

**INTERPERSONAL TRUST IN THE CANADIAN  
FORCES TRANSITION PROGRAM FOR  
PEACEKEEPERS AND VETERANS**

**by**

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## Abstract

This study investigated the facilitator behaviours that increased trust and the facilitator behaviours that decreased trust as reported by participants of the Canadian Forces Transition Program for Peacekeepers and Veterans (CFTPPV) through the Critical Incident Technique method. To date, no other study has investigated the phenomenon of trust in therapy with military clients. In terms of theory and practice, this study expands the understanding of interpersonal trust development with military clients, giving concrete categories of behaviours that both increase and decrease trust with those clients. Seven participants were randomly selected from the members that completed the CFTPPV designed by Dr. Marv Westwood from University of British Columbia, Vancouver BC.

The incident categories were validated by six out of seven program participants as well as two external persons (one with a counselling and no military background, the other with neither counselling nor military background). Each validation resulted in over 90% concurrence with placing a random selection of incidents into the categories.

A total of 133 critical incidents were gathered, with 19 categories that increased trust, and 8 categories that decreased trust. The findings of this study support previous literature on counselling military clients in general. The unique finding of this study indicate that facilitators who were genuine, socially connected with participants outside of group, used physical contact at appropriate times, explained what could be expected in group, and who expressed their appreciation for what their military clients did in the military increased the development of interpersonal trust. This study also showed that facilitators who talked at length on subjects, did not know anything at all about the

military, used spiritual language, used excessive minimal encouragers or told participants what to do through direction or suggestion decreased the development of interpersonal trust.

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## CHAPTER ONE: INTRODUCTION

### *Background to the Study*

Brody (1987) discusses the training and understanding needed by therapists that are not of the same culture as their clients. Cultural differences can create gaps in understanding between client and therapist, at times resulting in a lack of acceptance by therapists of the unique experiences that individuals in each of these cultures go through in their everyday life. Mahtani and Huq (1993) explain how mental health professionals may be conditioned into a kind of institutional bias through their training, and may not completely understand the cultural context the clients are coming from. Clients of different races and experiences may not easily fit into the understanding and experiences that many mental health professionals are used to dealing with when working with more mainstream clientele. Yerucham (1988) found that the therapeutic relationship developed between therapist and client had to be constantly reestablished due to the differences in cultural background. Understanding and accepting the cultural variances in clients would be helpful in trying to relate to the client and to create a therapeutic relationship with them. Cultural Differences underscores the need for training and understanding by civilian mental health professionals in order to effectively relate to their military clients.

Brody (1987) explains that the situation is more complex when the client's cultural values and experiences cause them to view the world in very different ways. Members of the Canadian military view the world in a very different way than civilians, as a result of their training and experiences. This shift in worldview is created by the experiences of our military members, whether their experiences are in or out of Canada. The military is an isolated subculture of the larger national culture in Canada. Members

of the military culture in Canada are subjected to “abnormal” events that most of our Canadian citizens never have to experience. When seeking help from the public sector, military members encounter doctors and therapists that have limited or no training to deal with what these men and women have experienced. Based on the author’s personal experience, as a result of this lack of experience the connection to the medical field by military clientele is lost, and trust in health practitioners hindered.

Kipper and Tuller (1996) observed that different cultural groups develop feelings of trust and warmth at different rates. By use of sociometry, they were able to show that even when the background of the groups may be similar (i.e. religion, economic background, proximity of cultures), the ability to form feelings of trust and warmth between members in that similar group were unique to the particular group involved. Sociometry is a way of measuring the degree of relatedness among people. Moreno himself defined sociometry as “the mathematical study of psychological properties of populations, the experimental technique of and the results obtained by application of quantitative methods ” (Moreno, 1953). This would mean that no matter how similar or different the members are in a group, the ability to form feelings of trust is different and unique for each group member. Therapists and doctors should be made aware of the conditions and life-style of the military culture in order to help members with military culture recover from the mental illnesses that are inherent in the job. To take this further, perception of Canadian forces members is that the military is not a job, it is a way of life. Without knowing what that way of life is, helping military members is even more difficult.

In the Department of National Defense (DND) Ombudsman Report by Marin (2002), reported that of 200 people interviewed at random in the military, 100 were diagnosed with Post Traumatic Stress Disorder (PTSD) as defined by the DSM-IV-TR (American Psychiatric Association, 2000). Although this occurrence was only on one base, but it is reasonable to assume that from this sample showing 50% occurrence of PTSD that this percentage is indicative of the amount of people in the Canadian military who may suffer from PTSD. We are not sure how many of these military members found by this report had served overseas. Furthermore, this percentage does not include those personnel that do not meet the criteria for PTSD diagnosis, but still suffer from traumatic reactions to the events witnessed and experienced by our own Canadian peacekeepers and veterans (Black, in press). Although Marin indicates that the Canadian Forces (CF) has been proactive in dealing with PTSD in many respects, no mechanism exists that allows the CF leaders, educators, caregivers, family members and other concerned people the ability to communicate and share the knowledge of this disorder.

The military members that suffer from traumatic reactions and from PTSD are not the only ones to suffer when they return from overseas duty. Family members and friends experience the negative impacts of PTSD and traumatic reactions vicariously, by experiencing their loved one's symptoms by witnessing them go through it (McCann, & Pearlman, 1990), and yet support for them is unavailable. In addition, the military members that suffer from this disorder are often stigmatized and isolated from their military unit, which they have been trained to trust and rely on for their well-being and safety. The tendency for this disorder to be socially isolating, makes recovery that much more difficult.

Saunders and Edelson (1999) explain that adults with childhood abuse often experience considerable difficulties with interpersonal trust. Saunders and Edelson also suggest that psychotherapy groups have often been recommended and found useful in helping people with trauma and interpersonal trust issues. This lack of trust can be directed to the military environment as well as to the civilian population that may be trying to help these members heal from their traumatic experiences. Cave (2003) explains that the participants in his study often felt distrust to the mental health workers in the beginning, due to their lack of interpersonal trust in the civilian world and the medical profession in general. This lack of interpersonal trust is an important issue to examine in order to facilitate a helping environment for these military members going through therapy.

*Interpersonal Trust: A function of disclosure and confidentiality*

Interpersonal trust is a complex concept, and the facilitation of trust development in a group setting adds to the challenge. Corcoran (2001) explains that disclosure in groups is required to assist members in overcoming challenges in life. Examples of some challenges are relational problems with a spouse, and dealing with alcoholism in the family. A client's willingness to disclose information is said to be based on the psychotherapist's promise of confidentiality. The question being asked is does the client trust the therapist's word? In a group, confidentiality is harder to ensure as the other members are not bound by the same ethical rules and guidelines as are therapists (Clevenger, 1997). Clevenger (1997) also indicates that, in a group format, therapist confidentiality is required in order for clients to self-disclose potentially embarrassing information.

In the Canadian military, trust in the medical system is particularly problematic as it was not until the last 3-5 years that the medical records and information of members were made confidential from the supervisors. Although this new rule has been instituted, the culture of the military will likely take a long time before it changes its perspective on trusting health practitioners in general. This creates a harder task for civilian therapists in creating a trusting relationship with military clients. As this history of mistrust is engrained into military member's experience, with breaks in confidentiality being the norm, even the word of the therapist in regards to providing confidentiality may not be believed. Interpersonal trust in the therapist-client relationship may be one of the hardest aspects to create, and it may take time for the member to start disclosing information in order to commence healing. This development of interpersonal trust is important to be established in the Canadian Forces Transition Program for Peacekeepers and Veterans as well.

#### *Canadian Forces Transition Program for Peacekeepers and Veterans*

The Canadian Forces Transition Program for Peacekeepers and Veterans is a program designed to help military members overcome trauma and reintegrate into the civilian world. Research (Cave, 2003) has provided preliminary evidence that programs designed to assist military members work through trauma and re-integrate in the civilian world are a move in the right direction towards helping our military members live a healthier life upon returning from overseas or transitioning to a life outside the military. The Canadian Forces Transition Program for Peacekeepers and Veterans, designed by Dr. Marv Westwood at the University of British Columbia, has research supporting its effectiveness for military members in facilitating change for members experiencing

problems in re-integration into the civilian world resulting from trauma symptoms reactions and even PTSD (Westwood, Black & McLean, 2002; Cave 2003). Greenberg, Thomas, Iversen, Unwin, Hull and Wessely (2003) conducted a study that showed that military peacekeepers do indeed want to talk about their experiences, but that most turned to informal networks such as peers and family members for the support. Greenberg et al. found that the members were reluctant to seek help from the medical profession due to distrust in the confidentiality within the military. As explained earlier, the Canadian military has changed its policy on confidentiality of medical records, but rebuilding trust in the medical system will take time.

#### *The Research Problem*

The lack of interpersonal trust held by military members in the medical system, which include therapists because in the military therapists are classified as medical, the experiences regarding trust in the military, as well as the traumatic reactions that are experienced by the members within the military are some of the barriers to members seeking help. Studies have been conducted with both military members and on therapy (Fantel, 1948; 1951; 1969), and on the Canadian Forces Transition Program for Canadian Peacekeepers and Veterans (Westwood et al., 2002; Cave, 2003). These studies are designed to help military members receive the assistance they need to move past the trauma created by defending their country and to acquire skills and assistance in reintegrating into civilian life. The CF Transition Program has been shown to reduce symptoms of trauma and PTSD, and allow for greater healing by the members (Cave, 2003), but no study has investigated how interpersonal trust between facilitator and group members is facilitated or hindered in general. This information is important for the

facilitators of the program, as it will help train future facilitators and help more members of the Canadian forces re-enter into civilian life on completion of overseas deployments and upon release from the military. Understanding what facilitator behaviours help or hinder the development of interpersonal trust can help to refine the interventions employed by program facilitators and subsequently increase the likelihood that the program will continue to be demonstrated as effective into the future.

### *Research Question*

Interpersonal trust is a component required by a psychotherapy group to provide benefits to the members (Yalom, 1985). The relationship created between the facilitators and each member of a group is key in creating an atmosphere conducive to positive change and assisting healing within the member. This relationship requires trust in order for the therapeutic benefits to occur. Due to the complexity of interpersonal trust as it relates to military members, it is important to better understand how leaders facilitate trust in a therapeutic group designed to assist that sub-culture.

The question asked in this study is as follows:

“What facilitator behaviors helped facilitate the development of interpersonal trust and what behaviors hindered the facilitation of interpersonal trust for participants in the Canadian Forces Transition Program for Peacekeepers and Veterans?”

This question will be answered by the use of the Critical Incident Technique (CIT) designed by John Flanagan (1954), which is a method specifically designed to rate the behaviors of another in relation to a specific question. This technique consists of a set of procedures that collect the observations of human behavior by individuals in order to solve practical problems, as people have done for centuries (Flanagan, 1954). This study

follows the procedures of the CIT gathering incidents reported by past members of the CFTPPV that either increased trust or decreased trust in the facilitators. These incidents are then categorized and reported.

The following section reviews the relevant literature pertaining to the research question. Information on the development of interpersonal trust in military members undergoing therapy is sparse at best, which supports the need for a study of this nature to be completed.

## CHAPTER TWO: LITERATURE REVIEW

The purpose of this chapter is to review the relevant literature related to the research question being addressed in this study. The review is broken down into the following sections: background to the Canadian Forces Transition Program for Peacekeepers and Veterans (CFTPPV), group theory, interpersonal trust, group therapy with military members and the research on the Canadian Forces Transition Program for Peacekeepers and Veterans. A general understanding of the background to the CFTPPV and what it entails is important to understand the relevance of the remaining literature that is examined as well as to explain the setting which the study occurs in. Group theory is reviewed as the program is designed in a group format, and a better understanding of the needs and development of the members is important for clarity. A definition of interpersonal trust, research on interpersonal trust in the context of therapy, and research on interpersonal trust in therapy with the military members is also reviewed to show the relevant information on the main topic of this study. Finally, literature regarding group therapy with military members and the Canadian Forces Transition Group for Peacekeepers and Veterans will be discussed, as it is in this context that the study was designed.

While conducting the review of literature it became apparent that published information on interpersonal trust in the military is largely non-existent, and that such information is vital in order to answer the question being asked in this study. In order to compensate for the lack of available published literature, the author, who is currently serving as a Naval Officer in Her Majesty's Canadian military, will include a personal reflection on the intricacies of interpersonal trust in the military.

*Background to Canadian Forces Transition Program for Peacekeepers and Veterans*

The Canadian Forces Transition Program for Peacekeepers and Veterans (CFTPPV) was a program designed by Dr. Marv Westwood at the University of British Columbia. The program was designed to assist members with military backgrounds; both psychologically through interventions designed to assist with past traumas experienced during their military career, and assist them in career transition after returning from peacekeeping missions or releasing from the military (Westwood, Black, & McLean, 2002). Westwood et al. further explain that many peacekeeping soldiers return home from their military experiences suffering stresses that occur with any re-entry experience combined with unresolved issues and stress reactions associated specifically with their peacekeeping experiences. Post-deployment stress reactions, including high anxiety, depression, restlessness, and insomnia, may very likely present the greatest health risk that military personnel have to face as they experience peacekeeping missions.

The program was designed to give aid to military members that experience these stress reactions, and who are trying to adjust to civilian life upon return from operations overseas. The program attempts to assist military members in having a more productive experience in the world of work and family and is run in small groups of six to eight members. The groups meet for five weeks in total and are held outside of the military establishment in the hope that this will reduce the fears behind self-disclosure of injuries that normally would lead to the end of the member's military career. (Westwood et al., 2002). The group meets over five weekends on Friday night for three hours and Saturday all day for eight hours in order to accommodate any members that have to travel long distances in order to attend.

