

OUR MENTAL HEALTH MATTERS

IDENTIFYING AND ADDRESSING TOXIC BEHAVIOR IN YOUR RANKS

The intention of this article is to provide clarity and solutions that start at the lowest organizational level, empowering leaders to see a clear path forward when faced with toxic behavior in their ranks. Change is contagious. Make a commitment to lead by example and eliminate toxic behavior when it emerges in your sphere of influence.

For the purpose of this article, toxic behavior will be defined as actions that promote the success of the individual at the expense of mental or physical harm to others. The behavior includes, but is not limited to: micromanaging, mistreating, abusing, or being unapologetically insensitive to others, sexual harassment, favoring some team members while marginalizing others, setting unrealistic expectations, sabotaging the work of others, spreading rumors to harm someone's reputation, taking credit for other's work, using sarcasm instead of clear communication, passive-aggressive actions or retaliation to negative feedback.

Toxic behavior destroys unit morale and creates a toxic work environment which leads to reduced productivity, breakdowns in communication, an increase in the mental and physical health issues of those around them, and ultimately, toxic organizational culture. Retired Colonel Kenneth Williams (U.S. Army), former Pentagon chaplain with a PhD in leadership and organizational change, wrote multiple articles about the threat toxic behavior poses to core military values and organizational culture. In his 2019 article, *The Cost of Tolerating Toxic Behaviors in the Department of Defense Workplace*, he collected and analyzed available data on quantifiable variables such as absenteeism, medical costs of managing stress-induced mental and physical health issues, and replacement costs of departing personnel who were victimized or chronically exposed to toxic behavior in their work areas. Based on his estimates, for fiscal year 2018 “...the cost of toxic leadership to the U.S. Navy was \$2,110,111,834, with 113,704 active duty and federal civilians impacted, and 73,316,071-man hours lost.”

Although toxic behavior is often evident to those of equal or lesser rank to the individual, those above them may be blissfully unaware or believe the problem is far less severe than it is as the toxic individual is almost always accommodating, responsive, respectful, enthusiastic, and charming with their superiors. As a result, toxic behavior can be difficult for leaders to identify. Furthermore, an ethical leader working to address toxic behavior must be supported by his/her superiors while he/she balances the rights of the victim and alleged perpetrator. Since toxic individuals can be master manipulators, they often, for example, accuse the ethical leader of toxic leadership in an attempt to derail the leader's efforts to address misbehavior. Without proper support from above, the ethical leader may feel alone while perceiving to be under attack in a precarious, no-win position, causing him/her to freeze, and allowing the misbehavior to continue.

In the military we often talk about the fight/flight/freeze response with regards to combat and trauma, but this innate survival instinct also appears when confronted with moral situations. As an operational psychologist I have witnessed even the most experienced, ethically-sound leaders struggle when confronted with this unfortunate predicament: “*Do I address the allegations of misbehavior in my unit and risk reprisal from the individual accused of being toxic? Or perhaps I should just focus on other challenges in the unit and hope the situation resolves itself?*” The feedback I have had over the years is that military leadership programs thoroughly cover the aspirational qualities of a good leader and address the impact of toxicity on organizational morale, but are less detailed (with the exception of sexual harassment) in providing concrete steps for leadership to utilize when they are the one tasked with addressing the toxic individual. This lack of clear guidance may lead to an unintentional or intentional default position of “wait and see what happens” approach.

However, “wait and see what happens” is problematic for many reasons, not the least of which is that the higher in rank these individuals rise, the more people they will impact. The line between effective and abusive leadership can be murky and is made more complicated by the fact that individuals exhibiting abusive behavior towards subordinates are usually competent, socially gifted, highly ambitious personnel who excel at charming those in their chain-of-command and writing impressive-sounding bullets for their performance reports and rewards packages. They are also excellent at taking credit for the accomplishments of others and utilizing the Chain-of-Command guidance to their advantage. Chain-of-Command communication is efficient and effective when used as intended, but has the unintended consequence of enabling abusers to control, change, or withhold key information from senior leaders. Military leaders may be hesitant to counsel or discharge an intelligent, hard-working individual in a leadership position who lacks empathy and abuses their position because even though they may be micromanaging their subordinates, the work is getting done. This creates further confusion when individuals known to be abusive and tyrannical are promoted, creating dissonance between doctrine and action. Service members may infer they must assimilate or separate, undermining morale or costing the military millions of dollars in recruiting and training.

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Tackling the Issue Head-On: These are some steps for ethically and fairly addressing unacceptable behavior in your unit.

