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Becoming Whole Again:

A Qualitative Study of Veterans' Return to Civilian Life

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Katherine Mitchell

We, the dissertation committee for the above candidate for the
Doctor of Philosophy degree, hereby recommend
acceptance of this dissertation.

Carolyn Peabody – Dissertation Advisor
Clinical Associate Professor, Stony Brook University
School of Social Welfare

Joel Blau, DSW- Chairperson of Defense
Doctoral Program Chair, Stony Brook University
School of Social Welfare

Shelly Cohen, PhD - Dissertation Co-Advisor
Clinical Assistant Professor
Stony Brook University School of Social Welfare

Denis Demers, PhD, Outside Member
Peer Training Coordinator (retired)
PFC Joseph Dwyer Veterans Peer Support Project

This dissertation is accepted by the Graduate School

Charles Taber
Dean of the Graduate School

Abstract of the Dissertation

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Veterans returning from the recent Middle East wars report struggling with a variety of transition issues related to wartime experiences and due to the socialization they received as part of their indoctrination into military life. Many veterans experience practical and emotional adjustment challenges related to experiences common to military personnel regardless of combat exposure that may not appear for months or years after separating from the military.

Much of the existing research has focused on quantitative measures of veterans' transition. There is a need for a greater qualitative research focus on understanding the subjective experience of coming home and what strategies veterans are using to support their return to civilian life.

This study explored how veterans' experience the return to civilian life with the goal of identifying components of an optimal transition.

Using qualitative methodology, forty veterans were interviewed using a semi-structured interview guide. A phenomenological orientation guided the study emphasizing the lived experience of the participants. Thematic analysis of the study data was used to identify patterns and emergent themes. Social identity theory and attachment theory were used as the framework for understanding the persistent power of indoctrination into military identity and attachment to one's comrades as both a source of significant loss and a potential asset to be utilized in facilitating the transition to post-military life. Using the transition criteria in the Military to Civilian Questionnaire (Sayer, et al 2011), study participants were divided into three groups based on level of functioning at the time of the interview.

The findings suggest that veterans who experience the most successful transition have connected to community providing social support and created new meaning and mission for their lives. The best functioning veterans were able to access an array of coping skills allowing them to process emotions and engage in the tasks of creating a meaningful civilian life. The study proposes a model for assessing veterans leading to a continuum of care.

The study findings have important implications for collaborative programs and policy and the social work profession. Recommendations for future research are included.

Dedication Page

To my family: My children Sean Hartnett, Denis Hartnett and Daniel Brook Hartnett, United States Navy, Johanna Sanchez and Daniel Hartnett

To my parents: Wilmot Brookings Mitchell II, USN and Monica Rockford USN and my brother, WB “Mitch” Mitchell

And to all the men and women who faithfully and selflessly serve our country. It is my hope that this work goes out into the world to help heal your hearts.

PFC Joseph Patrick Dwyer
Specialist: Combat Medic
3rd Infantry Division
United States Army
09/28/1976-06/28/2008

Table of Contents

Appendices

List of Terminology and Abbreviations

Abbreviations

ASVAB: Armed Services Vocational Aptitude Battery

BUD/S: Basic Underwater Demolition/SEAL Training

DoD: Department of Defense

DD214: Official Discharge Document

MOS: Military Occupational Specialty

NCO: Non- commissioned officer ranking from E5 to E8. A military officer who has not earned a commission

OIF: Operation Iraqi Freedom

OEF: Operation Enduring Freedom

OND: Operation New Dawn

PT: Physical Therapy

SEAL: United States Navy Sea, Air and Land Teams

VA: Veterans Administration

Terminology

Battle Buddy: A partner assigned to a soldier. Assisting both in and out of combat

Commissioned Officer: An officer whose rank is confirmed by a government document

Deployment: Activities required to move military personnel and materials from a home installation to a specified destination.

Enlisted personnel: Any rank below that of commissioned officer

GI Bill: Service Mans' Readjustment Act of 1949. Most recently updated and referred to as the Post 9-11 GI Bill.

Separated: Completion of a military contract for service upon reaching the date of Expiration of Term of Service. Upon Completion the service member receives a DD214

Type of Discharge:

Honorable Discharge

Dishonorable Discharge

Medical Discharge

List of Charts:

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Preface

My interest in learning about veterans and reintegration begins with a story about cycling and brotherhood.

