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EVALUATION OF THE *AB INITIO* OFFICER BATTLES MART MODULE AT THE RAAF OFFICER TRAINING SCHOOL

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Executive Summary

1. Military training poses a unique set of stressors. The Review of Mental Health Care in the ADF (Dunt, 2009) recommended that “Resilience training should also be introduced in promotional and officer courses so that this can be communicated to lower ranks. Again, as these programs are innovative in nature, they need to be evaluated” (pp. 107).
2. BattleSMART (Self Management and Resilience Training) is a modularised educational program that operates across the ADF, teaching resilience training at key points throughout a member's career. It is a preventive program designed to enhance an individual's ability to cope effectively with increased stress and adverse or potentially traumatic events in their lives. As a result of the recommendation by Dunt (2009), an *Ab Initio* Officer module of BattleSMART was developed and rolled out to the RAAF Officer Training School (OTS) in 2010.
3. The purpose of this study was to evaluate the *Ab Initio* Officer BattleSMART module delivered at the RAAF OTS, as per the recommendation by Dunt (2009), to determine whether the current module meets the needs of personnel undergoing officer training.

Aim

4. The aim of this report is to present the findings of the *Ab Initio* Officer BattleSMART module evaluation conducted at the RAAF OTS in Feb 12.
5. The aims of the evaluation were to:
 - a. examine participant satisfaction and attitudes towards the training;
 - b. examine knowledge, confidence, perceived effectiveness and likelihood of use, for the techniques taught in the BattleSMART program;
 - c. examine changes in psychological literacy, particularly regarding BattleSMART specific concepts, following participation in the training;
 - d. examine changes in confidence levels regarding assisting mates with mental health concerns following participation in the training; and
 - e. identify suggestions for general improvements to the training.

Method

6. All OTS trainees who were present at the BattleSMART session on 24 Feb 12 were included in this study. Data was collected immediately before and immediately after the training.

Key Findings

7. In general, this evaluation indicates that the *Ab Initio* Officer BattleSMART module was very well received by OTS trainees who responded very favourably on all measures of training satisfaction.
8. The results suggest that the training was able to promote:
 - a. an improvement in knowledge related to principles taught in BattleSMART (large effect);

- b. an improvement in the level of confidence felt by participants in assisting one's mates (large effect);
- c. a greater knowledge of coping techniques;
- d. a greater confidence in their ability to use coping techniques (medium to large effect for all strategies except support from family which attained a small to moderate effect), and;
- e. reasonably high ratings of intention to use the techniques in the future.

Recommendations for *Ab Initio* Officer BattleSMART

9. This study highlighted a number of suggestions for the *Ab Initio* Officer BattleSMART module. A summary of these recommendations is as follows:

- a. Enhance the training to improve ratings of expected effectiveness of the techniques;
- b. Establish an online version of the *Ab Initio* Officer BattleSMART module, and;
- c. Modify two of the knowledge items in the survey instrument.

Introduction

1. Military training poses a unique set of stressors. Joining the military may require changes in behaviour to allow adjustment to the new conditions during a relatively short period of time. Officers in their initial training are exposed to physical and psychological stress due to separation from home, long periods of physical exercise, relatively short periods of sleep, high demands for efficient and accurate performance, and high pressure for teamwork and achievement (Florian, Mikulincer, & Taubman, 1995). Exposure to stress is a fundamental part of military training, as it prepares personnel for the high stress environment of military operations. For this reason, stress cannot be removed from the training, however the individual's ability to cope with this stress can be enhanced.
2. BattleSMART (Self Management and Resilience Training) is a modularised educational program that operates across the ADF, teaching resilience training at key points throughout a member's career. It is a preventive program designed to enhance an individual's ability to cope effectively with increased stress and adverse or potentially traumatic events in their lives. By teaching BattleSMART at key career points, the program aims to prepare personnel for the specific challenges they are likely to face. The program also promotes both individual and collective optimal performance through the enhancement of individual coping.
3. The Review of Mental Health Care in the ADF (Dunt, 2009) recommended that "Resilience training should also be introduced in promotional and officer courses so that this can be communicated to lower ranks. Again, as these programs are innovative in nature, they need to be evaluated" (pp. 107). As a result of this recommendation, an *Ab Initio* Officer module of BattleSMART was developed and rolled out to the RAAF Officer Training School (OTS) in 2010. The module has been refined since its original introduction and its format and content are now relatively stable.
4. The purpose of this study was to evaluate the *Ab Initio* Officer BattleSMART module delivered at RAAF OTS, as per the recommendation by Dunt (2009), to determine whether the current module meets the need of personnel undergoing officer training.

