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A LISTENING APPROACH: EQUIPPING LEADERS TO LISTEN FOR PTSD

by

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## Biography

Bill Zielinski is the father of three adult children, and a Lieutenant Colonel in the United States Army. He deployed to Iraq in 2004-2005 with 1-25 and 3-2 Stryker Brigade Combat Teams, and returned with Post Traumatic Stress, equipping him to be uniquely postured to discuss issues related to Combat Stress. Through faith, counseling, and equine therapy, Bill was able to find a confidence in self and his purpose.

LTC Zielinski also deployed as an Information Operations officer to Afghanistan in 2010-2011 with the 101<sup>st</sup> Airborne Division (Air Assault), and to Jerusalem, Israel in 2016-2017 with United States Security Coordinator. In September 2018, Bill participated in the very effective Equine Therapy listening approaches taught at Flag is Up Farm in Solvang, CA, under the direction of American horse trainer Mr. Monty Roberts.

LTC Zielinski earned the Defense Meritorious Service Medal with one oak-leaf cluster, has a Masters of Joint Information Operations from the U.S. Naval Postgraduate School, and is a graduate of Military Intelligence Captain's Career Course, Field Artillery Officer Basic Course, Sexual Harassment/Assault Response and Prevention Course (SHARP), Red Team Practitioner Course, and Army Instructor Qualification Course. He earned the Airborne, Air Assault, Recruiting and Polish Armed Forces Medal in Bronze, and German Armed Forces Proficiency Badge in Silver.

## Abstract

In the last 20 years of combat, over 500,000 American service members have been diagnosed with Post Traumatic Stress Disorder (PTSD). Current resiliency and recovery methods in the U.S. simply are not working; people continue to acquire PTSD, and resist getting treatment, and recovery is lengthy. In part, slow recovery may be due to individualistic societal predispositions that make the U.S. military particularly vulnerable. How a PTSD survivor is treated can create either healing or feelings of isolation. Our military members and families have a dismal understanding of how to listen and build social resiliency, both of which build resiliency to PTSD and help a person to recover.

Leaders are the “first responders” who observe verbal and non-verbal indicators of pain associated with PTSD, and are arguably the reason service-members choose to get counseling or suffer in isolation. It is counter-productive, even damaging, when commanders “outsource” responsibility for healing to behavioral health clinicians when a receptive command climate and dialogue are likewise crucial elements of resiliency and recovery. The typical approach is an “identify and refer” framework.<sup>1,2</sup> However, to heal most people need supportive listening leaders, family, and friends, in addition to counseling.<sup>3</sup> Effective listening has three sub-tasks: presence, inquiry, and encouragement (*PIE*).

This research is a primer to inspire leaders to listen in order to connect and build cohesive resilient teams, detect PTSD, and listen for the story. Productive *PIE* can increase combat power by improving resilience, readiness, and healing. Leaders can prepare service members and families to build resiliency to and recovery from PTSD through presence; through inquiry form integrated listening teams; and effectively promote healing through messages that encourage (*PIE*) presence, inquiry, and encouragement.

“To everything there is a season, a time for every purpose under heaven... a time to kill, and a time to heal ...” – *King Solomon*

## **Introduction**

### **The Costs of PTSD to Units and Families?**

At least one of four military who have deployed to combat in the last two decades suffered from Post-Traumatic Stress Disorder (PTSD), with over 500,000 total according to RAND. This injury has cost up to \$6,200,000,000 over two years due to psychological adjustment issues and lost duty time; there are related costs of increased divorce and family problems, emotional distance, risky alcohol misuse, veteran unemployment, depression, and suicide.<sup>4</sup> Currently, 50% of people suffering from PTSD seek treatment, and of those suffering a mere 50% of those get adequate treatment.<sup>5,6</sup> These sobering statistics on the costs, pain and accompanying learned helplessness associated with PTSD are presented to elicit a desire for change in how military commanders listen for PTSD.

PTSD, formerly known as battle fatigue, combat stress, war neurosis or shell shock during prior wars, is a long-standing issue for many affected Americans. Montgomery, Alabama resident Paul Butler recently spoke of his veteran family, “My uncles served in WWII, babies who left in blue jeans at age 17, and returned *different*, who took *whiskey* to talk about it, [after seeing] death camps, and burst into tears...they were *never the same*.”<sup>7</sup> Longitudinal studies of Vietnam veterans demonstrates that nearly 800,000 of 2.7 million who deployed returned with PTSD, which is 30%, and approximately 271,000 or 10% still suffer.<sup>8</sup> New information, however, strongly suggests that there is hope for both resilience and recovery! For military Commanders, the message is that the way Commanders listen and build teams can effectively build resiliency against injury.<sup>9</sup> Leaders can prepare service members and families to build resiliency to and recovery from PTSD through presence; through inquiry form integrated

listening teams; and effectively promote healing through messages that encourage (*PIE*) presence, inquiry, and encouragement.

PTSD is a battle in the mind, and can be challenging to understand. The risk to individuals is that the mind tends to wander and create thoughts that self-limit if not mitigated through debriefing and reframing.<sup>10</sup> According to the American Psychiatric Association, “PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war, combat, rape or other violent personal assault.”<sup>11</sup> Combat-related PTSD is a trauma based upon fear of bodily injury or death that elicits a strong and persistent internal anxiety reaction which is stored in the amygdala of the brain.<sup>12,13</sup> Amygdala functioning, including increased cortisol stress hormone production, interferes with the body’s processing of the feel good “love” hormone, oxytocin.<sup>14</sup> Oxytocin is a significant contributor to “reducing stress and promoting pro-social behaviors such as trust, empathy, and openness to social risk.”<sup>15</sup> A person with PTSD can become triggered by an activating event like 4<sup>th</sup> of July fireworks or burning plastic in a bonfire, where the mind remembers and then re-experiences high trauma, and is not always readily able to fully perform.

PTSD is a complex reaction to trauma that is displayed in three prominent ways. According to the Diagnostic and Statistical Manual of Mental Disorders, PTSD manifests in three major complex and alienating behaviors, hypervigilance or hyper-arousal; avoidance of both people and speaking about memories; and re-experiencing intrusive symptoms (see bold in figure 1 on page 7).<sup>16</sup> A prominent voice in the study of PTSD resiliency and awareness, retired Major General Robert F. Dees, and Chris Adsit shed light on the symptoms, “Combat trauma...causes an emotional reaction involving intense fear, panic, helplessness, anger or horror. This results in (1) persistent re-experiencing of the events through nightmares, intrusive

thoughts or dissociative episodes, (2) obsessive avoidance of any stimuli associated with the events, and (3) feeling ‘keyed-up’ (aroused, angry, sleepless, jumpy) at all times.”<sup>17</sup> And while most who deploy do not develop PTSD, many do exhibit other symptoms like emotional distress.<sup>18</sup>

Further compounding the problem, avoidance of people can significantly delay healing. Healing comes in part through taking risk by actively engaging with other people.<sup>19</sup> There is promising information that social support is a key ingredient in building resiliency to PTSD and promoting effective healing.<sup>20,21,22</sup> Moreover, scholars demonstrate that PTSD is under-diagnosed within military services. Services are subsequently under pressure to decrease help-seeking stigma and increase healing.<sup>23</sup> The trend shows an increasing prevalence of combat-related PTSD, resulting in a pressing need to encourage those affected to get treatment, encourage effective treatments, and increase focus on resiliency efforts.<sup>24</sup> The impacts on families and individuals – the human costs of PTSD – are staggering.

