

Establishing Rapport and Overcoming Stigma with Military Clients: Insights from the Field and Beyond

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Abstract: Mental health issues in the military are becoming more prevalent, increasing by 65% over the past decade (Blakeley & Jansen, 2013). Adjustment to military stresses, including deployment and reintegration, take their toll on everyone involved, to include the mental health provider. This article focuses on the lessons learned by one former military mental health provider regarding the importance of establishing meaningful therapeutic bonds with clients. Several case examples from the deployed environment are used, as well as lessons learned from the author's personal experience with becoming a client. These help illustrate how difficult vulnerability can be within a military population. The importance of engaging in competent military cultural practice and the means by which one can gain additional military cultural competence are discussed.

Keywords: deployment; military cultural competence; stigma; mental health; rapport

The prevalence of mental health issues among our service members and veterans is on the rise. In a 10-year period between 2001 and 2011, the number of active-duty service members receiving a mental health diagnosis increased by 65% (Blakeley & Jansen, 2013). Prevalence rates were highest for Post Traumatic Stress Disorder (PTSD) and depression upon return from deployment, ranging from 9% to 31% depending on the level of functional impairment reported (Thomas et al., 2010).

Unfortunately, a large number of these military members encounter barriers to receiving care largely due to concerns about the labeling and stigma associated with mental health treatment-seeking (Kim, Thomas, Wilk, Castro, & Hoge, 2010; Vogt, 2011). Additionally, service members might agree that civilian providers are competent professionally, but many of these providers lack an understanding of service members' military experiences, challenges and language. This knowledge deficit is often a significant reason why military patients discontinue treatment with community-based providers after a single visit (Cogan, 2011).

This is a phenomenon that I have been very familiar with as I devoted 20 years of my life to treating military service members as a social work/psychology officer in the U.S. Air Force. The stigma and barriers associated with help-seeking among military members was something I have been well aware of since the early 1990s, but it was never more significantly reinforced than in my

deployment to Afghanistan from 2009-2010. I led a Combat Operational Stress Control (COSC) detachment, with mental health teams spread out among eight Forward Operating Bases (FOB), all designed to enhance adaptive stress reactions, prevent maladaptive stress reactions, and assist soldiers with controlling combat operational stress responses and behavioral disorders (U.S. Army Medical Department, 2013).

While deployed, I heard about, or personally encountered, dozens of deployed service members who were struggling with significant stressors originating in the deployed environment or on the home front. Post deployment, I found myself struggling with some of the same issues as my former clients. I retired 10 months later and eventually sought professional help myself. Those experiences, and the experiences I encountered commanding behavioral health units stateside have taught me many lessons about the power and importance of the therapeutic relationship and the necessity of cultural competence in developing those relationships. What I have learned can be broken into the following categories:

- Opening up and/or admitting one's faults is very hard and can leave one feeling vulnerable, weak or judged
- Being able to listen and relate can be transformative
- Rapport and connection can come from reasonable pushing
- Many tools and methods of building rapport exist

- There are many ways to gain military cultural competence

Opening Up, Admitting Faults, and Feeling Vulnerable, Weak and/or Judged

It is well documented just how many barriers our military members and veterans face in order to be vulnerable enough to seek care and open up (Bein, 2011; Jones, Twardzicki, Fertout, Jackson & Greenberg, 2013). Between the fear of occupational and social repercussions, the stigmatization of mental health concerns, and the relative shortage of professionals who can relate to the trauma of war, it is no surprise that military members and veterans are reluctant to open up. One situation I encountered downrange provided me with an excellent reminder of how courageous it is to talk. The driver of an armored vehicle had an accident involving a pedestrian. He and his team had to stop the vehicle, dismount, view the carnage, and manage the situation with the local residents. If this weren't traumatic enough, the most challenging aspect of this situation was the reaction from his team. They were very angry with him for putting them in the middle of this terrible situation, accusing him of being too careless with his driving. He felt as though he let his team down, and his biggest fear was losing the trust of his battle buddies and being alienated from the unit. He was rapidly decompressing from the stress and anxiety. When I first arrived at the FOB, he had absolutely no interest in talking to me. In fact, I don't believe I could have gotten him to open up to me on my own. This military member was ultimately convinced to talk by pointing out how people around him were concerned, and that withdrawing into himself would only exacerbate that concern and potentially alienate him from the unit. It wasn't my skill at rapport building that got him to start talking, rather it was the trust he had in his unit leader.