1. Create an active organizational culture of respect, courtesy, transparency, integrity, and psychological safety. The leader sets the tone, and it is their responsibility to establish a benchmark for what is and is not acceptable behavior.
2. Nurture interpersonal respect by ensuring all team members know and appreciate what each team member brings to the table. Team members may be able to cover each other's jobs, but each person likely has a task or skill in which they shine.
3. Spotlight even small accomplishments and make sure feedback is balanced, not just punitive. For example, during huddles have each individual express appreciation for another team member who helped them out that week. Pitch in on grunt work occasionally. Solicit ideas from others and use the good ones. Make 360-degree feedback standard for every member of the unit regardless of rank. Let your people vote on what they'd like to do for morale events, etc.
4. Identify toxic behavior. If toxic individuals are experts at impression-management and gaming the system, how can you identify them? The first clue may be a trail of depressed subordinates they leave in their wake. Therefore, it will be important to reach out to previous organizations to see if there is a pattern of toxic behavior from the alleged perpetrator. To help assess that issue, here are some sample questions: *"Is there a shop with an unusually high attrition rate or members on medical profiles? Is the leadership of that unit consistently submitting awards packages for themselves while their subordinates go unacknowledged? Have you heard complaints from multiple sources about a particular individual but disregarded these complaints since you know this person to be a likable hard charger who gets things done? Does a subordinate leader paint a rosy picture of their shop which contradicts information from other sources? When you address concerns about their shop do they take accountability themselves or do they point the finger at the "troublemaker" or "lazy sailor" that works for them?"* Also, beware of subordinate leaders who never bring you problems, this may mean they care more about the image they present to you than about the mission or their people. While military culture prizes problem-solvers, this does not mean expecting perfect operations from your subordinate leaders. They should be coming to you to help them solve issues they are struggling with. According to Colin Powell, *"[l]eadership is about solving problems. The day employees stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help or conclude you do not care. Either case is a failure on leadership."* None of these scenarios are in themselves sure indicators of a toxic individual, but if you see a pattern, it may indicate a closer look is needed. Gather as much factual information as you can. Consult with your EEO and/or inspector general offices; you may be able to request a sensing session by an independent third party. If your unit is assigned an embedded mental health professional, they may be able to help.
5. Prior to meeting with the alleged perpetrator, compile a list of well-documented concerning events/behaviors as well as the times and locations where these occurred. Make sure to find facts from the alleged perpetrator as well. It is extremely important that you get all sides of the story. Do not make accusations. Present the allegations and allow the individual the opportunity to present their side, backed by evidence and documentation. It is important to gather all the information needed to make a fair decision. Utilize reflective listening and eye contact. Treat them with dignity and respect, and allow them the opportunity to respond and express frustration. Acknowledging feelings is not the same as agreeing with them.
6. If complaints are well-founded, the member of the team with the authority to impose clear consequences should meet one-on-one with the individual, initiating behavior-based feedback, and outlining specific ways the individual is causing harm. Do not attack the individual's character or make assumptions about their intentions. For example, "That type of language is offensive to team members and violates the stated values of this organization" vs. "You are a disgrace to the uniform."
7. Be specific with expectations. Identify the behavior that needs to change, when it needs to change by, and the consequences should this change not occur. Also provide resources like training, coaching, and mentoring to facilitate the change.
8. Make sure that the consequence is appropriate to the misbehavior and is something you are prepared to follow through. Threats followed by inaction convey that the misbehavior can continue and that the process before it was just for show.
9. Document everything (the facts, timeline, behavior that needs to be changed, time frame for change, and consequences). Send this to the individual via encrypted e-mail so that there is a time stamp. Continue to document all interactions, positive and negative, and keep a timeline so that you have evidence that you addressed the issue firmly but respectfully.
10. Monitor the individual's progress. It is important to provide positive feedback as the perpetrator makes progress, humans learn better when praised for good behavior along the way. Enforce stated consequences when appropriate. ■

[See next page for references and biographies]

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Newsletter Contributor Biography

Dr. Nicole Stoughton, Psy.D. has been a Clinical Psychologist for the Department of Defense since 2016. In 2019 she was offered the Operational Psychologist position in the first Multidisciplinary Embedded Resiliency Team created by the United States Space Force Chief of Space Operations General Raymond for the U.S. Space Force. In that role, she researched, designed, and implemented multiple original programs targeting the development of healthy military culture and promoting psychological fitness training to better prepare Space Force members to face the inevitable personal and professional challenges of military service. In 2022 her Operational Resiliency Team was awarded the Department of Defense Promoting Excellence in Prevention Team Award for their work with Space Deltas 8 & 9. On 18 January 2023, she was awarded the Meritorious Civilian Service Medal by the Department of the Air Force.

She is currently assigned to Psychiatric Continuity Services (PCS), Behavioral Health Directorate, Walter Reed National Military Medical Center, Bethesda, MD.



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