

Warrior Resilience and Thriving (WRT): Rational Emotive Behavior Therapy (REBT) as a Resiliency and Thriving Foundation to Prepare Warriors and Their Families for Combat Deployment and Posttraumatic Growth in Operation Iraqi Freedom, 2005–2009

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Abstract Warrior Resilience and Thriving (WRT) and Warrior Family Resilience and Thriving were the U.S. Army's first combat Soldier and Family cognitive resiliency training classes based on Rational Emotive Behavior Therapy (REBT). WRT, as a pilot program, was designed to enhance soldier and family resiliency, thriving and posttraumatic growth prior to, during and following combat deployments. WRT alloys REBT self-coaching, Army Warrior Ethos, Stoic, survivor and resiliency strategies to teach and promote advanced resiliency, emotional management and critical thinking to soldiers and their families. This article will describe efforts initiated by the author, who served twice in Operation Iraqi Freedom where he developed WRT, as well as training he conducted for over 12,500 Warriors as the Prevention Team Leader for the 98th Combat Stress Control Detachment serving Baghdad. Risk Factors for Army Warriors and families and the advantages of existential and philosophically-based interventions like REBT are described along with a brief inventory of Army resiliency initiatives.

Keywords Resilience · Thriving · Combat stress control · Military REBT

Leaders cannot be at the mercy of emotion. It is critical for leaders to remain calm under pressure and expend energy on things they can positively influence and not worry about things they cannot affect.

Good leaders control their emotions...Maintaining self-control inspires calm confidence in the team...Leaders who lose their self-control cannot expect those that follow them to maintain theirs.

-FM 6-22 Army Leadership

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units who could focus upon the virtuous actions or the nobility of those who had died and apply meaning to their losses which they could accept were much more durable and able to move forward more quickly than those units who gave into despair, blame, confusion or unanswered questions. If, as Epicurus had suggested, “Empty is the argument which does not relieve suffering,” military families needed REBT’s reality-accepting, rational approach to help them put combat, separation, and loss in perspective and defeat their “internal insurgents,” as we coined for WRT. Once when a soldier suggested in session, “It just seems as if *everything* is out of my control!” at that exact instant an incoming rocket destroyed the adjacent building, peppering our plywood office with shrapnel. The author quickly replied, “Right, everything but your thoughts, feelings and actions!” as we lay on the floor, cognizant viscerally just how close death could be. Had not the ancients, known as *Physicians of the Soul*, also suggested that we manage our perceptions or suffer? Wesley (2005), maintained that when populations understand fully *why* they should accept risks in pursuit of their goals (as the English did in two World Wars) they become less risk averse and avoidant. The WRT program challenged soldiers right in the WRT title slide: “Warrior Resilience and Thriving: Thriving Through, Not Only Surviving Your Combat Deployment to Return with Honor.” Along with REBT skills, WRT students modeled rational beliefs in support of essential military character strengths, values and virtues like the Army Warrior Ethos and The 7 Army Values: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity and Personal Courage (FM 6-22).

Surviving, Thriving and Posttraumatic Growth

The principle of serendipity and thriving through adversity was beautifully elaborated by Dr. Al Siebert in *The Survivor Personality* (1996, p. 239) where he reviewed his work with thousands of survivors of the most extreme circumstances. Being a pioneer in the Surviving and Thriving literature, his works appeal widely to Warriors, as did the idea of posttraumatic growth (PTG):

“Learning lessons in the school of life is the antidote to feeling victimized. They can convert a situation that is emotionally toxic for others into something emotionally nutritious for them. They thrive in situations distressing to others because they learn good lessons from bad experiences. They convert misfortune into good luck and gain strength from adversity.”

