Military police investigator perspectives of a new self-reflective approach to strengthening resilience: A qualitative study

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Abstract

In this study, we explored participants’ experiences of a unique form of resilience training. The aims of this study were to obtain rich information about the participants’ experience of the resilience intervention based on adaptive self-reflection, their ability to report the private stress experience and coping efforts when faced with a stressor, their perceptions of training applicability to other contexts, and whether the training was able to encourage the reappraisal of stressors as growth opportunities. A qualitative design was employed with a sample of 21 investigator trainees from the Australian Defence Force School of Policing. Following implementation of the program, trainees provided written responses to seven open ended questions and participated in one focus group designed to embellish understanding of the survey answers. The analysis identified both strengths and limitations in the way respondents were able to recall and report on their private stress experience and coping efforts and several domains where the resilience training seemed to have its effects. Moreover, the respondents reported increased confidence in their ability to manage stressors in the future, recognition of stress in others and the potential to assist them, and a changed view of stress as an opportunity for personal development. Based on these findings, potential improvements in the training materials are recommended. Moreover, the findings suggest coping and emotion regulatory self-reflection may encourage the application of useful strategies and reinforce personal resilient capacities and coping self-efficacy.

Keywords: Psychological stress, military personnel, psychology, military, resilience
Public significance statement

In this study, we explored the military police investigator perspectives of an innovative resilience training strategy for personnel in demanding work roles. This training strategy is based on the principle that moderate stressors can be leveraged via adaptive self-reflection to encourage the development of a personalised resilience strategy. Our findings suggest several domains where the resilience training seemed to have positive effects, the potential for the training to increase confidence managing future stressors, the ability to reappraise stress as a learning opportunity, and capacity to apply self-reflection to future stressors in their work and personal lives.
This paper focuses on the experiences of military police investigator trainees when engaged in a unique approach to resilience training. The intention of the resilience training is to assist police investigators maintain good psychological functioning despite the diverse stressors of their role. In the context of this research, investigator trainees were completing their initial training as Military Police Investigators. The Australian Defence Force School of Policing (DFSP) training syllabus and the broader Army resilience plan objectives relate to developing personnel resilience to allow them to work under stressful conditions (COMD FORCOMD Directive, 2015; MLO 1.3.8., 2014). In the context of military police investigations, this includes: (1) responding to stressors related to investigations, (2) assisting the coroner to identify and repatriate human remains, and (3) investigating sudden death (MLO 1.3.8., 2014). Previous approaches to developing police investigator trainees in these areas used stressor exposure methods, which involved showing trainees pictures of human remains or attending an autopsy. A review of this process within the ADF called for a method for scaffolding the stressor exposure to develop trainees’ abilities to manage the stressors related to investigations (Boga, 2015). The Systematic Self-Reflection Resilience Training program (SRRT) was designed to support this objective by using a process of self-reflection to help develop trainees’ capacity to adjust effectively to job-related demands.

The psychological demands on military police investigators, which include exposure to human remains, are varied and military police investigators require a similarly diverse and flexible repertoire of psychological capacities that can be accessed to meet situational demands (Bartone, 2012; Born & Zamorski, 2019; De Terte & Stephens, 2014). Cumulative research has shown that a diversity of coping and emotion regulatory strategies and their flexible deployment contribute to resilient outcomes (Bonanno & Burton, 2013; Cheng, 2001, 2003). Although definitions of resilience are varied, it is widely accepted that resilience is an outcome observed in the context of risk formally defined as “a good mental health outcome following
an adverse life event or a period of difficult life circumstances” (Kalisch et al., 2017, p. 786).

To achieve a resilient outcome, people draw from their coping and emotion regulatory repertoire, available resources (e.g., social support), resilience supporting beliefs (e.g., coping self-efficacy), and dispositions that help to withstand situational demands that may otherwise put the person at risk of psychological distress (Fletcher & Sarkar, 2016; Kalisch et al., 2017).

This cluster of resilience supporting factors are referred to as ‘resilient capacities’ (Crane, Searle, Kangas, & Nwiran, 2019a) and have been shown to restore wellbeing following risk (e.g., see Lent, 2004 for review). Many of these capacities may be increased over time (e.g., social support, coping strategies), but also constrained. Further, some capacities will be more effective for managing the demands of specific situations and not others (Britt, Crane, Hodson, & Adler, 2016). Research suggests that a diverse set of capacities and their flexible deployment is most likely to predict resilience, with most work examining the relationship between resilience and the flexible use of coping and emotion regulatory strategies (e.g., Bonanno & Burton, 2013; Cheng, 2003; Galatzer-Levy, Burton, & Bonnano, 2012).

**Past approaches to resilience training**

Most previous approaches to resilience training employ cognitive behavioural therapy-based techniques aimed at teaching commonly adaptive coping and emotion regulatory skills in order to broaden an individual’s repertoire of strategies (e.g., Burton, Pakenham, & Brown, 2010; Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013; Pidgeon, Ford, & Klaassen, 2014) or increase resources (e.g., social supports; Adler, Castro, & McGurk, 2009). However, according to recent meta-analyses such interventions collectively demonstrate moderate, inconsistent, and unsustained efficacy (beyond 1 month) (Joyce, et al., 2018; Robertson, Cooper, Sarkar, & Curran, 2015; Vanhove, et al., 2016). In a military population, the efficacy of such resilience interventions is weaker; trials typically yield small or non-significant effects
on mental health outcomes (e.g., Adler, Williams, McGurk, Moss, & Bliese, 2015; Adler, Bliese, McGurk, Hoge, & Castro, 2009).

The SRRT program referred to in the military context as Mental Fitness Training (MFT) is an innovative approach to resilience training designed to strengthen resilience by scaffolding the experience of moderate everyday stressors (e.g., training stressors, assessment, relationship conflict) in a learning framework that allows the development of personal insight into one’s current and required resilient capacities (Crane, et al., 2019a). The significance of this strategy to the design of resilience interventions is that it is a paradigm shift away from cognitive-behavioural skill development approaches to resilience training.