Method

Procedure

5. Trainees at the RAAF OTS who commenced training in Feb 12 received training in the *Ab Initio* Officer BattleSMART module during their first week of training. The *Ab Initio* Officer BattleSMART module takes approximately two hours to deliver. The training was delivered by a registered psychologist who had extensive experience in the delivery of BattleSMART modules, but limited understanding of the RAAF OTS environment.
6. The 'time-1' survey was administered by the instructor, immediately prior to the training, following a short introduction. The time-1 survey took less than 10 minutes to complete. The time-1 survey is at annex A. The 'time-2' survey was administered at the conclusion of the training by OTS staff once the instructor had left the room. The time-2 survey took 10-15 minutes to complete. The time-2 survey is at annex B.
7. OTS trainees were told why the evaluation was taking place, that participation was voluntary, and that their PMKeyS number would only be used to match their time-1 and time-2 surveys.

Sample

8. The time-1 survey was completed by 38 OTS trainees. All were full time RAAF personnel. The demographic breakdown of the sample was as follows:

- a. Gender – 33 males (86.8%) and 5 females (13.2%).
 - b. Age – 10.5% were less than 20 years old, 44.7% were 20-24 years old, 31.6% were 25-29 years old and 13.2% were 30-34 years old. The mean age was 24.4 years old (SD=4.18) with a range from 17-34 years.
9. All 38 trainees also completed the time-2 survey. Use of the PMKeyS number at time-1 and time-2 allowed the matching of time-1 and time-2 surveys for all personnel.

Data analysis and reporting

10. The data were analysed using Statistical Products, Services and Solutions version 15 (SPSS 15). The level of statistical significance was set at $p=.05$, a level that is commonly used in psychological research. Cohen's (1988) criteria for effect size descriptors were used for all effect size analyses.
11. A single data set was created by adding the time-2 variables to the time-1 data set. All analyses were conducted using this data set.
12. Outliers that were more than four standard deviations from the mean were removed from the respective analysis due to their undue influence on the outcome.
13. A complete description of the psychometric properties of the scales used in this study is in annex C.

Results and Discussion

Overall change in knowledge following BattleSMART

14. Knowledge was measured using a seven-item scale designed to measure participants' understanding of key teaching points in the BattleSMART program. Possible responses were *true*, *false* and *I don't know*. Items included correct and incorrect statements about coping and responses to situations.
15. A total score for the scale was obtained by adding together all correct answers. Incorrect answers and responses of *I don't know* scored a 0. Only trainees who answered all the knowledge items before and after the training were included in the analysis.
16. In general, OTS trainees had a fairly good knowledge of common stress reactions and coping prior to completing BattleSMART. The mean time-1 score was 5.43, out of a possible 7 ($SD=1.28$).
17. Following BattleSMART, this mean improved to 6.16 out of 7 ($SD=1.30$). A paired samples t-test identified that this difference was significant ($t(36) = -3.459, p=001$), indicating the trainees significantly improved their knowledge from pre- to post-training as measured on this scale. The eta squared statistic (0.25) indicated a large effect size for the increase in knowledge post-training.
18. The proportion of people who answered individual items correctly at time-1 and time-2 is included in annex D. The question which demonstrated the greatest improvement was *If you cannot fall asleep the best thing to do is to lie there until you can*. Prior to the training, 60.5% of participants correctly identified that this statement was false. Following the training, this improved to 92.1% of participants.
19. Other questions where noteworthy improvement was evident include: *If you cannot control a situation, it can be helpful to accept the situation for what it is* (71.1% correct pre; 94.7% post) and

What people say to themselves about a difficult task does not influence whether they succeed at that task (67.6% correct pre ; 89.5% post).

