

Military Youth & Young Adult Resiliency

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### Abstract

Nursing students formulated the Military Youth and Young Adult Resiliency program to promote resiliency in an emerging adult military associated population. This population exhibits high-risk behaviors leading to poor health outcomes. Assessment included a literature review, key informant presentations, and a questionnaire. Results documented need for resiliency training focused on coping skills. Training was given to 28 JROTC members using discussion, interactive activities, and distribution of community resource cards. Evaluation questionnaire showed improvement in identification of positive coping skills and community resources, as well as self-promotion of resiliency. Intervention had a positive impact on participants and improved self-perception of resiliency.

### Military Youth & Young Adult Resiliency

During the spring of 2015, students of the University of Anchorage, Alaska (UAA) School of Nursing (SON) partnered with the Alaska Army National Guard (ANG) and Colony High School Junior Reserve Officers' Training Corps (JROTC) for their Community Health Promotion Project. Both federal and state governments fund the ANG, while JROTC is funded by the Department of Defense and local school districts (State of Alaska, 2013; Establishing a JROTC program, n.d.). To help military service members and their families deal with the challenges of military life, the United States (US) Military developed numerous support trainings and resources focused on resilience, domestic violence, bystander awareness and much more (Ready and Resilient, n.d.). As explained by Sergeant 1st Class Diane Singh of the ANG, what is missing from these offerings is a training focused on the normalization of adversity in daily life combined with identification of coping skills (personal communication, January 21, 2015). To meet this need, we developed the Military Youth & Young Adult Resiliency Program (MYEARP). The following paper will describe this project, beginning with the assessment of our target population, the analysis of the gathered data, and the planning of our intervention. The intervention will be detailed along with the evaluation of its effect, project impact and suggestions for future work.

#### **Assessment, Analysis, & Planning**

Our target population was emerging adults associated with the military, ages 16-24. According to the Centers for Disease Control (CDC) Youth Risk Behavior Surveillance Report (2014c), 70% of all deaths among youths and young adults aged 10–24 years resulted from motor vehicle crashes, unintentional injuries, homicide, and suicide. Other risk behaviors that contributed to death and disability were tobacco, alcohol, and drug use, as well as unsafe sexual practices. Coupled with the stresses of military life, the presence of these high-risk behaviors put this population at risk for negative health outcomes.

**Assessment Process**

Our assessment began with a briefing from a panel of key informants from the Alaskan ANG regarding the culture and recent challenges faced by this organization. The panel included the following active duty and civilian members: Chaplain Richard Koch, Chaplain Ted McGovern, Lyn Tashea, Director of Psychological Health; Octavia Thomson, Joint Forces Headquarters Sexual Assault Response Coordinator; Sergeant Monique Andrews, Victim Advocate Coordinator; and Captain Troy Townsend, Behavioral Health Officer.

On subsequent meetings, we received resiliency training from Sergeant 1st Class Diane Singh, Coordinator for the Comprehensive Family Fitness Program. Kim Conkling, Prevention Educator at Alaska National Guard, spoke to us regarding risk behavior reduction. Ruby Batchelor discussed suicide awareness and prevention in the military. Sergeant Andrews returned to provide bystander awareness training. Finally, we directly observed the JROTC program at Colony High School and discussed student challenges with teachers Lieutenant Colonel Butch Diotte and First Sergeant Derek Heavener.

Specific assessment of our target population was conducted with a structured written questionnaire, given to ANG soldiers during a drill weekend on January 24, 2015 and JROTC students during class on January 23, 2015. We received ninety completed questionnaires from our target population. The questionnaire asked the following closed-ended, multiple-choice questions: their age, stressful life events experienced, coping methods used during these times, likelihood to reach out to others, and how well they bounced back from stressful situations. In order to provide feedback for the ANG, we also asked if military trainings helped individuals deal with stressful life events and increased their awareness of community resources.

**Assessment Rationale**

We relied on Diem and Moyer's (2005) *Community Health Nursing Projects* to guide our assessment process. Key informants from the ANG and JROTC were our first primary sources of information. Their input helped us identify the present health situation of our target population, strengths

and barriers to health, and available resources. We learned that a variety of trainings and community resources are available to military associated emerging youth. However, missing from these offerings are the normalization of adversity in daily life and an overarching training to tie these programs together (D. Singh, personal communication, January 21, 2015).

Our specific assessment consisted of a questionnaire to collect data in our target population at different times and locations. Questionnaires were self-administered and anonymous, consisting of closed-ended questions that could be answered quickly to encourage the maximum return rate, with prizes of food to encourage participation. Several of the questions were formulated to provide our key informants with requested feedback on the perceived efficacy of their existing training programs and participant's knowledge of community resources.