**Leveraging the experience of everyday stressors to enhance the capacity for resilience**

SRRT is a theoretically derived resilience training strategy that draws from several areas of scholarship including the fields of clinical, organisational, coaching, and educational psychology (for complete discussion of theoretical framework see Crane et al., 2019a). The Systematic Self-Reflection (SSR) model of resilience strengthening proposes an adaptive metacognitive mechanism that enables the progressive strengthening of resilient capacities via the experience of moderate everyday stressors. The SSR model builds on existing research and theoretical work suggesting the role of adversity in strengthening resilience, rather than merely eroding it (e.g., Crane & Searle, 2016; Seery, Holman, & Silver, 2010; Seery, Leo, Lupien, Kondrak, & Almonte, 2013). However, exposure to stressors alone is insufficient for the ongoing development of resilience. Exposure to stressors potentially reinforcing the use of both adaptive and maladaptive coping responses.

The proposal that everyday stressors, and even adversity, can strengthen resilience is not new (e.g., Everyday Stress Resilience Hypothesis; Tronick & DiCorcia, 2015; Metatheory of Resilience and Resiliency; Richardson, 2002). In particular, the Metatheory of Resilience and
Resiliency (Richardson, 2002) suggests the involvement of an introspective process involved in identifying and nurturing resilient qualities. However, there is limited clarity in this past work regarding the approach to introspection that is integral to the emergence of greater resilience.

Akin to previous authors (e.g., Bonanno, 2004; Galli & Vealey, 2016), the SSR model of resilience strengthening suggests that the development of resilience is, in part, a learning process. The model proposes that everyday stressor events are crucial to the development of resilience when scaffolded in nuanced adaptive self-reflective practices that facilitate learning (Crane et al., 2019a). It is via an interaction between everyday stressor exposure, adaptive self-reflection, and adaptation that the capacities for resilience are broadened and refined.

Occupational training settings are potentially ideal for the development of resilience because such settings involve a number of naturally occurring moderate intensity stressors (e.g., assessment, performance demands).

The process of scaffolding stressors has some resemblance to stress inoculation training. Stress inoculation training often involves the learning and rehearsal of certain skills in simulated stressor conditions (e.g., Driskell & Johnston, 1998; Driskell & Salas, 1991). Coping and emotion regulatory repertoire are practiced and refined in controlled stressor settings with guidance from a facilitator. Such training has been demonstrated to enhance performance in demanding conditions (e.g., time pressure) (Saunders, Driskell, Johnston, & Salas, 1996). Similarly, the self-reflection approach emphasizes experiential learning via stressor exposure; however, the emphasis is placed on self-exploration via the development of self-reflective practices that enable the individual to make judgements about effective and ineffective approaches for managing their personal experience of stress. In this way, coping and emotion regulatory strategies are not taught directly, but proposed to emerge over time as a product of personal insight gained from the self-reflective process.
The SRRT program

The SRRT program was designed to train a multifaceted approach to adaptive self-reflection. Walton and Wilson (2018) would classify the SRRT program as a “wise intervention” because it focuses on subjective meaning-making rather than personal qualities (e.g., KSAOs) or the situation (e.g., resources, opportunities). In the resilience training context, self-reflection is the deliberate and purposeful consideration of the coping and emotion regulatory practices employed to manage daily stressors. As part of this process, participants are encouraged to reappraise the stressor events as opportunities for developing one’s personal resilience by considering what can be learnt. Crane et al. (2019a) proposed that self-reflection needs to encourage three major outcomes: (1) increased self-awareness, (2) self-evaluation of the initial coping and emotion regulatory strategies applied to address the stressor, (3) self-development or adaptation of strategies. To achieve these three broad outcomes, five reflective practices are suggested: (1) drawing attention to one’s initial involuntary emotional, physical, behavioural, and cognitive reactions to triggering events, (2) awareness of personal values and value-based goals, (3) awareness of coping and emotion regulatory strategies applied to address the stressor, (4) evaluation of strategy effectiveness in relation to values and value-based goals, and (5) constructive adaptations of strategies to promote improvements in future resilience (Crane et al., 2019a). These practices reflect five phases of reflection intended to encourage the on-going evolution of a personalised, flexible, and diverse set of resilient capacities as one encounters different stressors across their lifespan.

The reflective practices proposed to enhance resilience were drawn from two lines of research. First, perspectives on adult transformational learning have proposed that critical self-reflection processes triggered by ‘disorientating’ life events promote a revision of assumptions, current ways of interpreting the world, and one’s approaches (Mezirow, 1998). Second, work highlighting the use of systematic reflection on both current and past success and failure for
the broadening of behavioural options and improving performance outcomes in the workplace (Ellis, Carette, Anseel, & Lievens, 2014) and self-reflective practices applied in the educational setting to enhance experiential learning outcomes (Ryan & Ryan, 2015).

In practice, participants in the SRRT program receive a 30-minute classroom-based brief introduction about the SRRT program. This initial brief covers: (1) understanding how the experience of everyday stressors can strengthen resilience and performance (i.e., stress-as-enhancing mindset; Jamieson, Crum, Goyer, Marotta, & Akinola, 2018), (2) understanding that resilience can be developed over time (i.e., growth mindset; Yeager & Dweck, 2012), (3) how reflecting appropriately on stressors and setbacks in one’s life can enhance resilience, (4) identification of values and aspirations in relation to coping under pressure, and (5) how to complete the questions in the workbook. Thereafter, every two days during the two weeks following the initial brief, participants complete the 15-minute guided self-reflection writing task in a workbook. The intention of the SRRT training is to embed the adaptive self-reflective practices as part of the way individuals cognitively process the stressor experience into the future, so that they may be empowered to evaluate the adequacy of their stressor response and generate self-directed adaptations to their resilient capacities. Such adaptations may be derived from previous skill-development training that the individual has received, adaptations of already used approaches or via a personal search for new approaches via contact with a psychologist, Chaplin, or accessing a large number of resources available via online applications and tools.

A recent randomised controlled trial of the SRRT program, conducted in officer cadets, demonstrated improvements in mental health outcomes three-months post-training completion (i.e., decreased depression, anxiety and perceived stress) for the self-reflection group, compared with the cognitive-behavioural skills training group after an intensive military training exercise (Crane, et al., 2019a). In the 30 minute cognitive-behavioural skills training
group, cadets were taught arousal reduction techniques (e.g., deep breathing), emotion regulation strategies (e.g., talking to a peer), and challenging distorted thinking styles that may impair their resilience. This trial provided initial evidence for the utility of the SRRT program for strengthening resilience.