20. Two items were answered incorrectly by more people after the training compared to before: *Generally people cannot control their emotions as they are determined by the situations they face* (81.6% correct pre; 76.3% post) and *Generally people cannot control their behaviours as they are determined by the situations they face* (92.1% correct pre; 81.6% post). These questions were modified in the Navy Entry Officer Course (NEOC) BattleSMART evaluation conducted in Mar-Apr 12 to investigate whether the results seen in this study reflect a weakness in the BattleSMART content or whether respondents were confused by having *false* as the correct answer to a question containing the word *cannot*. In the NEOC study changing these items to *Generally people can control their emotions in the situations they face* and *Generally people can control their behaviours in the situations they face* saw more people answer correctly following the training. This suggests that it was poor wording of the items in the OTS evaluation that resulted in more people answering these items incorrectly after the training, rather than a failure of the training to communicate the concept. Future evaluations should adopt the wording used in the NEOC evaluation for these two items.

Confidence in caring for mates before and after BattleSMART

21. Confidence in caring for the mental health needs of mates was measured before and after the training using six items. The items asked the trainees to rate how much they agreed with statements about confidence in identifying and helping mates who are feeling stressed or down on a six-point Likert scale ranging from *Strongly Disagree* to *Strongly Agree*. The six items were summed to provide an overall 'confidence in caring' score. Only trainees who answered all the confidence in caring items before and after the training were included in the analysis.

22. Prior to the training, trainees reported feeling very confident helping mates, with a mean score of 31.22 out of a possible 36 (SD=2.91). Despite the high confidence prior to the training, the mean score increased to 33.37 following BattleSMART. A paired samples t-test found that this difference was significant $t(37)=-4.78, p<.001$. The eta squared statistic (0.38) indicated a large effect size for the increase in confidence post- training.

23. This result indicates that after participating in BattleSMART, the trainees felt more confident in identifying when their mates are not coping and in knowing what to do to help. Individual item results for this scale are at annex E.

BattleSMART techniques: knowledge of, confidence using, belief in and intentions to use.

24. At time-1 and time-2 the trainees were presented with a number of coping techniques and were asked whether they knew each of them. Possible response options were *yes, no* or *unsure*. Where participants responded *yes*, they were also asked to rate their confidence in their ability to use the technique (time-1 and time-2), how effective the technique would be for them (time-2 only) and how likely they are to use the technique in the future (time-2 only). Response options for the confidence and effectiveness items were: *not at all; a little bit; moderately; quite a bit, and; completely*. Response options for the likelihood of future use items were: *highly unlikely; unlikely; likely; highly likely, and; unsure*.

25. Table 1 summarises the responses to these items. The percentage in the 'knowledge' column refers to those who answered *yes* to the item. The percentage in the 'confidence' column was calculated by adding those who were *quite a bit* or *completely* confident together and dividing by the total number of people who answered the knowledge item. It therefore refers to the proportion of the total sample who are confident. The same method of calculation was used for 'effectiveness', using those that responded with *quite a bit* or *completely* effective, and with 'likelihood of use', using those that responded with *likely* or *highly likely*.

Table 1. Knowledge of, confidence in, expected effectiveness and likelihood of using individual BattleSMART techniques at time-1 and time-2

Technique	Knowledge of the technique		Confidence in use		Expected effectiveness	Likelihood of use
	T1	T2	T1	T2	T2 only	T2 only
Controlled breathing	94.7%	100.0%	63.2%	97.4%	68.4%	86.8%
Progressive muscular relaxation	55.3%	100.0%	15.8%	76.3%	42.1%	63.2%
Grounding	13.2%	97.4%	5.3%	68.4%	31.6%	73.7%
Identifying and changing self talk	75.7%	100.0%	51.4%	89.5%	73.7%	84.2%
Thought reappraisal	55.6%	94.7%	41.7%	84.2%	71.1%	84.2%
Seeking support from mates	100.0%	100.0%	81.6%	94.7%	89.5%	92.1%
Seeking support from family	97.4%	100.0%	76.3%	84.2%	78.9%	81.6%
Seeking support from professional services	94.6%	100.0%	48.6%	73.7%	44.7%	44.7%

26. The table shows that following the training (time-2) nearly all participants knew all the techniques taught in the training. The greatest change was found for the grounding technique, which saw a change from 13.2% of trainees knowing the technique before the training to 100% of the trainees afterwards. There were also large improvements in technique knowledge for progressive muscular relaxation, thought reappraisal and identifying and changing self talk.

