A Social Worker in the Making: The Questions I Had to Learn

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Abstract: This paper reflects the progression of the author's clinical perspective in working with military members in an active-duty setting. An applied pattern of establishing therapeutic rapport is described and clarified through numerous examples, commentaries, and personal reflections.

Keywords: therapeutic alliance; military treatment; rapport; healing; social work intervention

Introduction

As an active-duty social worker in the U.S. Air Force since the summer of 2007, I've had the opportunity to serve a community of service members that is both diverse and unique. An Air Force Mental Health Clinic mirrors this complexity and comprises a variety of helping professionals; consequently there is a wide array of knowledge and skills available to effectively engage military members in the helping relationship. This range of skills should be encouraged for at least two reasons. First, though varying degrees of conformity are a necessary part of military life, there is no “one size fits all” answer to social and therapeutic needs. The military is too complex an organization and is filled with such a diverse set of individuals and personalities for such a mindset to be useful in a treatment environment. Second, as part of a multidisciplinary team, we (social workers) have the opportunity to work with others, who have different methods and perspectives of therapeutic engagement, thus enlarging our available skillset. This creates immense, collective insight and I have drawn strength from the knowledge that many others have shared with me during my progression. This article serves as a reflection on the progression of my clinical perspective from a newly licensed, idealistic, civilian social worker to one with an array of experience in military settings establishing therapeutic relationships. With this in mind, I hope to be able to share a few of the lessons learned from my experiences.

I found there are six fundamental questions which guide me in establishing therapeutic rapport with military members. They are as follows: What brought you here? What is it you actually do? Who is in front of me? How does your military experience affect you? How do you think of yourself now? What have you gained or given up? These questions are not asked in serial fashion per se. Rather, they represent a framework to develop a progressive understanding about the military member's history, environment, behavioral strategies, and cognitive patterns. With this understanding comes an increased ability to more accurately identify their needs and to more effectively engage them in a manner conducive to establishing the helping relationship. This framework did not come to me immediately or in an organized fashion. It resulted from numerous encounters that have left me at times exhilarated and hopeful and at other times baffled, frustrated, or embarrassed. This framework represents my attempt to make sense of these experiences in a fashion that is non-chronological, yet organized and applicable across treatment settings.

What Brought You Here?

This question addresses both what brought an individual into the military and into my office. Learning how to more effectively ascertain this information has proved critical, for it fundamentally addresses motive, both intrinsic and extrinsic. What motivates service members remains a subjective matter and one that needs to be accounted for in the therapeutic relationship. I have found that not addressing this can present a significant stumbling block to therapeutic alignment.

When I began working in the Air Force, I made the mistake of assuming that I knew why everyone joined and that they were all for similar reasons. I have since found in working with military members that this is a much more complex issue. Some

individuals join because it is a part of them; their mothers could tell you about their son or daughter who was always bound for the military. Some see the military as an opportunity to gain skills, focus, direction, or educational benefits. For others, it is a practical solution to under or unemployment. Others may fulfill a family tradition of military service. I have worked with some who were on a self-destructive trajectory and wanted to alter their environment in order to help make personal changes. Others are drawn to the excitement and challenge of military service. There are numerous other reasons and combinations of reasons that motivate people to join the military; the important thing is to account for it. Without that context, it can become difficult to accurately understand a military member's reaction to a given situation or their presenting problem. Thus, understanding why someone joined becomes an important tool for me in understanding how they experience the experience of military service.

In a similar fashion, I first thought that everyone who came to see me was there for the same reason: to get help. Yet this is not always the case. For example, on one occasion a patient presented to me and his doctors with significant physical impairments and limitations. I was thus shocked to see this same individual two days later at the Base Exchange walking and jumping around, laughing with friends, and in apparently good physical health. During our next session, I had a frank discussion about the discrepancies of what I had witnessed. His reactions were predictably quite defensive. Though initially uncomfortable, the act of addressing the topic directly, revisiting some of the regulations about medical care, and allowing him an opportunity to explain the situation, made the therapeutic relationship much more honest and productive. Through this discussion I learned what really brought him into the clinic−he hated his work and was trying to get out of his unit. He did not see the value in his job and did not get along with his supervisor. A successful resolution was eventually developed once his true motivation was understood. I have learned that military members need to be challenged directly when appropriate. This allows a more transparent therapeutic relationship to be developed and maintained.