In 2012 a friend, knowing how much I enjoy long distance cycling, invited me to join him for a community soldier ride on Shelter Island, NY near where I live. I gladly accepted anticipating a beautiful day with a good friend. I got that and so much more. We ended up riding behind the group of wounded veterans who led the ride using adaptive hand cycles surrounded by an able-bodied group of veteran cyclists who were tasked with supporting their comrades throughout the ride. As we approached the first of many steep hills we had to negotiate, I watched in awe as the disabled riders, madly pumping their arms in an effort to get their hand cycles up that hill, slowed and eventually nearly stopped because they simply did not have the momentum to make it to the crest. At that moment I witnessed what seemed to me at that time to be extraordinary. As they were peddling. the able bodied riders jumped off their bikes, handed it off to another rider and proceeded to literally push the disabled rider in the hand cycle up the rest of the hill until momentum took over and they good easily coast down the other side. This continued for the entire hilly 30 mile ride. Those veterans were there for their injured brothers.

As a civilian I had never witnessed such a powerful concrete example of the brotherhood of soldiers. I was very moved and impressed by what I saw but it wasn't until sometime later that I came to understand the meaning of what I had seen and the impact on me as the idea of this dissertation research evolved.

Acclaimed author and journalist, Sebastian Junger in his TED talk "Why Veterans Miss War" provides a context in which to understand the meaning of what I witnessed among these

cyclists. Based on his many years as a documentary filmmaker and as an embedded journalist covering war, Junger explained that while in combat soldiers have a profound experience of brotherhood, knowing that the person next to you will literally give his life for you and you for him. Junger, talking about Brendan, a young Army veteran who tells a dinner companion what he misses about his time in the military, opined that:

> I think what he missed is brotherhood. He missed, in some ways, the opposite of killing. What he missed was connection to the other men he was with. Now, brotherhood is different from friendship. Friendship happens in society, obviously. The more you like someone, the more you'd be willing to do for them. Brotherhood has nothing to do with how you feel about the other person. It's a mutual agreement in a group that you will put the welfare of the group, you will put the safety of everyone in the group above your own. In effect, you're saying, "I love these other people more than I love myself."

Junger went on to observe that for soldiers like Brendan and perhaps all military personnel, the return to civilian life requires leaving that intense experience of meaning, purpose and brotherhood, a loss which is only compounded by the ungrieved losses of combat, and leads to the feelings of purposelessness, lack of meaning and disconnection described by the veterans interviewed for this study regardless of whether or not they had combat tours.

> So you think about Brendan, you think about all these soldiers having an experience like that, a bond like that, in a small group, where they loved 20 other people in some ways more than they loved themselves, you think about how good that would feel, imagine it, and they are blessed with that experience for a year, and then they come home, and they are just back in society like the rest of us are, not knowing who they can count on, not knowing who loves them, who they can love, not knowing exactly what anyone they know would do for them if it came down to it. That is terrifying.

With this insight, this dissertation research was designed with the goal of learning about the reintegration experience of veterans who served between 1990 and 2014, understanding what is helping them with the return to civilian life and identifying the components of a successful reintegration.

Chapter I: Introduction

Background and Context

Since 1990 the United States has been involved in two major Middle East conflicts involving the deployment of nearly 3,000,000 active duty and reserve service members. Over 400,000 were deployed to Operation Desert Storm in 1991 (Sutker et al, 1993). The September 11, 2001 attacks marked the beginning of nearly 15 years of war in Iraq and Afghanistan. An estimated 2.6 million service people have gone to war serving in Operation Iraqi Freedom (March 2003 through August 2010) /Operation Enduring Freedom (October, 2001 -2014) /Operation New Dawn (September 2010 through December 2011) (OIF/OEF/OND) (White, 2014). And to be clear, these conflicts continue to the present day despite the fact that they are no longer front page news. Publicly available websites such as navy.mil report that U.S. military vessels and marine aircraft continue to engage in airstrikes with the goal of eliminating the threat of ISIS.