Military Costs	Individual Costs	Families
Up to 500,000 suffering Up to \$6,200,000,000 annually > 488 years of lost duty time	<b>*Hyper-Vigilance “on edge”</b> <b>*Re-experiencing</b> <b>*Avoidance</b> Anxiety Change in identity Decreased/no libido Decreased oxytocin Difficulty adjusting to home life/acclulturation Depression Guilts: survivor, euphoria, departure, etc Increase in risk behavior Loneliness Nightmares Substance abuse Suicide	Anger Anxiety <b>*Avoidance</b> Decreased/no libido Depression Divorce Domestic Abuse Fear Feeling like “walking on egg shells” Frustration <b>*Hyper-Vigilance “on edge”</b> Loneliness Misunderstanding Miscommunication Physical Aggression in Household

		Substance abuse, Suicide
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Figure 1. The Impact of PTSD on the Military, Individuals, and Families<sup>25</sup>

### **A Problem Buried Deep in the Military Culture.**

A central focus of this paper is the “call to arms” for commanders to actively work to create conditions in the command climate that encourages military to seek help for PTSD. The lack of unit cohesion with deep relationships is a wicked problem for the military, and it certainly plays a role in whether PTSD sufferers feel comfortable speaking about their experiences or reaching out for help.<sup>26</sup> Therapy is stigmatized. And, as is obvious from the mind-boggling numbers, current practices simply are not building resiliency to PTSD, nor effectively encouraging recovery. One Air War College senior leader shared a common and risky coping mechanism, “Just issue me a week’s supply of Ambien, and I’ll be fine with my alcohol!”<sup>27</sup> However, some scholarship suggests that a cohesive culture of support builds resiliency and heals stress, and commanders can and should find ways to cultivate this kind of culture in their units.

A supportive culture of acknowledgement, acceptance and respect can encourage close connection, resiliency, and even recovery from PTSD. In his recent book *Tribes*, Sebastian Junger explores themes of resilience and connection, quoting anthropologist Brandon Kohrt who argues that, “PTSD is a disorder of recovery, and if treatment only focuses on identifying symptoms, it pathologizes and alienates veterans. But if the focus is on family and community, it puts them in a situation of collective healing.”<sup>28</sup> Junger explains the recovery for military members within a highly individualistic culture, like the U.S., versus more communal communities, “Soldiers who went back to stratified villages could remain traumatized almost indefinitely, while those who returned to more collective villages tended to recover fairly

quickly.”<sup>29</sup> Clearly, there is a problem in our individualistic cultural socialization. Junger also says PTSD is predictable in a non-supportive environment, “In humans, lack of social support has been found to be twice as reliable at predicting PTSD as the severity of the trauma itself.”<sup>30</sup> Warrior scientist and retired Army officer Dave Grossman, and Dr. Greg Belenky, argue that our current military culture is missing a key ingredient. In years past, warriors engaged in post-battle and post-convoy debriefings that soothed the mind. This is, unfortunately not as common today, and the former warrior art of finding meaning in the events is lost: to “reconstruct the event” and “put everyone back together... make lives happier and sometimes it even saves them.”<sup>31</sup>

Should commanders require a debriefing following a battle and a convoy? Today in a combat environment, while attempting to decompress from a high-stress convoy, many exhausted individuals immediately retire to their rooms and turn to pirated movies or video games, but never really decompress, debrief or reframe. Three or four hours of nightly sleep, due to high amounts of cortisol and stress-induced adrenaline, have a compound wearisome effect. Small unit leaders not conducting effective debriefings run the risk of people creating negative meaning about situations, and self-talk conducted alone and in isolation can lead to misinterpretation that causes further suffering.<sup>32</sup> But an effective small group leader can be instrumental in creating a healthy conversation and leading individuals to find useful meaning and mental decompression from high stress.

Moreover, commanders can allow enough time for a person to get help. According to Counselor Kathleen Crimmons, “Dealing with trauma is unpleasant hard work, so the dropout rate is high. Allow members to undergo up to 90 days of inpatient treatment options.”<sup>33</sup> Thus we see that there is hope for recovery and confidence building with enough time, a supportive culture and team, and various clinical counseling methods. However, certain fears in a military

environment may inadvertently create isolation. Counseling is often avoided because of some fear of losing special clearances, “malinger appearance,” fear of not being promoted, closed-off command climate, fears of failure, stigmas, and, perhaps, their reality that dealing with heart issues are just not pleasant.<sup>34</sup> Former President George W. Bush and General Peter Chiarelli had concerns of the stigma around calling Post Traumatic Stress a disorder, and advocated dropping the “D.”<sup>35</sup> Indeed, researchers have discovered a resistance to counseling in the military due to, “the deeply ingrained warrior culture where military leaders believe PTSD represents an issue of unfitness for duty, and help-seeking may result in negative career consequences.”<sup>36</sup>

How individuals conceive of the self is one of the major determinants of their behavior.<sup>37</sup> And if a person feels badly about his or herself it reduces his or her productivity. No person can consistently perform in a manner that is inconsistent with the way he sees himself.<sup>38</sup> Survivors are not weak, but have been wounded and need rebuilt schemas to believe and stories to tell about themselves, their purpose, and their future.<sup>39</sup>

The negative mental schemas also directly impact the family. Families of a person suffering trauma can develop secondary survivor characteristics. Secondary survivors often experience similar personality changes, depression, and emotions related to the trauma.<sup>40</sup> According to Major General Dees, families need emotional care, “Anger, over-reacting, paranoia, fits of rage, disinterest in sex, lethargy, substance abuse – and other symptoms may become the new context of family life... then end up traumatizing the spouse and children, who can begin to manifest the same PTSD symptoms as the combat veteran.”<sup>41</sup> Veterans can become attached to a deployed context, and experience guilt upon departure, leading to challenges in re-entry acculturation. Comfortable with the purpose and context of combat, veterans may also suffer a change in identity when transitioning from a deployed environment, that became their

“new normal” over twelve months, to the home culture and environment. Families do not always expect this, nor are they prepared for the change in identity, guilt, and difficulty sleeping, thus creating highly distressing anxiety in the home.<sup>42</sup> Families and communities who do not understand these issues may re-traumatize the survivor and delay healing.<sup>43</sup> For this critical reason, Commanders, society and families need to be equipped with listening skills and know what to expect.

As part of creating the climate that encourages help-seeking by those who have PTSD, Commanders must understand recovery processes and perhaps adjust their own expectations. PTSD recovery requires a holistic approach and requires significant time for recovery and healing. PTSD survivors who attempt to heal through clinical counseling alone have poorer treatment response than survivors of other traumas using the same approach.<sup>44</sup> Major General Robert F. Dees believes there is an important treatment gap, “the wounds of the heart, soul and spirit have a spiritual component – an incredibly relevant faith component – that is not being adequately addressed.”<sup>45</sup> If individuals do not deal with mental and emotional stress, it will likely negatively impact individual readiness at unexpected times.<sup>46</sup> The goal is not to simply refer a person only to one mode of treatment, behavioral health counseling, and hope for the best, but to actively create supportive climates that encourage close connection among troops.

