ORIGINAL ARTICLE

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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By God Captain, even the most hardened Warrior feels gut shot if he thinks his family is falling apart. Help *them* and you will help our Warriors!

-Colonel (Retired) Aaron Banks, Founder of the U.S. Army Green Berets

WRT and WFRT Program History and Overview

From 2005-2008 to 2008-2009, the author, an Albert Ellis Fellow and former Special Forces Non-commissioned Officer, served as a behavioral health officer in Operation Iraqi Freedom (OIF), developing the Army's first REBT/CBT combat resiliency training program, Warrior Resilience Training (WRT). Warrior Family Resilience Training (WFRT) was added for families in January 2007. Later, serving as a Combat Stress Control Officer, the author, leading a highly mobile 3-man team, trained over 12,500 Warriors and their Leaders in a forward combat environment in the improved Warrior Resilience and Thriving (WRT), as approved by the Multi-National Corps, Iraq Surgeon. WRT was selected as a theater-wide resiliency initiative both for chaplains and within the Multi National Corps-Iraq (MNC-I) Suicide Prevention Action Plan (SPAP) as referenced in the Surgeon General's Mental Health Advisory Team VI report (2009). 360 WRT Instructor Trainers were qualified theater-wide in March, 2008 in Operation Iraqi Freedom (OIF), who themselves qualified other WRT instructors to teach WRT, based on an 8-h instructor training class featuring the 90-min standardized WRT class, which had been constantly refined since 2005 with the feedback from deployed combat soldiers of virtually every rank and specialty using a standard feedback form (Mott 2006; Basu 2006: Jarrett 2008; Gomez 2009; Albone 2009: Sherman 2009). WRT instructors included mental health providers, chaplains, their para-professional assistants and select non-commissioned officers (NCO's). WRT and WFRT preceded and are taught as voluntary, specialty classes which endorse formal Army resiliency programs like the Comprehensive Soldier Fitness Master Resilience Trainer Program (2009) and the former Battlemind Program (Adler et al. 2009).

Mental Health Advisory Team (MHAT) Survey Insights

The Surgeon General's Mental Health Advisory Team Study IV results, based on anonymous interviews (released in November 2006) with Iraqi and Afghanistan soldiers and marines, indicated that 17 % of those soldiers surveyed screened positive for combined mental health problems, including depression, anxiety and acute stress reactions (PTSD) with 30 % screening positive for high combat soldiers. A full 37 % of those respondents who scored positive for mental health problems reported not trusting mental health professionals, based on fear of stigmatization, being perceived as weak, and fearing being treated differently by their units if they utilize services. Hoge et al. (2004) found that Soldiers and Marines self-reporting as significant mental health symptoms were twice as likely to fear stigmatization as those with negative scores, emphasizing military-specific barriers to care. By May 2009, MHAT VI (covering May 2008 to April 2009) revealed that



"Mental health problems, including acute stress, depression and anxiety in maneuver units averaged 11.9 % with divorce or separation intent in maneuver units 16.5 % and steadily increasing across theater." PTSD, anxiety, depression or other significant mental health (now being termed post combat stress disorder (PCSD) or post traumatic stress injury (PTSI) vs. PTSD, at a rate normally not exceeding around 20 % historically (Hoge et al. 2009), though many problems are more manifest within 90–120 days of redeployment, as revealed by the Army's development of the Post Deployment Health Assessment and Reassessment data, with underreporting of symptoms an ongoing issue.

MHAT VI (2008–2009) found that *some* soldiers with high levels of combat have had low acute stress, supporting the posttraumatic and post adverse growth (PTG) insights reported by Calhoun and Tedeshi (2004, 2006) and the Army's increasing focus on Post Adverse Growth (PAG) and choice of term *Potentially* Traumatic Events (PTE) versus Traumatic. Bonano (2004) suggested that resiliency and adaptive responses have been chronically underreported due to the pervasive influence of trauma and grief-oriented therapists, who may have seen resiliency traits in clients as denial or delayed traumatization, when it is actually much more common. Perhaps the trauma therapists themselves were experiencing denial of posttraumatic growth. MHAT VI specifically recommended that the Army's Battlemind Resiliency Training (Orsingher et al. 2008) system be continued and that future psychological resiliency training packages use real-world examples from a combat environment, like those resilient role models and combat-based scenarios developed by the author for WRT. At that time, in the absence of a cohesive approach, REBT-inspired WRT stepped into the breech.