### **Review of Literature**

The purpose of our literature review was to better understand our target population of military associated emerging adults, ages 16 to 24. We also sought to better understand resiliency and the best educational methods to convey this concept.

We started our literature review by researching emerging adults. We determined that emerging adulthood is a developmental state from the late teens through the twenties, with a focus on ages 18 – 25 (Arnett, 2000). Risk behaviors for emerging adults are sensation seeking and peer influences. Both are correlated with drug use, promiscuous sexual behavior, reckless driving and theft (Bradly & Wildman, 2001). Emerging adults in the military are at high risk for sexual misconduct, suicide and risky behaviors (Department of Defense, 2015; Department of Defense, 2014; National Institute on Drug Abuse, 2011).

In order to better understand the relationship between adversity in our population and future health outcomes, we reviewed the Adverse Childhood Experiences study conducted by the Kaiser Permanente's Health Appraisal Clinic in 1995. The study demonstrated a strong relationship between higher levels of traumatic stress encountered during childhood and poor physical, mental, and behavioral outcomes later in life (CDC, 2014a).

Resiliency can enable individuals to overcome adverse life experiences, as the American Psychological Association (2015) defines it as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.” We learned about the connection between resiliency and coping skills from the American Psychological Association (2015).

We found *Foundations of Nursing* to be a good resource for educational theories to guide our intervention, such as learning domains (Berman & Snyder, 2012). Our intervention incorporated cognitive, affective and psychomotor learning domains. The teaching techniques of discovery, demonstration and group discussion were used. We also incorporated audiovisual materials.

### **Development of Goals & Objectives**

From assessment data, we learned all participants had experienced stressful life events. The three most common were school (72%, n=56), loss (47%, n=37), and relationships (45%, n=35). Positive (51%, n=148) and negative (49%, n=140) coping skills were used almost equally to deal with these stressors. Participants were more likely to always (23%, n=18) or sometimes (46%, n=36) reach out to others during times of stress, compared to those who never did (31%, n=24). Most respondents rated themselves as always or nearly always bouncing back after adverse experiences (70%, n=53). Additionally, most respondents knew of community resources to use in times of stress or if they felt overwhelmed (79%, n=61) compared to those who did not (21%, n=16).

Based on the assessment, our target population exhibited numerous strengths. Most were likely to reach out to others during difficult times. The majority of the target population was aware of community resources they could turn to when feeling overwhelmed and perceived themselves as resilient. However, the assessment also identified potential weaknesses. In particular, all participants reported experiencing adversity in their lives. In dealing with adversity, they used both positive and negative coping skills equally and nearly a quarter were unaware of community resources.

We developed the following action statements to address the issues found in our assessment: the military associated emerging adults (a) are at risk for ineffective coping based on their use of negative

coping skills, (b) are at risk for ineffective coping based on their lack of information regarding community resources, and (c) have readiness for improved health based on their self-perception of being resilient. Our goal in this project was to promote resiliency in the military associated emerging adult. In order to achieve this goal, we formulated the following objectives: (a) 95% of the military associated emerging adults will name one positive coping method, (b) 95% of the military associated emerging adults will identify one community resource, and (c) 75% of the military associated emerging adults will plan to apply one method to promote self-perception of resiliency at the end of the intervention on February 9, 2015.

The social ecological model guided our intervention (CDC, 2014b). This model focuses on the complex relationship between individual, relationship, community, and societal factors. According to Stanhope and Lancaster (2008), resiliency is “a function of individual, interpersonal, organizational, community, and population factors” (p. 384). While our focus was on individual interventions, resilient behavior is a product of all four factors.

### **Description of Intervention**

The MYYARP intervention took place on February 9, 2015 with the third period JROTC class at Colony High School in Palmer, Alaska. The training lasted 46 minutes and consisted of 28 students. We presented educational activities in a formal course that consisted of lectures, a group game, and group discussions that were delivered in person and included audiovisual materials.

We used the learning theories of behaviorism, cognitivism, and humanism to develop different teaching techniques and address the three learning domains. The game that was created achieved cognitive learning, the class discussion achieved affective learning, and our activity with the tree helped with psychomotor learning, which will be described in more detail below.

The presentation began with students describing resiliency, followed by a short introduction on its meaning and importance. We discussed the survey results, for the purpose of showing that all students experienced some sort of stressful event, thus normalizing adversity. Next, students participated in a

version of the Family Feud game show (Appendix B), taking turns guessing the top four positive and negative coping skills students identified in the questionnaire. Students actively participated in this game and received prizes.