27. Table 1 shows that following the training, most of the trainees were also *quite a bit* or *completely* confident in their ability to apply or use all of the techniques. While before the training most of the trainees reporting knowing controlled breathing and the three methods of seeking support from others, the training resulted in improvements in the reported confidence in using these techniques. Ratings of confidence in using or applying the techniques after the training were compared to the ratings given before the training. Two analyses were conducted for each technique. The first looked exclusively at the change in reported confidence levels for those who had indicated that they knew the technique before the training. T-tests were considered appropriate as the ratings were normally distributed. The second analysis included all personnel. As the survey instructed personnel to skip the confidence item if they did not know or were unsure if they knew the technique, these personnel were coded as *not at all* in terms of their confidence in using the technique to facilitate this analysis. Examination of the ratings tended to reveal distributions positively skewed before the training and negatively skewed following the training. As a result Wilcoxon signed rank tests were considered more appropriate than t-tests. Table 2 shows the results of these analyses.

28. As can be seen in table 2, even participants who reported knowing the techniques before the training reported significant increases in their confidence in using or applying the techniques after receiving the training. For those who reported knowing the technique before the training, large effect sizes were seen for change in confidence in all coping techniques except for seeking support from family which showed a moderate effect size. Similar results were seen when analyses were conducted with all trainees, with medium to large effect sizes for all strategies except for seeking support from family, which attained a small effect size.

Table 2. Statistical test results for change in ratings of confidence in using or applying the techniques at time-1 and time-2

Technique	Personnel who knew the technique before the training (T-Test)		All personnel (Wilcoxon Signed Rank Test)	
	t	Effect size (Eta squared)	z	Effect size
Controlled breathing	-4.336***	.36 (large)	-3.624***	.42 (medium)
Progressive muscular relaxation	-7.167***	.72 (large)	-5.147***	.59 (large)
Grounding	Analysis not conducted as it would not be reliable as n=5.		-5.222***	.60 (large)
Identifying and changing self talk	-3.671**	.33 (large)	-3.957***	.46 (medium)
Thought reappraisal	-2.517*	.25 (large)	-4.131***	.49 (medium)
Seeking support from mates	-3.597***	.26 (large)	-3.119**	.36 (medium)
Seeking support from family	-2.253*	.12 (moderate)	-2.332**	.27 (small)
Seeking support from professional services	-3.948***	.31 (large)	-3.694***	.42 (medium)

* p < .05; ** p < .01; *** p < .001

29. The expected effectiveness of the techniques varied considerably. As shown in table 1, less than one half of the trainees indicated that they thought progressive muscle relaxation, grounding and seeking support from professional services would be *quite a bit* or *completely* effective for them. The majority of trainees felt that controlled breathing (68.4%), thought reappraisal (71.1%), identifying and changing self-talk (73.7%), support from family (78.9%), and support from their mates (89.5%) would be effective for them.

30. Aside from seeking support from professional services (44.7%), the vast majority of trainees indicated that they were likely to use the techniques taught in the training. Controlled breathing (86.8%) and seeking support from mates (92.1%) were the techniques trainees indicated they were most likely to use.

31. In summary, following the training, the trainees tended to know the techniques taught, were confident in their use and were reportedly likely to use them in the future. As less than half of the trainees believed that progressive muscle relaxation, grounding and seeking support from professional services would be quite a bit or completely effective for them, more time may need to be devoted in the training to explaining why these techniques work.

Satisfaction and general impressions of BattleSMART

32. The time-2 survey included 20 items pertaining to satisfaction and general impressions of BattleSMART. Table 3 contains the results for 19 of these items. In the first 14 items the response options ranged from *Strongly Disagree* to *Strongly Agree* on a five-point Likert scale. For the next three items in the table the trainees responded on a five-point Likert scale from *Very Poor* to *Very Good*. For the final two items in the table the response options were *yes, no or I don't know*.