**Study aims**

This study of military police investigator trainees is the first qualitative exploration of participant experiences of the SRRT program. Previous investigations have demonstrated evidence for the efficacy of the SRRT for reducing mental health symptoms (Crane, et al., 2019a). A potential constraint of the self-reflective approach is the degree to which participants possess the ability to recall and report their initial involuntary private emotional, physical, cognitive, and behavioural stress experience and their initial coping and emotional regulatory strategies, which is foundational to the self-reflective process. Moreover, we have so far only speculated about the mechanisms through which the training has its positive effects proposing two key processes: (1) adaptation and refinement of coping and emotional regulatory strategies and (2) promoting a stress-as enhancing mindset. Accordingly, the aim of this study was to obtain rich information about the participants’ experience of the SRRT training, their ability to report their private stress experience and coping efforts when faced with a stressor, their perceptions of its applicability to other contexts, and whether the training was able to support the reappraisal of stressors as growth opportunities. Formally, the study questions were: (1) To what degree are participants able to identify their initial involuntary stress reaction and the coping and emotion regulatory strategies used that allows a foundation for the evaluation and development of these strategies? (2) What coping and emotion regulatory strategies do trainees indicate they will apply in the future? (3) Do participants perceive that the SRRT program has altered their appraisal of stressors to be a growth opportunity or a further challenge? (4) What are the trainees’ perceptions of the training in terms of applicability across contexts.
Method

Study design

A cross-sectional qualitative design was employed to explore DFSP investigator trainees’ perceptions of the SRRT program. Qualitative methods, such as those used in this study, can facilitate an understanding of the degree to which participants are able to recall, and report on, their private stress and coping experiences in the way required by the SRRT program. Qualitative analysis allows the observation of spontaneous and unguided reports of the personalised stress and coping experience. Moreover, we are able to obtain rich subjective information by delving deeply into participants’ views and experiences. Such subjective information may highlight new potential mechanisms underpinning the training efficacy that have failed to be identified previously.

Study participants

A sample of 22 trainees from the DFSP were invited to participate in the study as an adjunct to their Military Police Investigators course. One participant withdrew from participating in the study as he/she had another commitment. Twenty-one investigator trainees participated in the study by completing responses to the questions in the written Proforma document. All 21 personnel participated in a single focus group facilitated by two researchers. Including 21 personnel in a single focus group occurred for pragmatic reasons because there were time and space constraints on base. Participants were predominantly male (male $n=14$; female $n=7$) and ranged in age from 23 to 46 years ($M=30.04$ years; $SD=6.70$). All three Services (Army, Navy and Air Force) were represented in the sample with six participants from each service (3 not reported). The study procedure was reviewed and approved by the ADF Human Research Ethics Committee (protocol number: 839-16) and Macquarie University Human Research Ethics Committee (protocol number: 5201600964).

Data collection
Data were collected on 31st August, 2017, one day after all DFSP investigator trainees visited a morgue, where all participants observed an autopsy of two adult males. This stressor was an existing part of the investigator training and selected as the focus of this study because we wanted to capture the trainee perspective of the SRRT program in the context of a significant stressor event. Participants completed anonymous written responses in a qualitative Proforma (open-ended, brief survey) to seven open-ended questions, with space for extensive answers to each question, and participated in a focus group following completion of the Proforma that was led by three of the authors (MC, JC, DB). Questions were repeated to participants in the focus group to allow them to further reflect and respond as a group. The focus group also allowed for clarification of any uncertainty arising from the Proforma answers. The Proforma questions were developed by study team members (MC, FR, and JC) to address the key research questions and study aims. Question design was based on our previous research (Crane et al., 2019a), team discussions at study design stages, and the literature on the topic to clarify what is already known and what could usefully be investigated.

The four research questions are mapped against the related seven Proforma questions in supplementary Table S1. Respondents were given a verbal and written description of the study and told the aim was to gain their perceptions of the value, impact and usefulness of the SRRT program that they had received. Respondents were given as much time as they needed to provide responses. Most participants completed their responses within 20-30 minutes. Immediately after participants completed the Proforma questions, one focus group session was held with all study respondents to allow the trainees to provide more detailed responses to the same seven questions. The focus group ran for 45 minutes. The focus group was designed so we could gather greater insights from reflections stimulated by the group context.
Data analysis

All written responses to Proforma questions and detailed notes taken during the focus group were transcribed verbatim by one researcher (JC). Data were anonymised to maintain participant confidentiality. Data were written up as an MS Word document and saved on password encrypted computers within the researchers’ secure offices. Three researchers (MC, JC & FR) analysed these data using a thematic analysis approach, working together in line with both Summative and Schema analysis techniques (Rapport, 2010; Rapport, Shih, Bierbaum, & Hogden, 2018). Written and focus group responses were initially read by MC, JC, & FR to facilitate an overall understanding of the content. Once participant responses were read, in order to address research questions 1 and 2, themes were identified using a framework that divides responses to stress into two major constructs. First, involuntary engagement (e.g., physiological and emotional arousal, intrusive thoughts) versus disengagement (e.g., emotional numbing, escape) reactions. These involuntary emotional, physiological, cognitive or behavioural reactions to stressors are identified in Theme I (see: Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000). The coders also looked for evidence of participants’ drawing relationships between these initial responses (e.g. making connections between a cognitive response and emotional outcome). The second is controlled responses to stressors which is divided into primary (e.g., problem-solving) versus secondary control engagement coping (e.g., cognitive reappraisal) and disengagement coping (avoidance, denial) (Connor-Smith, et al. 2000) (used to generate Themes II and III).

To address question 3, coders sought examples of the way the SRRT training was expressed to have altered the perception of stressors and themes derived. These themes and examples where then discussed by the coders and consensus formed regarding the most salient themes. In addressing question 4, coders used a similar approach looking for examples of how the SRRT training was perceived, or not, to be applicable across contexts (e.g., personal life).
Several themes were identified initially, but discussion between coders facilitated the consolidation of these themes into a smaller number.

Coders looked for evidence in the proformas and focus group content for each of the themes. No additional themes were identified from the focus group discussion. Of the themes and sub-themes emerging from the proformas, 73.10% of these themes were reflected in the focus group whereby participants took the opportunity to clarify the content of proformas and describe their experiences in greater depth.

Data were originally analysed independently by the three researchers with initial categories derived from the data and thermalized, based on the lead questions. Following discussions between the three analysts (MC, JC, & FR), data were further refined into a thematic analytic framework, and deeper analysis led to a clearer understanding of the key themes and sub-themes arising. Rigor was achieved through triangulation of data sources (question responses from Proformas and a focus group) and the use of three team members from varying disciplines (psychology, health informatics, and sociology) contributed to the veracity of the method.