The OEF/OIF/OND conflicts are unique in U.S. military history in that they rely on an all-volunteer professional military and large numbers of reservists many of whom see three or more lengthy deployments. (Savitsky, Illingworth and DuLaney, 2009; Demers, 2011; Sayer, Carlson, & Frazier, 2014). Some additional characteristics of these conflicts include:

- Nearly 45% of the total military force made up National Guard and Reservists also experiencing an unprecedented rate of multiple deployments
- Over 160,000 (12% of total forces) female soldiers deployed to Iraq and Afghanistan
- A more racially diverse troop-force with 66% white and 33% non-white troops

- Higher average age of service people than at other times
- Greater percentage of married service personnel
- Higher percentage of troops displaying pre-existing mental health diagnoses, or histories of abuse or trauma. (Schoenbaum et al, 2014)

With the use of body armor and improved battlefield triage, soldiers who would have died in earlier times are surviving, often with serious physical and psychological injuries and permanent disabilities. Casualty reports from 2001 to 2013 indicate 6,000 fatalities and over 51,809 injured service members. (Congressional Research Service, February 14, 2014; Adams, 2013).

The measure of the cost of war is not limited to casualties in battle. While many returning OEF/OIF/OND veterans experience a smooth transition from military to civilian life, a significant percentage of veterans are challenged to cope with practical tasks of daily living. Estimates range from 25 to 45% of veterans who experience difficulty with functioning in a major life domain including employment, education, housing, relationship issues, domestic violence and substance abuse. (Savitsky, Illingworth and DuLaney, 2009, Crocker et al, 2014).

Studies of military personnel in the current war in Iraq and Afghanistan show that many soldiers come home and suffer with a variety of psychological disabilities and traumatic brain injury (TBI); the so-called 'invisible wounds of war'. Most common among them are depression, anxiety, uncontrollable anger, post traumatic stress disorder (PTSD), substance abuse, moral injury and survivor guilt (Sayer, 2014). Sayer et al (2014) cite a study indicating that among OEF/OIF veterans who used VA services between 2001 and 2013 54% had a psychiatric diagnosis. Of those, 29% were diagnosed with PTSD. Other cross sectional studies

have found the prevalence of mental health disorders which can include major depressive disorder, generalized anxiety disorder or PTSD and substance abuse ranging from 17 to 35% of veteran participants. (Hoge et al 2004, Seal, Bertenthal, Miner, Sen and Marmar, 2007,).

In addition, longitudinal research tracking mental health status in veterans over time suggests that assessments of mental health immediately after deployment may underreport the long term prevalence of mental health problems. Among returning OEF/OIF veterans the rate of mental health problems increases significantly after the first six months post-deployment and continues to increase over time (Sayer, 2014).

Sayer and colleagues also note that "even in the absence of diagnosable disorders, many (veterans) experience functional problems that impede full reintegration into civilian life" (Sayer et al 2014, p. 33) Certain reintegration experiences such as feeling like a guest in one's own home, loss of a sense of mission or purpose, frustration with the lack of structure and routine that often characterizes daily life which seem to predictably characterize the return to life at home (Beder, Coe and Sommer, 2011; Demers, 2011) occur regardless of mental health status or combat deployment. These experiences and tasks are part of the to-be-expected process of leaving one culture and returning to another (Bowling and Sherman, 2008, Beder, Coe and Sommer, 2011).

Transitioning from military to civilian life involves not only moving from one culture to another but leaving behind a community of brothers, a profound commitment to the welfare of the group over the individual, a sense of meaning and mission not often experienced in the civilian world and one's identity as a member of the armed forces. To reintegrate means to become "..part of the mainstream of family and community life, fulfilling normal roles and

responsibilities and being an active and contributing member of ones' social group and society as a whole." (Sayer, Frazier, Orazem et al, 2011; Dijkers, M 1998). It also means processing an array of losses which include not only the death of one's buddies but loss of one's identity and the deep bonds of brotherhood, community and purpose. A significant reintegration challenge includes redefining one's identity and finding a new sense of community and purpose. (DeGroat and Crowley, 2014, Junger, 2016).

Previous Studies of VA vs. Non-VA Users

A synthesis of research related to veterans' reintegration by Sayer et al (2014) highlights that most research on veterans' transition experiences is done using samples of veterans using VA services. As of 2014, only 58% of eligible OEF/OIF veterans use VA services. While this is a significantly higher number than in WWII, Vietnam or Korea, it still leaves nearly half of veterans outside the VA system. As Sayer et al (2014) report in a study of 1,292 OEF/OIF veterans comparing VA versus non-VA users, while those who use the VA tend to have a higher likelihood of experiencing reintegration difficulties, at least 25% of the non –VA users also reported at least some problems with reintegration and mental health issues. This suggests that a significant number of struggling veterans are not using VA services. Thus, studies that only sample veterans who use VA services are likely not generalizable to non-VA using veterans who are also struggling with reintegration issues and about whose transition experience little is known.