### **A Problem in the North American Culture**

Commanders must positively and directly impact the unit culture, because broader societal North American values can inadvertently create a “resiliency gap.” American individualistic value patterns socialize a person to process problems in isolation, and so emotionally closed individuals do not integrate easily into military teams. American values such as personal control, individualism, independence and privacy, self-help, competition, action and

work orientation can mean PTSD sufferers may not readily voice their problems or seek professional help.<sup>47</sup> After PTSD trauma, one's personal identity and values may feel threatened, and feelings of uncertainty about self and purpose may arise, leading to reduced confidence, a reluctance to use one's voice, and a general passivity toward progress, and powerlessness (known as learned helplessness).<sup>48</sup> To self-protect, the mind can build boundaries and close off, thus creating distance and space between self and others. Without social support, distressed individuals may second guess themselves and sub-consciously be motivated by fears. Overthinking or getting stuck "in our heads" may occur and in isolation, a distressed person tends to create self-limiting beliefs, such as fear of rejection and fear of failure. Moreover, if someone feels singled out for misfortune, this can reinforce negative images of oneself as weak or inadequate.<sup>49</sup> And this creates additional pressures to stay silent, because asking for assistance from others violates the military culture's expectation of, and indeed, American preferences for, self-reliance.<sup>50</sup>

Americans are generally impatient with people whom they believe accept unfavorable conditions like PTSD and may wonder, "Why don't they do something about the problem?"<sup>51</sup> This kind of thinking is challenging, since the competitive element in American culture lends itself to isolation as well. According to Harry Triandis, Richard Brislin, and C. H. Hui, "[Americans] who are competing with others are essentially alone, trying to maintain their superiority and, implicitly, their separateness from others."<sup>52</sup> And as Junger suggests, the American societal context presents a barrier to healing, "Because modern society has almost completely eliminated trauma from everyday life, anyone who does suffer is deemed to be extraordinarily unfortunate...(which) creates an identity of victimhood that can delay recovery."<sup>53</sup>

## **Building Integrated Listening Teams**

PTSD can undermine the performance of individuals in the workplace, so commanders need to create a climate of patience by managing their own expectations of healing time and performance during recovery. Most military members believe success is an individual responsibility and evaluate each other based on high performance output.<sup>54</sup> In the short term, recovery can be threatened when a distressed person doesn't perform to normal expectations. Underproduction further leads to him or her feeling judged and isolated. An uninformed leader may view depression and productivity as something a person with PTSD can control, "Most Americans see misery as largely self-induced... moreover, most Americans, when asked what they do, immediately describe their occupation."<sup>55</sup> Such pre-occupation with work and productivity as central to our identities can create great difficulty for veterans with PTSD.

And military members compare people on their relative productivity. A person with PTSD compares his or herself to other workers and feels the impact of being outperformed, especially when the mind is distracted by sleeplessness and hypervigilance.<sup>56,57</sup> Decreased work performance, due to sleeplessness, can exacerbate the pre-existing depression.<sup>58</sup> Furthermore, a triggered person - - that is, someone who perceives a sensory cue that reminds them of a trauma event and alerts them into a state of hypervigilance or re-experiencing - - may temporarily struggle to perform at a high level. This is perceived as violating the warrior ethos, where perceived weakness is eschewed and managing distress is expected. The result is a "self-concept that negatively defines the service member's identity and separates them... the reinforced attitude is to 'shake off' injury and 'suck it up.'"<sup>59</sup> This creates division in a unit, when teammates

sometimes point out differences not as differences, but as being “wrong;” further isolates distressed individuals; and exacerbates their tendency to resort to escape and avoidance, all self-destructively damaging and isolating.<sup>60</sup>

Guilt can further exacerbate a veteran’s trauma and complicate recovery. Commanders must understand that intense and irrational false-guilt may accompany a returning Veteran.<sup>61</sup> Veterans may have various types of guilt including survivor’s guilt – “why did I survive and others didn’t?” or departure guilt – “I get to go home and so many are still here fighting,” and many other types of guilt. While it may be normal to feel sad, angry, and frustrated about losses and disappointments, it is not normal to turn grief onto ones’ self.<sup>62</sup> People can’t control what happens to them, but they can control how they respond, the meaning they assign to events, and the stories they tell.<sup>63</sup> This is an important message for PTSD sufferers, and for their commanders and team members.

### **Trust and Respect**

It is imperative that commanders foster a receptive environment based on trust and respect. Without trust and respect, those experiencing PTSD may feel the need to hide things from others for fear of criticism.<sup>64</sup> Building trust is an intentional process; trust is the belief that a person will be honest and will protect others’ feelings.<sup>65</sup> But in today’s post-modern society, people are now less connected, something that doesn’t foster trust, according to Harvard sociologist Robert Putnam: “While we may be more wealthy and secure, we have a poverty of connections to one another, shared values, and common ideals that breed the trust and bonds to work together and thrive.”<sup>66</sup> And yet trust in commanders and teammates is key to a service member’s decision to seek help or not.

She or he must trust that a commander will preserve anonymity for those seeking help, because most veterans report that the stigma of going to a behavioral health care clinic can create anxiety and reduce self-confidence. There are four rules of relationship that make a person feel safe to share: *protection* – avoid being the cause of a person’s unhappiness and do not share information, *care* – meet the person’s most important emotional needs and listen; *time* – take time to give undivided attention; and *honesty* – be totally open and honest.<sup>67</sup> Commanders should create a listening, safe, supportive environment that encourages those who need help to seek it.

### **RECOMMENDATIONS:**

#### **Approach to Listening: Presence, Inquiry, and Encouragement (*PIE*).**

Leaders are the “first responders” who observe verbal and non-verbal indicators of pain associated with PTSD in individuals, and can arguably be a key reason service-members choose to get counseling, or process in isolation. As we have already established, it's unlikely that counseling alone can address veterans’ recovery from PTSD.<sup>68</sup> Veterans need listening leaders, family and friends, known as supportive rocks, who provide an “anchor and great deal of coaching.”<sup>69</sup> Individuals with larger social networks and positive perceptions of support availability have better emotional and physiological health. Scholars in communication conclude, “social support is beneficial to the extent that the behaviors enacted to provide support allow individuals to cope with problematic circumstances.”<sup>70</sup> This paper argues that the most effective social support involves a positive and empathetic listening approach comprised of presence, inquiry and encouragement (*PIE*).<sup>71</sup> The model below is designed to help conceptualize listening practices by relative percentage of time to devote to each practice.

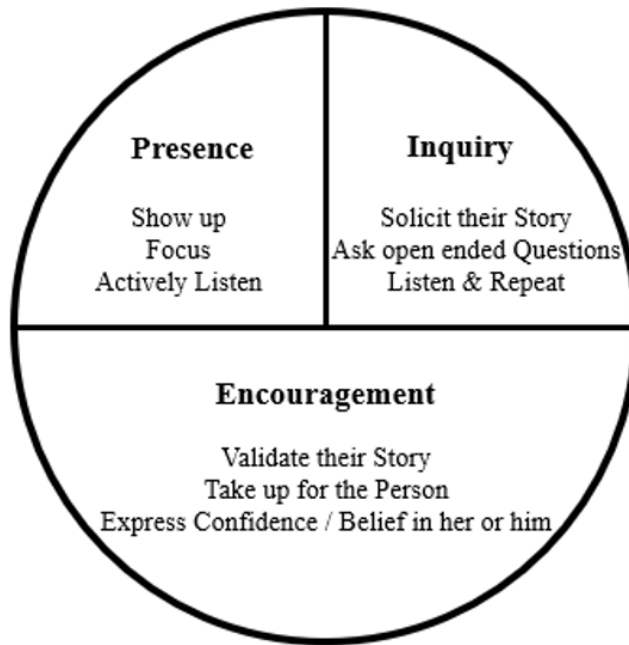


Figure 2. *PIE* Model of Listening

**Presence.**

The first principle of listening in this model is presence. In general, distressed people may not share their pain because they may not recognize themselves that they have challenges to work through, or they may not believe anyone will understand.<sup>72</sup> Being fully “present” requires active listening, which involves time, patience, a self-examination of one’s own attitudes, elimination of judgment, and an understanding-seeking approach. Presence can be silent, and that alone can trigger positive mental heuristics. For example, a friend’s presence triggers the mental rule “support from friends is helpful.”<sup>73</sup> As a result, a recipient can feel better because of a listening presence, largely independent of what is actually said.<sup>74</sup> Sometimes simply being there may be most effective.<sup>75</sup>