Westwood et al. (2002) explains that the program is structured with four phases including the initial group sessions, a life review writing exercises, therapeutic enactment, and consolidation. The initial sessions focus on developing group cohesiveness, establishing trust and establishing safety. The life review writing exercise is a group-based intervention wherein participants write aspects of their life story at home and then share their stories to the group in a confidential setting. Therapeutic enactment is a group-based therapeutic intervention that focuses on the “acting out” of a participant’s critical incidents from the past, present or future. The purpose of this intervention is for catharsis and cognitive re-integration of the experience to occur for the client. The catharsis is the release of feelings that underlie unresolved personal issues according to Westwood et al. (2002). The final group sessions focus on the consolidation of learning from the previous sessions and on forming new goals and objectives for the future. It is at this stage that career counseling and assistance are offered, with a recognition and integration of the newly transferable skills occurs. The program also uses Peer Helpers as part of the leadership team. These Peer Helpers are members of the military that have completed the program previously, and have a desire to help future group members. They are used to demonstrate skills and provide support to the members in the overnight evening periods.

The program is designed to be an effective means for helping military members reach their personal and professional-related goals. A safe environment is created whereby military members can receive support from other military members that understand what they have been through. According to Westwood et al. (2002), the program helps participants normalize their experiences on missions and share difficulties

of re-entry into civilian life. The life review process and therapeutic enactment assist the members in dealing with stress related issues arising from their experiences so that they are able to cope with those issues in their future.

### *Group Theory*

Group theory is important to this study, as the participants of the study will be selected from past graduates of a CF Transition Program, which is run in small group format. Even in relation to trust with the facilitators in the group, it is important to understand that each group member has individual needs that must be addressed in order for the group to work effectively. Although there has been much written on the theory and therapy within groups, some basic postulates can be found underlying them.

Schutz (1958) states that individuals within a group have three phases that are experienced in relation to personal needs that must be addressed throughout the entire group process. These phases overlap and are revisited by the group so that each member will go through these phases differently and not as distinct, self-contained stages. These phases of group development are: 1) inclusion phase; 2) control phase; 3) and affection phase. The inclusion phase, as explained by Schutz, is the phase during which group members are negotiating how much they will devote of themselves to the group. The control phase is not entered until the inclusion phase is sufficiently resolved. This is where the decision-making procedures arise, and where the power and control issues surface. In the control phase, the members are working out the most comfortable level of initiation in regards to other members concerning control, influence, and responsibility. Schutz's affection phase is entered once the previous phases are completed. The members now must become emotionally integrated, as they strive to become comfortable with

receiving and initiating affection from other members. This is where emotional closeness is created with other group members.

Amundson, Westwood, Borgen, and Pollard (1989) link these phases to distinct needs by individual group members. These basic needs are: 1) the need for inclusion; 2) the need for control; and 3) the need for trust. Amundson et al. define these needs as follows: 1) Inclusion refers to a group member's need to have a sense of belonging to the group; 2) Control is defined as a group member's need to maintain a sense of being able to influence what happens to him/her and (sometimes) others, in a group; and 3) Trust refers to a group member's need to feel close to, and secure with other group members (pp. 22). There is a connection between Schutz's (1958) phases and Amundson et al.'s basic needs. Schutz discusses the group phases that are experienced by the group and by members while Amundson et al. discuss the needs of each member as they go through those phases.

Amundson et al. (1989) also explain four stages in a group's life where the needs of the group are experienced. These stages are: 1) Initial stage, 2) Transition stage, 3) Working stage, and 4) Termination stage. The initial stage focuses on the member's need for inclusion. It has been called the "meet and greet", where members decide how they want to fit in. This may form the basis of trust formation in later stages. This is where the work on safety and trust formation is essential to ensure proper facilitation throughout the group process. The transition stage is where interpersonal trust starts to increase, and members start to take more risks. The superficial interpersonal façade is slowly removed as people begin to move into this stage. This is where interpersonal conflicts may arise, and the move into the need for control and safety occurs (p. 165). In the working stage,

which is noticeable due to the increased effort by the members to achieve their goals, issues of trust remain a key factor. If trust can be established and maintained throughout this stage, then members are more easily able to relate to each other, giving important feedback between members (p. 293). In the termination stage, there is some expectation of a grief reaction by group members to the end of the group. This challenge is characterized by a need for support and challenge.

It is clear that trust is a key element within group processing and development. It is what is required for the group to make it through the first two stages, as well as to actually conduct productive work. Gibb (1978) discusses this extremely important need for trust within the therapeutic or counselling group throughout its development. Gibb explains that the facilitator of a group is included and must join all the other members in looking at trust levels in the group. The facilitators must enter the group as a full member, not as a psychotherapist, and each group must be formed by every member, excluding none (p.182). Although Schutz (1958) does not describe a phase to create trust, it is very clear that throughout all of his phases the need for trust is paramount. Amundson et al. (1989) lists the need for trust to be one of the three major requirements of groups throughout its development process.

Interpersonal trust is essential in the forming of a group and in its effectiveness during its work stage. Feelings of distrust and fear will only block the group's growth, and growth will only occur when there is increased acceptance of self and others. (Gibb, 1978).

### *Interpersonal Trust*

There are many studies examining the construct of interpersonal trust (Bulach, 1993; Scott, 1980; Rotter, 1978; 1971). As a concept, it has been defined by many different people in different ways. The most common definition found within the research stated interpersonal trust is an expectancy that is held by a group or individual that the word, promise, or written communication of another can be relied upon (Rotter 1967, 1971; Johns, 1996; Gurtman, 1992). There are several variations of this definition, but this one seemed to be the most concrete. This definition, first developed by Rotter (1967), has been used by many different researchers over time. It lays down a concrete definition with specific aspects of what is required for interpersonal trust to exist. The key concept that seems to come forth in defining trust is the idea that one person must rely on another, and so the aspect of interpersonal trust from this definition seems to be that of a relationship rather than an object. A leap of faith by the trustor in the trustee is required in order for the creation of interpersonal trust to begin between people. For the purposes of this study, the definition of interpersonal trust above will be used.

### *Interpersonal Trust in Therapy*

Gibb (1978) explains trust as the key element in his TORI theory of personal growth. TORI is an acronym which stands for Trusting-Being, Opening-Showing, Realizing-Actualizing, and Interdepending-Interbeing. Trusting-Being involves the personing, centering, accepting, and warming aspect of the discovering process. Opening-Showing is the term used for when people let people in, listen, disclose, and empathize. Realizing-Actualizing is when people assert themselves, explore, evolve, and are wanting personal fulfillment. Finally, Interdepending-Interbeing is where people integrate, join,

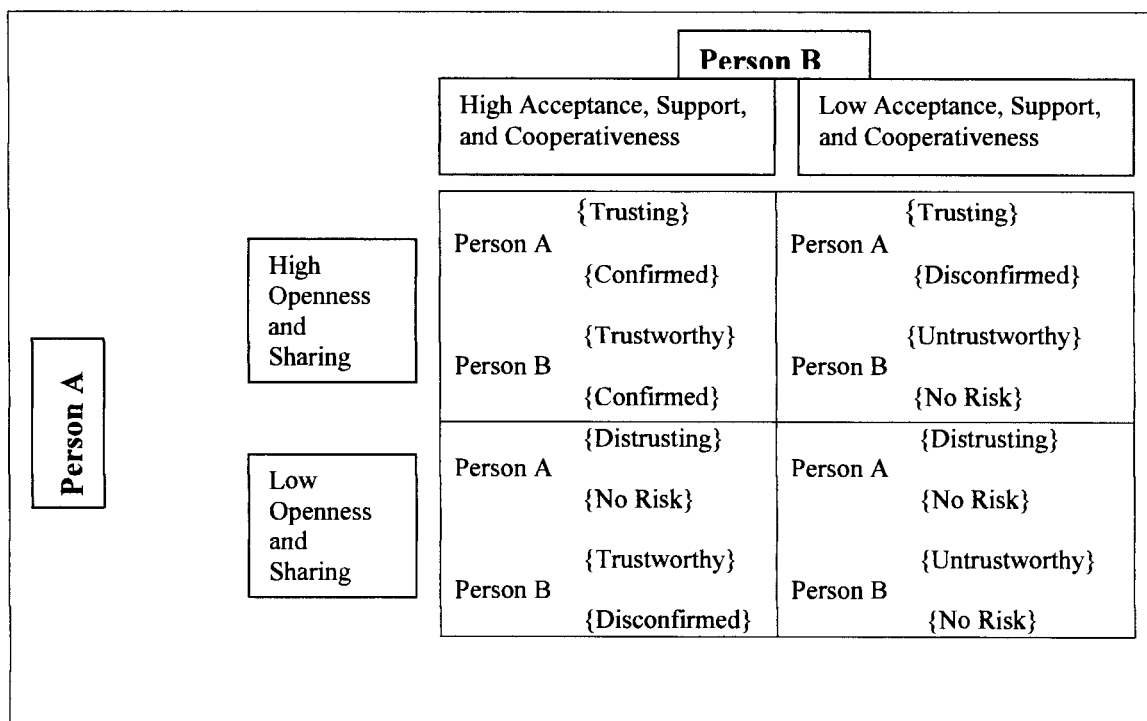
share and are synergizing with others. According to Gibb, these elements of the discovering process called TORI, are the steps that all people go through as they deal with wanting love, intimacy, fulfillment, and freedom. He explains when trust is decreased people are less open with each other and less interdependent. This decreases the positive ways that people can interact and allows fear to escalate. Gibb states that trust enriches life's experience, and fear robs it. Trust is what facilitates an environment to nourish personal growth, and is explained as the tool to understanding people and groups. He explains that high trust levels produce the following effects:

- |                  |   |
|------------------|---|
| 1. Motivation    | Creates and mobilizes energy, increases strength and focus of motivation  |
| 2. Consciousness | Unblocks energy flow, expands awareness, makes unconscious more available |
| 3. Perception    | Increases acuity of perceptions, improves vision and perspective          |
| 4. Emotionality  | Feelings and emotions free to energize all processes of the bodymind      |
| 5. Cognition     | Frees energy for focus on thinking and problem solving                    |
| 6. Action        | Release of person for proactive and spontaneous behavior                  |
| 7. Synergy       | Total person freed for synergistic and holistic integration               |

With these effects, a process of discovering can be created, and without it a person or group's growth is very limited. From Gibb's theory, trust is the first element required in order for people as individuals or in groups to start any kind of personal development. When dealing with military members, this requirement is just as essential. Trust must be

established between members of a group and between the facilitator and each member in order for therapy to be productive. For a full and effective healing process to occur trust must be established both individually and in groups.

Johnson (1997) also discusses the importance of interpersonal trust. Johnson states that good relationships require the establishment of trust and that the building of trust occurs through a series of trusting and trustworthy actions. This would mean that in order for trust to be created between two people, both people would have to take the risk to disclose and share information that allowed the other to openly know them. Johnson's dynamics of interpersonal trust is illustrated as follows:



*Figure 1 - The Dynamics of Interpersonal Trust*

Johnson explains that interpersonal trust is facilitated by both people in the relationship having high levels of acceptance, support, and cooperation. Without risk, no trust can be created, and the relationship will not move forward. Interpersonal trust is essential to be established in any relationship in order for the relationship to move forward.

Everly (2004) explains the importance of the therapeutic alliance (TA) as the essential element creating a constructive, collaborative working relationship between the patient and the therapist. The TA is said to be based on a foundation of perceived interpersonal trust and safety that must be re-created after trauma destroys it. Everly states that the long term goal for psychotherapy with regards to trauma is the creation of interpersonal trust, safety and self-reliance from within the client. In order for any therapy to work on clients with PTSD or who are suffering from the negative impacts of a traumatic experience, the client's sense of interpersonal trust towards the therapist and trust in the therapy must be established. Interpersonal trust is extremely important in working with any type of therapy.

#### *Robinson's Study*

Robinson's (1979) study focuses on answering a few key questions. He asks if a relationship exists between each one of Rotter's Interpersonal Trust Scale (ITS) dimensions (labeled Interpersonal Exploitation and Reliable-Role Performance) and group cohesiveness, group status, and immediate outcome in short term group counseling. More specifically he asks if heterogeneous group members, as tested by the ITS, create more cohesive groups than those homogenous groups as tested by the ITS? Are group members that are non-exploitative as measured by the ITS considered higher in group status than those who scored higher in exploitative aspects of the test? Finally, are group members that are non-exploitative higher in outcome status than those that are exploitative as scored by the ITS. Answers to these questions may allow for planning of groups to be either heterogeneous or homogeneous in nature in order to assist the members of the group in achieving their desired outcome. The design of the experiment

was to ascertain the relationship between dimensions of interpersonal trust as scored by the ITS and group cohesiveness, group status, and immediate outcome in short-term group counseling.

Robinson (1979) considered the independent variables in (his) study to be the two dimensions of the Rotter's Interpersonal Trust Scale (Fitzgerald, Pasework, & Noah, 1970), and the three dependent variables were the group cohesiveness, group status, and immediate outcome in short-term group counseling. Group cohesiveness was measured by the group mean of subjects' scores on "feelings about the Group", group status and immediate outcome were assessed by the "Sociometric Questionnaire" developed by Lieberman, Yalom and Miles (1973). Participants consisted of eighty-two graduate students in the counseling program at the University of Southern California. Robinson found that there was a relationship between the ITS dimensions and group cohesiveness, group status, and immediate outcome in short-term group counseling. Groups whose members were heterogeneous with respect to their scores on the ITS were significantly more cohesive than groups whose members scored homogeneously on the same dimensions of the ITS. Group members who were consistent and non-exploitative as measured by ITS, were significantly higher in group status than those members who were inconsistent and exploitative as measured by the ITS. Finally the group members who were consistent and non-exploitative as measured by the ITS, were significantly higher in outcome status than those members who were inconsistent and exploitative, as measure by the ITS.

