

June 2024

Active Listening Skills Training: Improving Officer– Soldier Relationships in Developmental Counseling

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DISPOSITION

This Scientific Report has been submitted to
the Defense Technical Information Center (DTIC).

REPORT DOCUMENTATION PAGE

1. REPORT DATE (Month Year) June 2024		2. REPORT TYPE Final		3. DATES COVERED (Month Year)	
				START DATE April 2017	END DATE December 2019
4. TITLE AND SUBTITLE Active Listening Skills Training: Improving Officer–Soldier Relationships in Developmental Counseling					
5a. CONTRACT NUMBER		5b. GRANT NUMBER		5c. COOPERATIVE AGREEMENT NUMBER W911NF-17-2-0044	
5d. PROGRAM ELEMENT NUMBER 622785		5e. PROJECT NUMBER A790		5f. TASK NUMBER 425	
5g. WORK UNIT NUMBER					
6. AUTHOR(S) Bjornestad, Andrea; Olson, Seth; Weidauer, Lee; Stothart, Cary; Ejiogu, Kinglsey					
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) South Dakota State University 1451 Stadium Rd Brookings, SD 57007					8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Research Institute for the Behavioral and Social Sciences 6000 6th Street (Bldg. 1464 / Mail Stop: 5610) Fort Belvoir, Virginia 22060-5610				10. SPONSOR/MONITOR'S ACRONYM(S) ARI	11. SPONSOR/MONITOR'S REPORT NUMBER(S) Scientific Report 2024-18
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution is unlimited.					
13. SUPPLEMENTARY NOTES ARI Research POC: Dr. Cary Stothart, Fort Leavenworth Research Unit					
14. ABSTRACT Military leaders provide feedback, foster a productive work environment, and assist in the development of skills with their subordinates. Within all of those tasks, the use of active listening skills can help the subordinate feel heard and understood. Active listening skills are powerful in creating and sustaining interpersonal relationships. However, an investigation of active listening skills in the military is lacking. Sixty-seven ROTC cadets and 53 Army National Guard officers and noncommissioned officers participated in an experiment to determine the effectiveness of an active listening skills curriculum on developmental counseling. Self-report ratings suggested a positive treatment effect in the experimental group from pretest to posttest on the overall score as well as on the Sensing and Responding subscales on the Active Empathic Listening Scale (AELS; Bodie, 2011). Observer ratings demonstrated a positive treatment effect on the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003) when compared to the control group. The research provides initial evidence on the impact of implementing an active listening skills curriculum on leadership development within developmental counseling in the military.					
15. SUBJECT TERMS Self-Performance, Discussion, Dialogue, Leadership, Counseling, Listening					
16. SECURITY CLASSIFICATION OF:				17. LIMITATION OF ABSTRACT	
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified		Unlimited Unclassified	
				18. NUMBER OF PAGES 23	
19a. NAME OF RESPONSIBLE PERSON Dr. Rhett Graves					19b. PHONE NUMBER (Include area code) 913-547-6811

ACTIVE LISTENING SKILLS TRAINING: IMPROVING OFFICER–SOLDIER RELATIONSHIPS IN DEVELOPMENTAL COUNSELING

EXECUTIVE SUMMARY

Research Requirement:

The usefulness of active listening skills has been supported across multiple disciplines such as social work (Rogers & Welch, 2009), nursing (Bryant, 2009), education (Bylund et al., 2008; McNaughton et al., 2008), and medicine (Ammentorp et al., 2007; Fassaert et al., 2007; Libert et al., 2006). More specifically, the profession of counseling has valued active listening skills as a foundation to professional training and work (Farley, 2017; Levitt, 2001; Van Velsor, 2004). Even though active listening skills have been identified as critical to establishing performative relationships and generally agreed upon as important skills in communication, limited knowledge exists on the impact of active listening skills training on communication skills in Army leaders.

Procedure:

The purpose of this research was to adapt and implement an active listening skills curriculum with ROTC cadets and leaders in the Army National Guard. The curriculum encouraged the learning, practice, and application of active listening skills. It was hypothesized that upon completion of the curriculum, a leader would have the knowledge, skills, and abilities to effectively utilize active listening skills during a developmental counseling session as evidenced by increases in scores on evaluation measures from pretest to posttest.