A tribe of supporters who are fully present can foster healing. The presence of a listening commander and listening fellow service members can counter the ill-effects of isolation. While a listening commander might not know what to say or do, simply being honest and listening is

most important. Counselor Dr. H. Norman Wright encourages, “One of the best things to do is to be honest and say ‘I wish I knew what to say to help you but I don’t.’ People appreciate your honesty. The best thing is to listen and reflect, don’t try to fix. They don’t need to be fixed, they’re not broken.”<sup>76</sup> And noted counselor of thirty-eight years, Dr. Jay Wolf further encourages, “Presence, you just be there when it counts! You don’t have to say anything.”<sup>77</sup> Commanders can increase listening effectiveness by supporting and empathizing, and avoiding distractions such as interrupting, changing the subject, turning the conversation toward self, demonstrating a lack of concern, or giving advice. Sometimes the best response is silence.<sup>78</sup> A tight-knit community of support, which can strengthen social resilience, is an even better indicator of trauma recovery than the level of resilience of the individual himself.<sup>79</sup> In short, the first powerful way a commander and his or her unit creates change is by showing up – being present.

### **Inquiry.**

A second powerful way of listening involves inquiry - asking probing and open-ended questions designed to open up the responder and allowing them to stay in control of their own outcome.<sup>80</sup> The role of a commander in listening through open-ended questions may help a service member commit to get counseling, as well as model to the entire command how to establish a healing connection through listening. Inquiry leading to early identification is important, because time certainly plays a significant role in recovery, whereas open or veiled contempt for the disorder, without understanding and prior to investigation, can inhibit conversation and help-seeking behaviors.<sup>81</sup> Patient listening by others can empower a person with PTSD to feel in control of his or her own life. Commanders can acknowledge that PTSD is

a normal reaction to an abnormal event, and can ask participative questions useful for causing a person to open up and feel valued, without feeling judged or categorized.<sup>82,83</sup>

Inquiry stirs a person to tell his or her story, which in turn can lessen the isolation of trauma.<sup>84</sup> Questions begin to engage the useful rational medial prefrontal cortex of the brain, which is devoted to self-awareness. Consistent inquiry by others can help a person with PTSD to feel in charge of their own emotions, experience self-control, and thus change the emotional brain.<sup>85</sup> And this is important when triggered into states of hyperarousal, because in that state a person is pushed outside a range of optimal functioning and cannot learn from experiences. Recovery involves the “restoration of executive functioning and, with it, self-confidence and the capacity for playfulness and creativity.”<sup>86</sup> Service-members can confidently share their story when commanders notice and inquire. And the evidence of both resilience and recovery is self-confidence and playfulness. Commanders should be committed to inquiring, because using open-ended questions can cause self-exploration and a renewed self-confidence.

To aid in building a person’s self-confidence through listening, a process called motivational interviewing helps. Motivational inquiry includes four key tasks: asking open-ended questions; giving affirmations; reflections; and summaries; or *OARS*. Open-ended questions typically start with how, what, and tell me. Examples include: “Tell me more about that!”, “How do you feel about being here?”, “What are your reasons for making this change?”, “Describe a time in the past when you were successful in making a change. What was that like?”<sup>87</sup> Even if commanders hear negative responses, it is important not to correct a speaker, and to avoid why questions, as they can seem condescending or judgmental. Instead, they should focus on building rapport, through asking disarming questions such as “What do you like about that behavior?” When a non-judgmental inquiry permeates the conversation, it empowers the

speaker to want to create their own change decisions, because they often hear for the first time their own motives behind the behavior.<sup>88</sup> A commander's unconditional positive regard is powerful.

It is important to listen for and acknowledge basic social needs. Most people need approval, respect, and acceptance. In this regard, "it is vital to give others face, by not humiliating others, acknowledging and respecting their identity, and communicating supportive messages in social interactions."<sup>89</sup> Commanders should patiently look for common ground through inquiring about one's family and interests.<sup>90</sup> A commander who asks questions lets the speaker impress, elevates them, and causes more sharing.<sup>91</sup> Questions, coupled with good listening and empathy, compassion, and sincerity, cause positive valuation, especially during vulnerable interactions.<sup>92,93</sup> Listening responsively is, "attending mindfully with our ears, eyes, and a focused heart - to the sounds, tone, gestures, movements, nonverbal nuances, pauses, mindful silence and responsive words and posture."<sup>94</sup>

An excellent inquiring listener can help others to reframe. Reframing is a highly creative, mutual-face honoring skill that allows the person with PTSD to create solutions by finding other meanings for what happened in creating alternative contexts to frame understanding.<sup>95</sup> Reframing through inquiry is difficult, "It's un-comfortable, because we don't know how someone is going to respond," say counselors Milan and Kay Yerkovich. So commanders need to "develop skills to make it more comfortable."<sup>96</sup> So, when a person is stuck in negative thought, providing alternative considerations through questions like, "What else could this mean?" offers agency to the speaker and help him or her generate multiple possibilities for sense-making. Commanders can encourage someone with PTSD to find meaning through thinking about problems from different frames of reference, or perspectives, than initially used.<sup>97</sup>

Additionally, resiliency efforts should help members reframe deployment itself as a life experience where adversity can lead to personal growth and development.<sup>98</sup>

Finally, when engaging in inquiry, listening commanders can choose a mix of sharing their own vulnerability and reflective listening statements in a neutral tone of voice.<sup>99</sup> Sharing vulnerability may cause another person to similarly open up and be vulnerable. Consistent reflective listening is “reflecting what a person is thinking and feeling and expressing this back which demonstrates empathy and a desire to understand.”<sup>100</sup> The good news is if a reflection is not quite what a sharer meant, they will correct the reflection, and appreciate the effort to listen; there is no such thing as a wrong reflection.<sup>101</sup> The right kind of open-ended questions and reflective listening can unlock “ah-ha” or breakthrough moments for a speaker, as well as demonstrate interest, respect, and empathy, and build trust.<sup>102</sup> Commanders who find a good balance of questions and affirmations may find more success in sharing, because firing of questions in rapid succession can cause a person to become defensive and closed.<sup>103</sup>

### **Encouragement.**

A third component of the *PIE* model, the largest, is listening for when positive words of encouragement are needed. Communications expert, Dr. Susan Steen encourages, “This may involve listening for what is said and what is unsaid – with the head, heart, and eyes, as well as with the ears.”<sup>104</sup> To encourage, use of supportive affirming words that are commensurate with the complexity of the pain is recommended, “as recipients are processing messages extensively longer, more complex support messages that help the other explore problematic emotions are needed.”<sup>105</sup> So, when the recipient is ready, processing supportive message content will have a considerable and lasting effect on outcomes.<sup>106</sup> A commander can validate the speaker by patiently providing legitimacy for one’s feelings and thus help alleviate the upset.<sup>107</sup> Counselor