In another situation, a Soldier with many years of service and significant responsibilities came to see me due to the extent of personal distress he was experiencing. Within minutes of our discussion, he told me that “my guts feel like they are about to f$*%^& crawl out of my mouth…that's how I feel right now.” This struck me as a poignantly descriptive statement for a first session. His description represented an intense emotional state expressed in his own way. As we considered what brought him into the clinic, we came to an initial understanding that he didn't know how to relax. Though a consummate professional with tremendous talents, abilities, responsibilities, experiences, and energy, he didn't know how to unwind. He was a workaholic with an underdeveloped ability to relax and disengage from his work. Through further exploration, we learned that he valued his work to the extent that it became the sole provider of his ego-strength, his social support, and his sense of value in the world. As retirement began to loom in the near future, his ability to manage that loss in his life was intolerable. The more he buried himself in work and the mission, the worse his emotional reactivity became, and the more he felt trapped in an unending cycle of ineffective coping. He felt a sense of helplessness, which he had never experienced before, while his life seemed to slowly spiral out of control. He began to make real progress as we worked together to strip away the veneer of his professional status, to find the root of his personal motivations, and to learn how to balance the varying aspects of his life. It was a unique situation that helped me appreciate the level of imbalance and the attending consequences that can come to one's life while engaging in apparently positive activities. In addition, it gave me a valuable opportunity to see how obscured the mind-body connection can be with some military members; they remain in tune with their physical being but not their emotional state.

What Is It You Actually Do?

All members of the military are associated with an identifier, a label if you will. In the Air Force it is the Air Force Specialty Code (AFSC) and in other services it is the Military Occupational Specialty (MOS). Essentially, these codes identify what career field we are in to other people. That job can be anything from infantry to social work or aviation to communications. Everyone in the military is

assigned one of these identifiers. My experience has been that it is easy to place too much emphasis on these identifiers. It is easy to lose opportunities to develop a therapeutic alliance with the patient by only considering the generalities of a career field rather than accounting for the full scope of what the individual actually does. I also try to account for the efforts that most units employ to establish an Esprit de Corps or comradery that will help support them through difficult trials, such as deployment, combat, casualty care, etc. This unity becomes an incredibly powerful experience for many members. However, it can also lead to distrust of others who are not in their career field or that somehow don't fit the mold. Thus, being able to accurately identify what service members do and some of the struggles they experience will go a long way in establishing a therapeutic alliance.

The initial assessment is critical to developing helping relationships with military members. Among other things, it has become a great opportunity for me to ask questions about the military member's career field. This proves to be an important clinical tool in educating and orienting me in the therapeutic relationship by contextualizing some of the military member's attitudes and perspectives. My perspective of the military is much broader and my ability to accurately empathize increased by learning about what military members do. One particular patient struggled with the regimented style of his military career field in the Air Force. He told me about his unit and some of the things that he struggled with. I learned that he joined the military, after two years in college studying art, to gain computer skills so he could move into graphic design afterwards. That is when the extent of his struggle to adjust became evident. He was used to a much more relaxed, free-flowing, non-regimented lifestyle which was the exact opposite of what he was doing. His expectations were crushed and he didn't have a sufficient frame of reference from his past experiences to effectively cope with and resolve the situation. He also informed me that I was the only person in the military who had asked him about his interest in art. Knowing how his past interacted with his current military status provided a crucial link that he needed in our relationship. He subsequently made some significant changes in his attitude using cognitive approaches that eased some of the burden; but ultimately there was too much dissonance in personality style for a lasting fit in the military. This military member underscored for me the criticality of assessing and validating his motivating factors and employment context.

Since I can't actually observe firsthand what most veterans may do or have done, I have to rely on patient report. This can be quite unsettling at times. I have listened to reports of experiences that sounded fictitious, but later read documentation supporting the story. I've also had military members share stories that seemed plausible and realistic, but turned out to be a total fabrication. It is an uncomfortable process for me, as a therapist, to determine to what degree I'm willing to believe reports at face value. I recall one particular patient who was a truly decorated war hero and had some issues he wanted to address regarding his multiple deployments. I knew somewhat about him beforehand and had learned about some of his experiences. Treating an individual of this caliber made me somewhat nervous and I wanted to appear as knowledgeable and experienced as possible. However, this began to get in the way of his healing. I was too eager to identify with where he had been to let him tell me in his own words and in his own way. I was so eager to accept his report that I didn't even let him tell it. I wasn't guiding him in the process at that point; I was directing. I had to change strategies quickly. Early in our third session, I began focusing on what brought him into the career field, how he gained his expertise, his many responsibilities, and his numerous deployments. Once I allowed him to tell me in his own words what he actually did for his work, the relationship quickly became one of collaboration. I tried to understand what he brought to the table from his experiences and he evaluated what I had to offer in his healing process. In a telling sign of his confidence in the healing process and in me, he later referred a close friend to come talk with me specifically. I pondered the significance of this gesture. What would have made him comfortable enough with the therapeutic process to disclose to an associate his own struggles while partially staking his reputation on my ability to connect with his friend? It wasn't until that point that I recognized the degree to which trust had been developed. Most military members I've worked with want to know two things about me as a social worker: 1) Can I do