Findings:

This research includes preliminary evidence of the importance of providing opportunities for the learning, application, and practice of active listening skills in the Army. With the significant rate of change in various active listening skills, including increases in counseling evaluation scores, the research supports the need to implement an active listening skills curriculum with Army leaders to provide knowledge on the necessary skills required to identify, explore, process, and respond to a situation or a crisis with a subordinate.

Utilization and Dissemination of Findings:

Considering that the Army Reserve Officers' Training Corps (ROTC) produces over 70% of the total officer corps via 270 host institutions and over 1,000 partnered colleges (U.S. Army Cadet Command, 2018), training may be best implemented during ROTC for the majority of military leaders to learn the skills early in their careers so they can immediately begin to effectively develop their subordinates. In support of this, a self-paced learning resource, adapted from the training modules, was developed to help ROTC cadets and enlisted Soldiers develop their active listening skills (Stothart et al., 2022). This resource is currently available on the Defense Technical Information Center.

ACTIVE LISTENING SKILLS TRAINING: IMPROVING OFFICER–SOLDIER RELATIONSHIPS IN DEVELOPMENTAL COUNSELING

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ACTIVE LISTENING SKILLS TRAINING: IMPROVING OFFICER–SOLDIER RELATIONSHIPS IN DEVELOPMENTAL COUNSELING

Active listening skills are typically defined as gathering information and reflecting feelings (Fassaert et al., 2007; Weger et al., 2014), being genuine and empathetic (Bodie, 2011; Rogers, 1957), and providing attention and consideration to nonverbal behaviors occurring within communication (Weger et al., 2010). Additionally, active listening is comprised of several teachable skills (Ivey et al., 2015) such as paraphrasing, open-ended questions, and attending to behaviors otherwise known as nonverbal communication (Cormier & Nurius, 2003). Other important active listening skills include pattern recognition, noting discrepancies, reflecting feeling and meaning, and empathy (Ivey et al., 2015). It is important to note that empathy involves connecting to our own and others' experience and accurately expressing the emotional quality of that experience (Weger et al., 2014). Bodie (2011) noted that empathy involved three steps: sensing (i.e., relational content and emotion), processing (i.e., remembering statements and asking for clarification), and responding (e.g., questioning, paraphrasing, and attending).

The usefulness of active listening skills has been supported across multiple disciplines such as social work (Rogers & Welch, 2009), nursing (Bryant, 2009), education (Bylund, et al., 2008; McNaughton et al., 2000), and medicine (Ammentorp et al., 2007; Fassaert et al., 2007; Libert et al., 2006). For instance, the profession of counseling has valued active listening skills as a foundation to professional training and work (Farley, 2017; Levitt, 2001; Van Velsor, 2004). Active listening skills improve communication and collaboration in a relationship (Bailey, 2001), reduce stress responses (Mineyama et al., 2007), and increase the sense of feeling understood (Bippus & Young, 2005). Even though active listening skills have been identified as critical to establishing performative relationships and generally agreed upon as important skills in communication, limited knowledge exists on the impact of active listening skills training on communication skills in Army leaders.

The purpose of this research was to adapt and implement an active listening skills curriculum with ROTC cadets and leaders in the Army National Guard. The curriculum encouraged the learning, practice, and application of active listening skills. It was hypothesized that upon completion of the curriculum, current Army leaders in the Army National Guard and future Army leaders currently in ROTC would have the knowledge, skills, and abilities to effectively utilize active listening skills during a developmental counseling session, evidenced by increases in scores from pretest to posttest on evaluation measures.

Method

Participants

Participants in this research included 67 Army ROTC cadets and 53 Army National Guard officers and noncommissioned officers (NCOs) from a Midwestern state. All participants were 18 years of age or older and were Army ROTC cadets, Army National Guard officers, or Army National Guard NCOs.

Instruments

Participants completed a brief survey, which included the Active Empathic Listening Scale (AELS; Bodie, 2011) and the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). The AELS (see Appendix A; Bodie, 2011) included 11 items that asked participants to indicate how frequently they perceived each statement related to active listening to be true on a 7-point Likert scale. The 7-point scale ranged from 1 (*Never or almost never true*) to 7 (*Always or almost always true*) with a midpoint of 4 (*Occasionally true*). The AELS has been conceptualized as measuring a higher-order construct with items loading on three dimensions: sensing, processing, and responding (Drollinger et al., 2006). Sensing involves concentrating on a speaker's words, feelings, and dynamics within the relationship. Processing encompasses remembering statements and requesting clarification. Responding comprises the use of appropriate attending skills, paraphrasing, and questioning (Bodie, 2011). The convergent validity was assessed with measures of two related constructs, empathy and active listening. Internal consistencies were acceptable ($\alpha = .79$ for active listening, $\alpha = .77$ for empathy).

