be specific.** Leaders should tell the psychological support professional what their concerns are and what their goal is. If the psychological support professional is not the right person to help, they should refer the leader to one who is.

3. **Be realistic.** Even though leaders can expect a lot from their Mental Health Professionals, there are limits to what can be done under extreme or difficult circumstances. Mental Health Professionals are not mind readers or predictors of the future, and mental health work is by nature subjective and imperfect. Mental Health Professionals are there to assist and augment good leadership. Being realistic means identifying what can be done within the confines of the mission requirements and the capabilities of the experts who are available.

4**.** **Integrate them**. Leaders can get the most out of Mental Health Professionals by integrating them into unit activities across the deployment cycle. As a result, Mental Health Professionals get to know the unit and the unit member are more likely to trust them long before deploying and turn to them when challenges occur, such as potentially traumatic events.

5. **Practice consistency**. Toward the goal of reducing stigma of mental health problems, leaders should be consistent in supporting those who seek help, encourage them, and reminding their subordinate leaders that it takes leadership to ensure that those who need help are able to receive it.

6. **What leaders can expect from Mental Health Professionals.** Military leaders have the right to expect good service from their Mental Health Professionals. While each nation and every deployment will have a different combination of professional support available, military leaders have the right to expect that support be provided by individuals who:

a. Understand the military

b. Understand the leader’s intent

c. Know about operational stress

d. Make useful recommendations

7. Mental Health Professionals understand the huge responsibility they use their expertise to provide the best clinical services, support unit readiness and functioning, and provide valuable advice to support the Commander’s intent and mission goals.

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CHAPTER 9 CONCLUSION

9.1 INTRODUCTION

1. This leader's guide addresses the various ways that leaders can approach to broad topic of how to effectively ensure psychological readiness. This guide describes methods which leaders can use to enhance the psychological fitness and morale of unit members across the deployment cycle. In summary, the guide covered:

a. The expectations members bring to the unit and the impact that these expectations can have on morale and behaviour

b. Different methods by which leaders can systematically assess psychological readiness and morale

c. Strategies by which leaders can detect and manage signs and symptoms of stress reactions

d. Options leaders can pursue in terms of providing family support across the deployment cycle

e. What leaders can do to maximize use of their Mental Health Professionals

9.2 A COMMON UNDERSTANDING

1. It became evident from the recent Human Factors and Medicine technical report,[1] as well as the many lessons learned from recent conflicts, including the Russian invasion of Ukraine, that a revision to this STANAG was necessary. Because each nation has its own traditions and practices, this guide took a general approach to be relevant to leaders from as many nations as possible. If leaders require more details about psychological support and programs specific to their own military, there are additional resources available, starting with the Mental Health Professionals in their own nation.

2. Despite national differences, leaders should be aware that, even on deployments in an international environment, there is a common understanding among both leaders and Mental Health Professionals of the importance of psychological readiness and support. Concerns described by military leaders in the NATO survey revealed remarkable consistency. Leaders want their unit members to be psychologically fit and to have high morale. Leaders from a range of nations recognize that unit members may struggle at different points in the deployment cycle. Military life can be demanding, and it can be rewarding. Good leadership is the key to psychological readiness, and this guide provides a roadmap for the most important leader actions that can facilitate this goal.

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