33. As can be seen in the table, approximately 97% of trainees were satisfied with the training, felt that the content covered was relevant, and rated the clarity of the powerpoint slides as good or very good. About 92% of trainees indicated that the training was likely to be useful during Officer Training and over 90% of trainees felt that the training was clear and easy to understand, and used good examples. While not reported in the table above, one item in this section asked trainees about the length of time allocated to the training. The vast majority of personnel (80.6%) felt that the time allocated was

just right to effectively learn the concepts covered in the training. In general, personnel were very satisfied with the training content and the way it was delivered.

Table 3. Satisfaction and general impressions of BattleSMART

Item	% Agree	% Strongly Agree	% Agree or Strongly Agree
I was satisfied with the content covered in the training	23.7%	73.7%	97.4%
I found the content covered in the training relevant	26.3%	71.1%	97.4%
I believe the training is likely to be useful during Officer Training	26.3%	65.8%	92.1%
The training made it clear that certain reactions and emotions are normal	34.2%	63.2%	97.4%
The training was clear about when personnel might need mental health care	44.7%	31.6%	76.3%
The training was clear about what the warning signs of a serious mental health problem are	36.8%	28.9%	65.7%
I learned what to do if I need help with mental health problems	42.1%	39.5%	81.6%
I learned what to do if my mate needs help with a mental health problem	47.4%	36.8%	84.2%
The training used good examples	34.2%	60.5%	94.7%
I like the way the presenter conducted the training.	2.6%	94.7%	97.4%
The "testing" process is easy to understand and apply.	42.1%	52.6%	94.7%
The DVD provided a good example of how the BattleSMART model and techniques can be applied	63.2%	28.9%	92.1%
I could relate to the DVD scenario	44.7%	15.8%	60.5%
The language used in the training was clear and easy to understand.	15.8%	81.6%	97.4%
	% Good	% Very Good	% Good or Very Good
The clarity of the PowerPoint slides during the training was...	38.9%	58.3%	97.2%
The instructor's knowledge of training material was...	-	100.0%	100.0%
The instructor's ability to answer questions was...	11.1%	88.9%	100.0%
	% Yes	% No	% I don't know
Would you like to see an online version developed?	72.2%	19.4%	8.3%
Would you or your family use this resource if it was available	52.8%	22.2%	25.0%

34. The instructor was rated particularly highly by the trainees with 94.7% strongly agreeing with the statement *I like the way the presenter conducted the training*. Additionally, 100.0% of the trainees rated the instructor's knowledge of the training material as *very good*, with 88.9% of the trainees indicating

that the instructor's ability to answer questions was *very good*. Given the instructor's lack of familiarity with RAAF OTS, these results suggest that a comprehensive understanding of the environment is not required to achieve high levels of trainee satisfaction with BattleSMART.

35. The BattleSMART scenario DVD was used for the first time in the ADF during this training session. The scenario used depicted an individual that failed an assessment before developing negative thoughts, emotions and behaviours. The trainees responded well to this scenario with 92.1% indicating that it provided a good example of how the BattleSMART model and techniques could be applied. While only 60.5% indicated that they could relate to the scenario, this may be due to the fact that these trainees were in their first week of training and had had few if any assessments at that point in time. Only 15.8% of trainees indicated that they could not relate to the scenario. The results suggest that the BattleSMART scenario DVD is a useful addition to the training.

36. The trainees were also asked whether they would like to see an online version of the training developed. Only 19.4% responded in the negative, with 72.2% endorsing the proposal. The trainees were also asked whether they or their family would use this resource if it was created. Only 22.2% responded in the negative, with 52.8% indicating that the resource would be used and 25.0% unsure. This suggests that investment in an online version of the training should be investigated.

37. Only 11 trainees provided written comments at the end of the time-2 survey. These comments can be found in annex F. Eight of these provided positive comments about the relevance of the material, the engaging nature of the presentation, and/or the quality of the presenter. Two comments indicated that they would not use an online version of the training as it would not be as engaging as the training they received. These comments suggest that some of the trainees may have felt that an online version would replace the existing face to face training. This is not the case. The online version would aim to refresh the material for trainees while making some material available to family members. One comment indicated that more time to work through examples would have been helpful, while another suggested the online version focus on family members being separated from their loved ones. One comment appeared to be self-reflection and did not comment on the quality of the training or make suggestions for improvement.