After redeploying home, I could tell I was struggling but thought I needed to handle it myself. It seems that the stigma associated with help seeking even reaches helping professionals like myself, despite the countless hours I've spent over the past two decades trying to minimize that stigma with others. Rarely do people like being pushed, but I, like so many others, significantly benefited from consistent encouragement to seek help.

Most of the soldiers I served in Afghanistan had two factors working against them when it came to admitting fault. First, they were soldiers, warriors. The Warriors code suggests that one withstands the hardship of war for the greater good (French, 2001). This also suggests they are to suffer without complaint. Second, they were mostly men, and both the military culture and the mainstream culture tend to discourage men from being emotionally vulnerable with anyone (Brown, 2012).

The military is based on an "up or out" model in which you have to attain a certain rank in order to continue your military service. If one is not promoted fast enough, they will face what the military calls "high year tenure" and are forced to leave. For enlisted members, this means that one needs to attain the rank of E-5 (enlisted ranks range from E-1 to E-9) by your tenth year of military service. Officers generally need to be promoted to O-4 (officer ranks range from O-1 to O-10) or risk likely release from service. Those are minimum guidelines, and many career accomplishments are prominently displayed on the uniform in the form of medals, ribbons, and patches. It is a competitive system that creates opportunities for judgment, good or bad. In Afghanistan, I was most reminded of this while talking with a young soldier who had been in country for four months and hadn't yet been engaged by the enemy. Once soldiers have engaged the enemy, they receive a CAB or combat action badge (USAHRC, 2013). Because he was yet to be authorized for the CAB, he was the only infantryman on his small FOB who hadn't earned one. And because it is worn on the uniform, he felt everyone could see that he was not yet battle tested and was concerned that others in his unit would think that he was trying to avoid combat. He was experiencing such stress over this that he was simply desperate to engage the enemy, regardless of the consequences. Rapport building with this soldier was challenging because he was so fixated on earning his CAB, it bordered on obsession. That said, it was easy to relate to some of his core fears about inadequacy that we all struggle with to one degree or another. Spending time allowing him to vent and connect with his anxiety helped him overcome his hesitation to seek help. I also validated his courage to talk about this concern with me, framing it as a way to suggest that, if he exhibited bravery in a situation like this, he would

be likely to exhibit bravery when his life and the lives of his battle buddies were in danger.

Even though I was out of the military when I sought professional help of my own, I found myself fighting against those messages that said I “just needed to be stronger,” “suck it up,” and “drive on with the mission.” I felt that people looked up to me and that I was expected to provide an example of strength for them. Help seeking felt like an acknowledgement that I was weak and hypocritical – somehow I didn’t do a good enough job of taking care of myself. If I can’t even take care of myself, how can I be trusted to help my clients take better care of themselves? As a result, I was very sensitive to any nonverbal cues that suggested others might think I was just complaining or wasn’t being completely reasonable. Clients make decisions early and often about whether we really care about them. Judgment in any form damages that perception, yet so many aspects of military culture can promote judgment of others. Rank on one’s sleeve, collar, or shoulder can equate to a price tag on a piece of furniture. We are acculturated to believe we get what we pay for.

Being Able to Listen and Relate Can Be Transformative

Wearing the same uniform and being deployed in the same general location broke through obstacles and created an ability to relate to the stresses soldiers were experiencing downrange. It earns one near instant credibility and can give you that essential foot-in-the-door with clients who would be otherwise reluctant to open up. In my many conversations with military members and veterans over the years, one of the biggest complaints I hear is how hard it is to open up to a civilian practitioner who can’t relate to what they experienced as a military member.

When military members or veterans have finally fought through the obstacles to seeking care, they are often eager to open up. I display my military coins in my office, and this has led to several conversations from veteran students who want to share their story with someone who will understand and appreciate their struggle. For them, this is a sign of solidarity, providing credibility.

Therefore, it is no surprise that the vast majority of

veterans I have encountered feel that civilian mental health providers should receive specialized, military culture training. Mostly, these veterans seem to be looking for someone who has basic knowledge of the military organizational system and who seems to them to really understand things like deployment, family separation, reintegration and military family dynamics impact their lives.