Bodie (2011) used the AELS to measure sensing, processing, and responding across various interpersonal relationships in everyday interpersonal exchanges. Participants included a sample of 416 college student volunteers (165 men and 250 women) with an average age of 20. Approximately 82% were Caucasian. The second-order model of the confirmatory factor analysis fit the data well (Bodie, 2011). Bivariate correlations were computed among the AELS constructs and two measures of conversational involvement and an empathy scale. Fifty-nine of the 68 bivariate relationships were statistically significant ($p < .05$). Eight items achieved high factor loadings greater than .60, and three items achieved adequate loadings greater than .50. Internal consistency reliability estimates were somewhat low for individual subscales; however, the reliability estimate of the total scale was acceptable ($\alpha = .86$; Bodie, 2011).

The CSS (see Appendix B; Eriksen & McAuliffe, 2003) is a 22-item measure to assess skills used in counseling sessions. The CSS is organized into five subscales: Shows Interest and Appreciation, Encourages Exploration, Deepens the Session, Encourages Changes, Develops the Therapeutic Relationship, and Session Management (Eriksen & McAuliffe, 2003). Considering that the participants facilitated a brief developmental counseling session, only the most relevant skills were identified, operationally defined, and used within the evaluation. All items for Encouraging Change and Developing the Therapeutic Relationship were eliminated. Additionally, the item eliciting concrete examples was not included under Exploration, and the item observing themes and patterns was not included under Deepening the Session. To determine construct validity and internal consistency, the CSS was used as a pretest and a posttest measure in a counseling skills course to measure counseling skills performance pre-instruction and post-instruction (Eriksen & McAuliffe, 2003). Cronbach's coefficient alpha showed an internal reliability of .90 for the CSS. Results of *t*-tests showed significant differences in overall scores and with five of the six subscales. An item analysis showed that all items and subscores correlated positively with the total score. Corrected item-total correlations varied as 68% of the correlations were above .41. The CSS is viewed as a preliminary instrument that can be used to demonstrate effectiveness in training counselors (Eriksen & McAuliffe, 2003).

Each of the subscales are reflective of unique knowledge, skills, and abilities that are necessary for effective counseling. Showing Interest and Appreciation subscale involves attending to behaviors including eye contact, body language, vocal tone, encouragement, and evoking strengths. Questioning, paraphrasing, and summarizing aid in exploration; whereas advanced skills such as reflection of feeling, immediacy, caring confrontation, and reflection of meaning help to deepen the conversation. Finally, Session Management involves opening the session with a greeting and transitioning into the conversation, utilizing various active listening skills to help in direction and focus, and closing the session with a summary and follow-up if appropriate.

To establish inter-rater reliability, the first three authors asked volunteers with similar skill levels as the participants to tape record a developmental counseling session. The agreement process required three joint tape-recorded reviews. Specifically, the authors watched a practice tape recording together, scored the tape recording independently, and then discussed each scored item on the CSS. A rubric was utilized to facilitate the scoring process. For example, if one author scored a “3” for eye contact and the other author scored a “4,” then a discussion occurred to align the views of the authors, and the rubric was modified. The authors reviewed the tape recordings until a 90% agreement rate occurred on the modified version of the CSS.

Curriculum Development

An active listening skills curriculum was written and adapted from numerous counseling textbooks utilized by counselor educators in graduate programs (Evans et al., 2016; Ivey et al., 2015; Meier & Davis, 2010). The curriculum encouraged the learning, practice, and application of active listening skills and included a variety of teaching methods, including PowerPoint presentations, vignettes, and experiential exercises. All vignettes and role-playing exercises included common military scenarios (e.g., a leader counseling a subordinate who had been late to PT every morning for the past week).

The curriculum included ten hours of instruction and experiential practice. The ROTC cadets completed the curriculum in a one-credit-hour military science undergraduate course, either in workshop format (10 hours of continuous instruction) or a weekly meeting (10 hours of instruction occurring one hour per week for 10 weeks). The Army National Guard officers and NCOs completed the curriculum in a workshop format. The first and second authors, who have 11 and 16 years of teaching experience, respectively, in active listening skills in experiential training courses, designed and implemented the curriculum. Army ROTC cadets completed the training in the first year of the project, and the Army National Guard officers and NCOs completed the training in the second year.