**Results**

DFSP investigator trainees identified a stressor event of significance to them triggering a set of stress reactions. Most respondents identified the morgue visit and autopsy of two deceased males, the previous day, as the confronting stressful experience on which to base their reflections \((n=17)\). A few respondents \((n=4)\) mentioned other events which they found more confronting and stressful, such as: conducting very complex investigations over short periods of time, a physical injury during training, juggling external study with assessments from the investigators course, and coming from overseas and trying to adapt to ‘how things are done in Australia’.
The analysis identified six themes arising from the data that relate to the research questions: (1) self-awareness of initial reactions to a stressor, (2) self-awareness of coping and emotion regulatory strategies used, (3) future application of coping and emotion regulatory strategies, (4) improved confidence in capacity to manage stressors in the future, (5) diverse application of training across contexts, and (6) changed view of stress as an opportunity for personal growth. Within themes 1, 2, 3, and 6 several related sub-themes were identified.

**Theme I – Self-awareness of initial reactions to a stressor**

Respondents identified a range of involuntary emotional, cognitive, behavioural and physiological reactions in relation to the morgue stressor and other identified stressors (see supplementary Table S2). Most commonly identified were emotional reactions (e.g., anxiety, stress, fear, and interest, calm) with 57.14% of respondents identifying some form of emotional reaction. Physiological reactions were also often recognised (33.33%). Some participants were also able to identify a set of intrusive thoughts (23.81%) principally reflecting uncertainty in relation to the stressor experience (e.g., not knowing what to expect from the morgue visit and how he/she would respond and deal with the situation). In contrast, more than a quarter of respondents reported other thoughts (33.33%) related to wanting to practice the skills, being curious about the process and their own reactions. Few respondents identified involuntary behavioural reactions to the stressor. One participant indicating that they eat more under stress reflecting an involuntary reaction to emotional cues, particularly negative emotions (Macht & Simons, 2000). Just less than a quarter of participants (23.81%) identified the complex relationship between some of their emotions, thoughts (i.e., uncertainty, negative outcomes, motivation to learn) and behaviours. A small number of participants (19.05%) identified the way their stressor responses changed over time. Interestingly, there were no disengagement reactions noted (e.g., emotional numbing, cognitive interference, inaction, or escape).
**Theme II – Self-awareness of coping and emotion regulatory strategies used**

This theme related to voluntary strategies that the participants were able to identify applying in the stressor situation. Responses for this theme were drawn mainly from Q3, but occasionally from Q4 where the response related to a strategy the participant had applied previously. These strategies related to deliberative attempts to cope with situational demands or modify their emotional responses. There were nine main coping and emotion regulatory strategies identified in participants’ responses (see Table 1). The most commonly implemented strategy was breathing techniques (42.86%) for regulating physiological and emotional arousal, followed by controlling where attention is placed (33.33%). In particular, trainees noted the refocusing of attention on the task, rather than the stressor elements of the situation. The least used strategies were problem-solving, humour, and positive thinking (all 4.76% frequency). No primary or secondary control disengagement strategies (e.g., avoidance, denial) were identified by participants.

**Theme III – Future application of coping and emotion regulatory strategies**

Questions 4, 5 and 6 were future-focused and required respondents to identify what coping and emotion regulatory strategies they developed that they would apply in the future. Seven strategies (see Table 2) indicated the variety of strategies applied, as did the three major training outcomes: (1) self-awareness (9.52%), (2) self-evaluation of coping strategies (19.05%), and (3) self-development and adaptation of strategies (19.05%). The most commonly identified coping and emotion regulatory strategies selected for future application were: (1) problem-solving and (2) controlling where attention is placed (both 23.81%). The least common strategies reported were writing things down and cognitive re-appraisal of stressors (9.52%). When comparing current with future coping and emotion regulatory strategies some differences were observed between the type of strategies and the frequency of their mention. For example, humour as a strategy was not mentioned as a future approach, whereas self-
awareness of thoughts, behaviours and emotions were discussed as a new useful strategy for coping. During the focus group, one of the participants mentioned that she would “rely on humour to cope in many stressor situations, but it was inappropriate during the morgue experience and therefore released the need for a new strategy to cope” (focus group respondent). This response is evidence of evaluating the fit between the context and the emotion regulatory strategies applied, and the importance of broadening the regulatory repertoire. Whereas problem-solving changed from a little mentioned strategy to the most mentioned strategy for future application, many of the coping and emotional regulatory strategies re-appeared in reference to future strategies. Support seeking was discussed with greater frequency when describing future strategies, suggesting that this strategy was perhaps previously underutilised.

**Theme IV – Improved confidence in capacity to manage stressors in the future**

Over a quarter of respondents (38.10%) indicated that the training helped to develop their sense that they were resilient and had the resources, strategies, and tools to adapt to future demands beyond the training setting (e.g., “I feel more confident to be able to perform my job and tasks/situations I haven’t planned for.” (ID6, Q7); “…it [the training] makes me recognise that I am more mentally resilient than I realise – I can push myself further than I assumed I could” (ID10, Q7)). For a list of representative quotes, see supplementary Table S3.

One comment emerging from the focus group captured the intention of the training. Specifically, the SRRT was not about teaching resilient skills directly, but rather about scaffolding the stressor experience, so the experience is used to develop resilient capacities. This is achieved by encouraging the application and conscious evaluation of strategies. Strategies for coping may be known to the participant or taught as part of various mental health and resilience training packages available in the ADF (i.e., “The [SRRT] training does not
make you resilient in a direct way, but helps you process incoming stressors in a way that develops resilience” (focus group respondent)).

**Theme V – Diverse application of training across contexts**

Several respondents identified that the self-reflective strategies used could be applied in their ‘personal life’, ‘life in general’, ‘job and tasks/situation’, and ‘throughout my career’ suggesting that DFSP investigator trainees identified the broader applications of the SRRT program. An unexpected theme related to the broader application of the training was also identified. This theme reflected awareness of stress in others and assisting colleagues and family (47.62%) (e.g., “has shown me somethings that will allow me to see others may be stressed and some techniques to deal with those people when they are stressed” (ID9, Q4); “Also have the ability to recognize stress in my family members at home and do something about it.” (ID11, Q5)).