what I say I can do? 2) Can I understand them? In other words, can I do my job and can I understand theirs? When I have successfully established that with patients, they are more apt to share what is really on their mind. This is when the therapeutic relationship truly becomes productive because I am no longer being assessed if I can help, I am being asked to actually help.

Who Is in Front of Me?

I experienced two significant challenges upon joining the military and working with military personnel. First, I had to learn to understand the individual in front of me despite the uniform, rank, position, formalities, regulations, and unit reputation. I have come to truly appreciate the extent to which the military thrives on conformity and standardization. Military members all wear service specific uniforms and abide by regulations that dictate hair length, cell phone cover color, number and location of body piercings, tattoo placement, backpack style, color of socks when working out, and the manner of prescribed greetings. We are to abide by customs and courtesies which are alive and well in the military. We have all gone to some level of Basic Military Training. We all use jargon and terms that those outside of the military tend to struggle with. In other words, we even talk the same on some level that is unique and unified. Second, military members, as a group, are trained to comply with lawful orders from those in authority. Serious consequences can result from disobeying an order, challenging authority, and becoming non-compliant with expectations. When an authorized and lawful order comes down through the chain of command it becomes the duty of military members to follow and uphold it. This becomes critically important to understand in my work so that I actively avoid the appearance of giving an order when working with patients. In a military setting, compromising patient self-determination and creating an exaggerated imbalance of power arises when we come across as telling members what they have to do. Thus, the challenge is to see the individual that lies beneath the imposed conformity and always foster self-determination.

As a newly licensed and commissioned 29-year-old, I was fairly confident in my therapeutic acumen and felt that I had mastered the ability to develop rapport and provide good clinical interventions. Unfortunately, because of that overconfidence I became overly directive in some of my recommendations. I didn't give orders, but as most patients agreed with my suggestions for treatment I tended to give more. It took me awhile to learn that a service member will likely respond “Yes, sir”, “Yes, ma'am” to a treatment plan, even when imposed, because that is protocol and a trained response. However, if they aren't required to come back for further treatment they frequently won't under those circumstances. Consequently, I had poor patient compliance and retention in those cases when I became directive. That helped nobody and proved to be an ineffective approach to building therapeutic rapport. I had to learn that on some levels I am an authority figure for many who seek treatment and had to redouble my efforts to ensure that self-determination was preserved. That being said, there are occasions in which the chain of command may need to order a patient to treatment. This is known as a Command Directed Evaluation (CDE); however, those situations are not the norm and have clearly delineated policies and established protocol to protect patient's rights.

I have found that, during the initial phase of a therapeutic relationship with a military member, they are frequently hesitant or uncomfortable with the idea of coming in for help. They tend to present in one of two ways upfront. First, they are stoic and speak in measured tone and language, conscious of customs and courtesies within the relationship − just what I would stereotypically expect from a service member. Often, this is the first time a junior enlisted member may have had a personal conversation with an Officer. They may be quite uncertain about how to act and what to say. For instance, one military member appeared extremely uncomfortable in the session and later said something I found to be humorous. I laughed for a moment which brought a look of surprise to his face. When prompted to explain his reaction he said, “I didn't know Officers were allowed to laugh.” This provided the perfect opportunity to discuss with him the nature of the professional and therapeutic relationship, which put him greatly at ease. Second, a military member may appear using language that can be abrupt, rough (i.e., lots of swearing), or both. When I see this I generally consider it a sign of some level of distress, as they

have dropped the formalities and opted for a manner of speech reflecting their day-to-day speech and emotional state. When I acknowledge these patterns and look past both types of presentations, I am able to reach these particular patients. In some sense they seem to be testing my reactions as they are internally asking the same question I am, “Who is in front of me?” If I appear either judgmental or naïve in my understanding and reactions, both credibility and trust are compromised. However, when the first group begins to swear I know they are becoming more comfortable with me and the relationship. When the second group slows down with the obscenities they tend to feel more at ease with having been given “permission” to be themselves in the relationship. This change in language usage seems to indicate their comfort level in the therapeutic setting. It is rewarding to see changes in the military member that are reflective of a supportive relationship, at this increases the potential to make progress with their presenting concern.