The specific learning objectives for the curriculum were: (a) learn how to orient oneself to a subordinate during a counseling session; (b) learn and practice different types of questioning; (c) acquire skills in paraphrasing and summarizing; (d) learn the importance of emotion in communication; (e) increase awareness of the use of empathy; (f) understand the hidden meaning underneath thoughts, feelings, and behaviors; (g) practice reframing behaviors; (h) identify discrepancies during conversations; (i) recognize your own feelings and verbalize them during conversations; (j) determine appropriate times and ways to utilize self-disclosure;

and (k) demonstrate an ability to apply active listening skills within a developmental counseling session.

Active listening skills were organized into five modules. Module 1 included attending behaviors, used closed/open questions, paraphrasing, and summarizing. Module 2 focused on reflection of feeling and meaning, empathy, and interpretation/reframing. Module 3 sought to improve participants' ability with confrontation, immediacy, self-disclosure, and feedback. Module 4 worked to demonstrate an integration of skills. Finally, Module 5 introduced multicultural issues and cultural awareness. Each module was one hour in length and had an additional one-hour laboratory session where participants practiced applying their skills within experiential activities.

The research team also designed five mock developmental counseling case scenarios (see Appendix C). The goal of the design process was to create scenarios likely to be encountered by officers in the Army. For example, scenarios such as a subordinate struggling with passing a physical fitness test or a subordinate neglecting his or her duties due to a drinking problem were written to capture possible situations.

Procedure

A pretest-posttest control group design was utilized to determine the effectiveness of the curriculum on leader development related to developmental counseling. The pretest and posttest included a 15-minute tape recorded developmental counseling session using the mock scenarios described above and a brief survey comprised of the AELS and the CSS. Participants used the AELS to evaluate their own use of the active listening skills as the leader after each developmental counseling session, and the authors used the CSS to evaluate pretest and posttest tape recordings.

Participants chose to join either a treatment group or a control group, and these groups differed in the amount of time required to complete the research. Participants were then randomly paired, and each participant role-played as a leader or a subordinate. To control for practice effects, the leader and subordinate switched roles and did not receive the same case scenario. Participants who were in the treatment group completed the pretest, active listening skills training, and the posttest. Participants in the control group completed only the pretest and posttest. To control for experimenter bias, the first author reviewed the posttest tape recordings of the participants taught by the second author, and the second author reviewed the posttest tape recordings of the participants taught by the first author. Each author reviewed the pretest tape recordings of the participants within his or her own courses and workshops.

Data Analysis

Demographics, including age, educational level, rank, prior active listening training, and prior counseling training, were collected and compared between the treatment and the control groups to determine if any differences were present prior to the onset of the research. Age was compared using a *t*-test with $\alpha = .05$. Distributions of educational level, rank, prior active listening training, and prior counseling training were compared between groups using a chi-

square test. Analysis of variance (ANOVA) was used to compare the change in outcome variables between the treatment and control groups during the research period. The findings showed that none of the covariates were significant in the final models. Treatment effect was tested in the model by comparing the percent change to determine if the change in outcome variable over time was different between participants in treatment and control groups. Finally, models using percent change in outcome variables as the dependent variable, and including a group-by-treatment interaction, were used to determine if the effect of the treatment was different in ROTC vs National Guard participants. We used an alpha level of .05 for all analyses.

Results

Demographics

All demographics are presented in Table 1. Results of *t*-tests revealed no differences in age between control and treatment groups. Additionally, chi-square analysis revealed no difference in the distributions of educational level, rank, prior active listening training, or prior counseling training between treatment and control groups.

Table 1

Participant Demographics

	Control (<i>n</i> = 59)	Treatment (<i>n</i> = 61)
Age	29 [18-56]	26 [18-52]
Education Level		
High School	7	10
Some College	27	31
Vocational	5	4
Bachelors	14	10
Masters	5	4
Professional	1	2
Rank		
NCO	23	12
Officer	8	10
ROTC	28	39
Prior Listening Training		
None	38	42
Minimal	10	8

Table 1 continued

	Control (<i>n</i> = 59)	Treatment (<i>n</i> = 61)
Some	10	10
Fair	1	1
Prior Counseling Training		
None	27	36
Minimal	23	18
Some	6	6
Fair	3	1

Active Empathetic Listening Scale

The overall mean AELS score improved during the research period in the treatment group ($M_{\text{treatment}} = 2.2\% \pm 1.0\%$, $M_{\text{control}} = -3.3\% \pm 1.1\%$, $p < .001$), and the results were not statistically significant comparing ROTC and National Guard participants (group-by-treatment interaction, $p = .90$).