**Theme VI – Changed view of stress as an opportunity for personal growth**

Q7 asked DFSP investigator trainees to consider whether the way they think about stressors had changed in response to the training. Over a quarter of respondents (33.33%) stated that SRRT had changed how they thought about stressors. Participants commented that exposure to stress and stressors could be used as a motivator, a learning opportunity, and a positive challenge (e.g., “With adversity there is always something to be learnt from the situation. Even if the lesson is difficult to find, if you look hard enough, you will always be able to find something.” (ID5, Q7). From the comments provided it appeared that a proportion (23.81%) of trainees now saw stressors as an opportunity to develop skills. Whereas, others re-appraised stress as a positive challenge (e.g., “Made me think of adversity as a challenge – which I would not have thought about before the training” (ID3, Q7)). See Table S4 for representative quotes.
Five respondents (23.81%) indicated that the training did not affect their appraisal of stressors, predominately because they stated that they had a pre-existing perception of stressors as being quite fluid (i.e., “The term adversity comes with a negative connotation – like stress. I try and deal with each situation as they arise, trying not to put names to them.” (ID1, Q7), “It [the training] hasn’t changed the way I think or act. With regards to adversity I just take things as it comes and deal with an issue and move on” (ID9, Q7)).

Discussion

Summary of findings

This research signifies a qualitative exploration of a unique resilience training intervention using self-reflection on coping and emotion regulatory strategies. The efficacy of the SRRT program hinges on the self-awareness of several aspects of their involuntary stress response, identify their coping and emotional regulatory strategies, and consider relevant adaptations to these strategies to rectify an initial mismatch between adaptive capabilities and situational demands (Lazarus & Folkman, 1984) and allow the identification of already present capacities. This qualitative exploration sought to examine to what extent participants recalled and reported their private stress experience and coping efforts when faced with a stressor, perceptions of training applicability to other contexts, and whether the training was able to support the reappraisal of stressors as growth opportunities. Based on data collected, respondents were able to delineate the stressor experience that caused them the most concern. Most participants identified the autopsy as the most concerning, whereas four identified other stressors. This indicates that participants are able to recollect and report their private experience of stress and compare the relative stress triggered by those experiences.

First, the findings provide insight into the degree to which participants can identify aspects of their involuntary stressor reaction and coping and emotion regulatory strategies. Based on participant responses it appeared that respondents were able to report their
involuntary internal stress reaction. Specifically, respondents were able to identify emotional, cognitive, and physiological stressor reactions. However, only one respondent identified an involuntary behavioural outcome (i.e., eating when stressed). Other potential involuntary behavioural responses include not being able to control what is said and risk-taking (Connor-Smith et al., 2000). Among this high functioning group, such involuntary actions may not have emerged. However, more likely is that these involuntary behaviours may be either harder to attribute to the stressor or there is less self-awareness that they are occurring. Such behaviours may be difficult to recall in association with a stressor, given that self-report measures that ask explicitly about behaviours, allowing recognition, elicit reporting of involuntary actions (e.g., Connor-Smith, et al., 2000). Awareness of one’s internal state is critical because internal states, like emotions, can be counterproductive when they are unsuitable for the situation (i.e., too intense; Gross, 2015). Similarly, self-awareness of the behavioural reaction to stress allows an assessment of the suitability of these outputs in relation to values and value-based goals (Carver & Scheier, 1998).

Second, we explored whether SRRT participants recalled how they initially attempted to address the stressor, demonstrating insight into their coping and emotion regulatory practices. Investigator trainees were able to self-identify a range of coping and emotional regulatory strategies previously linked to the capacity for resilience (e.g., de Terte, Stephens, & Huddleston, 2014; Dumont & Provost, 1999; Galatzer-Levy, Burton, & Bonanno, 2012). A range of engagement coping strategies was identified. However, no control or involuntary disengagement coping strategies were spontaneously reported (e.g., avoidance, denial, wishful thinking). Given that the objective of these strategies is to disengage from the stressor experience, it may be more difficult for the respondent to either identify that these as stress-related strategies or recall their occurrence. Disengagement strategies such as these are related to higher internalizing and externalizing symptoms (Compas et al., 2017) and their explicit
identification may be meaningful in the reflection process, particularly if it makes these strategies available for modification.

Third, our findings also provide some evidence of the coping and emotion regulatory strategies considered effective through the reflective process. A critical aspect of the systematic self-reflection tool is in assisting the training participants to self-evaluate the coping and emotional regulatory strategies applied and make a judgement about strategy utility in any given context. Thus, we were interested to know what strategies respondents indicated were effective that they would use in the future. Participants are also encouraged to engage in individualised efforts toward the self-development of resilience. The self-reflection process is intended to empower participants to take responsibility for their self-development by reapplying useful strategies, adapting the strategies, and searching for new strategies with the goal of broadening their repertoire of coping and emotional regulatory strategies. Most strategies applied were identified as useful, with the exception of humour, which in this context was clarified by the focus group participant as ill-suited given the context. This finding is not to say that humour is never useful; considerable research in first responders demonstrates the effective use of humour for dealing with tragic situations (e.g., Rowe & Regehr, 2010). However, in this context the participant judged that a sober approach was required.

When asked about the future application of strategies, problem solving increased in frequency of mention, which is likely related to the structure of the SRRT training where solution-focused coaching approaches (Cavanagh & Grant, 2010) have been foundational to workbook question development. Enhanced practical problem solving may be a mediator through which the training also has its effects that has not previously been considered.

Additional themes also related to greater self-awareness, the importance of evaluating or “analysing” ones response to stressors, and developing skills to “adapt” via the reflective process. However, less evident was the discarding of strategies when they had a negative
impact. Some participants did mention modifying their negative thoughts and one participant identified the inappropriateness of using humour in the morgue context, but it was relatively infrequent. Again, this may relate to working with high functioning trainees, but may also be because respondents are less able to recall the aspects of their coping that are having a negative effect on their lives. Thus, the SRRT program appeared to reinforce the application of useful strategies, but may in its current state fail to reduce the use of problematic strategies.