How Does Your Military Experience Shape You?

The military provides numerous opportunities for experiences that can shape and change people in a positive or negative manner. I think a critical therapeutic task in developing a successful helping relationship is to understand how military experiences have shaped the people who come in for treatment. In particular, as I began treating individuals who had experienced traumatic events during combat, I initially became engrossed in these emotionally charged accounts and the richness of details. The nature of their stories were at times troubling to me, yet they sent a powerful message about the extremes of human experience. My therapeutic tools in treating trauma were limited to evidence-based treatments for PTSD such as Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). However, these never seemed to fully capture what has always intrigued me about social work − the strengths perspective and our view of the individual in the environment. I began to see disconnects between my perspective and some of my therapeutic training. I became more interested in the increasing discussion about resiliency, psychological first aid, pre-exposure training, and posttraumatic growth. I still don't think that these constructs have been given sufficient attention. The more I learned about these topics and worked with those who have been involved with trauma (combat, child abuse, sexual assault, accidents, etc.) the more impressed I've become by the resourcefulness of these survivors. It became evident to me that trauma doesn't have to be a one way disorder but can have multiple and complex effects on an individual, some of which can be growth promoting. It was an idea that seemed to resonate with my conception of the human experience. This change in thinking altered the way I treat members who struggle with their experiences. I needed to look for the whole spectrum of change and experiential effects, good, bad, and indifferent. Of course, when PTSD is present an evidence-based treatment is necessary, but I don't ever want to overlook the shaping potential that can occur due to a service member's ability to overcome adversity. In doing so, I gain the advantages of the strengths perspective and an opportunity to change their outlook on difficult situations. Thus, for some I have seen their military experience become a transformative one.

One patient that I worked with had lost someone very close to him in a truly traumatic fashion. He was making slow improvements in reducing suicidal ideations and his level of self-imposed isolation. During one session I asked how he had grown as a result of his loss. He initially struggled for words but with further explanation he identified his use of art to help manage the depression that followed his experiences. When he showed me pictures of his artwork, I became mesmerized by the skill and talent required to say so much without saying a word. He later identified that part of the outcome of this traumatic event was an ability to reach others in a powerful way through his talent in the medium of art. He had never related the two and may not have made this connection had we focused solely upon deficit reducing and standardized treatments without exploring the full range of how his military experiences have shaped him. I truly gained a great appreciation of the capacity within the medium of art to vet emotional distress and promote healing.

While in Afghanistan I worked with a Non-Commissioned Officer (NCO) who had deployed multiple times, regularly engaged in combat, and enjoyed confidence in his abilities and talents as a warrior. However, one day he had a near-death experience in which he was lucky to survive, let

alone walk away with relatively minor injuries. Our initial work together didn't yield much progress until we explored his thought process in the moment of the event. He had the instantaneous and quite realistic thought that he was going to die and there was nothing he could do about it. For the first time ever, he was directly confronted with his own mortality in a manner that he had not considered before. It left him shaken and uncertain. Prior to that event, he had never really addressed the fact that he could actually die in Afghanistan, or anywhere else for that matter. Of course, in the back of his mind he knew it was a possibility but he had never had the experience of facing his imminent death. After several hours of therapy during his physical recovery he made several tremendous realizations about the importance of his family, religious views, and how he was treating others around him. He built upon his already well developed ego strength and returned to his unit to continue serving as an effective combat-ready Soldier. Yet, his experiences left him with a much deeper appreciation for life. As he considered that experience a turning point, he came to the core of what was important to him, which left him more steady and confident than before. Gratitude was the ultimate result, which I have found to be a common trait among many combat veterans. As a developing social worker I am constantly improving my ability to develop a relationship with military members whose experiences are so profound in shaping their perspective. This is done in part by exploring and uncovering to what extent their military experiences truly shape them.

How Do You Think of Yourself Now?