Summary and Recommendations

38. This *Ab Initio* Officer BattleSMART module evaluation represents one part of an evaluation program that aims to evaluate psychological resilience training in the ADF. In general, this evaluation indicates that this BattleSMART module was very well received by OTS trainees who responded very favourably on all measures of training satisfaction.

39. The results suggest that the training was able to promote:

- a. an improvement in knowledge related to principles taught in BattleSMART (large effect);
- b. an improvement in the level of confidence felt by participants in assisting one's mates (large effect);
- c. a greater knowledge of coping techniques;
- d. a greater confidence in their ability to use coping techniques (medium to large effect for all strategies except support from family which attained a small to moderate effect), and;
- e. reasonably high ratings of intention to use the techniques in the future.

40. This study highlighted a number of suggestions regarding potential improvements to the *Ab Initio* Officer BattleSMART module. A summary of these recommendations is as follows:

41. **Recommendation 1: Enhance training to improve ratings of expected effectiveness of the techniques.** In comparison to reported confidence in using or applying the techniques, and likelihood of using the techniques, a lower proportion of personnel felt that some of the techniques taught would be *quite a bit* or *completely* effective for them. This outcome could perhaps be improved by spending more time teaching why the techniques work, and working through examples sourced from the trainees towards the end of the training.

42. **Recommendation 2: Establish an online version of the *Ab Initio* Officer BattleSMART module.** A majority of the trainees supported the development of an online version of the training to supplement the face-to-face presentation, and indicated that they and/or their family would use the resource. Making the training available in an online format would allow personnel to revisit the training in their own time throughout their careers, whilst providing family members with a resource to assist them in coping whilst their loved one is undergoing training. The online version of the training should not replace face-to-face training.

43. **Recommendation 3: Modify knowledge items on the survey instrument.** Two of the knowledge items were answered incorrectly by more people after the training compared to before. The results of the NEOC evaluation suggest that this is likely due to the wording of these items rather than the training content. Consequently, the NEOC wording for these items should be adopted into the future. This may also reveal larger improvements in knowledge than were able to be detected in this study.

Future Directions for Research

44. The present training evaluation focused on process and training content variables, rather than outcome variables. The next phase of the evaluation program should begin to consider the impact of the BattleSMART program to see whether the BattleSMART model and techniques are actually implemented in situations where it would have been of benefit to do so.

References

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates

Dunt, D. (2009) Review of Mental Health Care in the ADF and Transition through Discharge and the Government Response. *Department of Defence: Canberra.*

Florian, V., Mikulincer, M., & Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology*, 68 (4), 687-695.



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BattleSMART Officer Training Evaluation - T1

SECTION 1 - SOME INFORMATION ABOUT YOU

PMKeyS:

AGE:

GENDER: Male Female

SERVICE: Air Force Army Navy

SECTION 2 - SOME QUESTIONS ABOUT YOU

2.1. Please indicate to what degree you agree with each of the following statements. We are interested in your initial thoughts so please respond with the first response that occurs to you.

	<i>Strongly Disagree</i>	<i>Moderately Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Moderately Agree</i>	<i>Strongly Agree</i>
a. I am confident that I can <u>identify</u> when a mate is getting <u>stressed</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am confident that I can <u>help</u> a mate who is feeling <u>stressed</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am confident that I can <u>help</u> a mate who is <u>feeling down</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am confident that I can <u>help</u> a mate who is <u>thinking negatively</u> about a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am confident that I can be a <u>good listener</u> for a mate who is going through a hard time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am confident that I can <u>help</u> a mate <u>adapt his/her coping</u> in a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



BattleSMART Officer Training Evaluation - T1

2.2. Please indicate whether you think the following statements are true or false

	<i>True</i>	<i>False</i>	<i>I don't know</i>
a. Generally people cannot control their emotions as they are determined by the situations they face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Someone's initial response to a situation is always the right response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. What people say to themselves about a difficult task does not influence whether they succeed at that task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you cannot fall asleep the best thing to do is lie there until you can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you cannot control a stressful situation, it can be helpful to accept the situation for what it is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Generally, people can control the way they think about a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Generally people cannot control their behaviours as they are determined by the situations they face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.3. Below is a list of techniques which can be used in stressful situations. Please complete the table by indicating whether you know each of the techniques or strategies listed. For the techniques you answer yes to, please also answer the question in column 2.