According to the Systematic Self-Reflection (SSR) model (Crane et al., 2019b), two of the processes by which self-reflection may operate to develop resilience is via enhancing certain adaptive beliefs such as coping self-efficacy and encouraging the reappraisal of stressors as a challenge or growth opportunity. Theme IV revealed a perceived enhanced confidence in the capacity to cope with stressor demands in the future. In psychological terms, this confidence is referred to as coping self-efficacy and reflects one’s sense of ability to handle the experience of future stressor events (Littleton, Axsom, & Grills-Taquechel, 2011) and has been associated with adaptive mental health outcomes (Benight et al., 1997). Coping self-efficacy is related to the development of coping and emotion regulatory repertoire because it reflects an individual’s appraisal of the resources they have available to actively manage demands (Littleton et al., 2011).

A further mechanism by which the SRRT program is proposed to support resilience is via the re-appraisal of stressor events as learning and growth opportunities. A proportion of respondents identified how their appraisal of stressor experiences had changed. These respondents reported that the SRRT program assisted them to see stressors as a learning opportunity (e.g., “With adversity there is always something to be learnt from the situation”), rather than a threat to their functioning or development or a personal challenge (“Made me think of adversity as a challenge”). The reappraisal of stressors in this way is considered important for the development of resilience. A two-wave longitudinal study demonstrated that
workplace challenge stressors (typically viewed as development or growth opportunities; Cavanaugh, Boswell, Roehling, & Boudreau, 2000) predicted an increase in perceived resilience over a three-month period (Crane & Searle, 2016). A growth mindset approach to stressors and reappraising stressor events as growth opportunities is an adaptive way of making meaning from stressors (Jamieson et al., 2018; Ohly & Fritz, 2010). In this context, growth mindsets pave the way for one to consider the potential to develop their resilience because as one encounters a demand there is a belief that they are able to develop the capabilities necessary to meet that demand. This belief is considered a coping resource that promotes resilience (Yeager & Dweck, 2012).

Further, investigator trainees identified the application of the training beyond the immediate training setting with applications to work and personal life more broadly. This finding potentially highlights the acceptability of the training and potential for successful training transfer to diverse and dynamic stressor contexts (Pierce, Gould, & Camiré, 2017). An unexpected additional application of the training was also discussed, which was the usefulness of the training to support colleagues and family members due to the ability to better identify stress in others and assist with strategies that work for them.

Limitations and future directions

It is important to view the results from this study in light of the limitations. First, study participants may not be representative of all military personnel and as such findings may not be generalisable to the population in question. Although all services and sexes were represented in the sample, these personnel were perhaps somewhat homogeneous given their orientation to a particular military role. Moreover, those selected to go into a military investigator role have demonstrated job-based capability in addition to the initial entry standard for military police. Therefore, it is uncertain whether the lack of potentially problematic disengagement strategies identified are a consequence of their high functioning status. The experience of the individuals
involved in the study, and the way in which those experiences have been interpreted by the researcher may not resonate with all workplaces or stressor contexts. However, considerable quote examples, interpretative information, and context has been provided to allow a judgment about the transferability of the results to other settings.

Second, this study is cross-sectional and data were gathered after the training only. This is not an evaluation of the SRRT program, because we cannot make any claims about the effect of the program on trainee resilience, coping strategies learnt, or self-reflection capacities gained. Via this study, we are able to understand the trainees’ capacity for critical skills such as self-awareness of their stressor reaction and strategies and their subjective impression of the training. Further randomised controlled trials of the SRRT conducted with diverse samples need to occur to confirm efficacy. However, this qualitative analysis can inform aspects of package development described below. Further, the data collection for this study included the respondents’ written responses to questions and a single focus group. Detailed transcription occurred during the focus group with an attempt to record exact words used. However, it is possible that the transcribers bias the material based on their subjective interpretations. Individual audiotaped interviews with trainees may have elicited more detail and less transcriber bias.

Third, the training setting in which the study was performed is an evaluation context and is therefore an important consideration for appreciating participants’ responses. For example, participants’ discourses may have been influenced by social desirability concerns, motivations to conform to perceived group norms, and concerns about how one might appear to their peers or senior officers.

The findings did indicate limitations in the SRRT program that have led to modifications in future deliveries. First is the infrequent recall of involuntary behaviours, and voluntary and involuntary disengagement coping strategies. Second, there was a focus on effective strategies,
but much less identification of ineffective strategies. Thus, the SRRT introductory brief and workbook now highlight the involuntary behaviours related to stress and coping and emotion-regulatory strategies that can emerge (e.g., “When I have stressors, my mind goes blank”) to allow recognition to certain strategies, rather than relying on recall. Moreover, we explicitly ask about the helpful and unhelpfulness of each strategy identified. In this way, we deliberately prompt participants to consider the potential negative effects certain approaches may have. Finally, while the themes of self-awareness, self-evaluation, and self-development were discussed, the purpose of the training for developing these aspects of reflection should be more explicit. Thus, the introductory session now explicitly highlights these as areas of development.

**Conclusions**

The SRRT program aims to strengthen resilience by utilising self-reflection to build the capacity of participants to develop their own individualised coping and emotional regulatory repertoire. Our qualitative evaluation suggest that it is possible to elicit the recall of stress reactions and a diverse range of coping and emotion regulatory strategies. However, there may be some constraints to recall when it comes to involuntary behavioural responses and voluntary and involuntary disengagement coping strategies. Moreover, participants were bias toward the identification of effective, rather than ineffective strategies. Participants also appeared to benefit from the SRRT program in diverse ways. Participants reporting that the program improved their confidence in managing future stressors, that they now were better equipped to support others, and that they could now re-appraise stress as an opportunity for personal development and growth.
References


MLO 1.3.8 (06 Mar 2014). Respond to stressors related to investigations. ADF Investigation Course, Training Management Plan (v.4.2).


**TABLE 1:** Representative quotes from DFSP trainees in relation to Theme II - Self-awareness of coping and emotion regulatory strategies used (including sub themes).