Robinson's study shows that interpersonal trust is indeed essential in a group to create group cohesiveness, and create higher outcome status by members experiencing

therapy in a group. Robinson (1979) has shown that trust, as expressed in a decision to more fully engage another, allows for a more productive therapeutic relationship. The main conclusion by this study was that heterogeneous groups had the highest outcome status than those homogenous groups as measured by the ITS. Robinson also added that the therapist is considered a member of the group that requires the establishment of trust between each group member and themselves. This establishment of trust allows for group cohesiveness and a higher outcome status by each member during the therapeutic intervention.

#### *Interpersonal trust in therapy with Military*

While researching this topic, no specific references were found for published studies or information regarding interpersonal trust in therapy with military members. However, Deluga (1995) examined the importance of trust between the supervisor and subordinate in a military organization. The facilitator of a group is very similar to a superior in the military as the facilitators are the ones in charge of running the group, and are also called the group leaders. As trust is a key element for the relationship between supervisor and subordinate in the military, Deluga's study supports the notion that the issue of trust between the facilitator and the military client in therapy is an important one. Deluga explains that the behaviors which increase trust in supervisors include availability (being physically present when needed), competence (skills, knowledge, and abilities associated with a task), consistency (predictability or acting and making decisions in a reliable fashion), confidentiality (keeping confidences), fairness (just and impartial treatment), integrity (honesty and moral character), loyalty (allegiance, an implied agreement not to cause harm and promote the subordinate's interests), openness (freely

communicating information and ideas), promise fulfillment (following through on agreements), and receptivity (accessibility, being straightforward about giving and accepting suggestions). Each of these categories or aspects are considered independent of each other in this study, even though some seem very similar in context. These aspects of trust were found to increase trust in supervisors in the military. It seems feasible to believe that these characteristics may also increase interpersonal trust by the military member in a group therapy facilitator who may seem to hold a position of power over them.

Due to the military's tendency to create the requirement of trusting superiors, it is logical to believe that the formation of interpersonal trust may be more important when therapists work with military members than when they work with civilian clients. Interpersonal trust is shown to be important for members in the military to ensure high work ethics and extra time put into a job. Although no study has been conducted to show the importance of interpersonal trust in therapy with military members, it is reasonable to assume that it is very important. In the author's personal reflection more information and ideas about interpersonal trust by military members will be addressed.

#### *Personal Reflection on Interpersonal Trust with Military Members*

To compensate for the lack of research in this area and as a current serving military member of the Canadian Forces (CF), some personal observations that are common with some of my colleagues in the military about interpersonal trust will be explored. My perception is trust is a complex phenomenon that occurs between military members. Most people are brought into the military at a very young age (16+) and are put through military training. This training is intended to break down a person's individual

identity and to rebuild them as a member of the CF. As barbaric as this concept may sound, it is essential in order to create a group of people that will witness and experience atrocities. This produces the perspective that military members must be able to go to war and kill people in the name of our country in order to have our friends and loved ones at home be safe from harm.

Starting with their basic training, members of the CF are trained how to live, think, socialize, and act in a group of people. They must trust their superiors and peers and they must look after their subordinates in order to survive. When in a peacekeeping mission, members must trust that other members in their group will watch out for them and keep them safe. This trust is not developed naturally between people at an interpersonal level, it is behaviorally engrained into each member in order for the group to survive. I may hate the person next to me in my platoon and not personally trust the person as a friend, but I have no option but to trust the person with my life. For this reason, the concept of interpersonal trust is not a simple one at all. There is no choice for military members about trusting others with their lives, as well as trusting that the enemy will try to kill them. The trust that is built is a trust in the military system; a system that they work for and within. The military will protect them, they will take care of their needs. This belief leads the member into a false sense of security and dependence that is often broken when the member leaves the military. The member has no experience in trusting outside of the military, and so when they are released from the military, feelings of anger, mistrust and betrayal may occur towards the military system and the world in general. The only people that they ever really trusted were in the military, and now those people seem to turn their backs on them. Whether perceived or real, this injustice can be

generalized to government and to civilian agencies as well. Once this trust is broken, it can be very hard to re-establish it.

When civilian facilitators take on military clients, this aspect of interpersonal trust in the facilitator and the system of mental health does not occur and develop easily. In a group of military members, trust may be re-established very quickly between the members due to similar training and experience. The introduction of a leader that is non-military is an unknown to them, and so trust in the facilitator and the system that the facilitator works for may not be an easy transition to make. This extra information regarding military members and trust is an important aspect when looking at interpersonal trust in military members in therapy, as without it, development of trust may be greatly reduced, if it can be established at all.

The other aspect of trust that is also to be expected to come from military members is that of responsibility. Although personal responsibility is a landmark for counselling and therapy in the civilian world, it is not the way of the military mind. Whoever is the leader of the group is responsible for whatever happens to each member of the group. With the higher authority comes increased responsibility. This is the way it works in the military, and therefore of crucial importance when civilian therapists are introduced to a group of military members. Once trust is established in the leader, then the responsibility for whatever happens to the members is also transferred to the leader. This automatic transfer of responsibility to the leader by military members of a group and the acceptance of personal responsibility may represent a major hurdle for civilian social re-integration, as all positive benefits and negative results from therapy may be attributed to the facilitator.

### *Group Therapy with Military Members*

A number of studies have investigated the treatment of trauma with veterans in a group-based setting. Foy, Glynn, Schnurr, Janowski, Wattenberg, and Weiss, et al. (2000) conducted a meta-analysis of outcome research on group treatment. Most of the studies investigated the use of psychodrama as an intervention for military veterans, which will be discussed later. Foy and Eriksson (2001) explain that group interventions, when dealing with clients that have experienced trauma, are cost-effective and provide opportunities for individuals to interact with other similarly traumatized individuals that suffer from trauma-related feelings of alienation and mistrust. Traumatized individuals commonly display a lack of trust in those around them, which supports the issue of establishing trust in a therapy group with military members as being a priority.

Interpersonal trust for military members in groups is a key component for group growth and productivity. Interpersonal trust as explained by Duluga (1995), is essential in the military to ensure that the end goals of the military are carried out. Confidentiality in medical areas, like therapy, in the military was not maintained very well until recently. Medical records and personal information were available to the Commanding Officers of units in order to ensure the effectiveness of the unit, leaving many members feeling vulnerable or violated. Due to this past policy, trust in both personnel considered superior or medically related individuals is not easy to establish or maintain. Military members also trust other members of the military with their lives during their career. This would be a dynamic relationship that members of general society may not understand. This also raises the concern of creating interpersonal trust by civilian facilitators introduced into a military group. Civilian facilitators may be judged as outsiders by military members in

that these civilian facilitators do not have the experience and ability to understand military life. This creates a challenge to cultivate the interpersonal trust needed to reach a stage in group development where most benefits occur and achieve the group's goals.

The use of psychodrama in treating military members has been documented by many authors (Fantel, 1969; Johnson, Feldman, Lubin, & Southwich, 1995; Ragsdale, Cox, Finn, & Eisler, 1996). Fantel (1948, 1951, 1969) explained how psychodrama with World War II (WWII) veterans was used effectively to treat trauma. As per psychodrama theory, the script for the enactments was spontaneously developed as the scene progressed without a lot of planning. Fantel made several findings throughout his research and practice as shown by the following notes:

1. Psychodrama was a useful method of "clearing" a client in a comparatively short time.
2. Scenes guided and selected identified underlying personality problems of the client.
3. Psychodrama clarified the client's mysterious feelings from which inferiority stemmed.
4. Psychodrama help build the client's ego.
5. Psychodrama was a means of getting this off the clients' chest.
6. Demonstrated courage through the psychodrama.
7. Careful coaching to avoid stuttering of the client.
8. Psychodrama served to bring into awareness the client's own emotional development.

9. Repetition of the scenes allowed the clients to better understand the cause of the fears.
10. Rehearsal of future scenes help minimize relapse.
11. Psychodrama was demonstrated to be a practicable method for handling “war neuroses” (Fantel, 1951).

Foy et al. (2000) thoroughly reviewed group-based treatment literature for PTSD. They discovered in their only group-based veteran study, that there was improvement on PTSD symptoms based on the Clinician Administered PTSD Scale (CAPS) for the participants. There was no comparison group and the participants started in individual treatment and moved into group treatment midway through. This study was based in cognitive-behavioral therapy, but showed that group based therapies increased effectiveness of treatment for trauma clients. Foy et al. also reviewed other group based therapies for trauma and found that all were positive in treating symptoms of PTSD and traumatic reactions in the general public.

All these studies indicated, by reduction of traumatic symptoms, that group-based treatments for veterans, and most likely CF members, can be effective in diminishing symptoms of trauma. Symptoms of trauma that can be diminished by these methods include symptoms that meet the requirement by DSM-IV-TR (APA, 2000) for a diagnosis PTSD, as well as symptoms of trauma by members that do not meet the required diagnosis criteria. As psychodrama is a group-based intervention, interpersonal trust remains an important factor in ensuring that the work done by the members can be accomplished. Robinson’s (1979) study indicated that heterogeneous groups would gain a greater outcome result than homogenous groups, due to ability for members to find

commonality across differences in experiences. It is interesting to note that interpersonal trust between military members is effected more easily than in groups that are not uniform in culture possibly due to the bond formed during similar experiences by the members. This unique difference may be an area of future research and exploration, as it may be unique to the military culture. As an example, if the group was formed by both members with military experiences and by civilians that have experienced trauma in their life, the bond formation between group members may not be created as quickly. The question that arises is how will the introduction of non-military facilitators effect the creation of interpersonal trust in group therapy.

#### *Canadian Forces Transition Program for Peacekeepers and Veterans Format*

The format of this program is a work in progress. Slight adjustments have been made to ensure that the best program design to assist the members in working through their trauma is maintained. The program itself is an intensive, experiential, group-based learning model (Cave, 2003). Westwood et al. (2002) explain that this program has been operating since 1998 and originally had members meeting once a week for 16 weeks. This format was subsequently changed to five residential Friday evenings and all day Saturday sessions in order to accommodate participants who had to fly in from out of town in order to attend. Participants are housed together in hotel rooms with two to three people in each room.

The general outline of the program is quite fluid, as it does work with the natural progression and needs of the group members. There are several generic phases that are covered over the course of all the sessions. These phases are the initial sessions, life review, therapeutic enactment and consolidation sessions (Westwood et al. 2002).

Both Westwood et al. (2002) and Cave (2003) explain that the initial sessions focus on activities that help with group cohesion and development. These include aspects such as introductions, group norm creation, the “buddy-system” being established (telephone contact between members between each weekend session) and communication skill building. These sessions are used to facilitate group cohesion and start building trust and safety in the group. Facilitators model positive and beneficial behaviors in the group to encourage the other members to imitate.

Westwood et al. (2002) go on to explain that the life review process includes activities where members write their own autobiographical essays related to certain themes and then read those stories to the group. After the member reads their story, the other group members have the opportunity for comments and discussion related to their own experiences that arose from listening to the story. Each group session focuses on a different theme, and sensitizing questions are given to members to assist in writing their autobiographical essay on each of the themes. Members are never forced to read everything that they write into the group, and the leaders ensure that the appropriate group norms are followed regarding feedback by other members. The life review writing exercise may identify critical events in each member’s lives that may have remained unresolved. These critical events may be used in the next phase of the group focused on therapeutic enactment.

Westwood et al. (2002) describe therapeutic enactment as a planned, highly structured group experience where group members recreate a critical event of their choice coached by the group leaders. Enactments are planned in advance between the member and the group leader. The recreation of the event occurs with the assistance of the group

leaders and other group member will take various roles of significant others that were part of the event. Once the enactment is over, time is spent debriefing and exchanging reactions. Even through this phase of the group, if the member is uncomfortable, the right to pass and not participate is always available.

In the final phase, as explained by Westwood et al. (2002), the members are encouraged to consolidate the new learning they have experienced and form goals and objectives for the future. This program is designed to help members pursue employment, retraining or education if desired. These phases are generic, and the group leaders tailor the program to meet the needs of the participants in the program.

#### *Therapeutic Enactment with military members*

Therapeutic enactment is defined by Brooks (1998) as the intentional and conscious use of enactment for therapeutic ends, to be distinguished from the unintentional and unconscious manifestations of enactments as they arise in the course of therapies (p.8). Westwood, Keats, and Wilensky (2003) expanded on Therapeutic Enactment (TE) to describe a therapy that is completely different from psychodrama. Westwood et al. describe their variation on classical psychodrama where pre-planned, highly controlled enactments using a group setting are used to facilitate the repair and restoration of the individual client's experience of self. The main change from psychodrama is that Westwood et al. add the elements of careful planning and preparation of the enactment. In this way the enactment is very controlled, and allows the client to revisit those events in their lives with a higher sensed degree of control and safety. Brown-Shaw and Westwood (1999) also indicate the use of personal reflection when using group based enactment as a positive aspect of therapeutic enactment.

Members are given the opportunity to personally think and reflect on their enactments which is where a lot of personal growth is found to be recognized.

### *Black's Study*

Black's (2003) dissertation is a study where it's main contribution was to show the difference in the meaning of change between psychodrama and therapeutic enactment as an intervention for clients who suffer from trauma. Black asks "What are the subjectively constructed narratives, or stories, of individual change told by those who have taken part in their own Therapeutic Enactment, as a lead person, during a residential retreat?" (p. 22). Black's research dealt with the researcher, the participants (co-researcher), audio recordings, video recordings, photographs, drawings, music and any mode of expression the participant required to express their subjective experience of therapeutic enactment. In this way he took the broad spectrum of data sources into consideration, and a narrative method was therefore deemed the appropriate choice. The subjective stories and how the participant experienced them were co-created by the participant and the researcher. Black admits having a unique influence on the teller and the story told due to the interviews. The results of the interviews are a co-created narrative that is subjective in nature

Black (2003) found that all participants in his study had experienced change in five categories and two of the five participants experienced change in six categories. These categories include: Body sensations, emotions, behaviors, thoughts, relationships, and spiritual connection. The co-researchers reported alterations in body sensations during both their enactment and the telling of the their enactment during the interview. These alterations were variable and fluid, changing for brief moments and often.