Most would be less reluctant to seek care from a mental health provider who had some military familiarity and training and would be more confident in that provider’s ability to treat them effectively. This is consistent with the findings of Zinzow and colleagues (2012) who found that veterans benefit from professionals who have an adequate knowledge and appreciation of military culture and practice in military settings. Interestingly, my conversations with veterans indicate this would only slightly increase the likelihood they would actually seek help from said provider. This suggests that getting veterans and military members into the door requires more than just providing effective services and that, once we get them through the door, we have to take full advantage of the opportunity.

Rapport and Connection Can Come from Reasonable Pushing

As previously mentioned, many of us can benefit from strong encouragement by those who love us and want the best for us. As care providers, helpers, and family members, it is important to note that pushing is necessary at times. This is largely due to the fact that what military members and veterans are dealing with might be easier for them to avoid, or rather to address with a bottle of alcohol. This may be seen as a more culturally appropriate way to address these feelings rather than openly talking about them. For example, one client was reluctant to engage in cognitive behavioral therapy (CBT) for her PTSD but eventually engaged her treatment fully and completely. When asked what made the difference, she indicated that she initially gained confidence by the provider’s ability to articulate what the treatment was about and why the treatment involved such an aversive emotional experience like exposure. That was enough to get her to try it. One of the primary factors she attributed to her decision to continue with treatment was feeling like someone cared enough to push her while also being sensitive

enough to give her breaks if therapy became too intense.

Many Useful Tools and Methods of Building Rapport Exist

Care and compassion have been great tools with which to build rapport, but it can be a challenge to demonstrate care if one can't relate to the situation the client is experiencing. In my conversations with veterans, a common theme regarding their civilian provider's military cultural knowledge is that they want them to be aware, but they don't want special treatment. From a culture that values endurance, strength, and tenacity, anything that might resemble pity or sympathy would likely be interpreted as something very offensive. Ironically, pity and sympathy are similar to concepts such as compassion or empathy, but the fine line that separates them makes a significant difference. Empathy involves an understanding of what someone is feeling by attempting to see it from their perspective, while sympathy suggests we feel sorry for the person for what they have experienced. Warriors don't want sympathy, as they knew the risks they signed up for. However, they can appreciate attempts of others to feel and understand a situation from their perspective.

Deployment changes everyone to some degree. When military members redeploy and need to reintegrate with their families and communities, they feel changed and often feel they don't fit in anymore. Many also feel as though people in their lives are uncomfortable and don't want to associate with them. This is not unlike experiencing a significant loss. Well-meaning civilian individuals may feel helpless because they can't relate to what this military member has just experienced, and thus they don't know how to help. In scenarios like this, it is easy to pick up on their discomfort and interpret that as rejection on some level. When social workers and other helping professionals are comfortable simply being with the person and not feeling it is their responsibility to fix the situation (and thus feel stuck and uncomfortable), more substantial connections can be made.

In the deployed environment, mental health professionals are encouraged to try to reduce stigma via walk-arounds. Walk-arounds involve approaching soldiers and beginning a conversation.

COSC teams engage in hundreds of walk-around contacts each month. Having little experience with this sort of activity, I learned a great deal about how to successfully have a conversation with a fellow military member whom I'd never met before. I rediscovered how important the use of self is in these situations. For instance, football is a very popular sport in the U.S., and many military members are National Football League (NFL) fans. As a confirmation of this fact, we even had a team of popular football analysts come and air their weekly television show while I was in Afghanistan. Being an NFL fan, I engaged hundreds of soldiers by striking up conversations about football. I used my knowledge of the game to get them talking and help make them more comfortable around us mental health types.

There Are Many Ways to Gain Military Cultural Competence

I believe we must start by understanding the horrors of war and how people naturally deal with trauma. For instance, I had the opportunity to communicate with a new soldier via email in Afghanistan. I saved those emails and received his permission to quote them. They serve as a superb exemplar of the kind of situation many young soldiers face as they first engage in combat. He reached out to me after he experienced a traumatic incident that he was not comfortable sharing with anyone else: "I just don't like the whole idea of seeing these kids shooting at us and I have to put them down. How do I deal with that? Like, I know that it's either them or me. But I don't know."