For the Sensing subscale, a positive effect of the treatment was observed with the treatment group increasing their score while the control group decreased their score ($M_{\text{treatment}} = 3.7\% \pm 1.3\%$, $M_{\text{control}} = -3.0\% \pm 1.3\%$, $p < .001$). The results were not different between ROTC and National Guard participants (group-by-treatment interaction, $p = .50$). On the Processing subscale, no significant treatment effect was observed ($M_{\text{treatment}} = 1.0\% \pm 1.3\%$, $M_{\text{control}} = -1.1\% \pm 1.3\%$, $p = .30$), and the results were not statistically significant comparing ROTC and National Guard participants (group-by-treatment interaction, $p = .10$). Results for the Responding subscale were similar to those of the Sensing subscale with an overall positive treatment effect being observed ($M_{\text{treatment}} = 1.7\% \pm 1.3\%$, $M_{\text{control}} = -5.1\% \pm 1.3\%$, $p < .001$). For the Responding subscale, results were not statistically significant comparing ROTC and National Guard participants (group-by-treatment interaction, $p = .50$). The results are shown in Table 2.

Table 2

Percent Change in Scores from Pretest to Posttest

Scale	Control	Treatment	<i>p</i>
AELS Overall	-3.3 ± 1.1	2.2 ± 1.0	$< .001$
Sensing	-3.0 ± 1.3	3.7 ± 1.3	$< .001$
Processing	-1.1 ± 1.3	1.0 ± 1.3	.3
Responding	-5.1 ± 1.3	1.7 ± 1.3	$< .001$
Self-Assessed Skill	7.9 ± 10.3	25.7 ± 10.0	.2
Self-Assessed Exploration	4.8 ± 8.0	0.4 ± 7.9	.7

Table 2 continued

Scale	Control	Treatment	<i>p</i>
Self-Assessed Deepening	4.9 ± 6.1	3.9 ± 6.0	.9
Self-Assessed Session Management	4.7 ± 26.4	-27.6 ± 26.0	.4
Observer-Assessed Skill	-0.5 ± 2.1	14.5 ± 2.0	< .001
Observer-Assessed Exploration	-2.1 ± 2.0	18.5 ± 1.9	< .001
Observer-Assessed Deepening	0.2 ± 1.6	14.8 ± 1.6	< .001
Observer-Assessed Session Management	-0.9 ± 2.0	16.7 ± 2.0	< .001

Note. Data are given as percent change ± standard error. *p*-values represent between-group differences tested by ANOVA.

Counseling Skills Scale Self-Evaluation

On the Showing Interest subscale, there was no observed treatment effect overall ($M_{\text{treatment}} = 7.9\% \pm 10.3\%$, $M_{\text{control}} = 25.7\% \pm 10.0\%$, $p = .20$). No treatment effect was observed for Exploration ($M_{\text{treatment}} = 0.4\% \pm 7.9\%$, $M_{\text{control}} = 4.8\% \pm 8.0\%$, $p = .70$) or for Deepening the Session ($4.9\% \pm 6.1\%$ and $3.9\% \pm 6.0\%$, respectively, $p = .90$). In the area of session management, no treatment effect was observed ($4.7\% \pm 26.4\%$ and $-27.6\% \pm 26.0\%$, respectively, $p = .40$). Results were not different between ROTC and National Guard participants for any of the self-evaluated subscales (group-by-treatment interaction, $p = .05$). The results are shown in Table 2.

Counseling Skills Scale Observer-Evaluation

Positive effects of the treatment were observed for all counseling skills areas. For the Showing Interest subscale, the treatment group improved by $14.5\% \pm 2.0\%$ compared to $-0.5\% \pm 2.1\%$ for the control group ($p < .001$). For the Exploration subscale, the treatment group improved by $18.5\% \pm 1.9\%$ compared to $-2.1\% \pm 2.0\%$ for the control group ($p < .001$). In the Deepening the Session subscale, the treatment group improved by $14.8\% \pm 1.6\%$ compared to $0.2\% \pm 1.6\%$ for the control group ($p < .001$). For Session Management, the treatment group improved by $16.7\% \pm 2.0\%$ compared to $-0.9\% \pm 2.0\%$ for the control group ($p < .001$). Results were not statistically significant comparing the ROTC and National Guard participants for any of the observer-evaluated subscales (group-by-treatment interaction, $\alpha = .05$). The results are shown in Table 2.