Stephen Arterburn suggests, “The more we honor them the more it frees them.”<sup>108</sup> Supportive messages are those that convey comprehension, acknowledgment, and express sincere sympathy, sorrow, or condolence. They are perceived as sensitive and helpful. Bodie and researchers say, “When recipients are motivated and able to process the content of support, supportive messages help distressed others reappraise their current circumstances.”<sup>109</sup> Commanders’ positive statements regarding one’s character or values have impact such as, “you stuck to your goal even when it was challenging to do so!”<sup>110</sup> Negative attitudes and words, dishonesty, doubt or judgment can shut down communication.<sup>111</sup> The purpose of affirmations is to build courage into the service member. Courage and self-confidence improve one’s psychological state.<sup>112</sup> Positive validation can be expressed through verbal and nonverbal messages, affirms the intrinsic value of a person, and builds up his or her belief in their own ability to change, listening sensitively to moods and emotional states, and validating other people’s experiences as real.<sup>113</sup> Encouraging sharers to develop an attitude of, “This is what I believe in (confidence), stand for (purpose), and will devote myself to (commitment),” is key.<sup>114</sup>

A powerful way to encourage a member with PTSD to share is for a commander to model how to connect to others. One way he or she can do so is to be authentic and vulnerable. Vulnerability makes it safe for others to share by publicly modeling how to overcome fears, like fear of rejection and failure, by courageously putting those fears out into the open for display. Purposefully sharing vulnerabilities strengthens one’s core confidence and can inspire others to follow suit. Vulnerability can break down barriers in an individualistic society and promote bonding through encouragement. Purposeful group sharing is therapeutic for people with mental illness; without sharing, there is no deep relating, and limited healing.<sup>115</sup> One idea to open up encouraging vulnerability, and the processing of grief and fear, is inviting guest speakers who

share barrier-breaking painful experiences and are willing to be vulnerable.<sup>116</sup> Commanders may wish to bring in guest speakers for just this purpose.<sup>117</sup>

A tribe of supporters who are empathetic encouragers can foster healing. Empathy is an important aspect of encouragement. General Stanley McChrystal encourages leaders to, “get the empathy to switch the lens and begin to look around and really get the sweep of what’s driving how they think...that’s very powerful.”<sup>118</sup> Strategic empathy is the ability to discern someone’s underlying drivers, constraints, and self-protective barriers;<sup>119</sup> empathy elevates the speaker and points the conversation in the right direction of change.<sup>120</sup> Communications experts Graham and Bodie claim that people consistently rate listening as an important component of social support, which can elicit more detailed disclosures from distressed persons, who seek out a good listening community.<sup>121</sup> To a distressed person, effective listening feels like empathy.

Commanders can also encourage through taking part in an effective mode of “listening for self-discovery” in equine therapy. Commanders may attend with the person suffering PTSD to strengthen their own listening skills in a four-day weekend training session that can encourage *restorative confidence*. Horses bypass all of the barriers in people, and enable a person with PTSD to listen to what is going on inside their own heart and mind.<sup>122</sup> Physician Colonel Paul Brown observed that confidence in 500 Vietnam veterans was encouraged through, “equine therapy was the single most important factor in restoring confidence among soldiers.”<sup>123</sup> According to the Army Times, “Equine therapy uses horses to promote psychological, occupational, physical and spiritual healing.”<sup>124</sup> Horses can breed safety, patience and loving feelings.<sup>125</sup>

## **Conclusion: What is Our Military and Societal Obligation?**

As a lethal fighting force, taking care of military members and their families is an important component to mission accomplishment. But the military cultural practices that we are currently embracing are simply not effective in building resiliency to PTSD nor to systematically understanding and encouraging adequate recovery for individuals and families. Implementing a change in culture, into a listening culture, matters for millions of service members and family members suffering with the ill-effects of post-traumatic stress. Leaders can prepare service members and families to build resiliency to and recovery from PTSD through presence; through inquiry form integrated listening teams; and effectively promote healing through messages that encourage (*PIE*) presence, inquiry, and encouragement.

This paper is created to inspire Commanders to build a culture of trust and openness through a *PIE* model of listening so that service-members can confidently share their story. Immediately, Commanders must implement a plan to incorporate these concepts into training at the small unit level, since PTSD can be triggered by unexpected daily activities, such as car accidents, viewing violent acts on television, or combat. At the institutional level, looking across the services, this model and training should be implemented at NCO development courses, OTS, OCS, ROTC, CGSC, SOS, Commander's Courses, Pre-Command Courses, Pre-Deployment Training, War Colleges, and the Veteran's Administration (VA). Positive and productive group dynamic discussions, encouraged through experienced guest speakers, can increase combat power by increasing resilience, readiness, and healing. Taking these methods seriously and implementing them will cause an enormous impact on veterans, currently-serving military, and future generations, in gaining the necessary social support leading to valuable healing. A strong, confident, engaging and listening military culture will build resiliency to and recovery from

PTSD. This Commander’s Checklist will be useful in building integrated listening teams that are “BILT Strong.”

Item	Action	Intention / Outcome
1	Understand dynamics of PTSD: Inquire with sources of healing	Understand nuances, attitudes and posture
2	Develop a Command Team strategy of engagement	Build confidence in ability to listen
3	Practice <i>PIE</i> with ISG, First Shirt, Master Chief Petty Officer	Increase confidence in building listening
4	Invite a guest speaker for presentation	Allow members time for Q&A and see impact
5	Identify personnel in unit who need help	Create trust relationship, demonstrate care
6	Encourage individuals to share their story	Build intentional listening and courage
7	Contact sources of healing: Equine, Behavioral Health, VA	Gather tools and establish connections
8	Conduct a follow-up inquiry with individuals	Demonstrate care, share resources
9	Conduct a briefing with small unit	Create a command climate around the intent
10	Conduct an After Action Review (AAR)	Refine processes and listening

Table 2. Commander’s Checklist for Building Integrated Listening Teams (“BILT Strong”)

In short, this paper recommends three powerful ways of listening that all contribute to the creation of community and healing of individuals. The presence, inquiry and encouragement (*PIE*) model empowers both speaker and listener to connect and grow. These *PIE* techniques contribute to breaking away from rigidity in “rightness” or judging, and lead to an openness in listening for others.<sup>126</sup> Commanders can foster a culture of listening by actively modeling *PIE*, for the sake of building effective unit cohesion and resilience against stress, and encourage holistic healing resources. There is hope for resilience and recovery with proper time, a supportive culture and team, and various clinical counseling methods.