Next, participants received green and brown leaves, on which they wrote coping methods. A short explanation accompanied this activity, explaining how positive coping skills promote resilience. Most students taped multiple green, or positive, coping skills to the branches of the Tree of Resilience (Appendix C), while brown, or negative coping skills, were taped at the base of the tree to represent fallen leaves. A class discussion on coping methods followed the activity. The discussion provided an opportunity to discuss other ways to promote resiliency, including the importance of positive relationships.

We then showed a short video that told the story of Bob Shumaker, a prisoner during the Vietnam War (Sweet, Streeter & Bloom, 2010). He explained how using a tap code to communicate with other prisoners helped him develop resilience during his time in prison. We used this video to illustrate the centrality of relationships in resiliency promotion. Following the video, we distributed cards with community resources that were specific to Colony High School JROTC. The cards included names and contact information for school counselors, the Military Family Life Counselor, and the Alaska Careline Crisis Intervention Line.

Our presentation concluded with a summary focused on positive coping skills and how these important life skills can be used to promote healthy relationships, goal achievement and ultimately resiliency. We further discussed ways that negative coping skills can result in outcomes such as domestic violence, sexual assault, drug and alcohol abuse, and suicide. We stressed the importance of making good choices in life, and how individual choices can affect other individuals and the community. We incorporated the topic of bystander awareness into our conclusion by discussing the fact that individuals can set a positive example for others regarding their coping choices, and those who set a positive example are leaders among their peers.



**Evaluation**

Following the intervention, we evaluated effectiveness by having students fill out a self-administered, structured, written, open-ended questionnaire. Our outcome evaluation focused on evaluating participant's learning in the three areas identified as issues in our assessment: (a) naming positive coping skills, (b) identifying community resources to use when feeling overwhelmed, and (c) promoting resiliency in daily life.

After analyzing the results of the twenty-four evaluations, we determined that we met two of our three objectives. Our first objective was achieved, as 96% (n=23) of the military associated emerging adults were able to name one positive coping method. We did not achieve our second objective, as at the end of our presentation, only 88% (n=21) of the respondents could name a community resource to turn to when they felt overwhelmed, rather than the 95% that was our goal. Our third objective was achieved, as 88% (n=21) of the military associated emerging adults could describe at least one method to promote self-perception of resiliency at the end of the intervention presentation on February 9, 2015. We received good feedback, with most participants writing on the questionnaire that they understood and enjoyed the presentation.

**Impact & Future Anticipated Impact**

The immediate impact of the MYYARP was to normalize adversity, by emphasizing that everyone experiences adversity and by communicating the survey results regarding the most common adverse experiences for this population. The presentation, the game, the Tree of Resiliency, and class discussion all served to increase understanding of positive versus negative coping skills. Focusing on positive coping skills provided participants with additional tools to promote resiliency. The negative coping skills were associated with negative outcomes. Finally, participants have increased awareness of community resources to help deal with stressful events.

The future anticipated impact of the MYYARP is to promote resilient behavior in participants. By modeling resilient behavior, participants promote resiliency in their peers, leading to sustainable cultural

change. In the long term, greater reliance on positive coping skills can lead to decreased adverse outcomes, like substance abuse, interpersonal violence, and suicide. Additionally, Sergeant Andrews, who watched the training, said that she was very happy with the intervention and would incorporate elements into her trainings with similar populations, which could also be easily adapted for an older audience as well (personal communication, February 9, 2015).

### **Recommendations for Future Work**

Central to future work on this subject is continued discussions on the importance of resilience. We have specific recommendations for future work in this area. First, military associated emerging adults in JROTC would benefit from continued resiliency trainings, such as the Comprehensive Soldier Fitness Resiliency Training, with a focus on mental fitness promotion. Secondly, the training should be provided to additional JROTC populations in the Anchorage area. Third, as our intervention took place with the JROTC population only, it would be beneficial to conduct the MYYARP intervention with the ANG population as well. This program provides a different perspective than current military resiliency trainings as it focuses on the normalization of adversity and connects coping skills to both positive and negative outcomes. Finally, and perhaps most importantly, continued partnerships with the UAA SON, the Alaska ANG, and JROTC programs would bring the unique nursing perspective to help create interesting programs to meet the challenges faced by youths associated with the military, providing them with the tools necessary to succeed in life.

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Appendix A

Copy of questionnaire

**UAA School of Nursing**

Your responses are voluntary and will be confidential. Responses will not be identified by individual. All responses will be compiled together and analyzed as a group. If you have any questions or concerns, contact, Angelia Trujillo, DNP.