Discussion

Active listening has been shown to be useful in multiple disciplines (Rogers & Welch, 2009; Bryant, 2009; Bylund et al., 2008; McNaughton et al., 2008; Ammentorp et al., 2007; Fassaert et al., 2007; Libert et al., 2006). However, even though active listening skills have been identified as critical to establishing performative relationships and generally agreed upon as important skills in communication, limited knowledge exists on the impact of active listening

skills training on communication skills in Army leaders. Thus, the purpose of this research was to assess the degree to which active listening skills training can impact the communication skills of Army leaders by adapting and implementing an active listening skills curriculum with ROTC cadets and leaders in the Army National Guard. We examined the application and effectiveness of this curriculum during developmental counseling, and we hypothesized that participants who completed the curriculum would improve in their ability to use active listening skills during developmental counseling compared to participants who did not complete the curriculum. Overall, we found preliminary evidence that our curriculum could improve active listening skills in two Army-relevant populations. We discuss this finding further in the sections below.

Active Empathic Listening Scale (AELS)

The AELS is a self-report measure indicating the frequency of perceived self-performance on three empathy-related dimensions: Sensing, Processing, and Responding (Drollinger et al., 2006). Sensing involves concentrating on the speaker's words, feelings, and dynamics within the relationship. Processing encompasses remembering statements and requesting clarification. Responding comprises the use of appropriate attending skills, paraphrasing, and questioning (Bodie, 2011). The mean total score on the AELS from pretest to posttest improved in the treatment group when compared to participants in the control group. This improvement suggests that, upon completion of the active listening skills curriculum, participants in the treatment group perceived their skills in the areas of active and empathic listening to be enhanced.

An overall positive treatment effect was observed for both the Sensing and Processing subscales for participants in the treatment group. After being introduced to the curriculum, participants perceived a stronger ability to identify emotions and meaning beyond what was stated, and to convey understanding via questions or body language. However, leaders in the treatment group did not perceive changes within their processing abilities when compared to the control group. Processing involves remembering the content provided by the subordinate, keeping track of statements, and providing summaries. Given that a listener is required to remember much information in a conversation, it is possible that this particular skill required more practice or the conversation time (15-minute developmental counseling session) was too brief to adequately generate enough information to provide considerable opportunities to track points or summarize.

Counseling Skills Scale Self-Evaluation (CSS)

The CSS is organized into four subscales: Shows Interest (attending to nonverbal behaviors, use of encouragers, and noting strengths), Exploration (questions, paraphrasing, summarizing), Deepening the Session (reflection of feeling, immediacy, confrontation), and Session Management (opening and closing a session, using various skills during a session). A significant percent change in score from pretest to posttest was not observed in the treatment group when compared to the control group. Participants, regardless of the group, tended to rate themselves high on the pretest without knowledge or practice of the active listening skills. Furthermore, these ratings may also indicate that military leaders and cadets believe that they

listen well regardless of the familiarity, understanding, and application of the active listening skills.

Counseling Skills Scale Observer-Evaluation

All subscales for the treatment group showed a significant percent change in scores from pretest to posttest when compared to the control group. Control group participants were limited on active listening skills resulting in shorter sessions, the use of numerous closed-end questions, and very limited collaboration on directives and/or an action plan. The lack of knowledge and experience with active listening skills resulted in sessions consisting of directives and education on resources, rather than exploring a topic or issue with a subordinate and initiating a collaborative plan. Overall, these findings were likely because the active listening curriculum was designed to provide guidance on gathering information, reflecting on feelings, being empathetic, and paying attention to nonverbal behaviors.

ROTC versus National Guard

No significant changes were observed on any of the instruments when comparing the ROTC cadets and the National Guard leaders. Active listening skills were readily learned regardless of age or rank. Considering that active listening skills training is currently limited in the Army, it appears that participants may have emulated the models from whom they received developmental counseling, or whom they previously observed.

Limitations

Several limitations exist within this research. First, participants were all residing in only one state in the United States. Due to the lack of variability in location, the generalizability of the results may be limited. Additionally, only cadets and Army National Guard leaders were included in the research. Different results may be obtained if the research was replicated with active-duty Army leaders.