Home Front Stressors: Risk Factors for Military Families

The home front is virtually another front in the Global War on Terrorism, with extended deployments still taking a toll, especially on younger military families. Flake et al. (2009) found that 32 % of the military children tested as high risk for psychosocial morbidity using The Pediatric Symptom Checklist and that 42 % of their parents (with deployed partners) themselves reported high risk on the Parenting Stress Index-Short Form and Perceived Stress Scales. At every major post, military Behavioral Health, Chaplain Corps, Army Community Service (ACS) and Military Family Life Consultants work non-stop to strengthen, preserve and treat military families in addition to the Army promoting self-supporting groups like Army Family Readiness Groups for Deployed Families. McFarlane (2009) noted that "Over a million children and their families have now experienced the stress of the deployment of a family member during the recent wars in Iraq and Afghanistan" (p. 369) and that the combined negative effects on families spouses includes not only child and adolescent psychological symptoms, but that nearly 50 % of military spouses he surveyed reported depression as well as significant anxiety symptoms during their soldiers' deployments, which result in negative perceptions of the Army. Furthermore, 10 % of those subjects suggested that their marriages had been significantly weakened by deployments. The author, the Chief of Social Work at a



Major Army Post serving active units and training cadre, treats Soldiers and their families for repetitive themes often independent of organic psychopathology and more heavily influenced by repeated combat deployments and separations, infidelity, poor or absent conflict resolution skills, child-custody conflict, domestic violence and post-combat stress injuries (including PTSD and Traumatic Brain Injury). Despite the Army's concentrated focus on research-based, mandated suicide reduction initiatives, in 2008 alone, the Army's Suicide Prevention Task Force reporting 128 completed suicides, averaging 20.2 suicides per 100,000 (similar to the civilian rate). Particularly gruesome was the death of one soldier who, during the author's second tour, reportedly heard while on live teleconference that his spouse and children would not be waiting for him and subsequently shot himself, in a phone center while on web camera with his estranged spouse, killing himself and traumatizing other soldiers and possibly even their spouses on line.

Along with rising suicide rates, the Army also reported that the divorce rate doubled between 2001 and 2004, covering the period immediately before and after the U.S. deployments to Afghanistan and Iraq. With a failed relationships present 68 % of the time a completed suicide is assessed (MHAT VI), extended deployments (some soldiers have deployed up to 6 times, many 2–3 times within 5 years) and long deployment length (12–15 months average) have adversely affected both Warriors and Warrior families. Congress mandated the National Resilience Development Act of 2003, as outlined by Barnett (2004): "The importance of improving the psychological resilience of the American population cannot be overstated. We are facing an enemy we have never had to directly confront on our own land, in a war where every citizen could be considered a frontline soldier (p. 65)." How much more is resiliency and thriving training needed for our soldiers and their families who defend our country abroad?

REBT for Warriors and Families: Rationale and History

The author posited that REBT's straightforward, research-based (Szentagotai et al. 2005) and easily teachable ABC-DEFG self-help model (Ellis 1993, 1996a, b) would directly appeal to professional soldiers who had little time for inefficiency, dependency, or overly emotional expression-oriented interventions. Being Special Forces qualified and later providing counseling to them at Fort Lewis, 1st Special Forces Group, the author recalled elite Warriors were naturally judgmental of civilian models and instructors that "meant well" but could not relate to combat soldiers. Particularly unpopular are Army "sensing sessions" which rely upon a quasi group process model, and are designed to produce organizational change. Though Dr. Ellis had not served in the military, his no nonsense counseling approach, influenced by Grecko Roman Stoicism, allows soldiers to view REBT as training versus therapy, which allows them to directly versus passively solve problems. The Army was already using some counseling techniques influenced or modified from REBT (with or without direct reference) including Resick's (1992) PTSD oriented Cognitive Processing Therapy and Army Mental Health Technicians, or 68 X-rays learning a rudimentary version of the ABC theory in their



training, though few Army providers had formal REBT, with CBT limited experience more common. Examining the suicide risk factors identified by MHAT yearly (loss, isolation, fear of stigmatization, hopelessness, impulsiveness and depression) REBT seemed fitting as a time-limited, empirically-validated, best-practice intervention that could be easily conveyed and quickly mastered both in a clinical and coaching format. As the author had assisted designing the first Rational Emotion Behavior Coaching (REBC) practicum, and had experienced success using REBT as a corporate resiliency coach with a non-clinical population, he was certain REBT would appeal to the military as a prevention model and self-coaching model, based on its rational approach to emotional management, broad humanist focus and depth of self-help material.