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- <sup>25</sup>Tanielian, Terri and Lisa H. Jaycox, *Invisible Wounds of War: Psychological and Cognitive Injuries*, xix, xxii, 4,5,59, 128-129, 134-135, 143-144, 190. NOTE: Additional insights on PTSD symptom (1) *Combat Trauma Healing Manual: Christ-Centered Solutions for Combat Trauma*, 22. (2) Myers, Meghann. "New in 2019: The Army's Got a Big End Strength Gap to Fill This Year," *The Army Times*, 31 December 2018, <https://www.armytimes.com/news/your-army/2018/12/31/new-in-2019-the-armys-got-a-big-end-strength-gap-to-fill-this-year/>, accessed 15 February 2020.
- <sup>26</sup>NOTE: In 2019 The Army G-2 Posted Research Question #9 What are some of the impediments to the successful development of integrated teams? # 14. How can a commander best understand his or her holistic operational environment? Professor John Camillus, in his Harvard Business Review article "Strategy as a Wicked Problem," explained: "A wicked problem has innumerable causes, is tough to describe, and doesn't have a right answer...Not only do conventional processes fail to tackle wicked problems, but they may exacerbate situations by generating undesirable consequences," in Browning, James W. *Leading at the Strategic Level in an Uncertain World*, (Washington, DC: NDU Press, 2013), x.
- <sup>27</sup>Air War College Anonymous Student, Maxwell Air Force Base Alabama, 29 August 2019.
- <sup>28</sup>Junger, Sebastian. 2016. *Tribe: On Homecoming and Belonging*. Hachette Book Group, 96.
- <sup>29</sup>Junger, Sebastian. 2016. *Tribe: On Homecoming and Belonging*. Hachette Book Group, 95.
- <sup>30</sup>Junger, Sebastian. 2016. *Tribe: On Homecoming and Belonging*. Hachette Book Group, 95.
- <sup>31</sup>Grossman, Dave, and Loren W. Christensen. 2008. *On Combat: the Psychology and Physiology of Deadly Conflict in War and in Peace*, Millstadt, IL: Warrior Science Publications, 302-310. NOTE: Grossman is a retired Army Lieutenant Colonel, and Belenky a Psychiatrist and Colonel. "Across untold thousands of years, we learned that the man who became *weepy* or *angry* when he talked about his combat experience would not be there for his village next year. Unless he was able to get his emotions under control. Other than in funerals, warriors have always been embarrassed to weep in front of their brothers, and they were embarrassed to see a brother weep because it showed a character flaw, a true weakness which meant that he might fail his comrades in the future," 307.
- <sup>32</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 11.
- <sup>33</sup>Crimmons, Kathleen. USAF Psychiatrist, U.S. Air Force War College, 05 August 2019.
- <sup>34</sup>Crimmons, Kathleen. USAF Psychiatrist, U.S. Air Force War College, 05 August 2019. NOTE: (1) Author's supported experience includes these specifics: PTSD, also known PTSI, is an injury that is recoverable enough time, social support, self-inquiry, identity development, faith, equine therapy, and clinical counseling methods leads to better recovery. In September 2018, LTC Zielinski became a staunch supporter of the very effective Equine

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Therapy at Flag is Up Farm in Solvang, CA, under the direction of American horse trainer Mr. Monty Roberts. (2) VA Position on PTSD <https://www.va.gov/adaptivesports/docs/FAQ-VA-ASG-2019-01.pdf>

<sup>35</sup>Buechner, Barton, Miguel Guilarte, *Veteran and Family Reintegration: Identity, Healing and Reconciliation*. Fielding Monograph Series Vol 8. Fielding Graduate University (Santa Barbara, CA), 54.

<sup>36</sup>Litz, Lebowitz, Gray and Nash 2016 in *Veteran and Family Reintegration: Identity, Healing, and Reconciliation*, 62.

<sup>37</sup>*Communication in Personal Relationships Across Cultures*, 27.

<sup>38</sup>Anderson, Neil T., *Victory Over the Darkness*, 43 in *Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 108.

<sup>39</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 23.

<sup>40</sup>Slotnick, Stacy. "It Takes Two: Helping Secondary Survivors of Sexual Violence." Huffington Post. 18 August 2016. [www.huffpost.com/entry/it-takes-two-helping-secondary-survivors-of-sexual\\_b\\_57b1c773e4b03d06fe855a79](http://www.huffpost.com/entry/it-takes-two-helping-secondary-survivors-of-sexual_b_57b1c773e4b03d06fe855a79)

<sup>41</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 22.

<sup>42</sup>*Understanding Intercultural Communication*, 70.

<sup>43</sup>Slotnick, Stacy. "It Takes Two: Helping Secondary Survivors." NOTE: Individuals consider their cultural ties to "answer the most fundamental question of each human being: who am I? Cultural beliefs and values provide the anchoring points to which we attach meanings and significance to our complex identities." *Understanding Intercultural Communication*, 40.

<sup>44</sup>Huggins, James L., *Capability Development Document For (U) Drug Treatment for Posttraumatic Stress*, ii. NOTE: Additional insights in Terri Tanielian, Lisa H. Jaycox, *Invisible Wounds of War: Psychological and Cognitive Injuries, their Consequences*.

<sup>45</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat Trauma*, 5.

<sup>46</sup>Crimmons, Kathleen, USAF Psychiatrist, U.S. Air Force War College, 05 August 2019.

<sup>47</sup>*Understanding Intercultural Communication*, 181. NOTE: T. Owen Jacobs, *Strategic Leadership: The Competitive Edge* (Washington, DC: National Defense University, 2005), 76. NOTE: Additional insights include (1) Buechner, Barton, Miguel Guilarte, *Veteran and Family Reintegration: Identity, Healing and Reconciliation*, 59. (2) Daniel H. McCauley - *Rediscovering the Art of Strategic Thinking*, 27 in Browning, *Leading at the Strategic Level*, 505. [Leaders should] Look for the following derived derailing factors of personality: *Inability to get along*: Poor interpersonal skills, especially in early and mid-career, and particularly with subordinates, not being a good listener, inability to give and receive criticism (feedback), viewing conflict as bad rather than something to be managed, being arrogant. *Failure to adapt*: sticking to a once-successful strategy or style that no longer works, not getting out of the box. "*Me only*" *syndrome*: excessive concern with one's own outcomes, narcissistic dependence on others. *Fear of action*: fear of failure: risk avoidance, study to death, e.g., analyze without deciding. *Unable to rebound*: overcome by setbacks, and defensively blame others. Conflict occurs whenever we are fighting over some incompatible values or unmet emotional needs. When we are uncertain through unmet needs, anxiety is usually high. Anxiety is further confounded by criticism, & high expectations of others. (4) Fisher contends, "Essentially, all syndromes [PTSD] are social constructions that have meaning and validity only within the social context, which has psychiatric and interpersonal dimensions." (5) Tony Robbins argues the 5 basic human needs: consistency, variety, love, significance/connection, growth, & development. Those last two needs are the keys to recovery. A primary human need is certainty.

<sup>48</sup>Brown, Robert S. *PTSD Survival Manual: The Way and the Truth and the Life*. Create Space Publishing, 2017

<sup>49</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 97.

<sup>50</sup>"Understanding and Preventing Military Suicide," 100.

<sup>51</sup>*American Ways: A Cultural Guide to the United States*, 16.

<sup>52</sup>Harry Triandis, Richard Brislin, and C. H. Hui, in Althen, G. & Bennett, J. (2011). *American Ways: A Cultural Guide to the United States*. (3rd edition). Nicholas Brealey Publishing: Intercultural Press, 10-11.

<sup>53</sup>Junger, Sebastian. (2016). *Tribe: On Homecoming and Belonging*. (New York: Hachette Book Group), 98.

<sup>54</sup>*American Football*, 216.

<sup>55</sup>Gannon, J., & Pillai, R. (2016). *American Football*. In *Understanding Global Cultures: Metaphorical Journeys Through 34 Nations, Clusters of Nations, Continents, & Diversity*. Thousand Oaks, CA: Sage. pp. 202, 211-212.

<sup>56</sup>*Communication in Personal Relationships Across Cultures*, 5.

<sup>57</sup>Stalwart and Bennett in *American Football*, 216.

<sup>58</sup>*American Football*, 216.

<sup>59</sup>Tanielian and Jaycox, 2008 in "Understanding and Preventing Military Suicide," 98.