Strategy/Technique	1. Do you know what this strategy/technique is?			2. If yes, how confident are you in your ability to apply/use this technique/strategy?				
	<i>Yes</i>	<i>No</i>	<i>Unsure</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Completely</i>
Controlled breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progressive muscular relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and changing self talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought reappraisal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from mates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from professional services (e.g. Psychology, Medical, Chaplains)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank-you for your participation

STAFF-IN-CONFIDENCE (After first entry)



BattleSMART Officer Training Evaluation - T2

PMKeyS:

SECTION 1 - SOME QUESTIONS ABOUT YOU

1.1. Please indicate to what degree you agree with each of the following statements. We are interested in your initial thoughts so please respond with the first response that occurs to you.

	<i>Strongly Disagree</i>	<i>Moderately Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Moderately Agree</i>	<i>Strongly Agree</i>
a. I am confident that I can <u>identify</u> when a mate is getting <u>stressed</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am confident that I can <u>help</u> a mate who is feeling <u>stressed</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am confident that I can <u>help</u> a mate who is <u>feeling down</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am confident that I can <u>help</u> a mate who is <u>thinking negatively</u> about a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am confident that I can be a <u>good listener</u> for a mate who is going through a hard time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am confident that I can <u>help</u> a mate <u>adapt his/her coping</u> in a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2. Please indicate whether you think the following statements are true or false

	<i>True</i>	<i>False</i>	<i>I don't know</i>
a. Generally people cannot control their emotions as they are determined by the situations they face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Someone's initial response to a situation is always the right response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. What people say to themselves about a difficult task does not influence whether they succeed at that task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you cannot fall asleep the best thing to do is lie there until you can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you cannot control a stressful situation, it can be helpful to accept the situation for what it is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Generally, people can control the way they think about a stressful situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Generally people cannot control their behaviours as they are determined by the situations they face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



BattleSMART Officer Training Evaluation - T2

SECTION 2 – YOUR KNOWLEDGE AND INTENTIONS TO USE SPECIFIC TECHNIQUES																	
Below is a list of techniques which can be used in stressful situations. Please complete the table by indicating whether you know each of the techniques or strategies listed. For the techniques you answer yes to, please also answer the questions in columns 2, 3 and 4. Please answer the questions with how you feel and what you know now.																	
Strategy/Technique	1. Do you know what this technique/ strategy is?		2. How confident are you in your ability to apply/use this technique/strategy?				3. How effective would this technique/strategy be for you?			4. How likely are you to use this technique/strategy in the future?							
	Yes	No	Not at all	A little bit	Moderately	Quite a bit	Completely	Not at all	A little bit	Moderately	Quite a bit	Completely	Highly unlikely	Unlikely	Likely	Highly likely	Unsure
Controlled breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progressive muscular relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and changing self talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought reappraisal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from mates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking support from professional services (e.g. Psychology, Medical, Chaplains)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



BattleSMART Officer Training Evaluation - T2

SECTION 3 - SOME QUESTIONS ABOUT THE TRAINING

3.1 Please indicate how much you agree or disagree with the statements below.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
a. I was satisfied with the content covered in the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I found the content covered in the training relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I believe the training is likely to be useful during Officer Training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The training made it clear that certain reactions and emotions are normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The training was clear about when personnel might need mental health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The training was clear about what the warning signs of a serious mental health problem are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I learned what to do if I need help with mental health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I learned what to do if my mate needs help with a mental health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The training used good examples.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I like the way the presenter conducted the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The "testing" process is easy to understand and apply.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The DVD provided a good example of how the BattleSMART model and techniques can be applied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I could relate to the DVD scenario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The language used in the training was clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



BattleSMART Officer Training Evaluation - T2

3.2. Please rate the following components of the BattleSMART training.					
	<i>Very Poor</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Very good</i>
a. The clarity of the PowerPoint slides during the training was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The instructor's knowledge of training material was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The instructor's ability to answer questions was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To effectively learn the concepts covered in the training the time allocated was...	<input type="radio"/> Too Little	<input type="radio"/> Just Right	<input type="radio"/> Too Much	<input type="radio"/> Uncertain	
3.3. Defence is considering developing an online version of this training, so that you and your family could access the training at a later date.					
		<i>Yes</i>	<i>No</i>	<i>I don't know</i>	
a. Would you like to see an online version developed?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Would you or your family use this resource if it was available?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Please provide any general comments about the training below, including suggestions for improvements.					