Stoicism, REBT and Warrior Ethos

Greco-Roman Stoicism, flourishing between 300 BC and AD 450, is still found and promoted in the military today, though often unnamed as such. Examine the Army leadership manual, FM 6-22 and one will find continued references to emotional self regulation: "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). Stoicism, a foundational element in REBT (Ellis 1993), is a tremendously practical philosophy which promotes self-control, personal fortitude, detachment, and civic responsibility through moral excellence, rationality and vigorous management of perceptions and evaluations Long and Sedley (1987). Ellis (1993), ever scrupulous to credit original influences, directly referenced well-known and oft quoted Stoics like Epictetus, Marcus Aurelius, Seneca and Cicero in his epic work, Reason and Emotion in Psychotherapy (1962, 1993) as well as other philosophers like Epicurus and Spiritual Leaders like Buddha and Lao Tzu. Nancy Sherman, a former Ethics Chair at Annapolis and author of Stoic Warriors: The Ancient Philosophy Behind the Military Mind, describes the ancient and ever-present influence Stoicism still holds on the Western Warrior military mindset (Sherman 2002, p. 86):

"Stoicism is a philosophy of defense, a philosophy of 'sucking it up.' On a strict reading, it minimizes vulnerability by denying the intrinsic goodness of things that lie outside one's control. In many ways, boot camp is a green soldier's early lesson in Stoicism. In general, it is easy to think of military men and women as Stoics. The very term has come to mean, in our vernacular, controlled, disciplined, not easily agitated or disturbed. Military officers tend to cultivate these character traits. In a vivid way, they live out the consolations of Stoic practical philosophy."

In *The Untold War*, Sherman describes the WRT program extensively, having interviewed the author, with U.S. Army approval, between combat tours: "His (WRT/REBT) Stoic approach underscores self-mastery and the empowerment that comes from curbing excessive or maladaptive emotions and of distinguishing between what we can and cannot control...Healthy Stoic counseling, such as



Jarrett's, works toward a realistic assessment of our strengths and powers to change externals (pp. 188–9)." Most REBT military counseling sessions began with, "Assume nothing will change in your external world." This is a serious proposition when one's external world includes improvised explosive devices and an enemy which does not observe the Geneva Convention, nor usually take prisoners. Other themes in counseling sessions focused on perceived or actual inequity, injustices, or other themes related to suffering. Soldiers appreciated the direct aspect of REBT and Stoicism.

Dr. Ellis often referenced and concurred with Epictetus, the well-known Stoic philosopher, who stated around AD 140, "Man is not disturbed by events, but the view he takes of them." Stoicism (and REBT which still uses Stoic elements) appealed immensely to modern Warriors like Medal of Honor recipient Admiral James Stockdale, as it did to Marcus Aurelius, who also admired Epictetus and left his own reflections, in his *Meditations*. What Hadot and Chase (2001) referred to as "the inner citadel." Stockdale credited his Epictetus and his Stoic philosophical training, with helping him stay resilient and survive captivity and torture for over 7 years in a North Vietnamese prison cell (Stockdale 1993). Like Viktor Frankl (1963), he had discovered that humans must supply their own narrative or meaning by which they either thrive or perish. Later, Dr. Al Siebert, whose work also informed WRT, would deepen our understanding of Thriving, based on extensive interviews with survivors (1996), also consulting for the Army's Provider Resilience Program. WRT students were therefore always encouraged to cultivate or adopt a life-philosophy that would prevail through captivity, torture and even death, if need be, and to abandon those belief systems that were "fair weather, superficial or dependent upon external events." WRT and REBT had to work "in all circumstances" if it were to consistently help military warriors and their families, including death, loss and estrangement. As such, REBT was not and has not been found wanting.