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive re-appraisal (Secondary control engagement coping)</strong></td>
<td>“...I was interested to learn more and to get the most from the experienced I could.” (ID9, Q2).</td>
</tr>
<tr>
<td>Frequency = 23.81% ($n=5$)</td>
<td>“I learnt to take a break, pause for a moment and realize that even if I do fail it won’t be the end of the world.” (ID8, Q3) “From the MFT [SRRT], I focused on what I wanted to get out of the experience in terms of knowledge and skills rather than the actual situation”. (ID19, Q3)</td>
</tr>
<tr>
<td><strong>Acceptance of the situation (Secondary control engagement coping)</strong></td>
<td>“I can accept the things I cannot change.” (ID4, Q3).</td>
</tr>
<tr>
<td>Frequency = 14.29% ($n=3$)</td>
<td>“I just take things as they come.” (ID9, Q3).</td>
</tr>
<tr>
<td><strong>Problem-solving (Primary control engagement coping)</strong></td>
<td>“Always be prepared for whatever situations … have a backup plan” (ID16, Q3)</td>
</tr>
<tr>
<td>Frequency = 4.76% ($n=1$)</td>
<td>“I mentally prepared for the experience by reading up on post mortems and made sure I had chewing gum to chew on during the autopsy.” (ID12, Q3)</td>
</tr>
<tr>
<td><strong>Humour (Primary control engagement coping)</strong></td>
<td>“Maintaining a sense of humour with myself and colleagues when appropriate also assisted.” (ID6, Q3).</td>
</tr>
<tr>
<td>Frequency = 4.76% ($n=1$)</td>
<td></td>
</tr>
<tr>
<td><strong>Breathing techniques (Primary control engagement coping)</strong></td>
<td>“I focused on breathing slowly and deeply...was trying to decrease my chances of fainting and trying to slow my heart rate” (ID3, Q3).</td>
</tr>
<tr>
<td>Frequency = 42.86% ($n=9$)</td>
<td>“Breathing techniques are a tool I find I am using fairly often to help calm myself down.” (ID12, Q4) “...take a breath, pause and then move on.” (Focus group respondent)</td>
</tr>
<tr>
<td><strong>Support seeking</strong></td>
<td>“Talk to others about your concerns” (ID7, Q3).</td>
</tr>
</tbody>
</table>
(Primary control engagement coping)  “Talk [about] how you are feeling” (ID20, Q4).
Frequency=9.52% (n=2)

Controlling where attention is placed
(Secondary control engagement coping)
“Look at the end goal and focus on what the desired outcomes were to be met”. (ID2, Q3).
Frequency = 33.33% (n=7)

Writing things down
(Primary control engagement coping)
“I have utilized these tools, like keeping a log” (ID1, Q4).
Frequency = 9.52% (n=2)

“…when I write it down I think about it. By writing it down it helped me identify what the issue was.” (focus group respondent)
TABLE 2: Representative quotes from DFSP investigator trainees in relation to Theme III – Future application of coping and emotion regulatory strategies SRRT program (including sub-themes).

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive re-appraisal (Secondary control engagement coping)</td>
<td>“Use the stress as a positive to reinforce my confidence in carrying out tasks instead of a negative to overthink and become flustered.” (ID6, Q6).</td>
</tr>
<tr>
<td>Frequency = 9.52% (n=2)</td>
<td></td>
</tr>
<tr>
<td>Support seeking (Primary control engagement coping)</td>
<td>“I am developing a greater ability to debrief at home” (ID18, Q5)</td>
</tr>
<tr>
<td>Frequency = 19.05% (n=4)</td>
<td>“Talking with peers rather than keep feelings inside is helpful” (ID15, Q6).</td>
</tr>
<tr>
<td>Support seeking (Secondary control engagement coping)</td>
<td>“Let your partner/family know without going into too much detail, of what you have just experienced and how you feel. Talk about it with colleagues before going home if possible.” (ID7, Q5).</td>
</tr>
<tr>
<td>Acceptance of the situation (Secondary control engagement coping)</td>
<td>“Don’t dwell on small things. Accept it for what it is and move on” (ID10, Q6).</td>
</tr>
<tr>
<td>Frequency = 14.29% (n=3)</td>
<td>“taught me also accept things we cannot change” (ID11, Q7)</td>
</tr>
<tr>
<td>Problem-solving (Primary control engagement coping)</td>
<td>“I try to prepare for situations” (ID1, Q6)</td>
</tr>
<tr>
<td>Frequency = 23.81% (n=5)</td>
<td>“Methods include better planning and time management” (ID8, Q6).</td>
</tr>
<tr>
<td>Breathing techniques (Primary control engagement coping)</td>
<td>“Work through the situation in my head and the potential outcomes” (ID 17, Q6).</td>
</tr>
<tr>
<td>Frequency = 19.05% (n=4)</td>
<td>“Using tactical and controlled breathing technique I felt very useful” (ID14, Q5).</td>
</tr>
<tr>
<td>Controlling where attention is placed (Secondary control engagement coping)</td>
<td>“I will use grounding and breathing techniques as a leader” (ID3, Q4).</td>
</tr>
<tr>
<td>Frequency = 23.81% (n=5)</td>
<td>“Concentrate on the task at hand” (ID6, Q6).</td>
</tr>
<tr>
<td></td>
<td>“Focus on the required outcomes and maintain focus on the priority areas” (ID2, Q6)</td>
</tr>
<tr>
<td></td>
<td>“Reminding myself there is a job to do and it needs to be done.” (ID14; Q6).</td>
</tr>
</tbody>
</table>
Writing things down (Primary control engagement coping)  
Frequency = 9.52% (n=2)

“Use note writing.” (ID13, Q5).

“Writing gives you control back when you do not have control. I am able to identify what I can and cannot control and stop putting energy into correcting the things I cannot fix.” (focus group respondent).

Self-awareness of stress reactions
Frequency = 9.52% (n=2)

“Check my thoughts, behaviours and emotions when they start becoming negative” (ID5, Q6).

“Most useful thing I found were the immediate questions of “What am I feeling/doing?” (ID21, Q4).

Self-evaluation of coping and emotion regulatory response  
Frequency = 19.05% (n=4)

“It did help to contextualise my reactions and gauging my effectiveness in carrying on by analysing my responses and whether they were helping or not” (ID21, Q3)

“…whether my reactions are helping that end state or if I am capable of influencing it.” (ID, Q4).

Self-development and adaptation of strategies  
Frequency = 19.05% (n=4)

“I have learnt to adapt and how to develop skills and techniques for countering stressful situations” (ID16, Q4).

“This will be useful in future as it will allow me to adapt different coping mechanisms to different situations.” (ID19, Q4)

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**TABLE S1:** Questions for DFSP investigator trainees regarding their responses to a stressful experience and their use of SRRT strategies.