There are a variety of concerns that bring service members to a military mental health clinic (MHC) − child abuse, domestic violence, relationship problems, isolation, depression, anxiety, eating disorders, personality disorders, trauma, or alcohol and drug problems. One issue that may be somewhat unique to the military is the duty, for some, to exert violence upon others in times of war or conflict. Some struggle with these experiences, in particular about how they view themselves and how they think others will view them. I have worked with service members who base their entire personal perception on reactions or circumstances that take place in mere seconds. They may become self-conscious while holding a mistaken belief that they have failed or not measured up to a standard of performance that may not have been realistic in the first place.

In one such instance, a Soldier presented with severe symptoms of depression and was struggling to perform effectively at work. We began working together for several weeks and I truly struggled with how to help this individual alleviate some of his symptoms. I followed standard protocol by thoroughly reviewing his medical record, addressing depression, completing an evidence-based treatment protocol, and coordinating with his prescribing physician, but nothing seemed to work. While discussing his combat experiences, it became quite evident that he had developed a profound and enduring sense of shame about his first firefight. The part of the incident in question was a natural, momentary, physical pause during a situation in which he was temporarily isolated and left without clear instructions or method of communication. In short, he was shrouded in the fog-of-war.

However, it wasn't until I specifically asked him what he thought of himself as a result of that event that he verbalized the negative perceptions that now pervaded his worldview. Prior to this event he viewed himself as a capable warrior with no fear, but afterwards he internalized that he was a coward. This service member interpreted that pause to indicate personal weakness rather than part of a natural physical reaction to an unfamiliar and overwhelming situation. Even though he was decorated for his ensuing actions in the same firefight, he minimized all of those events to focus on these brief seconds. Over the course of subsequent treatment, he successfully put that brief period of time into a more balanced perspective. He improved his attitude, mood, and motivation. There was already some damage to his family life and career but he made cognitive connections and improvements that he hadn't previously made with several other therapists. I learned a valuable lesson that sometimes the central issue to be addressed is not the result of physical trauma but the short, overlooked disruptions to a service member's worldview and self-perception. It was an exciting process of transformation to witness as he made these changes; it reminded me why I wanted to come into this field in the first place.

I have found that the military experiences can change someone in a variety of ways, but in each case there is a unique element of how it changed their outlook that must be addressed. One service member came to see me, who had limited his social interactions, except for family, to active-duty members or veterans. This was proving to be a challenge for him in several ways. He cut off old friends; he didn't engage in hobbies if he thought too many civilians would be present; and he slowly became more and more isolated. Actually, he was quick to cut off any relationship which challenged him, including several other clinicians whom he abruptly stopped seeing. I sensed that I had to tread lightly until he was ready to be challenged by me; it didn't matter when I was ready for it. This service member was not depressed, rather he was frustrated with his apparent lack of desire to engage with the broader world. Over the course of treatment, our therapeutic relationship had become fairly strong as I tried to account for the scope of experiences from his numerous deployments and military activities. However, there was something missing in all of our conversations.

One session I asked him if he had killed anyone. His response to me was sharp and immediate, “I hate that question.” As it turned out, he had killed multiple people. These were events that he neither celebrated nor regretted but they had changed the way he looked at the world and thought of himself. He began avoiding civilians. Some would ask if he had killed people, even if they didn't know him personally, when they found out what he did for his job. He began to think that he had done something wrong and didn't like his perceived loss of control over his environment, so he chose to avoid the potential for the question by not engaging with civilians. He was not questioned by other military members or veterans, except for me. Overall, his personality was direct and humorous so a strategy of direct questioning actually fit him well at that point. Together we devised a plan for this uncomfortable situation. The next person who asked that question was to be informed of the personal nature of the question, but that he would answer it if they would similarly answer a personal question in return. He was then to ask these strangers and new acquaintances how many people they had ever slept with. The mere thought of turning the awkward and personal nature of other's questions back on them seemed to give him a new sense of control. It was a simple strategy that changed his cognitive processes enough to allow him to begin to more fully engage in social situations. Instead of avoiding others, he was almost hoping to be asked if he had killed someone so he could try out the technique. Our work together ended shortly thereafter due to his rapid progress with just that one tool. This experience taught me the importance of checking the strength of the relationship before asking some of the hard questions. I'm not sure if our early therapeutic rapport was strong enough to manage the level of personal sensitivity required to help him learn what he needed.

What Have You Gained and Given Up?