REBT Tested in the Crucible of Combat

Soldiers and their families, autonomous and usually self-sufficient, resist seeing themselves as victims or as helpless. Based on results of the MHAT IV study indicating that 44 % of soldiers who "knew" they had a mental health issue would still not voluntarily seek services, a resiliency and thriving prevention class was designed in 2005 in Iraq designed to attract, instruct and psychologically inoculate warriors to continual combat and home front stressors, including death, discomfort, unit conflict, injury, divorce, separation, financial problems, and other high-risk issues. Based on the author's qualifications as an Albert Ellis Fellow and senior REBT Supervisor, REBT was chosen as a foundational intervention, to support Warriors and Commands alike, being specifically designed to help Warriors remain in theater, complete their high-stress, dangerous missions, manage chronic stress (including external combat and unit and family stress) and return with honor. Too often soldiers were evacuated to Germany and ultimately the United States as psychiatric casualties, some of which might have been prevented or treated in theater, had they been better prepared for the rigors of combat, or encountered a



combat-seasoned therapist. The U.S. Army Combat and Operation Stress Control Manual (2006) maintained that soldiers who returned early without their combat units often faced shame, guilt and a sense of failure, despite their initial relief in leaving a combat zone. Moreover, any evacuation or death puts an exponential burden on those unit members who remain, particularly when replacements may not be forthcoming. Everyone benefitted by treating soldiers in place, especially with self-counseling systems they could practice when they returned to their remote outposts.

Combining Army Warrior Ethos and Leadership fundamentals (FM 6-22), insights from the ancient Stoic philosophers like Marcus Aurelius and Epictetus (Hadot and Chase 2001; Long 2002; Inwood 2003) and grounding a class firmly in the science of REBT (Ellis 1993, 1996a, b), the hardiness literature (Khoshaba et al. 1982; Bartone 1999; Khoshaba and Maddi 2005), and survivor (Frankl 1963; Siebert 1996, 2005) accounts and insights, the authors WRT public class and WRT Medic training courses were launched in December 2005 at Camp Liberty Iraq (Basu 2006; Mott 2006; Jarrett 2008; Gomez 2009; Sherman 2009) marking the Army's first cognitive (REBT) resiliency pilot course exclusively designed in a combat environment to support Warriors and cross-train unit instructors. According to General Carl von Clausewitz, a Prussian Military Strategist revered by U.S. Army Leadership, warfare revolves around the remarkable trinity, or dynamic of emotion, chance and reason, also referred to as passion, probability and Command and political will. WRT sought no less than to help Warriors and Commands regulate passion, accept probability and enhance self-leadership, reason and motivation to counter what Clausewitz referred to as the fog and friction of war, now known as combat operational stress and combat operational stress reactions (COS-R) (von Clausewitz 1984).

An Elegant Solution in an Inelegant Place

All wartime counseling is existential, just as all counseling is ultimately philosophy; however not all therapies are equally useful under real-world pressure. Both in Iraq, and when conducting Warrior Family Resilience Classes (WFRT) stateside, those soldiers and family members who seemed to endure and remain resilient in the Global War on Terrorism learned to develop robust philosophical, rational and existential beliefs and philosophies regarding the *meaning* of their suffering, just as Frankl (1963, Frankl 1986), the famous psychiatrist who survived the Nazi death camps, had pioneered in his Logotherapy (meaning-centered) approach which predated later narrative and constructivist therapy approaches. Noting that the worst of human suffering was that deemed meaningless, random or chaotic, Frankl observed humans wither, lose hope and perish at their own hands if they could not recognize and select a rationale or personal justification for what they were enduring. Nietzsche had stated, "If we know why, we can endure any how," likely referencing the Roman Stoic Seneca's idea posited in his Moral Epistles, "Not what you endure, but how you endure is important" and "All his adversities he (mankind counts as mere training." Soldiers applying an adaptive narrative to suffering was seen as a critical soldier skill within combat units, as evidenced when the author conducted critical event stress debriefings (Everly et al. 2008), noting that those



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 aversive 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 Tedeshi 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 Tedeshi 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 fivepoint 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 guage 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 Ordinance 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



psychological interventions for Warriors. To date the author has trained at least four hospitals which directly support in-patient soldiers. If, as Epictetus stated, "It is not the thing itself, but view men take of it which disturbs them," then REBT has contributed much to that adaptive view preserving those "Stoic Warriors" (Sherman 2005) and their families who defend our gates.

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