Emotional feelings also changed during the co-researcher's enactment, which added to their overall experience of change. Co-researchers also noted a change in their own behaviors after their enactments, which were reported by the co-researchers in the interview process. Patterns around self-perception, sense of connection to a higher power or spirit, and most strikingly, personal relations were all areas where the participants reported change occurring in their lives after the experienced enactments.

Black's (2003) study is limited by the fact that the study focused on change, which results in many uncontrollable variables influencing the individual's experience when reporting their meaning of change. As the study was subjective and not controlled, it is filled with extraneous variables that would influence the results. Black's study was not designed to attempt to explain or predict what change will occur by the use of therapeutic enactment in the future. The other major limitation noted in Black's study is the inability to generalize the results from his study to other populations for which therapeutic enactment could be used as an intervention. The participants in this study were found from an isolated retreat, and as each group's development is unique, each group that uses therapeutic enactment will result in different experiences of change. Finally, the reliability of this study is not empirically testable, due to the researcher's involvement as a component of the measurement of change. For this reason, this study would not be determined as reliable in the modernist epistemological sense.

Therapeutic enactment, as explained by Westwood et al. (2003), builds upon the work of Moreno's psychodrama but is shown as a more conceptually and practically comprehensive model, integrating other major systems of change. The model calls for the development of a safe group structure, careful planning of the scene to be enacted ahead

of time, periodic pauses for client reflection during the enactment, and a focused input from the witnesses as ways to maximize client impact and change (Westwood et al., 2003).

### *Cave's Study*

Cave (2003), examined the use of the Therapeutic Enactment with Canadian Forces Peacekeepers suffering from PTSD. Cave designed this study to include individual pre-group and post-group interviews, a group-based follow-up interview and psychometric data collected at each of the three interview times. He used both qualitative and quantitative methods to determine what effect group-based therapeutic enactment program had on veterans that have experienced trauma. Both of these research methods were designed to inform each other. The qualitative aspect of the study showed the perceived change by the participants as it related to their lived experience. From taking psychological measures before and after the program, it was shown quantitatively that some of the symptoms experienced by members improved. Some of the symptoms experienced by the members were: mistrusting others, depression, nervousness, self-isolating hobbies, limited emotional expressiveness, "short fuse," limited concentration, flashbacks, relationship problems, low self-esteem. The post-program measures and interviews reported that participants expressed a reduction in some of their symptoms, as well as increased confidence, improved relationships, increased concentration, improved communication skills, increased emotional expressiveness, general feeling of ease, general feeling of relief, identification of new "tools" for life skills, and renewed feelings of bonding with others are some of the changes the participants experienced.

All participants in Cave's (2003) study reported that the therapeutic enactment is what provided the most significant therapeutic benefit throughout the entire program. All members participated in therapeutic enactment in one of three ways: as a witness or observer, as a participant in someone else's enactment, or as the lead in their own enactment. By experiencing therapeutic enactment in one or more of these three ways, all members gained some benefit in their personal life. One participant in the study indicated that accepting and participating in therapeutic enactments was made easier by the group norm of "suspending judgment". This group norm lends to the facilitation of safety and trust in the group to support each member through their process. This emphasizes the importance of interpersonal trust that must be in place for therapeutic enactment to be conducted safely and effectively. Although the bond between members is strong, and the trust that the other members will support is evident, it is still clear that for a member to go through therapeutic enactment, interpersonal trust in the facilitators must be established.

The most evident limitation of this study was the number of members in the group being assessed. There were only six members as an actual group was used, which makes it more difficult to generalize the findings to the population of currently serving and post serving members in the military. Cave (2003) answered the proposed question of what the effect of a group-based therapeutic enactment program on veterans who have experienced trauma is. The effect is that it is positive and decreases test scores on psychological tests for PTSD. The problem lies with the qualitative aspect of Cave's study, where subjective experience was also inherent in the results, which would make parts of this study hard to replicate in a modernist sense.

*Summary*

As explained by Gibb (1978) trust is not easy to understand conceptually, and is even less simple to facilitate in a group of strangers in a short amount of time. Military members, past and present, do have an initial bond or camaraderie that assist in allowing them to trust other military members in the group. Although this trust will make it easier for the members to move forward together in the task of a therapeutic group, the larger determining factor of positive movement of members is their relationship with the facilitators. Trusting other military members may be an easier task in groups, but the introduction of an unfamiliar leader that is not military may hinder the chance of the group moving into the working stage and possibly reaping the benefits to be had through the Canadian Forces Transition Program for Peacekeepers and Veterans. Therefore, interpersonal trust between the members and interpersonal trust between members and facilitators is equally important in forming a cohesive group that will work together to achieve a common goal.

Interpersonal trust is a complex concept, which seems to be important when members are dealing with relationships with others. This trust is not formed easily at times, and it has been said that those members that undergo trauma may not be able to trust others in relationship as easily as those that have not experienced trauma. Trust must be created in groups in order for the group to move forward and enter the working stage in order to gain the benefits to be had from the group process. As military members are a sub-culture within our Canadian society, it is probable that it may be a cultural problem when civilian counselling practitioners are working with military members.

The literature on therapeutic enactment is growing and it may prove to be a highly effective intervention in helping CF members in working through their traumatic experiences and reactions and reintegrating into the civilian world. Therapeutic enactment as an intervention has been shown to decrease symptoms of trauma and to allow participants to heal and move on with their lives. As therapeutic enactment occurs in groups, the requirement for trust building between participants and also between participants and the facilitators is extremely important.

There has been no research found that examines interpersonal trust in therapy for military members to date. As trust building is a central tenet in having groups work together, further research on this subject will be conducive to a better understanding of the benefits of therapeutic enactment in general and more specifically in use for trauma work with military members. This study adds to the minimal research in both the literature on therapeutic enactment with military members, attempting to address the gap in research on interpersonal trust in therapy for military members. A critical incident study asking “What facilitator behaviors help facilitate the development of interpersonal trust and what facilitator behaviors hinder the facilitation of interpersonal trust for participants of the Canadian Forces Transition Group for Peacekeepers?” will answer more questions, and allow for more information to be available on this very important subject.

### CHAPTER THREE: METHOD

The method used in this study to answer the question: “What facilitator behaviors help facilitate the development of interpersonal trust and what facilitator behaviors hinder the facilitation of interpersonal trust for participants of the Canadian Forces Transition Group for Peacekeepers and Veterans?” is the Critical Incident Technique (CIT) first formally introduced by Flanagan (1954). This method is situated in a postmodern inquiry; the results obtained by the CIT are subjective and not objective in nature. Although this is not explicitly stated in any writings about CIT, it seems justified as the use of memory, and interpretation by participants regarding what was observed is interpreted and therefore subjective. The CIT consists of a set of procedures designed to collect direct observations of human behavior in order to solve practical problems that may lead to psychological principles. An incident refers to any observable human activity that is complete enough to allow for inferences and predictions to be made about the person performing the act. In order to be critical, the incident has to occur in a situation where the purpose or intent of the act (behavior) is clear to the observer, leaving little doubt concerning its effects. The CIT is a procedure for gathering certain important facts concerning behavior in defined situations. As people have been making observations on other people for centuries, this technique is not entirely new to science, although it was not made into a formal set of procedures until 1954. The critical incident technique is one of the most referenced methods available in all research at this time (Twelker, 2003).

The primary features of this technique are that only simple types of judgments are required of the observer, reports from only qualified observers are included, and all

observations are evaluated by the observer in terms of an agreed upon statement of the purpose of the activity (Flanagan, 1954; Twelker, 2003).

The five main steps of the critical incident technique as described by both Flanagan (1954) and Twelker (2003) are:

1. **General Aims:** This is where the general aims of the study are chosen. The general aim of the study and the system of interest are looked at.
2. **Plans and Specifications:** precise instructions must be given to the observers. It is necessary that these instructions be as specific as possible with respect to the standards to be used in evaluation and classification. Some specifications that should be established are the situations observed, relevance to the general aim, extent of effect on the general aim, and persons to make the observations.
3. **Collecting Data:** All the behaviors or results observed must be evaluated, classified, and recorded. Interviews can be useful to gather this data.
4. **Analyzing the Data**
5. **Interpreting and Reporting**

### *Epistemology*

It was interesting to find no explicit philosophical assumptions that support the Critical Incident Technique as a valid tool for measuring and reporting data. Implicit assumptions are therefore the only aspects of the epistemology that can be addressed. It seems obvious that one of the assumptions required to support this technique would be the fact that critical incidents do occur, and are observable by others that can report it. It is also an implicit assumption that a critical incident will be understood to have occurred by the reporting person.

The other inherent assumption that underlies the critical incident technique is that of the understanding of words and what the researcher is looking for. As an example, if the critical incident technique is being used to measure the “performance” of a member, then the reporting individuals must understand a concrete definition of the term performance. What performance means for one person, does not necessarily mean the same thing for another. For this reason, the technique is truly a subjectively co-created post-modern style of research.

Finally, it is important to note that an assumption underlying the critical incident technique is the accuracy of participants’ recollection of events. The researcher must believe that individuals that are asked to report on behaviors of other people will indeed remember accurately what happened.

#### *Appropriateness of the Method for the Question*

When conducting the research to answer a question, a model of collection and analysis must fit the data, and produce the results that will answer the posed question. Rogosa (1995) indicates that the model used to analyze the data must fit the data it is analyzing and the data gathered will be dictated by the question that the researcher asks. The model used in this study is directly related to the question being asked, producing the results that are appropriate for the determination of the answer sought. The question posed will determine what method is used to analyze the data gathered to answer this question.

#### *Rationale for choosing Critical Incident Technique*

As this study is investigating the facilitator behaviors that helped to develop interpersonal trust and what behaviors hindered the development of interpersonal trust,

the critical incident technique is an appropriate assessment tool. The technique itself is designed to gather and categorize behaviors that increase or decrease effectiveness in a system, which is exactly what this study is investigating. The behavior being studied is that of the facilitators in the group. The people that reported on this topic are the military members that were part of the CFTPPV. This technique answered the question being asked in this study most accurately. Although other methods could have been used to answer the question, no other method would answer this study's question as appropriately or as specifically as the Critical Incident Technique.

### *Participants*

The participants of this study were selected by those that responded to a call for volunteers from a letter by Dr. Marv Westwood, found in Appendix A, sent to all previously graduated members of the Canadian Forces Transition Program for Peacekeepers and Veterans members. Those participants that responded to the letter contacted the researcher by phone or e-mail directly. An introductory telephone script was used to explain the study when potential participants contacted the researcher, as shown in Appendix B. Seven participants were interviewed for collection of data and analyze results.

### *The Method*

Twelker's (2004) manual for employing the critical incident technique outlines how to plan and implement this technique in a variety of settings. Twelker takes the researcher through all the steps that make a concise study using the critical incident technique as the method of choice. The following are the steps that were followed for the current study:

1. Step 1 - Identify the system of interest, suprasystem, and subsystems:

The system of interest was the establishment of interpersonal trust within the Canadian Forces Transition Program for Veterans and Peacekeepers between the facilitators and the group members.

The suprasystem is the support for military members.

The subsystems of this study were the 1) facilitators, 2) group members, 3) director, 4) spouses.

2. Step 2 - General aim of interest (what will you tell the observers is the aim)

The general aim of the system of interest was to identify the behaviors by the facilitator that increase or inhibit interpersonal trust formation as observed by the program participants.

3. Step 3- Instructions to observer (Use CAPP acronym)

C – Conditions: Behaviors by the facilitators during the Canadian Forces Transition Program from first session commenced until follow-up session completed

A – Activities: any activities that increased the observer's sense of trust in the facilitator and any activities that decreased the observer's sense of trust in the facilitator.

P – Persons: report on all facilitators in the group

P – Place: These activities can include: during sessions, on breaks, or during telephone calls during the CF Transition Program for Veterans and Peacekeepers.

4. Step 4 - What are some things that were stated to focus the observer

- 1) You are to describe events, behaviors or actions, rather than an individual or quality
- 2) Focus on an event which occurred and not on an individual
- 3) Limit your descriptions to those events which made a difference with respect to the general aim (increasing or decreasing interpersonal trust development in facilitator by participants of the group)

#### 5. Step 5 - Cruciality

Also, why the behavior was particularly effective in establishing interpersonal trust, or why the behavior was particularly ineffective in establishing interpersonal trust needs to be reported.

What behaviors may be more (or less) effective in this situation?

How important do you believe this behavior was in establishing your sense of interpersonal trust in the facilitator.

**Rate the behavior on a scale?** – covert or overt. Possibly use this technique to determine impact.

#### 6. Step 6 – Specifications for the Survey Audience

1. The subsystems that were involved were the facilitators and the program participants.

2. I wished the information to be collected by memory of the members that have gone through the program. This way it did not interfere with the goal of the program itself by having members that are there for their own benefit, focusing on behaviors of the facilitator instead of focusing on their own recovery. Memory, although it is not immediate, is sufficient and had the least demand on the

members participating in the study. This also allowed for a larger participant number in the study, allowing for greater generalizability.

3. I obtained the data in-person only. As a counselling psychology student, I have had training in basic listening skills and was able to focus the member on the observations that pertain to the study. Other possibilities, such as questionnaires or group interviews, were less desirable due to location of randomly selected participants, thus the group interview would limit options of members and would prove to be more costly than in person interviews to get all personnel in one place at one time. A questionnaire may have been misinterpreted by participants in this study, and as there are only seven being used, it was less desirable to have problematic results from misinterpretation. Finally, the record forms used when observers document what they see as they witness it was not desirable because a group would have to be running, and the added requirement of documenting behaviors might have lessened the benefit that could be had by participants from fully experiencing the program.