While working towards licensure I worked in a community mental health center in a mid-sized city in Indiana from 2005 to 2007. There were no military installations in the local area but I started seeing veterans return from Iraq or Afghanistan. They sought counseling in relation to some of their military experiences. These were Guardsmen and Reservists who served overseas for a year or more. I tried to understand their experiences but I never felt that I made the level of rapport they needed. At the time, I had little awareness of the difficulties that many Reservists and Guardsmen experience when returning home to their families and work. This is in addition to the absence of frequent association with their unit like many active-duty members have. For many, it presented an unexpected level of isolation − nobody with whom they regularly associated could actively or accurately identify with their experiences.

It was from these early experiences with those Guardsmen and Reservists that I began actively seeking to better understand the experiences of military members. I began speaking with veterans in other settings. I was surprised at the number of WWII, Korean War, Vietnam War, and Persian Gulf War veterans surrounding me. When I began asking, I learned that people I regularly associated with had spent time in the military. It became apparent to me that each person, regardless of branch of service or era in which they served, was shaped by their military experiences. It was that shaping process that I was so desperately trying to understand and which, surprising or not, I'm still trying to fully comprehend. It occurred to me that

part of what I was missing in my relationship with those Reservists and Guardsmen was an understanding of their level of sacrifice and the level of growth that sacrifice represented. In other words I did not know or understand what they had truly given up and what they gained in return.

Since then I have come to understand and witness many members of our military sacrificing years of their lives deployed and/or physically away from family and friends. There are also those veterans who are physically present, but mentally separated from those around them, including loved ones. They present a unique challenge. I had one such patient who will forever endure in my mind. He had been through several truly gruesome and well-known events that left him feeling isolated from others, including his family, and edgy all the time. He spent little time developing relationships and actively avoided as many reminders of those events as possible. After nearly 20 years of this isolation and ensuing depression, he decided to talk to someone about it. During our first session we spoke about the current state of his relationships, which were not good, his distance from his children, and the manner that he had isolated himself over the years. Both he and I could easily identify what he had given up−closeness and proximity with others. However, by exploring what he had gained from his service he said that it had helped him as a supervisor. He explained that he came to truly understand the struggles that many of his Airmen experienced and was motivated to ensure they had more support than he had received. Following that realization for him, along with the treatment for PTSD, he was able to utilize his many talents to improve the relationships in his own family. I saw him in passing almost a year after our treatment. He had a large smile on his face and said that his family was doing much better. They celebrated Christmas together as a family for the first time in nearly two decades. That was a wonderful moment for me to see the influence of mobilizing strengths by acknowledging the positive changes, not just negative ones, from military service. This Airman had given up years of enjoying family relationships but ultimately gained insight and compassion.

Another patient of mine came from a rural area with limited opportunities for employment or education. He joined the military and gained access to both. He had earned an Associate's Degree and was working on his Bachelor's Degree. He had gained awards and respect in his unit. He deployed twice and had awards and medals that made me envious. He was a great Airman. However, when I saw him he only accounted for his losses − being away from family and not being able to help on the farm. There was a sense of guilt associated with what he had left behind that seemed to obscure the value of the many things he had gained. We discussed this in therapy. His plan was to ask his family what they thought about him leaving home to join the military. The next time I saw him, he had a much different comportment. He learned firsthand from his family that they had gained a sense of pride in his service and were grateful for his opportunities to grow and learn. He developed a renewed sense of motivation and determination to succeed. Helping patients recognize and evaluate both the losses and the gains from military service proves critical to shaping the individual and developing the therapeutic alliance. I believe this to be one of the most critical lessons I have learned from working with military members.

Conclusion

My development as a therapist is a history of incremental growth and learning from the many successes and mistakes made over the years. The questions that I have proposed as important to establishing a strong therapeutic alliance took work to elicit from these experiences. I felt the impact before I recognized the meaning. In fact, I think that I had to learn them over time or I would not have learned them at all. Sometimes the important meaning of an experience only comes after a period of personal reflection. My ability to understand the unique dynamics and relevant contexts of military members in need has been an exciting journey. I had to have the embarrassment of a patient telling me about their lack of confidence in my ability to help them and then asking to be transferred to another therapist. I had to have the thrill of watching someone make a positive, dramatic change and learning from how that process unfolded. In short, I had to experience therapy as a therapist over and over again in order to translate what worked for me into a pattern of personalized engagement that yields meaningful results for my clients. I believe that the therapeutic alliance is the crucial factor to better outcomes; it generates a more creative,

helpful experience for the military member and the military social work professional.

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