Age:  14-17  18-24  25+

1. What life events have you found stressful? → *select all that apply*

divorce  loss  suicide  school  drugs/alcohol  violence/abuse  
 sexual assault  relationships  none other \_\_\_\_\_

2. How did you cope with these situations? → *select all that apply*

humor  friends  seeking advice  exercise  avoidance/denial  
 blaming yourself/others  violence  drinking/drugs/smoking  eating  
 sleeping  TV/computer  nothing other \_\_\_\_\_

3. Do you reach out to people during tough times?  yes  no  sometimes

4. How well do you bounce back from stressful situations? → *circle your response*

**Not at all** 1 2 3 4 5 6 7 8 9 10 **Every time**

5. Have any military trainings or educational programs helped you cope with stress?  yes  no

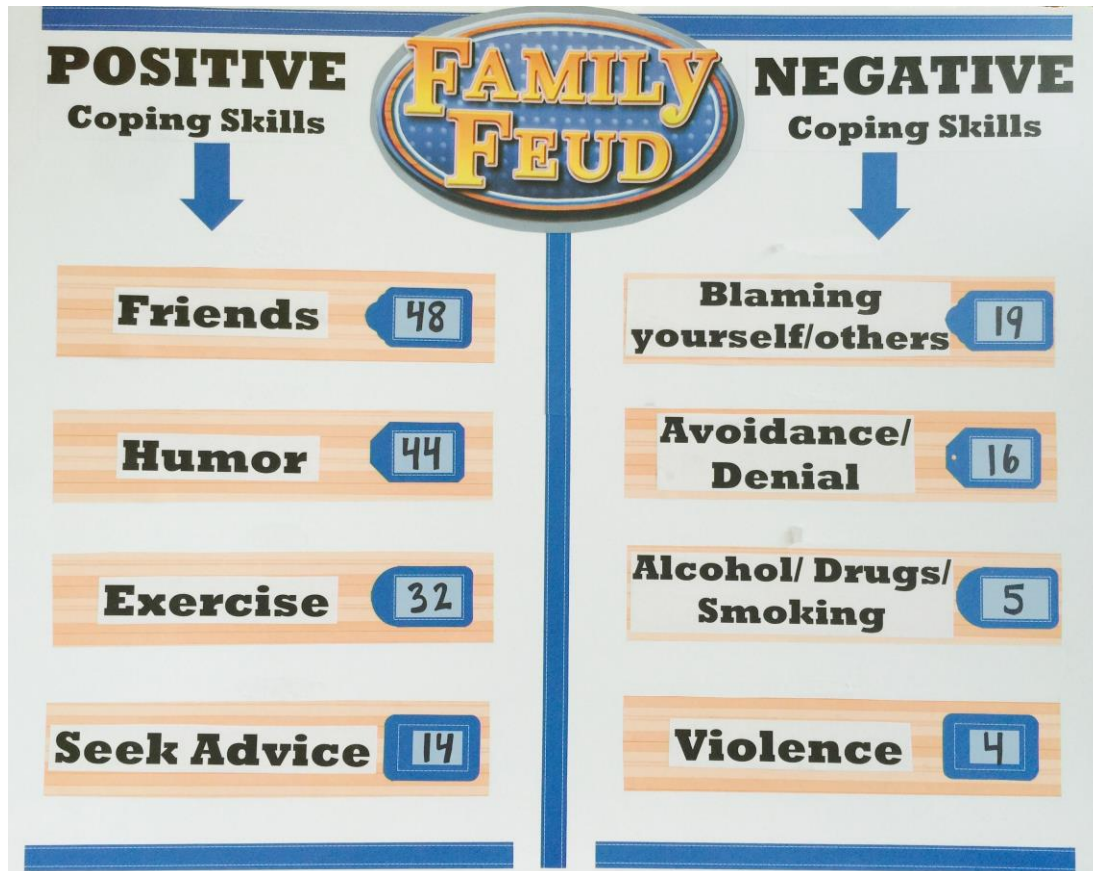
6. Do you feel like you have resources available to you when you feel overwhelmed?  yes  no

Comments: \_\_\_\_\_

Please continue on the back if you need more room

Appendix B

Version of the Family Feud game show



Appendix C

Tree of Resiliency



Appendix D

Evaluation Survey

1. Name at least one positive coping skill you believe you can incorporate into your life

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2. Name a community resource available to you to help you through tough times

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3. What have you learned today that will help you be more resilient in your daily life?