4. I collected no more than 50 critical incidents per participant to ensure manageability of data when analysis is required. As this was a one time only interview, the interviewer collected as many critical incidents up to the maximum number from each participant. This allowed for the greatest amount of data collection to determine the various critical behaviors, but yet not put forward any minimum restriction.

5. Further instructions that were given for the observer:

- The study is being sponsored by the University of Victoria and the University of British Columbia director of the Canadian Forces Transition Program for Veterans and Peacekeepers
- This study is designed to increase the research on the Canadian Forces Transition Program and to attempt to improve the program for the members that gain benefit from it. This way future facilitators will have more knowledge in ways to help members by establishing trust within the group and to relate to the members.
- No names in this study will ever be released, and all data is kept in strictest confidence. The interview tapes and notes will be stored by number code that only I will have access too, and all data will be reported by the number code and not by the name.
- During this study, we are looking at behaviors of the facilitators in the Canadian Forces Transition Program for Veterans and Peacekeepers that you attended. The behaviors that we are focusing on are those that occurred anytime between the very first meeting until the follow up meeting 4 months later was completed. These behaviors may occur in session, on breaks during the sessions, during the weeks between sessions, over the phone, or in person.
- The general aim is to identify behaviors that you found increased your sense of trust with the facilitators and to identify behaviors that you found decreased your sense of trust with the facilitators.

By gaining this data, the program may be able to implement some of the ideas that come out of this study to better help the members that will go through the program in the future.

The exact introductory explanation script and interview questions as derived from this process and used in the interviews are found in Appendix C.

#### *Data Collection*

Each participant was interviewed in person, signed an informed consent form, found in Appendix D, and followed a series of questions as listed in Appendix C. A referral sheet was made available, found in Appendix E, in case any distressing reactions occurred from the process of the interview.

#### *Data Analysis*

The information from each participant was anonymous and categorized into groups in order to generate clear indications on behaviors that were considered facilitative to interpersonal trust and those that were not. Twelker (2004) describes the purpose of analyzing the data from a critical incident technique is to summarize and describe the data in such a way that will allow the researchers to detect behaviors in the program that are being studied that are helpful or hinder in some way.

The critical incidents were gathered and were categorized into groups by the researcher. The frame of reference was the labels of those groups, and are described in more detail in the results section. Once these categories were tentatively selected, each category was defined more concretely, and any shifts that were required in the definitions of those categories in order to accommodate all of the incidents were made. Once all the incidents were classified into the broad categories, it was decided that no further sub

categorization was required as each behavioral incident fit into a defined category. Once this was completed, a second interview was set-up with six of the seven participants for the purpose of validation. Each participant that engaged in the second interview initialed the researcher's copy of the consent form to show their willingness to continue participating. During this interview, the participants were asked to place a randomly selected sample of 61 incidents out of all the critical incidents collected into the categories to the best of their ability. Once this was complete, two external people (one with a counselling background and no military background, and another with no counselling nor military background) were asked to place a random selection of all the incidents into the categories selected. By following this procedure, an accurate reflection of the categories and their contents were created. This also provided reliability and validity to the categories. The data was then reported by category, and defined by the incidents that fell within it. (Twelker, 2004).

### *Ethics*

Confidentiality of participants was maintained throughout the gathering of data. Several steps were put in place to ensure this occurred. First, all interviews were scheduled with at least one hour between participants, to ensure that no chance meetings between participants would occur. Second, no names were used on data paperwork; only numbers were used to identify the participant's information. Finally, results that are provided in this study are given by categories created by the researcher, so that any specific incidents given by participants are not shown.

Other ethical considerations made for participants in this study was to ensure that participants were fully informed of the possible risk in participating in this study. As the

study uses participants that have experienced trauma therapy, this aspect of safety for the participants is essential. Interviews focused on facilitator behaviors without focusing on the participants' experiences in the actual therapy group, which minimized the chance of any disturbing memories being remembered during the interviews. Finally, the researcher provided immediate assistance in case of any emotional reactions as a trained counselor and provided a referral sheet to the participants.

### *Credibility and Validity*

To ensure the results were as credible and reported results as truthful as possible, each of the participants were asked to clarify the incident and agree that what was written down was what they meant to say. In addition, the categories were validated with 6/7 participants, a non-military counselling student, and a non-military and non-counselling volunteer to ensure that the categories were as truthful as possible.

The next section shows the results attained by this method.

## CHAPTER FOUR: RESULTS

The categories contained in the following section represent the results of the analyzed critical incidents that came from the interviews conducted with the participants. The results shown are listed as either categories that increased interpersonal trust or categories that decreased interpersonal trust. A summary table is provided to indicate how many incidents fell within each category and what the range and median score of the importance ratings, as given by participants, of the incidents that fell into each category. The categories are listed by the amount of critical incidents that were placed in each category, as the importance rating may be misleading, especially if there is only 1 incident by one participant who rates the behavior as a 10.

In total, 128 critical incidents were collected from the participants. Each incident that was recorded and used in this study was member checked with the participant to ensure that the information in the incident was accurate to what they were trying to say. There were 18 categories created from the 108 incidents that increased interpersonal trust, and 8 categories created from the 20 incidents that decreased interpersonal trust. There was also a unique category found in reference to the Peer Helper involvement that was reported independently from the general categories that increased trust. This category was separated out and investigated separately. During the interviews each participant was asked to rate the incident on a scale from 1 – 10 where 1 represented very little importance and 10 represented extreme importance. The results are shown in the two columns on the far right of Table 1, giving the range of the different importance scores (Range) in each category and the median score (M) of the importance ratings of each incident found in that category. The number of critical incidents is also shown in the table

(CI). A more complete explanation of the categories, including examples of incidents that fall within that category follow the tables. Table 1 also outlines the names of the categories and the definitions used during the validation process. Initial validation of the categories took place with Dr. Tim Black, the supervisor for the study, before validation by other individuals. Validation results for the categories are outlined in Table 2. Sixty-one incidents were randomly selected for the validation process. Overall, there was 91% or better concurrence of the placement of incidents into categories by validators, which included: 6 of the 7 military participants; one individual with no military experience but possessed a background knowledge in counselling; and one individual with neither military experience nor a counselling background.

Table 1

*Summary of Critical Incident Categories*

Category	Definition	CI	Range	M
<b>Increase Trust</b>				
Verbal and Non-verbal attending	Facing the participant, making eye contact, nodding, leaning in toward the participant when they are speaking.  Using paraphrasing, summarizing and reflecting	12	6-10	10
Using Exploratory and Clarifying Questions	Using open-ended questions about what a participant says for clarification of deeper meaning	11	7-10	8
Initiating physical	Touching participants through hugs,	10	4-9	7

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contact	hands on shoulder/legs, etc., at the appropriate times			
Diminishing imbalance of power	Showing participants that facilitators are not superior to them, and by being part of the group and participating	9	7-10	10
Establishing and maintaining control	Setting up rules and guidelines for the group and ensuring they were followed as well as providing equal opportunity for involvement	9	7-10	8
Providing Support	Walking with participants or following participants out of the room to ensure they have access to facilitators. Providing phone numbers and letting participants know they are available at any time when needed	9	7-10	8
Providing choice	Always allowing the participant the choice of what they do in group and when to stop.	6	7-10	9
Acknowledging limits of understanding	Stating that the experiences of participants cannot fully be known by facilitators as they are not military	6	7-10	8
Displaying interest in military culture	Asking participants about the military as the experts, reading recommended books,	6	4-7	6.5

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	and attending some military functions			
Validating participant expression	Giving permission to participants and saying it is “ok” to feel, show emotion, and experience things in group.	5	7-10	7
Expression of Emotion	Showing emotional reactions to things that are said by the participants	4	6-10	10
Self-Disclosing	Telling personal information about themselves into the group	4	7-10	8
Facilitating Social engagement	Talking with participants on breaks, but also allowing them their time and space without facilitators around	4	7-10	7
Non-Judgmental Acceptance	Accepting the participant with everything they say, do, or emote without judgment.	3	7-10	9
Demonstrating Transparency	Providing predictability by explaining how the group would be conducted and everything that the participant could expect	3	7-9	8
Expressing Appreciation	Stating appreciations to participants for what they have done in the military	3	N/A	7
Maintaining Confidentiality	Ensuring that participants know that what they say will stay in the group	2	5-10	7.5
Genuineness	Being yourself and not trying to pretend your someone else in order to fit in with	2	N/A	7

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	participants			
Decrease Trust				
Use of Directives	Using suggestion or directions towards participants for them to do something	7	3-9	6
Failure to disclose rules and expectations	Allowing participants to be unaware of rules and guidelines of group or what they might expect in group, during group, or after group was over.	5	5-10	8
Initiating physical contact without permission	When a facilitator makes any physical contact without asking the participant if it is alright with them first	3	8-10	10
Repetitive use of minimal encouragers	Using a lot of head nods or words like “mm..hmm”, and “right” while listening to a story	1	N/A	10
Lecturing	When a facilitator speaks about, or too long, on topics that have already been covered, or that could be explained in shorter time	1	N/A	6
Non-disclosure	When facilitator gives feedback to participants, or speaks with participants without any personal information being given	1	N/A	6
Use of spiritual language	Using spiritual or religious words or	1	N/A	5

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	phrases with and towards participants			
Demonstrating complete ignorance of military culture	When facilitator indicates that they have absolutely no knowledge of the military or it's culture	1	N/A	3

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Note. CI = Number of Critical Incidents; M = Median Score

Table 2

*Validation Table*

PI	V1m	V2m	V3m	V4m	V5m	V6m	V7nm	V8nmc
61	56/61	60/61	58/61	58/61	58/61	58/61	59/61	56/61
Sample	(91.8%)	(98.4%)	(95.1%)	(95.1%)	(95.1%)	(95.1%)	(96.7%)	(96.7%)

Note. Six military participants used, as well as two non-military with one having counselling background in the validation process. Percentage indicates concurrence rate. PI = Principal Investigator; V = validator; m = military; nm = non-military; nmc = non-military and counselling.

*Critical Incidents that Increased Sense of Interpersonal Trust*

The following categories more fully explain the categories of incidents that participants found to increase trust in the facilitators:

1 ) **Verbal and Non-verbal attending** is defined as facing the participant, making eye contact, nodding, leaning in toward the participant when they are speaking. Using Paraphrasing, summarizing, and reflecting. Incidents in this category include when the facilitator leans forward towards the participant while listening. Facilitator providing eye contact without looking away while participants speak. The facilitator looking at the participants while they were speaking. Facilitator listening until the participant had finished speaking before the facilitator says anything. There were 12

incidents found in this category with an importance rating range between 6-10 and a median of 10;

2) **Using Exploratory and clarifying questions** is defined as using open-ended questions about what a participant says, for clarification or deeper meaning. Examples of incidents include when the facilitator asks “How do you feel about that?”, or “What was that like for you?” or “Has anything shifted for you?”. Other questions being used for clarification like “What does that mean?” or “What does that acronym mean?”. There were 11 incidents that fit into this category with an importance rating range between 7-10 and a median of 8;

3) **Initiating physical contact** is defined as touching participants through hugs, hands on shoulder/legs, etc., at the appropriate times. Incidents in this category are when a facilitator places a hand on a participant’s shoulder while they are trying to explain something difficult. A facilitator reaching towards a participant during the reading of their story and touching their arm. In addition, when a facilitator gives a hug to a participant after having permission to do so. There were 10 incidents found in this category with an importance rating range between 4-9 and a median of 7;

4) **Diminishing imbalance of power** is defined as showing participants that facilitators are not superior to them, by being part of the group and participating. Some incidents that fit into this group include the facilitator having the group sit in a circle from the beginning, facilitators giving feedback to participants stories, and facilitators dressing casual with open collared shirts, jeans, etc., instead of a suit and tie. There were 9 incidents in this category with an importance rating range between 6-10 and a median of 10;

5) **Establishing and maintaining control** is defined as setting up rules and guidelines for the group and ensuring they were followed, as well as providing equal opportunity for involvement. Incidents within this category include when facilitators put up all the rules and guidelines to follow in the group. Also, when facilitators comes back to a conversation that was previously stopped as it was off topic when there is time to talk about it. There were 9 incidents in this category with an importance rating range between 7-10 and a median of 10;

6) **Providing support** is defined as walking with participants or following participants out of the room to ensure they have access to facilitators. Providing phone numbers and letting participants know they are available at any time when needed. Incidents in this category include when a facilitator who is a medical doctor, speaks about physical pain, and gives explicit directions and assistance to the participants on how to get a civilian doctor that would help them. Also when a participant left the session, a facilitator follows them, and when the facilitator says "I'm here to listen". There were 9 incidents found in this category with an importance rating range between 7-10 with a median of 8;

7) **Providing choice** is defined as always allowing the participant the choice of what they do in group and when to stop. Incidents in this category include when the facilitator says "You can leave at anytime without consequence". Also when the facilitator says "You are in control of what you share in group" and when the facilitator says "there is no pressure, you can participate to the level you feel comfortable with". There were 6 incidents in this category with an importance rating range between 7-10 and a median of 9;

8) **Acknowledging limits of understanding** is defined as stating that the experiences of participants cannot fully be known by facilitators as they are not military. An example of an incident fitting into this category is when the facilitator says “I don’t know or understand what it was like for you, I can only imagine”. Another example would be when the facilitator says “I wasn’t there, I haven’t experienced it. I do not belong to that culture”. There were 6 incidents found in this category with an importance rating range between 7-10 and a median of 8;

9) **Displaying interest in military culture** is defined as asking participants about military as the experts, reading recommended books, and attending some military functions. Incidents in this category are when facilitators ask participants about military culture and terminology. When facilitators use military acronyms and indicate some military knowledge through feedback. Also, when facilitators attend a Remembrance Day parade and attend military social functions. There were 6 incidents in this category with an importance rating range between 4-7 and a median of 6.5;

10) **Validating participant expression** is defined as giving permission to participants and saying it is “ok” to feel, show emotion, and experience things in group. Incidents included in this category are when the facilitator says “It’s permissible to show feeling”, “don’t hold back what is inside” and “there is nothing wrong with crying, it’s ok, we understand”. There were 5 incidents in this category with an importance rating range between 7-10 and a median of 7.