This was a level of candor he had not previously shared. It gave me the opportunity to normalize his inner conflict and questioning. It also allowed me to let him know that I was very encouraged he felt the way he did, because it meant he wasn't disengaging from his emotions, as is so common. It also allowed me to probe and ask about his trauma to help him process it in writing.

By doing this, it created a safe place for him to explore his feelings more. He later responded: "I view it [as] it's either they die or I die. And I know it's just a war of morals now, so they fight for what they believe, but I just can't comprehend why some little kid thinks he stands a chance against 10 MRAPs [armored vehicles]. We've taken fire every

convoy, and I've been on 12 [convoys] since I've been here. Working here can be really rough; it's the wild west in half of these cities. As for shooting back at kids, I'd say it's probably happened 4 or 5 times. All the same village..."

Clearly, this is some very vulnerable disclosure, and it must be handled with great care. It gave me an opportunity to acknowledge and empathize with the incredible challenge he was facing, support him by praising his willingness to be vulnerable, and offer some psychoeducation about how children tend to be easier to manipulate. This seemed to help as he responded, "thanks for laying it out like that."

This provided an opportunity to probe a little more, so I asked about the most traumatic occurrence he had experienced thus far. He responded: "The worst situation I had was while I was the TC (vehicle commander) because I had been gunner for about 30 hours straight. We took a piss break and got back in. I forgot to combat lock the door. When one of our guys threw a water to a kid, we got bumrushed by the whole village for water. I had a...kid come and open my door. I yelled at him and told him to get down, and our translator said it too. He refused. So I tried kicking the kid. He still held on. It came to me getting so mad that I butt stroked (struck him with the butt of his rifle) him in the chest. The kid was knocked out cold, and fell on his head...It's that kind of stuff that makes me question why we do what we do, but I care for all of our security." Once he opened up with this, we were able to process it.

Everyone has their limits with how much trauma they can tolerate and two months later, this young soldier had predictably started to shut down. "I feel indifferent about the whole [killing] thing. I've kind of gone numb with it. Not really caring. Not to the point that I don't care who I shoot, but that I just don't mind doing that stuff anymore. It just seems that in the Army, if you care, you're out. You're non-mission capable. And I've just grown with it...I don't hide any feelings. I don't know. They [feelings] just go away I guess. I'm just afraid that when I go home, I'll keep not caring about this stuff, and I don't want that."

Later emails tended to focus on the frustrations of deployment and how he felt more disconnected with

his support system back home. "It seems like everyone is cutting me off...But it's alright, people are busy. And maybe that's just their way of dealing with me being gone. I don't know."

Toward the end of his tour, he had developed coping strategies, good or bad, to adjust to this chronic trauma: "I like the simplicity of just life and death, waking up every day, not worrying about what to wear, not worrying about keeping a girlfriend happy, just the only thing on my mind being a mission. Knowing I'll either complete it or not be alive if I don't. I don't know. Maybe I'm crazy...it really is SSDD [same shit, different day], except we get IDF [indirect fire] a lot more often, but that's whatever. I'm so used to it now, since I spent a ton of time on foot patrols and fire bases, so it's become almost a game of dodgeball for me. Gotta find fun in something I suppose."

At this point in the deployment, he had emotionally shut down for the most part. Any attempts of mine to encourage him to continue processing his feelings were essentially ignored. Once this skill is developed, a significant difficulty comes when reintegration is required and these feelings start to be addressed.

Clearly, opportunities like this are rare, and civilian providers need other ways to gain military cultural competence. There are several tools available to help educate the public on the military culture. For instance, the Center for Deployment Psychology (CDP) offers workshops, online training, and even a certificate program (CDP, n.d.) for civilian mental health professionals (with a graduate degree) who are actively treating, or plan to treat, military members or veterans. Another excellent resource can be found through the VA National Center for PTSD. This program offers clinicians guides, practice standards and a PTSD 101 training site, providing continuing education services for researchers, professionals working with trauma, and helpers (U.S. Department for Veterans Affairs, n.d.).

Finally, if you provide military-friendly services and/or have training in or experience with military culture, it is important to advertise it. Just like my military challenge coin collection advertises the fact that I'm former military, signs, certificates, or other

such indicators can be a valuable tool in getting the word out to veterans, military members, and their families that you care enough to be culturally competent and are a safe place to talk.

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