<table>
<thead>
<tr>
<th>Proforma question</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe a particularly confronting, stressful experience that has occurred since receiving your Mental Fitness Training as a DFSP trainee.</td>
<td>To determine whether DFSP investigator could identify a stress triggering event that was significant to them.</td>
</tr>
<tr>
<td>2. What were your immediate reactions to this stressful experience? These can be emotional or mental responses or any physical reactions.</td>
<td>To identify the degree to which participants possess the ability to recall and report their initial involuntary private emotional, physical, cognitive, and behavioural stress experience and their initial coping and emotional regulatory strategies.</td>
</tr>
<tr>
<td>3</td>
<td>What skills or coping mechanisms did you learn from the Mental Fitness Training that helped you deal with that stressful experience as either an individual or team leader?</td>
</tr>
<tr>
<td>4</td>
<td>How can you take what you have learnt from the Mental Fitness Training into the remainder of your career? (Please provide examples of how you see this affecting your Army life)</td>
</tr>
<tr>
<td>5</td>
<td>How can you take what you have learnt from the Mental Fitness Training into your personal life? (Please provide examples of how you see this affecting your home life)</td>
</tr>
<tr>
<td>6</td>
<td>What methods do you now employ to prepare for stressful situations, deal with rapid change and the way you contextualise problems within your job?</td>
</tr>
<tr>
<td>7</td>
<td>Has the Mental Fitness Training changed the way that you think about stressors and adversity? If so, how? If not, why not?</td>
</tr>
</tbody>
</table>
TABLE S2: Representative quotes from DFSP investigator trainees for the Theme I- Self-awareness of initial reactions to a stressor (including subthemes).

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of emotional arousal in relation to a stressor</td>
<td>“I was sad and had feelings of sorrow.” (ID6, Q2) In relation to morgue visit. “I was stressed out” (ID16, Q2) In relation to coming from an overseas military. “Frustration and annoyance” (ID5, Q2) in relation to conducting investigations in short time periods.</td>
</tr>
<tr>
<td>(Involuntary engagement)</td>
<td>Frequency = 57.14% (n=12)</td>
</tr>
<tr>
<td>Awareness of intrusive thoughts about uncertainty in relation to a stressor</td>
<td>“I thought immediately I can’t finish my training – might need surgery – might get kicked out of defence.” (ID10, Q2) In relation to an injury occurring in training. “…how would this affect me in later life” (ID20, Q2). “…my immediate reaction was why do we have to do this” (ID1, Q2) In relation to morgue visit. “Was also thinking – how would I actually cope with the situation.” (ID14, Q2) In relation to morgue visit.</td>
</tr>
<tr>
<td>(Involuntary engagement)</td>
<td>Frequency = 23.81% (n=5)</td>
</tr>
<tr>
<td>Awareness of physiological arousal in relation to a stressor</td>
<td>“Rise in heart rate and breathing, feeling of fear and being slightly unstable on my feet.” (ID17, Q2) In relation to morgue visit. “Could feel my heart beating fast” (ID11, Q2) In relation to morgue visit.</td>
</tr>
<tr>
<td>(Involuntary engagement)</td>
<td>Frequency = 33.33% (n=7)</td>
</tr>
<tr>
<td>Awareness of complex associations between emotions, thoughts (i.e., uncertainty, negative outcomes, motivation to learn) and behaviours.</td>
<td>“Quite nervous, I feared failing – thought a lot about it and it did mentally drain me. One of my reactions during this stressful period is to eat food that comforts me” (ID8, Q2) In relation to judging external study and the investigators course. “Anxiety was increased because I did not know how I was going to react. Heart rate increased, breathing was faster, felt a bit weak” (ID3, Q2) In relation to morgue visit. “I would say the morgue trip would have peeked my interest rather than making me stressed (Q1) …I was interested to learn more and to get the most from the experienced I could.” (ID9, Q2) In relation to morgue visit.</td>
</tr>
<tr>
<td>(Involuntary engagement)</td>
<td>Frequency = 33.33% (n=7)</td>
</tr>
</tbody>
</table>
“Stressful due to the unknown of the situation – did not know what to expect.” (ID12, Q2). In relation to morgue visit.

“My immediate reaction was to feel anxious in the lead up – I was most worried about my physical reaction to seeing and smelling a post mortem. On arrival I was focused on the tasks we needed to complete and was therefore not anxious once we got going.” (ID19, Q2). In relation to morgue visit.

“Before arriving my palms were sweaty and I was beginning to feel a low level of stress about the situation. When I viewed the body my stress levels had all but gone.” (ID12, Q2). In relation to morgue visit.

TABLE S3: Representative quotes from DFSP investigator trainees in relation to Theme IV – Improved confidence and capacity to manage stressors in the future.

<table>
<thead>
<tr>
<th>Representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency = 38.10% (n=7)</td>
</tr>
</tbody>
</table>

“MFT [SRRT] allows me to better identify the stressors in my personal life and how or what I can do to reduce these stressors in the future.” (ID8, Q5).

“I know of coping mechanisms I can utilize if I find myself in a particular situation.” (ID15, Q5).

“I believe I can take these coping mechanisms on throughout my career as I am able to further develop my knowledge by further educating myself during certain situations.” (ID12, Q4)

“… now I have the tools to better handle my stresses.” (ID17, Q7).

“Know you have the capability to handle stressful situations” (ID7, Q5).

“…it [the training] makes me recognise that I am more mentally resilient than I realise – I can push myself further than I assumed I could.” (ID10, Q7)
**TABLE S4:** Representative quotes from DFSP investigator trainees in relation to Theme VI - Changed view of stress as an opportunity for personal growth and development.

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Representative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Something to be gained from adversity</strong></td>
<td>“With adversity there is always something to be learnt from the situation. Even if the lesson is difficult to find, if you look hard enough, you will always be able to find something.” (ID5, Q7)</td>
</tr>
<tr>
<td>Frequency = 23.81% (n=5)</td>
<td>“I had never considered stress as a motivating factor, which enables a better understanding of how to use it to build a team, improve and recognize limitations.” (ID21, Q7).</td>
</tr>
<tr>
<td><strong>Re-appraising adversity as a challenge</strong></td>
<td>“Made me think of adversity as a challenge – which I would not have thought about before the training”, (ID3, Q7)</td>
</tr>
<tr>
<td>Frequency = 9.52% (n=2)</td>
<td>“Typically, when we think of stress, it is something that is a negative that needs to be managed. Not used to considering it part of a positive outcome.” (focus group respondent)</td>
</tr>
</tbody>
</table>