11) **Expression of Emotion** is defined as showing emotional reactions to things that are said by the participants. Examples of incidents that fit into this category include the facilitator’s eyes welling up and voice cracking when listening to a story being read

by a participant, as well as a facilitator raising their eyebrows and opening his mouth stating “I’m shocked” in response to a story by a participant. There were 4 incidents that fit this category with an importance rating range between 6-10 and a median of 10;

12) **Self-disclosing** is defined as telling personal information about themselves into the group. Incidents that fit into this category include when a facilitator uses personal lived experience in the feedback they give to the participant’s story. Also, when a facilitator tells the group he is gay during feedback to a participant’s story. There were 4 incidents found in this category with an importance rating range between 7-10 and a median of 8;

13) **Facilitating social engagement** is defined as talking with participants on breaks, but also allowing them their time and space without facilitators around. Incidents included in this category are when the facilitator asks questions on breaks not related to the group like “How was your trip down here?”. The facilitators come out with participants on breaks and talk with them. Also, facilitators leave where participants are holding their breaks and lunch for a period of time, leaving participants on their own to talk. There were 4 incidents in this category with an importance rating range between 7-10 and a median of 7;

14) **Non-judgmental acceptance** is defined as accepting the participant with everything they say, do, or emote without judgment. An incident that would fit into this category is when the facilitator responds to a participant without words like “good” or “bad” in reference to what the participant said. There were 3 incidents within this category with an importance rating range between 7-10 and a median of 9;

15) **Demonstrating transparency** is defined as providing predictability by explaining how the group will be conducted and everything that the participant could expect. Incidents that are included in this category include when the facilitator explains that feelings and emotions may be expressed here and some feelings may be shown in a physical way. Also when a facilitator says “You will not be cured by doing this group, but it will help you on your way to healing”. When a facilitator gives a full explanation on Therapeutic Enactment including all the variations on how to do enactments also fits into this category. There were 3 incidents in this category with an importance rating range between 7-9 and a median of 8;

16) **Expressing Appreciation** is defined as stating appreciations to participant for what they have done in the military. This category includes incidents like when the facilitator says “Thank-you for what you did in the military” and “I admire what you said and what you went through”. There were 3 incidents found in this category all with an importance rating of 7;

17) **Maintaining confidentiality** is defined as ensuring that participants know that what they say will stay in the group. Incidents that fall into this category include when the facilitator says “This program is not part of the military or government and will not be part of military records”, and “What is said in this room, stays in this room”. These statements are also upheld and no information is passed on outside of the group. There were 2 incidents in this category with an importance rating range between 5-10 and a median of 7.5;

18) **Genuineness** is defined as being yourself and not trying to pretend you are someone else in order to fit in with participants. An example of an incidents that is in

this category include the facilitator speaking without swearing, even though the majority of the language used by participants was with swear words. There were 2 incidents within this category with an importance rating of 7 on each;

*Critical Incident Categories that Decreased Interpersonal Trust*

The following are categories that were selected to outline the facilitator behaviours that decreased trust as determined by the participants:

1) **Use of directives** is defined as using suggestions or directions towards participants for them to do something. Incidents include facilitator saying “that’s right” during an enactment, saying “This opportunity is short, enactment can be very beneficial. This would be your only chance. We won’t force you.”. Also, when a facilitator asks a participant “Could we try that without swearing”. There were 7 incidents in this category with an importance rating range between 3-9 and a median of 6;

2) **Failure to disclose rules and expectations** is defined as allowing participants to be unaware of rules and guidelines of group or what they might expect in group, during group, or after group was over. Incidents in this category are when the facilitator introduces the group without telling participants everything that would happen in the group. Also, the facilitator starts the group without indicating if there are military officers, female military members or female facilitators that will be part of the group. The facilitator commencing the group without taking the participants through the exercise of creating group guidelines and rules. There were 5 incidents found in this category with an importance rating range between 5-10 and a median of 8;

3) **Initiating physical contact without permission** is defined when a facilitator makes any physical contact without asking the participant if it is all right with them first.

Incidents included in this category are when a facilitator touches the participant without their permission (including hugging, hand on knee). Also, when facilitators are seen to be hugging other participants in the first one to two weeks of the program. There were 3 incidents in this category with an importance rating range between 8-10 and a median of 10;

4) **Repetitive use of minimal encouragers** is defined as using a lot of head nods or words like “mm..hmm”, and “right” while listening to a story. An incident in this category is when a facilitator uses the repetitive use of “Right....” with a long drawl throughout a participant’s story. There was 1 incident in this category with an importance rating of 10;

5) **Non-disclosure** is defined when the facilitator gives feedback to participants, or speaks with participants without any personal information being given. An example of an incident in this category is when a facilitator answers a participant’s question of why they are interested in helping military members with the response “It seemed interesting and I wanted the experience”. There was 1 incident in this category with an importance rating of 6;

6) **Lecturing** is defined by when a facilitator speaks about, or too long, on topics that have already been covered, or that could be explained in shorter time. An incident included in this category is when the facilitator does a lot of talking and explaining of all the teaching parts of the program. There was 1 incident in this category with an importance rating of 6;

7) **Use of spiritual language** is defined as using spiritual or religious words or phrases with and towards participants. An example of an incident in this category is when

a facilitator says “I’ll pray for you” after a participant's story. There was 1 incident in this category with an importance rating of 5;

8) **Demonstrating complete ignorance of military culture** is defined when a facilitator indicates that they have absolutely no knowledge of the military or it’s culture. An incident in this category would be when a facilitator says “We know nothing about the military, and that you (the participants) are the experts and are here to teach us”. There was 1 incident in this category with an importance rating of 3.

As indicated, the category of **Peer Helper Involvement** was separated out from the other categories that increased trust in the facilitators. This category is defined as testimonials and modelling done by Peer helpers. Incidents within this category include when peer helpers say “you can trust the facilitators”, and when peer helpers demonstrate communication skills and give assistance during practice. There were 5 incidents found in this category with an importance rating range between 8-10 and a median of 9;

The following section discusses the results of this study in more depth, looking at some reasons the categories were important, some connections between categories and some new awarenesses that have come out of this study.

## CHAPTER FIVE: DISCUSSION

In this chapter, the findings of the study will be discussed as they relate to the current literature, unique findings of this study, the strengths and limitations of the study, implications for counselling practice with military clients, and future research that could be explored.

### *Connections to Current Literature*

The results of this study support the current literature reviewed on counselling military clients and complement current knowledge of interpersonal trust development in the field. The following section will focus on how the results support the current literature and the subsequent section will highlight the unique findings of the study.

Expression of emotion is linked to Schutz's (1958) phases of group development. Schutz explained that receiving and initiating affection from other members helps to increase emotional closeness with other group members. As facilitators are part of the group, their expression of emotion in reaction to what a participant says would fit into Schutz' theory of that stage of group development, thus increasing trust in the facilitator.

The use of exploratory and clarifying questions, with a participant links to what Gibb (1978) indicated in his effects of high trust levels. He indicated that with the effects of high trust a process of discovering could be created. Gibb explains that trust is the first element required for people to start any kind of personal development. When using questions to deepen the meaning for the participant it lends to Gibb's idea that the effect of perception improves vision and perspective for the participant. The use of exploratory questions allows participants to discover more of their experience as related to their

stories, and so new awarenesses can be created. With these new awarenesses, trust will be increased in those that help them achieve those awarenesses.

Johnson (1997) explains that non-judgmental acceptance, increases trust. He states that high levels of acceptance by both parties in a relationship will cultivate trust. Therefore, the fact that participants reported critical incidents related to acceptance would support Johnson's assertions. Accepting each other for who they are, without judging their actions as good or bad is important in building interpersonal trust.

Maintaining confidentiality was discussed by several authors in the literature review as being essential when counselling, regardless of whether or not they are military. Corcoran (2001) states that disclosure in groups is required, and in order for members of a group to disclose personal information a feeling that confidentiality will be maintained must be established. This can be a challenge when working with military clients because member's past military experiences often involved medical records not being kept from their supervisors, thus causing problems in their military careers. Clevenger (1997) also speaks of the importance of confidentiality in a group, explaining that it is needed in order for members to disclose potentially embarrassing information about themselves that may be necessary to discuss in order to work through an issue. Greenberg et al. (2003) found that military members were reluctant to seek help from the medical profession due to distrust in confidentiality with the military, which supports the need by participants to be told that the program is not affiliated with the military or government whatsoever. Finally, Westwood et al. (2002) explained the belief that the explicit separation of the program from the military would hopefully reduce the fears of

participants that personal information would be revealed to the military or to anyone else. It is clear that making the separation explicit increases trust in the facilitators.

Diminishing the imbalance of power is spoken to by several authors in the literature review. Amundson et al. (1989) states that an individual has a need for inclusion when in a group in order to have a sense of belonging. Facilitators participating in the group assist with achieving this need. Gibb (1978) also explains that the facilitator of a group is included in the group and must join the group as a member in order for trust to be established. Everly (2004) talked about the collaborative working relationship between the patient and therapist, which would relate to equality being established in groups between facilitators and participants. Robinson (1979) also states that the therapist is considered a member of the group, which seems to relate to diminishing the imbalance of power as explained by this category. Another category that supports these ideas is category 13, facilitating social engagement, where establishing a connection outside of the group and the sessions themselves occurs. These acts of social engagement allow participants to feel more equal.

Johnson (1997) also speaks about providing support, explaining that high levels of trust require support between both people in the relationship. This support and the ability to lean on another person was reported to be important according to the participants of the study, in order to trust that they would be safe in the group environment.

Schutz (1958) discusses providing choice, as the second phase of group development called control. Participants want to have control, which is what choice provides them. Giving participants the choice of participating to the level they feel comfortable allows participants to feel in control of what they do. Amundson et al. (1989)

discusses the need for control by individuals in a group. A sense of control by each participant in a group is necessary for the group to become effective. Westwood et al. (2002) explains that the CFTPPV provides choice by saying that participants are never forced to read everything that they write into the group. All of these aspects with regards to choice are linked to control.

Displaying an interest in military culture is linked to the ideas explained by Brody (1987), Mahtani and Huq (1993), and Yerucham (1988). Each of these authors explain that cultural differences could create gaps of understanding between the client and therapist. Understanding and accepting cultural differences is important in establishing a trusting relationship with clients. Acknowledging limits of understanding is also related to the issue of culture. CFTPPV facilitators have not traditionally been from the same culture as their military participants, and so acknowledging their limits of understanding and seeking further knowledge of military culture is important in helping participants increase trust in the facilitators.

Participants in this study reported that establishing and maintaining control, was very important in increasing trust in CFTPPV facilitators. Westwood et al. (2003) and Cave (2003) indicate the use of the group norm creation exercise as a system that must be put into place in order to create a set of group guidelines for the group, which helps establish safety. Making group guidelines and norms is important in group development, including a group with participants with military backgrounds. Westwood et al. (2002) also indicated that the group leaders ensure that everyone follows the appropriate and agreed upon group norms, emphasizing the importance of the maintenance of group norms in helping to increase trust. Cave's (2003) study indicated that a participant found

the norm of “suspending judgment” helpful, and it lends itself to the creation of safety and trust in the group. Providing choice and demonstrating transparency, are also linked to the idea of control. The creation of group norms provides predictability of what the participants can expect and also provides them the choice of what occurs in the group.

Johnson (1997) speaks to facilitator self-disclosures specifically by indicating that both people would have to take the risk to disclose and share information in order to openly know each other. Participants in this study had indicated that facilitator behaviors of self-disclosure and genuineness increased interpersonal trust by letting participants know a little more about the facilitators. Taking the risk to disclose personal information lends to increasing trust and increasing the likelihood that participants may disclose information.

Westwood et al. (2002) states that the purpose of catharsis is to release feelings that underlie unresolved personal issues, and therefore allowing the expression of emotion by participants is included in the program. Validating participant expression, supports Westwood et al.’s ideas. Many military members are trained not to express any ideas nor emotion in front of anyone, including family. The concept that it is permissible to express yourself in a group of military members is unknown to them, and so emphasis given to indicating the acceptance for them to express what they want and how they want is important.

Westwood et al. (2002) discussed the importance of peer helper involvement in establishing trust in the facilitators. They explained how the group was designed to include other military members that would understand what the participants had been through. The participants stated that this bridge between facilitators and participants is

important in being able to come to trust the facilitators in what they were doing.

Westwood et al. and Cave (2003) also support the idea of using facilitators to model positive and beneficial behaviours in the group to encourage other members to imitate new behaviors. The use of the peer helpers supports their idea and was reported to have helped increase trust in the facilitators. Related to the author's personal reflection on trust, the importance of peer helper involvement seems to be supported due to the belief that trust in other military members can be established very quickly due to their similar training and experience. If another member of the group that is military says you can trust someone, it is more likely that trust can be created more quickly. The participants that were interviewed stated that without the peer helpers saying the program and facilitators were safe and acceptable, they may not have actually stayed past the first night. Most participants explained that having the peer helpers there was important in the beginning in order to start trusting the facilitators. This category was separated out from the others as it deals with a kind of facilitator in the group. The peer helper's actions helped increase trust in the facilitators, and so it would be more accurate to say that for the main facilitators behavior it was there use of the peer helpers in running the program that increased trust.