Thank you for your participation

Psychometric Properties of Scales

Table C.1: Descriptive statistics of all scales

Scale	Administration Times	Time-1 Descriptives	Time-2 Descriptives
Mate Care Scale ¹ (6 items)	Time-1 and time-2	$M=31.21$ $SD=2.91$ $\alpha=.83$	$M=33.37$ $SD=2.89$ $\alpha=.90$
General BattleSMART knowledge scale (8 items)	Time-1 and time-2	$M=5.43$ $SD=1.28$ $Med^2=6$	$M=6.16$ $SD=1.30$ $Med=7$

¹ This scale was originally developed for the *Ab Initio* BattleSMART module training evaluation at RMC in collaboration with Dr. Amy Adler from the Walter Reed Army Institute of Research in the U.S.

² *Med* denotes the median (middle) score.

Individual Item Results: Knowledge Items

Table D.1: A comparison of the proportion of people who answered individual items correctly at time-1 and time-2

Item	Percentage of people who responded correctly	
	Time-1	Time-2
Generally people cannot control their emotions as they are determined by the situations they face (false)	81.6%	76.3%
Someone's initial response to a situation is always the right response (false)	89.5%	97.3%
What people say to themselves about a difficult task does not influence whether they succeed at that task (false)	67.6%	89.5%
If you cannot fall asleep the best thing to do is lie there until you can (false)	60.5%	92.1%
If you cannot control a stressful situation, it can be helpful to accept the situation for what it is (true)	71.1%	94.7%
Generally, people can control the way they think about a stressful situation (true)	81.6%	84.2%
Generally people cannot control their behaviours as they are determined by the situations they face (false)	92.1%	81.6%

Individual Item Results: Mate Care Confidence Items

Table E.1: A comparison of the mean response for the mate care confidence items at time-1 and time-2

Item	Mean Response (1 = Strongly Disagree; 6 = Strongly Agree)		Change in mean
	Time-1	Time-2	
I am confident that I can identify when a mate is getting stressed.	5.37	5.58	0.21
I am confident that I can help a mate who is feeling stressed.	5.26	5.55	0.32
I am confident that I can help a mate who is feeling down.	5.08	5.61	0.53
I am confident that I can help a mate who is thinking negatively about a stressful situation.	5.18	5.50	0.32
I am confident that I can be a good listener for a mate who is going through a hard time.	5.47	5.79	0.32
I am confident that I can help a mate adapt his/her coping in a stressful situation.	4.84	5.34	0.50

Individual Comments Provided at the End of the Time-2 Survey

Table F.1: Individual comments provided at the end of the time-2 survey grouped by content

Content Area	Comment Number	Comment
The relevance of the material, the engaging nature of the presentation and the quality of the presenter	1	I feel the training was great, but I feel that personally I did naturally what was trying to be taught - which influenced the answers in my survey. For many (and majority) of others I think this presentation was perfect.
	2	I thought the way the training was conducted was exceptional and the instructor was highly trained in all aspects covered. Well worth while.
	3	Well presented and engaging.
	4	The training successfully increased my knowledge of the material given.
	5	Very well presented. Very relevant.
	6	I feel that this class was successful because of the competent instructor.
	7	The reason I took so much of this training in was because it was interactive. I would probably not get into or take much away from a self directed learning version of it.
	8	Would not use online version as it would not be as engaging as a presenter and if made optional would not be a service I would use.
Use of an online version of the training	7	The reason I took so much of this training in was because it was interactive. I would probably not get into or take much away from a self directed learning version of it.
	8	Would not use online version as it would not be as engaging as a presenter and if made optional would not be a service I would use.
Training suggestions	9	More time to work through more examples to better apply the techniques.
	10	Online version centered on the issues faced by family members being away from their loved one.
Self reflection	11	Whilst it sounds difficult to do at all times, testing and adjusting is something I now know a lot about, and would like to become more proficient at. Thanks.