Another limitation of this research was that participants self-selected into groups. This self-selection occurred because the treatment and control conditions differed in the amount of time they required, and we were required to allow participants to make informed decisions based on their available time. Because of this limitation, treatment and control group participants may have systematically differed in critical ways that we did not measure.

Additionally, control-group participants may have suspected that they were in the control group as they did nothing related to the research between the pretest and the posttest, and this suspicion may have impacted their responses on the instruments (Boot et al., 2013; Stothart et al., 2014).

The time between the pretest and the posttest was approximately two days. This short time may have allowed participants to recall their initial responses, or they may have experienced fatigue from repeating the assessments. Additionally, the rate of change observed between the treatment group and the control group may have resulted from motivation to

perform well after learning the skills or motivation to effectively demonstrate their skills to the instructor.

Finally, recruitment was a barrier to obtaining participants. Recruitment efforts were easier for ROTC, because the efforts included encouragement by Army ROTC cadre as well as visits to ROTC classrooms to discuss the benefits of completing a course in active listening skills. Recruitment for the Army National Guard was limited to emails to commanders, with the hope that the commanders would disseminate the information, and a flyer in the National Guard Association newsletter.

Future Research

Although this research provides promising preliminary evidence that an active listening curriculum could improve active listening skills among an Army population, there are several items future research should assess in regard to active listening in the Army. First, future research should prevent self-selection into groups and use active control groups that are equivalent to treatment groups in terms of participant expectations for improvement. Second, future research should use independent observers, if observers are used to rate participant performance. Third, future research should not only assess key performance metrics immediately before and after an active listening intervention, but also months or even years after an active listening intervention. Finally, future research should use a more diverse assessment of active listening performance. The current research used ratings on the CSS, but future research could also use observations from participants' superiors, peers, and subordinates.

Conclusions

This research includes preliminary evidence of the importance of providing opportunities for the learning, application, and practice of active listening skills in the Army. With the significant rate of change in various active listening skills, the research supports the need to implement an active listening skills curriculum with Army leaders to provide knowledge on the necessary skills required to identify, explore, process, and respond to a situation or a crisis with a subordinate. The Army Reserve Officers' Training Corps (ROTC) produces over 70% of the total officer corps via 270 host institutions and over 1,000 partnered colleges (U.S. Army Cadet Command, 2018). Therefore, training may be best implemented during ROTC to provide opportunities for most military leaders to learn the skills early in their careers, and to enable the leaders to immediately begin developing their subordinates effectively. In support of this, a self-paced learning resource, adapted from the training modules, was developed to help ROTC cadets and enlisted Soldiers develop their active listening skills (Stothart et al., 2022). This resource is currently available on the Defense Technical Information Center.

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Appendix A. Active Empathic Listening Scale

Please read each statement and put an “X” in the column that best indicates how frequently you perceive the statement to be true about you:

	Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true
I am sensitive to what others are not saying.							
I show others that I am listening by my body language (e.g. head nods).							
I summarize points of agreement and disagreement when appropriate.							
I understand how others feel.							
I keep track of points others make.							
I assure others that I am receptive to their ideas.							
I listen for more than just the spoken words.							
I assure others that I am listening by using verbal acknowledgements.							
I am aware of what others imply but do not say.							
I ask questions that show my understanding of others' positions.							
I assure others that I will remember what they say.							

Appendix B. Counseling Skills Scale

Please put an “X” in the box that you feel most applies to your use of listening skills in the developmental counseling session that you just completed (rubric will be provided).

Skill	Skill Descriptor	5	4	3	2	1	NA
Eye Contact	Maintains appropriate eye contact (culturally and contextually)						
Body Language	Consistently maintains an open and relaxed posture. Dressed appropriately. Highly developed.						
Encouragers	Repeats key words and phrases. Uses prompts. Uses silences helpfully.						
Vocal Tone	Uses vocal tones that match the sense of the session and goals. Communicates caring.						
Evoking Subordinate Strengths	Includes questions and reflections related to assets and competencies, positively reframes subordinate's experience.						
Questioning	Asks open questions that encourage the subordinate to continue talking and to provide information. Does not overuse questions.						
Paraphrasing	Engages in brief, accurate, and clear rephrasing of what the subordinate has expressed.						
Summarizing	Makes statements at key moments in the session that capture the overall sense of what the subordinate has been expressing.						
Reflection of Feeling	States succinctly the feeling and the content of the problem faced by the subordinate.						
Immediacy	Recognizes here and now feelings, expresses verbally something occurring at the moment within the session. Counselor makes note of patterns, themes, leader/subordinate relationship issues, and discussion of currently experienced emotions.						