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4. Comments: What did you like? What didn't you like? Was it easy to understand? Were you able to learn something new?

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## Appendix E

## Resource Card

**Resources Available to You...****Colony Counselors**

*Kristin Langhoff*; 907-861-5405; [Kristin.Langhoff@matsuk12.us](mailto:Kristin.Langhoff@matsuk12.us)

*Becky Piatt (Krupa)*; 907-861-5437; [Rebecca.Piatt@matsuk12.us](mailto:Rebecca.Piatt@matsuk12.us)

*Harold Henderson*; 907-861-5438; [Harold.Henderson@matsuk12.us](mailto:Harold.Henderson@matsuk12.us)

*Jamie Neel*; 907-861-5569; [Jamie.Neel@matsuk12.us](mailto:Jamie.Neel@matsuk12.us)

**Military Family Life Counselor**

*Miss Richards* (907)-440-8277

**Careline**

Call: 877-266-HELP

Text: "4help" to 839863

TEXT hours are Tues-Sat 3:00pm-11:00pm

[www.carelinealaska.com](http://www.carelinealaska.com)



## *Military Youth and Young Adult Resiliency*

Amber L. Michael  
*University of Alaska Anchorage*

The UAA College of Nursing capstone project has become well known for the contributions that students make to the community. It is a project that I had been looking forward to even before I began nursing school, and I couldn't wait to be a part of it. What I didn't expect was the intense coordination and strain that a project of this magnitude would have on my nine-person team. Grasping the concepts of resiliency and who our population was took time and effort, and a lot of communication.

We were handed a blank slate with a lot of information and were then asked to produce positive teaching tools to help young enlisted military members become more resilient in their everyday lives. The fundamental idea of resiliency was initially much larger in scope than we could grasp. It appeared as though each of us understand resiliency differently, and finding a common ground as to what and how we could employ teaching tools proved to be a complex challenge. I was grateful to have a talent for grasping and communicating concepts. As the leader of our group, I spent most of our meetings reflecting and rephrasing concepts between members of our group, the professor, and our key informants. I relied heavily on my teammates to make sure our ideas and information was organized, while they relied on me to keep everyone on point, making sure the work we were doing would lead us all in the right direction.

The key informants from the Alaska National Guard do exceptional work, and we were humbled by the time they took to teach us about the struggles they face with their young enlisted soldiers. We spoke with social workers, chaplains, educators, and members of the sexual assault response team. Lowering rates of sexual assault, domestic violence, and drug and alcohol abuse encompasses their jobs, and yet they were asking *us* for help, for a different perspective. The viewpoint of the public health nurse was missing from their approach, so they welcomed our input and were eager to learn.

After our literature review, meeting with key informants, and surveying soldiers, we began to form a picture that was more tangible. Due to scheduling conflicts, we knew we would be teaching these concepts to high school NJROTC students instead of soldiers, but these students still fell into the category of young adult. Knowing our audience gave us a sense of direction and an understanding of how to grab their attention and to teach concepts that they could use in their daily lives. We reached this understanding very late into our project, and were then able to quickly grasp the need to teach these students how to cope.

We were both equally frustrated and motivated by this realization – motivated by the epiphany and direction, but dismayed because teaching coping skills alone seemed to leave out so many concepts that resiliency comprises. We also realized that these young adults were more than likely overwhelmed with the amount of information and stress that they deal with on a daily basis.

Nine people can make quite a large presentation, but nine overachievers who work well together can make a fantastic presentation. We expanded our teaching strategy to include coping skills, bystander awareness, and discussion about what stressors and coping strategies these young adults have on a daily basis. Our multimedia and interactive approaches were well received by the students and teachers. The interactions we had were incredibly positive and our challenges during the learning process helped us become more familiar with our own resiliency

as well as the resiliency of our own families. Most of us found ourselves teaching our children how to be more resilient, and altering some of our coping skills to be more positive and effective in our own lives. As a group, we founded new friendships that the previous year of study together had not forged.

I am incredibly proud of my team and how well we supported each other. These women saw their strengths and acknowledged their weaknesses, and we stepped in to fill those gaps where we could, so that no one was overburdened. When I felt as though I was not handling the agendas and documentation well as leader, another teammate stepped in, because her talent was in the details. This relieved me of stressful work I am normally challenged by and allowed me to utilize my talent motivating and communicating. This project will always be a proud moment for me as a student, as a nurse, and as a friend and teammate.

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I would like to give my sincere thanks to Professor Angelia Trujillo, DNP of the University of Alaska Anchorage for sharing her love of community health and learning, and for her unwavering support for my professional future.