There are many similarities seen when the categories that increase trust found by this study are compared to the behaviors explained by Deluga (1995). Each behavior listed by Deluga is also indicated through the categories in this study as behaviors that increase trust. This study seems to expand on Deluga's list of behaviors as well as show some behaviors that decrease trust.

This study supports many of the ideas and findings in past literature. The next section discusses more of the unique findings, and includes some of the concepts that are linked to past literature yet brought new insights in those areas.

### *Unique Findings of the Study*

Many of the categories that were found to increase trust as reported by participants of this study supported the information in the current literature. In addition to categories that support the literature, this study found categories that have not been discussed before in relation to building trust with military clients. There are also a few categories that have been discussed, although new insights became evident. One of the most important realizations that came from the review was that there are no discussions found in the literature about behaviours that would decrease interpersonal trust for military members in group therapy. Part of this study's major contributions to the literature are several insights and awarenesses in this area.

Genuineness, as defined in this study, is important because when a facilitator changes the way they act in order to be more similar to a participant the participants feel that the facilitators are not being themselves. The participants report that they want the facilitators to be themselves without trying to fit in, as the facilitators will never fit into the military culture. Swearing and changing behaviours to match the participants will only decrease the ability to connect with the participants.

Expressing appreciation is important because most of the participants rarely hear appreciation expressed by civilians for what they had to do and endure on behalf of their country. The appreciation for the horrible experiences that were endured by the participants allowed them to feel understood, and that what they had done had not gone

unappreciated by everyone. These kinds of behaviours have not been discussed in past literature about military clients in therapy, and were found to be important in increasing trust by Canadian clients with military experience. It is not clear whether there is a lack of appreciation towards military members by civilians in other countries with an active military, although it is feasible to believe that hearing appreciations for experiences endured by anyone with military background would increase interpersonal trust.

Facilitating social engagement is linked with the category of diminishing imbalance of power. These incidents were important to participants because it showed that the facilitators wanted to know them outside of their issues that brought them into the group. It made facilitators more human, and allowed a more social connection with the facilitators. The participants also explained that it was important for the facilitators to leave them on their own. The participants want time to socialize with the other participants without having the facilitators around. They explained that during breaks, if the facilitators were always around, it would not allow them time on their own to stop thinking about issues that were occurring in the group and unwind from what just happened. Socializing and leaving participants on their own were equally important in increasing their trust in the facilitators.

Another new category that was unique to this study was the category of initiating physical contact. Initiating physical contact is an important category in increasing trust because it showed affection, support and caring for individuals on a more personal level. The participants reported that the important differentiation between this category and initiating physical contact without permission, which decreased trust, was the aspect of permission. When physical contact is expected, asked about and permission is given, or

the participant feels comfortable in receiving it from a facilitator, it was found to be significant in increasing trust. If not, the effect actually decreased trust. Participants felt it would be best to ask permission before they initiated physical contact, in order to ensure that their boundaries were not crossed.

Participants reported that demonstrating transparency is important in order to increase trust because the participants want to know what to expect before they choose to participate. Providing predictability to participants of what they are in for during the group, allows the participants to trust what the facilitators are doing, and not think they are keeping any important information from them. Military members are used to going on military-created training. This training is well structured and comes with instructions on exactly what will occur, at what time, and for how long. Everything is laid out for military members, so that the members know what is expected of them, and what they can expect from their supervisors. This military-created training is the closest thing the participants can associate the CFTPPV too. If participants are given an outline and a summary of everything they can expect to see, do, or feel on the course, this would increase trust. Understanding that this ability is not feasible in a counselling program, giving the participants as much information as possible on what may happen would increase trust. Dealing with ambiguity and being placed into an environment where the participants do not know what to expect, creates an uncomfortable environment for participants. This is similar for military members going on tour, where they do not know what to expect, and they experience many unpleasant things. On military courses they feel safe, because they know what is expected of them, and knew what to expect from the course.

Many of the categories that contributed to a decrease in trust are the opposite to some categories of incidents that increased trust. Failure to disclose rules and expectations is related to the lack of demonstrating transparency, non-disclosure is the lack of disclosure, and demonstrating complete ignorance of military culture is related to the lack of interest in military culture. Initiating physical contact without permission is discussed within the category of initiating physical contact. It is reasonable to assume that not engaging in behaviours that were reported to increase interpersonal trust would have the effect of decreasing interpersonal trust.

Lecturing is a category that decreased trust in facilitators because it is contrary to what participants with military experience are used to. Military members are used to having things explained in a very concise and efficient way, minimizing the amount of time to learn. Listening to someone talk on and on about a topic is the opposite to what military members find useful or effective. Military members learn that what is most effective is something that is completed quickly and well. The shorter time it takes to say something, do something, or ask something is more effective. The entire culture is like that, which is shown by the amount and use of acronyms and the brevity of any technical training that occurs in the military. When a facilitator lectures on and on about the same topic it leads the military client to think that the facilitator is not there to help them, they either do not know what they are talking about or they like to hear the sound of their own voice which increases the imbalance of power. Too much embellishment or explanation has a tendency to bore military members, and they just want to get on with it. Military members are used to action and practicality, not sitting around listening to someone talk. This may have implications in trauma work, where the main premise is action therapy

that has worked for military clients in the past. Doing something is more productive than listening to someone on that level.

Use of directives is important in decreasing trust in facilitators because of an association of facilitators to officers. When an officer in the military suggests anything to a NCM, they are to take that as an order, not as a suggestion. Giving directions also reminds participants of times in the military when they are told to carry out orders and do not have choice in whether they did it. This category is like the opposite to giving choice to military members, and although facilitators may think they are providing choice when they suggest something for a participant to do, military clients feel the facilitators are in fact telling them what they should be doing and what is expected of them. Knowing this distinction is very important. Another aspect of suggestion is in relation to what it is they are suggesting. Suggesting to a soldier not to swear is like telling them they are not allowed to express themselves without judgment. It also indicates that the facilitator does not understand military culture as swearing is part of the military language, like it or not.

Use of spiritual language decreased interpersonal trust in facilitators as reported by participants because not all military members are spiritual or religious. There may also be issues around religion and spirituality as military members are tasked to kill people, which is not fitting into most spiritual or religious beliefs. It was indicated that military members do not need their souls saved or prayed for, they need help to work through the issues caused from what they experienced. Participants felt it was best to avoid spiritual language unless it was discussed with the participant before hand to find out if it fit for them.

Repetitive use of minimal encouragers decreases trust in facilitators because it indicated to participants that the facilitator may not actually be listening, and really only telling participants what they want to hear at the time. Some encouragers through the story would be important, but using the same one over and over again, indicates that they may not actually be listening to what is said.

An interesting connection to note is the category of establishing and maintaining control, which increases interpersonal trust and the category called use of directives, which decreases interpersonal trust. Participants reported that having the facilitators set-up the rules and guidelines and ensure that the rules were followed increased their trust. In maintaining control suggestions and directions are given. Although the participants also indicate that receiving suggestion or direction also decreased their sense of trust. It seems that the difference between the two in their effect is based on the content of what the facilitator is saying. This area would definitely be an interesting topic for future research.

In addition, rules and expectations came up as a category in both increasing trust and decreasing trust: demonstrating transparency, in increasing trust and failure to disclose rules and expectations, in decreasing trust. The fact that a category showed up in both increasing and decreasing trust emphasized the importance of rules and expectations for military clients. Counsellors are best to avoid ambiguity with military clients and be as transparent as possible.

The highest number of incidents that increased interpersonal trust fell within the category of verbal and non-verbal attending, and the category of using exploratory and clarifying questions. This may be due to the amount the facilitators used these behaviors

in group, as these behaviors are what most facilitators are trained to use, while the other categories of behavior may not occur as often. The reasons for why one category received more incidents than another is not known, nor investigated by this study.

### *Strengths and Limitations of the Study*

One of the major strengths of this study is that it was conducted in an area that has minimal published research. While searching for literature on this topic, there was no mention of the concept of interpersonal trust with military in a counselling or therapy setting. Another major strength as discussed earlier is the insight into behaviors by facilitators that decrease interpersonal trust. The other literature in this area focuses on what works and what a practitioner should do in order to create trust, and does not discuss the behaviors that decrease trust. Another strength to this study is that it is based on observed behaviors, and reports numbers of incidents thus increasing the ability for generalizability by the researcher. As a qualitative study, the co-creation of incidents between the participant and facilitator allows for better mutual understanding of what the participant is trying to explain. The validation process incorporated both military, counselling, and civilian perspectives to ensure that the categories were appropriately titled and defined. Having 6 out of 7 participants validate the categories also lends strength to the study, as it was their incidents used to create the categories to begin with. Over 91% concurrence in the selecting of incidents into categories lends strength in the validity of the categories to represent the incidents collected from the participants. This study is generalizable to future participants of the CFTPPV, and so informs future facilitators of this group format to better establish trust in the therapeutic alliance. Most of these categories can be generalized to military clients on an individual basis as well as

in group, which lends to another area of possible research into behaviors of counselors that increase interpersonal trust and behaviors that decrease trust in an individual counselling setting.

There are also some limitations to this study. As a qualitative study, there is an inherent limitation due to the post-modern epistemological assumptions. Co-created narratives of understanding between the participant and the researcher is assumed, which decreases the objectivity of the incidents. Generalizability is limited due to this co-created understanding. This study is unable to predict the exact result of facilitator behaviours on their own, as it is more of an overall sense of interpersonal trust that is being described. In keeping with this kind of study, only 7 participants were selected. The sample was random, although the participants that were selected did come from a smaller population of those that were available, in closer proximity, and who felt comfortable contacting the researcher after receiving one letter of request for volunteers. Many of the behaviours were reported through memory, and memory is not always accurate.

#### *Implications for Counselling Military Clients*

As was indicated all these categories are important to note when counselling participants with military experience in the CFTPPV format. Having sound abilities in active listening and attending, and an interest in military culture are extremely important, but probably not sufficient in order to create the therapeutic alliance with a participant with military experience. Establishing and maintaining control by providing guidelines and group norms to follow was extremely important in creating a trusting relationship. Rules and regulations permeate military culture, and so ensuring that these are set up and maintained helps the participants trust the facilitators in what they are doing.

It is also important to try and be genuine by expressing emotion and being one's self with this population. Some of the stories and issues presented by these clients are disturbing and horrible to hear, and counsellor reactions are being watched to see if the counsellor will truly hear what they are saying and accept them for who they are, not condemn them for what they have done. Facilitators are most effective when they have reactions to what the client says, including emotional ones. Being human, and showing that facilitators are equal to participants is very important in establishing trust.

Trying to diminish the imbalance of power between facilitators and participants is not always easy. From the very beginning a facilitator enters a group of military participants, they are seen as the leaders. This perception lends to a link to seeing them as military officers or superiors to them in the military, which is not a positive association or transference. Military members do not trust their superiors, especially officers, and so this can make another barrier to establishing a trusting relationship. Self-disclosing, being part of the group, and admitting to lack of knowledge in the military culture can have the effect of diminishing this power imbalance. It is important to note that diminishing the power imbalance does not eliminate it. The power imbalance also has another effect, which affects personal accountability. In the military, superiors or officers have the power and also the responsibility to look after their subordinates. They are expected to take this responsibility on for better or for worse. Therefore any negative effects experienced by the military participant will most likely be blamed on the facilitator, as they are responsible. Discussing this issue may help diminish the effect of this responsibility issue, and again will probably not eliminate it.

As discussed in the last section, the issue of physical contact is an important area to be aware of when you are counselling military clients. Physical contact without permission is best to be avoided, and when initiating physical contact with military clients ask their permission to see if it is alright with them if you touch them. It is clear that physical contact can be very beneficial in increasing trust with military clients, so getting the client's permission is the best way to be able to use this powerful tool.

A couple of areas for counselors to avoid when facilitating this kind of group, are as follows. First, placing restrictions on expression, or giving suggestions to participants are both areas of potential concern. Allowing the participants to express in whatever way they feel comfortable is important. If this includes swearing or making rude comments, then this should be expected. The military culture maintains this kind of communication as the norm, and so trying to get them to change their way of being to suit the ideals of society is not an effective way to increase trust. This aspect may be important to focus upon during the transition part of the program. Second, is giving suggestions or directions. This is linked to the idea that facilitators are seen as officers or superiors to the participants. When a person in the military is given a direction or a suggestion it is taken as an order, and one is to follow it without question. It is not likely they would say they felt pressured to do it, which does not mean that they did not feel pressured. This concept is linked to the idea of authority, where the responsibility for what happens rests in the hands of the leader. Having discussions on this topic before the group begins may diminish this from happening. Discussing with the participant that they truly do have the option not to do what is asked of them, and that there is no punishment for not participating. Speaking with participants about the difference between suggestion in the

counselling session and a suggestion in the military would be a good way to clarify. Also, asking the participant what they believe with regards to suggestion, and direction. By talking on this subject to some detail in order to ensure the participant knows that suggestions by facilitators are not orders, and that the participant always has the choice.

### *Future Research*

As there is not a lot of research in the area of military participants in a therapy group, many areas of future research come out of this study. The implications of touching during group sessions by facilitators is an important issue. When is it good to use physical contact? What does permission look like? What are the benefits of physical touch when used with military clients? Also, a look at counsellor behaviours that increase trust with military clients and those that decrease trust in an individual counselling environment would be useful in order to make comparisons with this study to see similarities and differences. A more in depth look at what is needed by military members to transition from the military into a civilian life can also be researched in order to better help with that transition.