Preparing for, resisting and managing future traumas that may produce PTSD and educating for and promoting posttraumatic growth or PTG (Calhoun and Tedeschi 2004, 2006) is a main focus of WRT, while acknowledging some risk factors that may predispose soldiers for PTSD, including intelligence, previous trauma, and personality style (Friborg et al. 2003). A debate regarding what percentage of resiliency is innate versus learned continues with some researchers like Everly et al. (2008) suggesting that resiliency can be enhanced in brief training protocols, and other maintaining resiliency might not actually be able to be taught as much as revealed (Siebert 2005). One must also guard against those who carry on with stress management models, relabeling them as resiliency. REBT was not specifically

designed as a resiliency model, though it, like Stoic principles, serve as stress-inoculation protocols. If, as Grossman and Christensen suggested in *On Combat* (2004), PTSD is linked to shock, horror and helplessness, then those soldiers trained to resist entering into or remaining in those states are better able to resist traumatization or label events themselves as traumatic. They may also recognize posttraumatic growth when it is present or operating (Calhoun and Tedeschi 2004, 2006), and will have an advantage in recognizing and mending their “shattered assumptions” (Janoff-Bulman 1992) or irrational beliefs driving guilt, shame and apathy. Posttraumatic growth dimensions, as measured by Calhoun and Tedeschi in their PTGI, include relating to others, new possibilities, personal strength, spiritual strength, and appreciation of life seem to be universal human, cross-cultural phenomena (2004). As the Buddhists say, “Pain is inevitable, suffering optional!”

The majority of clients seen by the author on active duty did not exhibit overt psychopathology as much as chronic stress, suffering from a lack of rational or consequential thinking and difficulty modulating emotions and issues tolerating the actions and emotions of irrational partners and unit members. When combined with chronic stress and real-world responsibilities, the modern Army family’s durability is impressive, but resiliency and emotional management can and should be improved, including perhaps through mandated family resiliency training for active duty as well as reserve and guard families.

Army Resiliency Efforts

Efforts at unified Army resiliency training are well underway for the larger Army. Aside from specialized Army elite courses like Ranger, Special Forces and SERE (Survival, Escape, Resistance, and Evasion) training that promote resiliency, combat competency and leadership through prolonged exposure and tactical training, the U.S. Army also fielded the Provider Resiliency Program (Boone et al. 2008), renamed the Care Provider Support Program in 2010, based on Figley’s (1995) and Stamm’s (2002) compassion fatigue work and the resiliency, survivor and thriving research of Siebert (1993; 2005). Positive psychological insights from Seligman (1991), Peterson and Seligman’s (2004) *Character Strengths and Virtues* and Reivich and Shatte’s (2002) *The Resilience Factor* undergird the Army’s Master Resilience Training (MRT) Program launched in May 2009; a joint project between Comprehensive Soldier Fitness (Director General Rhonda Cornum) and UPENN’s Marty Seligman, the Father of Positive Psychology and Karen Reivich (Brunwasser et al. 2009). Like the earlier WRT program, MRT references a hybrid of Ellis’ ABC model and CBT (renamed ATC), based on the resiliency work of Karin Reivich and Andrew Shatte in the Resilience Factor (2002). Like the pilot WRT program, MRT also trains unit resiliency coaches, aiming at wide dissemination of resiliency and thriving strategies and education for soldiers, leaders and now families. Finally, the Defense Center’s for Excellence’s (DCOE)’s yearly Warrior Resilience conference, beginning in 2009, the Army’s Warrior Resilience Program in San Antonio, headed by the Army’s Psychology Consultant and Dr. Tedeschi’s (original PTG researcher) joining the Comprehensive Soldier

Fitness Staff, attest to the widespread military focus on resiliency, thriving and posttraumatic growth. There is little doubt that cognitive-based resiliency programs are here to stay.