Caring Confrontation	Expresses observations of discrepancies. Discussion of differences in statements, emotions, and body language.						
Reflection of Meaning	Reflects spoken or unspoken meanings from subordinates. Looks for the underlying meanings and expresses them to the subordinate accurately.						
Opening	Smoothly and warmly greets the subordinate, offers summary of last session if applicable, and transitions into the working part of the session.						
Directing/Focus	Exploring the story, developing understanding, clear evidence of working with interventions, creating change.						
Closing	Timely ending of session, summarizing session, planning for future sessions if needed.						

Appendix C. Mock Developmental Counseling Case Scenarios

Vignette #1

Leader: A subordinate was over the weight requirements and did not pass the run on the Army Physical Fitness Test. You need to provide verbal counseling to the subordinate regarding his/her failure and work to resolve the issue.

Subordinate: You have been working the night shift at your civilian job and are having difficulties fitting in time to prepare for the Army Physical Fitness Test. You recently divorced your spouse, so you had to take on extra shifts in order to pay the legal debt that you have acquired. You have recently failed the Army Physical Fitness Test by not meeting the weight requirement and failing the run. You are discouraged about the failure; however, you justify it, because you are in immediate need of money. You lack motivation to make changes.

Vignette #2

Leader: Recently, you have heard rumors that a subordinate might have a drinking problem. You have heard that he/she has been going to bars and spending a lot of money buying drinks for his/her friends. The subordinate has started to miss formation or show up late, and you need to provide verbal counseling to the subordinate before the situation becomes more serious.

Subordinate: You moved away from your family, so you lack a social network. You feel lonely and isolated. Recently, you have been going to bars and spending a lot of money buying drinks for you and your friends. You see this as your only option to have friends, and it helps you feel like you belong. Due to your increased drinking, your bank account is low, and you worry about money to pay your rent. You have also had hangovers, so it has been difficult for you to get out of bed in the morning resulting in missing formation or showing up late.

Vignette #3

Leader: Recently, you have noticed some behavioral changes in a subordinate. You know that he/she recently returned from a deployment where combat was experienced. You have heard that the subordinate is having marital problems. The subordinate has appeared angry and has started engaging in conflict with other Soldiers. You overhear a conversation where the subordinate threatens to punch another Soldier. You are concerned about the subordinate's overall health and well-being. You need to provide verbal counseling to the subordinate.

Subordinate: You recently returned from a deployment where you experienced combat. You observed some civilian deaths. You are constantly re-experiencing the events from your deployment and cannot control your anger. Your spouse is scared of you and doesn't understand your responses. You feel as if other Soldiers aren't doing their jobs, and you have started yelling at them. You recently threatened to punch another Soldier. You understand that your anger is out of control, but anger seems to be the only emotion that you have been able to feel.

Vignette #4

Leader: You are on your second deployment overseas, and you notice that one of your subordinates has been isolating himself/herself. It is the subordinate's first deployment, and

he/she recently had a baby with his/her significant other prior to the deployment. You suspect that the subordinate may be depressed. To help with the transition, you provide verbal counseling to the subordinate.

Subordinate: You are on your first deployment, and you recently had a baby with your significant other. When you talk to your significant other, you hear about all of the milestones your baby is accomplishing while you are gone (e.g. rolling over, crawling, eating baby food, etc.) You are experiencing symptoms of depression – isolating yourself from others, hopelessness, insomnia, and reduced appetite. You have six more months left of your deployment, and you don't know how you are going to survive.

Vignette #5

Leader: You went home on leave, and your XO was acting commander during that time. The XO completed tasks in a timely manner and established a positive atmosphere with his/her subordinates by providing positive feedback and initiating team building activities. It is time to complete developmental counseling with your XO, so you need to provide feedback as well as set future goals.

Subordinate: You filled in for your commander while he/she was on leave. You enjoyed your time as acting commander, especially your interactions with your subordinates, and are excited for your future as a commander. You feel as if you have several strengths (assertiveness, empathy, passion for the military) that will enable you to be successful as a commander. You worry about some of your areas of improvement (anxiety, knowing when to say no, and trying to please everybody). It is time for your developmental counseling session with your commander where he/she will help you initiate goal setting to prepare you for your future in the military.