<sup>60</sup>McPherson, Smith-Lovin, & Brashears, 2006 in *American Football*, 216. NOTE: "Isolation is seen in Americans who had a shockingly low 3 friends in 1985, and only 2 in 2006." Similarly, the wisdom of King Solomon, "A man

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who isolates himself seeks his own desire; he rages against all wise judgment. A fool has no delight in understanding, but in expressing his own heart.” Proverbs 18:1-2.

<sup>61</sup>Matsakis, Aphrodite, *Trust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them*, (New Harbinger Publications, CA: 1998), 164-180.

<sup>62</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 80-81.

<sup>63</sup>Burleson (2010) in Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes” *The International Encyclopedia of Interpersonal Communication*, First Edition. Edited by Charles R. Berger and Michael E. Roloff. 2016 John Wiley & Sons, Inc., 1.

<sup>64</sup>Manson, Mark. *Respect: Every Successful Relationship is Successful for the Same Exact Reasons*. 13 Jan 2017.

<sup>65</sup>Harley, Willard F, Jennifer Harley Chalmers, *Surviving an Affair* (Fleming H. Revell, MI: 1998), 158.

<sup>66</sup>Putnam, Robert in speech delivered by Dr. Daniel Strand. AWC. 26 August 2019.

<sup>67</sup>Harley, Willard F, Jennifer Harley Chalmers, *Surviving an Affair* (Fleming H. Revell, MI: 1998), 166-168.

NOTE: (1) Honesty is liberating “people are searching for authenticity, and they are searching for raw honesty. They are tired of wearing masks. They want to step into a space where they can be real and it is safe. Augustine said our ultimate aim is to find joy.” Voskamp, Ann, “Embracing an Abundant Life” *Focus on the Family*, 05 July 2019. <https://www.focusonthefamily.com/episodes/broadcast/embracing-an-abundant-life/> Counselor and NYT best-selling author Ann Voskamp believes on honesty. (2) One Air War College Lieutenant Colonel said “That is why I lean toward the VA; it provides more counselor flexibility and gives anonymity.” Anonymous Air Force War College Lieutenant Colonel, 15 August 2019.

<sup>68</sup>Moore, Bret A. 2014. “Horses Can Enrich Therapy.” *Army Times* 75 (23): 35. <http://search.ebscohost.com.aufrioc.idm.oclc.org/login.aspx?direct=true&db=mth&AN=99928884&site=ehost-live&scope=site>.

<sup>69</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, (New York, Penguin), 213.

<sup>70</sup>Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes,” 1.

<sup>71</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, (New York: The Guilford Press), 91-94, 100.

<sup>72</sup>Tull, Matthew PhD, “How to Talk About Your PTSD Diagnosis” September 29, 2019,

<https://www.verywellmind.com/how-do-you-tell-someone-about-your-ptsd-diagnosis-2797261>. NOTE: Similar information from Norris, Kimberly, *Ministry Safe: Sexual Abuse Awareness Training*, 2 September 2019.

[https://safetysystem.ministrysafe.com/trainings/quiz?survey\\_type=awareness&t=fe0b2adb0bfc86d54ba315f653e4fa2cfca1d2b0d07fc8](https://safetysystem.ministrysafe.com/trainings/quiz?survey_type=awareness&t=fe0b2adb0bfc86d54ba315f653e4fa2cfca1d2b0d07fc8)

<sup>73</sup>Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes,” 6.

<sup>74</sup>Bodie, G. D. et al, Effects of Cognitive Complexity and Emotional Upset on Processing Supportive Messages, 350–376. NOTE: Ancient wisdom of King Solomon, “Counsel in the heart of man is like deep water, but a man of understanding will draw it out.” Proverbs 20:5.

<sup>75</sup>Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes”, 2.

<sup>76</sup>Wright, H. Norman. “What To Do When Tragedy Impacts Your Family.” *Focus on The Family*.

<https://www.focusonthefamily.com/episodes/broadcast/what-to-do-when-tragedy-impacts-your-family-part-1-of-2/> NOTE: Dr. Wright is a 40 year experienced counselor, “I don’t know what to say, but I am heartbroken with you.”

Writer and speaker Adriel Booker, “Grieving, Healing and Hoping After Miscarriage,” *Focus on the Family*, 15 October 2019, <https://www.focusonthefamily.com/episodes/broadcast/grieving-healing-and-hoping-after-miscarriage/>

<sup>77</sup>Wolf, Jay, Montgomery, Alabama Discourse on Encouragement, 12 January 2020. Note: Dr. Wolf has been serving as a counselor, educator, and encourager for 38 years.

<sup>78</sup>Kline, John A. *Listening Effectively*, (Montgomery: Air University Press), 33.

<sup>79</sup>Junger, Sebastian. (2016). *Tribes: On Homecoming and Belonging*. Hachette Book Group. NOTE: Processing alone can be counter-productive according to two additional sources: (1) Managing trauma all by one’s self gives rise to another set of problems: dissociation, despair, addictions, a chronic sense of panic, and relationships that are marked by alienation, disconnection, and explosions. Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 213. (2) “Be engaged, visible and present, and model [healthy] behavior. Change the conversation, give them something else to think about and focus on.” Sakulich, Tim. USAF Col (Retired), Air Force Research Laboratory, Speaker Air War College, 17 September 2019.

<sup>80</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, (New York: The Guilford Press), 90-101.

<sup>81</sup>Kelley, T., Docherty, S., & Brandon, D. (2013). Information Needed to Support Knowing the Patient. *ANS*.

*Advances in Nursing Science*, 36(4), 351–363. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4000752/> NOTE:

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Additional insights in (1) Wilson, William Griffith, et al. *Alcoholics Anonymous: The Story of How More than One Hundred Men Have Recovered From Alcoholism*. Malo, Washington: The Anonymous Press, 1999, 380. (2) The 2013 DoD experimental drug treatment program identified a period of time is required for treatment in order to ensure there is a bodily change “entrenched in physiologic function or there is an increased likelihood of return of symptoms during subsequent years.” Capability Development Document.

<sup>82</sup>*Combat Trauma Healing Manual: Christ-Centered Solutions for Combat*, 23.

<sup>83</sup>Buechner, Barton, Miguel Guilarte, *Veteran and Family Reintegration: Identity, Healing and Reconciliation*. Fielding Monograph Series Vol 8. Fielding Graduate University (Santa Barbara, CA), 57.

<sup>84</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 239.

<sup>85</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 238.

<sup>86</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 207.

<sup>87</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, (New York: The Guilford Press), 91-94, 100.

<sup>88</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, (New York: The Guilford Press), 103,109

<sup>89</sup>Dorjee, T., & Ting-Toomey, S. (2015). *Honor Killing: Multidimensional and Multilevel Perspectives*, 187.

<sup>90</sup>Wolf, Jay. First Baptist Church, 18 August 2019.

<sup>91</sup>Van Edwards, Vanessa. *Captive: the Science of Succeeding with People* (NY: Penguin, 1997).

<sup>92</sup>Understanding Intercultural Communication, 198.

<sup>93</sup>Slotnick, Stacy. “It Takes Two: Helping Secondary Survivors”

<sup>94</sup>Understanding Intercultural Communication, 199.

<sup>95</sup>Understanding Intercultural Communication, 201. NOTE: Similar support found in *Communication in Personal Relationships Across Cultures*, 28 and Curry, Ken. *Awaken the Internal: How to Become a Man of Strength and Freedom*. 2016. Inquiry can help someone find their true internally motivated self, rather than relying on externally motivated or “people-pleasing” motives.