Program Evaluation, Acceptance and Feedback from WRT Students

An anonymous, five-question standardized feedback form was initiated in 2008, designed to gauge content comprehension and acceptance of the WRT standardized 90-min class and 42-slide power point. Unit members were voluntarily surveyed upon completion of WRT classes with a five item questionnaire and comment section. An optional 120-day follow up was offered and is still being collated. 2254 surveys were collected (results shown below) from July 14 to Nov. 1, 2008 (shown below) with sample comments. Another survey (N = 882), was collected from January to March, 2009, with a variant question regarding their acceptance and utilization of REBT (N = 882): "I understand and can use the REBT 'ABC' model of emotions and Stoic principles taught in WRT to manage strong, negative emotions and reduce irrational beliefs and manage combat operational stress while deployed," producing for that item a mean score of 4.04/80.7 percentile on a five-point scale. Though not formal research, *highly* similar results for all 3,436 feedback forms from both sets of surveys provided by over 12,500 soldiers suggested widespread WRT/REBT acceptance, utility and a growing recognition that resiliency and posttraumatic growth are more likely outcomes of combat experience than PTSD and combat stress alone. Only operational tempo, high similarity of results and sheer population size prevented further data collection, though the author did request formal follow-up when deployed. WRT was a highly requested specialty class, with the author's Outreach team often teaching WRT 8–12 times within a period of 2–4 days at remote combat outposts. WRT is offered now as a behavioral health prevention informational class, focused on thriving and posttraumatic growth.

Feedback Limitations

WRT feedback was collected following the majority of classes, naturally subject to compliance effect post training. Also, there is no historical measure of utilization or tally of additional WRT instructors trained, though the MHAT VI study (2009) specifically requested follow-up evaluation (which did not occur). The author posted a 120–180 day instructor feedback form in 2009 with very limited return rate, likely due to combat e-mail address changes and operational rigor. Other deployment metrics, like the Deployment Risk & Resilience Inventory (DRRI) by King et al. (2006) would have been useful to gauge the impact of WRT however were not administered in a combat environment. Additionally, as many original resiliency resources were referenced and explicated in WRT, it is difficult to isolate the effect of the WRT or REBT interventions or choice of material alone, or who followed up with the resiliency recommended reading list, including the WRT program itself and recommended website list. For example, soldiers were referred to the REBT

(www.rebt.org) website as well as those of Siebert's resiliency and thriving centers (www.thrivenet.org and www.resiliencycenter.com). The choice of REBT itself as a counseling strategy, as well as more detail regarding the WRT program, was explicated by Jarrett (2008).

WRT Feedback Form

This feedback form was offered to participants at the conclusion of WRT classes, from July 14–Nov. 1, 2008. The results from all 2,554 completed forms were collated. The mean score and percentile ranking for each question is shown in brackets. Note: Means rounded to nearest hundredth and percentile to nearest tenth, using unadjusted means.

WRT Class Feedback, July 14–Nov. 1, 2008, Camp Liberty Iraq

Scale: Strongly Disagree–1, Disagree–2, Neutral–3, Agree–4, Strongly Agree–5

1. I now understand and can recognize posttraumatic growth at least as well as I understand and recognize posttraumatic stress disorder. (mean = 4.12/82.5 percentile)
2. I believe that I can and will be strengthened through my deployment experiences, even when they are negative or painful. (mean = 4.26/85.2 percentile)
3. Compared to other Army combat stress, suicide awareness, or resiliency briefings I have attended (including Battlemind), I believe this training will be more useful in managing deployment, combat, and real-life stressors. (mean = 4.22/84.3 percentile)
4. The instructor(s) were professional and effective in conveying the training. (mean = 4.63/92.7 percentile)
5. I believe this training will assist me to become more resilient and learn to thrive during this deployment and when I return home. (mean = 4.17/83.4 percentile)

Downrange WRT feedback from an Explosive Ordnance Disposal (EOD) Unit, which routinely engaged in highly dangerous work defusing improvised explosive devices and feedback examples from Senior Officers and NCOs trained as part of a Task Force serves as a typical example of Soldier and Command positive response to WRT and REBT principles, as well as feedback from stateside military providers qualified by the author in Rational Emotive Behavior Therapy or WRT. Warrior Family Resilience & Thriving program evaluation was not collated, as overall numbers lacked the statistical strength of WRT. Limited feedback obtained mirrored that of the WRT program below.