Another area that needs to be examined is the differences in culture within the military, as there are three elements (navy, army, air force), and within each element there are several components. Also, the differences between Officer, Senior Non-commissioned Officer, and Non-commissioned member would also be useful avenue of research. Each individual comes with their own ways of being, and different nuances with how they react. The more that is understood about the military culture and how it works, the better the counselling and therapy profession will be able to help those in need from the military.

*Concluding Statement*

The current study fills a gap in the literature surrounding interpersonal trust between military members with group therapy. This is the first study on interpersonal trust in therapy with this population that uses the Critical Incident Technique methodology in order to inform facilitators that assist military members, and to better help clients with military experience get the most out of therapy by increasing trust in the facilitators. This study has expanded the understanding of how trust is established with military clients, and potentially has the ability to help future military clients get the help and understanding they need. The insights brought forward about the nuances concerning the military culture have also become more apparent and may open up more questions and future research into military culture in relationship to the mental health world.

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Appendix A:  
Volunteer Request Letter

Dr. Marv Westwood, PhD  
University of British Columbia  
2329 West Mall  
Vancouver BC, V6T 1Z4

March 2005

To

*VOLUNTEER REQUEST FOR RESEARCH STUDY*

*USING THE CANADIAN FORCES TRANSITION PROGRAM FORMAT*

A study is being conducted that looks at the Canadian Forces Transition Program (CFTP) format that you participated in. This study concerns the development of trust by facilitators that use this program in helping persons with military experience. This letter has been sent to all participants that have gone through the CFTP group format. The participants in the most recent group that occurred in Victoria BC have been excluded as the researcher was involved with the facilitation of that group. You are being invited to participate in this study to potentially inform future group facilitators that use the CFTP format, developing trust with participants with military experience.

**The purpose of the project is to identify facilitator behaviors that you found increased your sense of trust with the facilitators and to identify facilitator behaviors that you found decreased your sense of trust with the facilitators. There is a possibility to experience strong emotional responses and unexpected memories during the interviews as you are asked about your time in the group. You may also experience further psychological integration of your experience in the program.**

**Through your participation, this study may also help future clients with military experience, work through trauma and issues with regards to re-entering civilian society using the CFTP format.**

Participation in this study is completely **voluntary**, and you have the right to withdraw your consent at any time without consequence or explanation. All information provided, including your name, will be kept completely confidential by the researcher. In addition, the specific information that is gathered from you by the researcher throughout this study will not be shared with anyone connected to the group that you attended, the military, or myself. Participation in this study requires two separate interviews. The first to be for approximately 1-½ hours, and the second to be for approximately 1 hr. The total amount of time required of you for participating will be approximately 2 ½ hrs.”

Michael Sorsdahl, a Counselling Psychology Graduate student with the University of Victoria, is conducting this study. If you are interested in participating in this study, or want to know more about it, please contact him directly. He can explain the study more fully to you, and can make arrangements to interview you at a place and time that is most convenient for you.

Thank you for your time and consideration in this research request for volunteers.

*Original signed by*  
Marv Westwood, PhD  
Professor  
Educational Psychology and Special Education  
University of British Columbia

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## Appendix B

### Telephone Script for Initial Principal Investigator Contact

#### **Mike Sorsdahl's Initial Principal Investigator Contact script (upon receipt of a phone call from a potential participant):**

“Thank you for showing interest in this study in requesting more information and to possibly set-up an interview.”

“Before I answer any questions, would it be alright if I went over what this study is about and how participation would work if you agreed to participate?” [if yes, continue, if no – “what can I do for you at this time?”]

“I am conducting a study that looks at the Canadian Forces Transition Program that you had been apart of. More specifically, research into the development of trust by the facilitators using the group format that you experienced is to be conducted. The study is being conducted by myself, Mike Sorsdahl, as part of the requirement for the degree of Masters of Arts in Counselling Psychology at the University of Victoria. I am the principal investigator and the only researcher in this study. Participation in this study is completely **voluntary**, and you would have the right to withdraw your consent at any time without consequence or explanation. All information provided, including your name, would be kept completely confidential by me. In addition, the specific information that is gathered from you by me throughout this study will not be shared with Dr. Marv Westwood, anyone else connected to the Transition Program, or the military. Participation in this study requires two separate interviews. The first will take approximately 1-½ hours, and the second approximately 1 hr. The total amount of time required of you for participating will be approximately 2 ½ hrs.”

“The purpose of the project is to identify facilitator behaviours that you found increased your sense of trust with the facilitators and to identify facilitator behaviours that you found decreased your sense of trust with the facilitators.”

“Some risks and benefits are that there is a possibility to experience strong emotional responses and unexpected memories during the interviews as you are asked about your time in the group. You may also experience further psychological integration of your experience in the program. Through your participation, this study may also help future clients with military experience work through trauma and issues with regards to re-entering civilian society using the CFTP format. With the possible publication of this study, future group facilitators that use the CFTP format may be better able to establish trust with members with military experience.”

“Are you interested in participating in this study?” [If there are more questions, answer them, if they say yes then continue, if no – “thank you for your time, good bye]

“To give you an idea of what will happen I would like to outline the interview process that will be followed. Upon our first meeting, I will go over a consent form with you. Once you completely understand all that is involved and are still interested in participating in the study, I will have you sign the form. You will get a copy and I will keep a copy for my records. From there the first interview will take us through an exploration of facilitator behaviours that you remember observing during the course of the program that increased your sense of trust in the facilitator or hindered it. Up to a maximum of 50 behaviors will be identified, without any minimum. This will conclude our first interview. Once I have compiled all the data from all participants, the second interview will be scheduled and I will ask again if you are interested in continuing your participation. If you are, we set up a second interview for about an hour, where I will go over the consent form again to ensure that you fully understand what is happening. I will have you initial the consent form to indicate that you are still interested in participating. I will then ask you to place the behaviours that you identified into pre-created categories as you see fit. This will conclude your participation in the study. Are there any questions?”

\* Time and place will be discussed and agreed upon at this point\*

“Thank you for your support and cooperation in this study”

## Appendix C

### Interview introduction brief and Sample Questions

Thank-you for being a part of this study. The general purpose is to assist in creating counselling environments that are more conducive to creating an atmosphere where members feel safe and are better able to get their desired outcome. As was described in the consent form signed by you earlier, we are interested in identifying facilitator behaviors in the group that you were apart of, and seeing what worked and what could be improved upon in relation to building trust in the group facilitators.

For the study I am asking you to describe specific examples of behavior which you have observed and which you feel to be either effective or ineffective in the establishment of interpersonal trust. Interpersonal trust is an expectancy that is held by a group or individual that the word, promise, or written communication of another can be relied upon. Each of the behaviors you describe should be a factual description of an event which:

- 1) You observed or experienced;
- 2) Involved a particularly effective or ineffective performance in achieving the development of interpersonal trust by the facilitator; or
- 3) Had a clear-cut consequence that was observable.

It is important to note that it is a particular kind of behavior and not an individual that your are describing when you are reporting this critical incident. This distinction is crucial. The focus must be on the event which occurred and not on an individual judged to be particularly effective or ineffective. Limit your descriptions to those events, which “made a difference.” Your behavior descriptions of the facilitator need not be highly

dramatic, however, they should focus on situations and events that occurred. In addition, it would not be unusual to find examples of both effective and ineffective behavior reported for the same individual. These actions may include such behaviors as, ‘when a facilitator placed his hand on my shoulder’, or ‘when a facilitator said something specific to me on break’.

Also, please indicate why the behavior was particularly effective in establishing interpersonal trust, or why the behavior was particularly ineffective in establishing interpersonal trust.

#### General interview questions

1. To start, could you tell me one observed behavior that you felt increased or decreased your sense of trust in the facilitator (as described in the definition provided earlier) that a member of the leadership team in your group did?
2. What is it about the behavior that made you feel that it increased/decreased your sense of trust?
3. What other possible behaviors at that point may have been more (or less) effective in increasing your sense of trust?
4. On a scale of 1 to 10, how important do you feel this behavior was in increasing or decreasing your sense of trust in the facilitator, where 1 is very little, and 10 is very high?
5. On a scale of 1 to 10, one being only slightly effective/not effective and 10 being most effective, would you rate this behavior?

## Appendix D

Informed Consent Form

**Project Title:** Interpersonal Trust in the  
Canadian Forces Transition Program

***Participant Consent Form***

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You are being invited to participate in a study entitled “**Interpersonal Trust in the Canadian Forces Transition Program for Peacekeepers and Veterans** that is being conducted by Michael Sorsdahl.

Mike Sorsdahl is a graduate student in the department of Educational Psychology and Leadership Studies within the Faculty of Education at the University of Victoria and you may contact him if you have further questions by calling (250) 213-9601 or by e-mail at [msorsdah@uvic.ca](mailto:msorsdah@uvic.ca)

As a graduate student, I am required to conduct research as part of the requirements for a Master of Arts degree in Counselling Psychology. It is being conducted under the supervision of Dr. Honore France and Dr. Tim Black. You may contact my supervisors through the contact information provided below:

Dr. Honore France - Professor, Counselling Psychology, Department of Educational Psychology and Leadership Studies, University of Victoria.

Contact #: (250) 721-7858

Email: [hfrance@uvic.ca](mailto:hfrance@uvic.ca)

Dr. Timothy G. Black - Assistant Professor, Counselling Psychology, Department of Educational Psychology and Leadership Studies, University of Victoria.

Contact #: (250) 721-7820

Email: [tblack@uvic.ca](mailto:tblack@uvic.ca)

You were selected as a potential participant as you have completed the Canadian Forces Transition Program (CFTP) group format and may have insight into how you felt the facilitators of your group established trust. Participation in this study is completely voluntary, and you have the right to withdrawal at any time without consequence or explanation. If at any time there is any questions regarding the procedures of this study they will be answered in order to ensure that you fully understand what is happening. Interviews will be audio taped and maintained until analysis is complete, upon which all materials from the interviews will be destroyed. This study, just as the Canadian Forces Transition Program, has no affiliation or connection with the military or the government whatsoever.

If at any time you do not feel you wish to answer any questions, you have the right to do so. There is a potential for strong emotional responses and unexpected memories to occur during the interviews as you are being asked about your time in the group. If any distressing reactions occur during the interviews, the interview will be stopped immediately and you will be offered the support of the researcher whom is a trained

counsellor, and a referral to other support services. The cost of support services offered by referral is not covered by this study. There are several agencies that you may be referred to that are either free or offer a sliding scale to ensure cost is equitable. You will be required to pay for any service that you choose<sup>4</sup> that costs money.

**Purpose of Project:**

The purpose of the project is to identify facilitator behaviors that you found increased your sense of trust with the facilitators and to identify facilitator behaviors that you found decreased your sense of trust with the facilitators.

The behaviors that we are focusing on are those that occurred anytime between the very first meeting until the follow up meeting 4 months later was completed. These behaviors may occur in session, on breaks during the sessions, during the weeks between sessions, over the phone, or in person.

You may experience further psychological integration of your experience in the program. Through your participation, this study may also better help future participants with military experience work through trauma and issues with re-entering civilian society using the CFTP format. This study may increase information and knowledge on the development of trust by members with military experience in therapy, as well as help facilitators better understand what behaviors help facilitate trust in their clients.

**Procedures and Time Requirements:**

Interviews will take place at a mutually agreed upon time and location. The first interview will last approximately 1 ½ hours, with a discussion and signing of the consent form and the collection of your memories of facilitator behaviors from your time in group will occur. A second interview will be scheduled that will last approximately 1 hour, where we will go over the consent form again and have you initial it to indicate agreement for ongoing participation. You will then be asked to place the identified behaviors that you remembered into categories selected by the Principal Investigator. The total time commitment for this study will be 2 ½ hours in total.

**Confidentiality:**

No information will be reported that could be used to identify individual participants, and all data is kept in strictest confidence. The interview tapes and notes will be stored by number code that only I will have access to, and all data will be reported by the number code and not by the name when analysis is being conducted. The data will be published in the masters thesis and possibly as a journal article in the future. The data that would be published in both venues will not contain names of participants, only the categorical data determined through the information provided in the interview.

**Questions or Concerns:**

You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President Research for University of Victoria at (250) 472-4545 or [ovprhe@uvic.ca](mailto:ovprhe@uvic.ca).

**Right to Refuse to Participate:**

Each participant has the right to refuse to participate or to withdraw from the study at any time without consequence or explanation. If you do withdraw from the study your data will be destroyed and not used in the results of this study.

I \_\_\_\_\_ have a received a copy of this consent form for my own records.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher

Signature

Date: yy/mm/dd

## Appendix E

### Referral Sheet

#### **Victoria BC**

**Dr. Athol Malcolm (R. Psych):** specializes in military clients and trauma  
Contact: (250) 727-7060 (Costs money – MSP covers)

**Citizen's Counselling Centre:** volunteer lay counselling service  
Contact: (250) 384-9934 (sliding scale fee depending on income)

**Victoria Crisis Line:** (250) 386-6323

#### **Vancouver BC**

**Dr. Greg Passey MD:** specializes in military clients and trauma  
Contact: (604) 889-3787 (costs money – MSP covers)

**Royal Canadian Legion Pre-doctoral Internship at UBC Counselling Services:** (free)  
Daily drop-in sessions are available for first appointments and emergencies during the following time periods:

- Mon/Tues/Thu/Fri: 9:00 – 12:00 and 1:00 – 4:00
- Wed: 1:00 – 4:00 and 4:00 – 7:00

Drop-in sessions are first come first served. Availability varies on any given day depending on demand. We urge participants to come early in the drop-in period. For follow up appointments call (604) 822-3811 or drop by Counselling Services to speak to a receptionist

**Vancouver Crisis Line:** (604) 872-1811 (Free)

#### **Other Locations in BC**

**British Columbia Psychological Association Referral Service**  
Contact: 1 (604) 730-0552 (RPsychs cost money – MSP covers)