<sup>96</sup>Yerkovich, Milan and Kay. “Growing Your Marriage in Times of Stress.” 16 August 2019.

<https://dbx.focusonthefamily.com/media/daily-broadcast/growing-your-marriage-in-times-of-stress>

<sup>97</sup>Dr. James W. Browning, guest speaker, *Leading at the Strategic Level in an Uncertain World*, (Washington, DC: NDU Press, 2013) p 63, 66-69.

<sup>98</sup>Bryan, Craig J., “Understanding and Preventing Military Suicide,” 103.

<sup>99</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 78.

<sup>100</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 120, 130.

<sup>101</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 130.

<sup>102</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 140.

<sup>103</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 94-96.

<sup>104</sup>Steen, Susan. On Advanced Listening, Air War College, Montgomery, AL, 23 March 2020.

<sup>105</sup>Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes,” 2.

<sup>106</sup>Bodie, G. D. et al, Effects of Cognitive Complexity and Emotional Upset on Processing Supportive Messages, 350–376.

<sup>107</sup>Bodie, Graham D. and Andrew C. Jones, “Dual-Process Theory of Supportive Message Outcomes,” 2.

<sup>108</sup>Arterburn, Stephen. “Avoiding a Midlife Crisis.” *Focus on the Family*. 23 August 2019.

[https://dbx.focusonthefamily.com/media/daily-broadcast/avoiding-a-midlife-crisis?utm\\_source=dailybroadcastapp&utm\\_medium=referral&utm\\_campaign=Broadcast\\_20190823&refcd=797907](https://dbx.focusonthefamily.com/media/daily-broadcast/avoiding-a-midlife-crisis?utm_source=dailybroadcastapp&utm_medium=referral&utm_campaign=Broadcast_20190823&refcd=797907)

<sup>109</sup>Bodie, G. D. et al, Effects of Cognitive Complexity and Emotional Upset on Processing Supportive Msgs, 350.

<sup>110</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, (New York: The Guilford Press, 2016), 108. NOTE: Ancient wisdom of King Solomon, “Anxiety in the heart of man causes depression, but a good word makes it glad.” Proverbs 12:25.

<sup>111</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 238. NOTE: Additionally, Jack Welch warns against building a discouraging culture, “Failure to recognize contributions and achievements sends a message that they are not important” in Browning, James W. *Leading at the Strategic Level in an Uncertain World*, 331.

<sup>112</sup>Jones, Susanne M. and Graham Bodie, in Charles Berger, *Supportive Communication*, Walter De Gruyter, Boston, 2014, 384-386. NOTE: “The study of supportive communication revolves around verbal and non-verbal behaviors that are enacted with the primary intention of improving the psychological state of another person. Since the early 1980s supportive communication has grown into a veritable field of study in interpersonal communication.

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In this chapter we present a critical review of the dominant research program in supportive communication, person-centered theory.”

<sup>113</sup>*Understanding Intercultural Communication*, 87.

<sup>114</sup>Van Der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, 352. NOTE: Similar findings in Adsit, Chris. *Combat Trauma Healing Manual: Christ-Centered Solutions for Combat Trauma* (Newport News, VA: 2007), 23; Practitioners also use the term PTS – post traumatic stress, to refer to the injuries associated with combat stress, PTSD, PTSS, etc.

<sup>115</sup>Junger, Sebastian. (2016). *Tribe: On Homecoming and Belonging*. Hachette Book Group.

<sup>116</sup>Brown, Brene. *Vulnerability*, Dr. TED Talk, June 2010

[https://www.ted.com/talks/brene\\_brown\\_on\\_vulnerability?language=en](https://www.ted.com/talks/brene_brown_on_vulnerability?language=en)

<sup>117</sup>Paul, Margaret. “You’ll Never Be Happy In A Relationship If You Don’t Address This First.”

<https://www.flourishtogether.com/relationships/the-number-one-reason-for-relationship-failure.html?s=10883&e=1&cid=ZZ36FZ&lid=2&subscribed=1> Accessed 19 August 2019. NOTE: The truth hurts, and “faithful are the [spoken] wounds of a friend.” King Solomon, Proverbs 27:6

<sup>118</sup>McChrystal, Stanley. “Team of Teams” Meet the Author, 2015. <https://youtu.be/sKMm4DwzXx0>. NOTE: Browning recommends asking: How are “facts” determined in the org? How do leaders eval and test reality? 80% of executives agree, “Culture is as important as strategy for business success,” in “Leading at the Strategic Level in an Uncertain World”, 331-362.

<sup>119</sup>Kuo, Mercy A., “Strategic Empathy: Assessing Leadership Behavior Insights from Zachary Shore,” *The Diplomat* May 10, 2016, <https://thediplomat.com/2016/05/strategic-empathy-assessing-leadership-behavior/>

<sup>120</sup>Clifford, Dawn, Laura Curtis, *Motivational Interviewing in Nutrition and Fitness*, 2016 (New York: The Guilford Press), vii.

<sup>121</sup>Jones, Susanne M., and Graham D. Bodie, in Charles Berger, *Supportive Communication*, Walter De Gruyter, Boston, 2014, 381-382.

<sup>122</sup>Carmen Reinmund, graduate student personal telephonic interview 25 JUL 2019.

<sup>123</sup>Olsen, Ken. 2008. “Saddle Magic.” *American Legion* 164 (6): 20–25.

<http://search.ebscohost.com.aufric.idm.oclc.org/login.aspx?direct=true&db=mth&AN=32473278&site=ehost-live&scope=site>. NOTE: Dr. Jeffrey Liebermann, Columbia University, encourages, “Equine therapy is relatively harmless. There are no side effects or risks in subjecting someone to equine therapy.” Man-o-War Project, <https://www.foxnews.com/health/horse-therapy-ptsd-help-veterans-experts>, 2019.

<sup>124</sup>Moore, Bret A. 2014. “Horses Can Enrich Therapy.” *Army Times* 75 (23): 35. <http://search.ebscohost.com.aufric.idm.oclc.org/login.aspx?direct=true&db=mth&AN=99928884&site=ehost-live&scope=site>.

<sup>125</sup>Moore, Bret A. 2014. “Horses Can Enrich Therapy.” *Army Times* 75 (23): 35. <http://search.ebscohost.com.aufric.idm.oclc.org/login.aspx?direct=true&db=mth&AN=99928884&site=ehost-live&scope=site>.; NOTE: Some possible equine therapy sites include: Elk USAF Program, Horses for Heroes, AL: Hope Heals/Camp McDowell; AZ: Horses for Heroes , Therapeutic Riders of Tucson (TROT), CA: Flag is Up Farm: Horse Sense and Healing , TX: PTSD Foundation and Camp Hope, Roever Foundation “Operation Warrior RECONnect,” KS: Signature – 30 day in-patient, War Horses For Veterans, CO: Solidman, MA: Edith Nourse Rogers Memorial Veteran’s Hospital – 90 day treatment program ICW nearby farm interacting with horses PA: Shamrock Reins, NJ: VETS Foundation, also: <http://www.operationwearehere.com/EquineTherapy.html>; Expenses for equine therapy are often covered by organizations like Pointman and Veteran’s Administration (VA); Sir Winston Churchill concluded, “There is something about the outside of a horse that is good for the inside of a man.”

<sup>126</sup>Steen, S., Mackenzie, L., & Buechner, B. (2018). *Incorporating Cosmopolitan Communication*, 407.