EOD Sample Feedback

“One of the best combat stress courses I have ever seen; this course should be at the top of the list of deploying units” – SSG

“The single most beneficial mental health training I have received in 15 years in the Army. This training needs to be doctrine” – CPT/CDR

“Extremely applicable Topics” – SGT

“Great presentation, the best I have ever seen” – PV2

“Some of the best and newest version of training I have ever seen” – 2LT

“I received this training in 2006; since then the course has grown and improved. Keep up the good work!” – SSG

“This was honestly the best training I could receive on the subject. The only part which could have been better was the beginning” – SSG

“Excellent, relevant training. Well- suited presentation pertaining to today’s soldiers excellent use of history and lore to make points and keep interest” – SPC

“Outstanding class, I wish I had this training three deployments ago” – SSGT

Leadership Task Force Sample Feedback

“This is my second time attending this training and I feel that each session has been effective. I have taken some of the lessons learned from my first session and implemented my training in dealing with some soldier issues” – CSM

“Very informative, recommend this be a part of pre-deployment and re-integration training” – CSM

“Excellent new approach to an old problem. Our mind is the true battlefield and the fortification of it yields success or failure. Continue to do what you all do” – CPT

“Good information. I have always believed in the optimistic view point of an individual can help control how they feel” – CPT

“Excellent class. Much needed information. Very powerful and I really needed to hear this” – CPT

“All soldiers should go to this training. Very, very helpful” – 1SG

“Great class. Might be beneficial to have a similar class prior to deployments. Information would be beneficial to prep soldiers for up coming stressors of the deployment” – CPT

“This brief has opened up many possibilities for me to be a better leader” – SGT

“The best and most comprehensive briefing I’ve received on the subject over the past 25 years” – SGM

“Great training, probably the best military training I have received by any Army training. Please continue to use this type of training” – MSG

“Very insightful. Should be very effective and make a difference in peoples’ lives” – MAJ

In-Patient Psychiatric Provider Supporting Military Population Sample Feedback

“This training should be included in the Combat Operational Stress Course at Fort Sam Houston [Army Medical Center].”

“Excellent Presentation, excellent resources. I will be able to use this material and concepts in my work in combat stress.”

“I learned a lot regarding posttraumatic growth. I have experience working with PTSD patients; this course was refreshing and enlightening.”

“This training was very useful, and emphasized the power to overcome adversity within the human nature, as Soldier or Warrior. We demand success on the battlefield, so why not demand success in our soldier’s mental health?”

“I really enjoyed this training. I am prior service and prior NCO and this training would have been helpful for my sailors and soldiers.”

“Excellent model for a time such as this (wartime). A well integrated and highly teachable, rational approach to restoration, transformation and personal growth.”

Conclusion

WRT and WFRT, based on REBT, Stoic insights, the Survivor literature and Army Warrior Ethos, served as the original cognitive-based, pilot combat resiliency programs for the U.S. Army during OIF 2005–2009. WRT instructors, as well as those they had subsequently cross-trained, promoted REBT, existential and Stoic inspired principles, training those who applied them to mitigate the deleterious effects of combat and deployment by serving as a prevention and protective model. WRT, REBT and Army Social Work have played a significant pilot role in Army Resiliency and Thriving efforts now supporting programs like Comprehensive Soldier Fitness and MRT. WRT, WFRT and specialized WRT variants like WRT-Leader and WRT-Medic have been used with over 15,000 Warriors, family members, leaders and WRT Instructors to help Warriors and their families identify and defeat irrational beliefs, or “internal insurgents” as WRT calls them, that produce and maintain suffering, harm families and erode our volunteer combat force. Dr. Ellis’ REBT model, now 56 years old, with roots reaching back to ancient Stoicism, has faced the crucible of combat and has not been found wanting in the author’s experience. Likewise, REBT qualification courses, like the 3-day practicum, remain popular with in-patient and outpatient providers seeking robust