The Present Study

A 2010 VA working group on Community Reintegration (Resnick, L; Bradford, D; Glynn, S; J Hette, A; Hernandez, C and Wills, S 2012) called for a greater qualitative research focus on understanding the subjective experience of coming home and what strategies veterans are using to support their return to civilian life. In addition, as noted above, most existing research uses samples of veterans who use the VA thus leaving a significant gap in understanding the transition process of veterans who do not access VA services.

Similarly, little research has been done to address soldiers' experience of loss and unresolved grief. Pivar and Field (2004) conducted one of the few studies examining the prominence of grief specific symptoms as distinct from PTSD. Using a sample of 114 Vietnam era combat veterans, the study found that symptoms of grief were distinct from PTSD and depression and that the veterans continued to experience grief over losses that occurred over thirty years prior. The authors conclude that this speaks to the power and depth of the attachment of warriors in a unit during war and the importance of looking at grief symptoms as a phenomenon independent of PTSD and other psychological distress. This is a vastly understudied dimension of veterans' transition both in terms of understanding the nature of such loss and in developing treatment protocols to address it specifically.

There is a need to learn about veterans' experiences regardless of type of deployment status, type of discharge or VA involvement simply by virtue of their common experience of being indoctrinated into military life, active duty and deployment, exiting the military and transitioning to civilian life (Sayer et al, 2014). By learning about both the tasks of reintegration

and the internal emotional experiences with a sample of veterans who are not all VA users and did not all see combat deployments much can be added to what is known about the components that make for a successful transition to civilian life. This study seeks to address this gap in understanding

Statement of the Problem

There is a growing national interest in honoring the sacrifice of this generation of veterans and providing them with the supports and services required to help them make a successful transition to civilian life. While there is a body of quantitative research highlighting the characteristics of the veterans and enumerating the degree to which they struggle with various reintegration tasks, there is a gap in understanding the phenomenology in the words of the veterans themselves and applying that knowledge to developing strategic policies and practices that will best serve this and future generations of veterans.

Purpose of the Study

Using qualitative methodology, forty veterans who were in the military during the time period including Operation Desert Storm through the most recent wars in Iraq and Afghanistan (1990-2014) were interviewed. Through individual stories, the study describes the veterans' experiences of entering the military, indoctrination into military life, active duty and deployment, and transition from military to civilian life. The purpose of the study is to understand the veterans' subjective experience in an effort to identify the components of a successful reintegration.

The research questions guiding this study are:

1. What meaning does the experience of reintegration have for the veterans in the context of their overall military experience?

2.How do the veterans experience various ways of seeking help as part of their reintegration experience?

3. What are the elements of an optimal reintegration experience?

Significance of the Study

Previous research on veterans' transition issues focuses on the incidence and prevalence of reintegration challenges, and, using qualitative methodology given voice to veterans' transition experiences. This current study expands on that body of knowledge by making the link between reintegration challenges and the indoctrination process experienced by all soldiers, the powerful attachments and bonding to their military comrades, how they process and grieve losses and develop a post-military life. This study will add to what is known about universal aspects of transition and the components of a successful reintegration process that goes beyond the existing emphasis on work force readiness to the emotional process of grieving losses which will pave the way for a successful return to civilian life.

Plan of the Report

Chapter II will present a review of the relevant literature and its implications for the current study. Chapter III will describe the rationale and detail the methodology used for the study. This will include data collection procedures, data management and the data analysis plan. Chapter IV includes a description of the sample of veterans included in the study, detail the study

results and the themes identified from the participant interviews. Chapter V will be a discussion of the results and include discussion of the policy and practice implications of the work.

The following chapter presents a review of literature related to military indoctrination and culture, active duty experience and transition and discussion of relevant concepts and theories: resilience, social identity theory, attachment theory, grief and loss and Post Traumatic Growth.

Chapter II: Review of the Literature

Organization of the Chapter

A comprehensive exploration of veterans' transition from military to civilian life requires understanding not only the concept of 'reintegration' but also how military personnel are indoctrinated into military life, active duty and separation experiences.

This review of the literature will synthesize theory and research about veterans' experiences as recruits and active duty service people. It will examine existing research related to how veterans exit the military and the challenges and opportunities that face them as they transition to civilian life. Also significant is understanding the organizational systems in which they are imbedded, including both the Department of Defense (DoD) and the Veterans Administration (VA) as well as resources veterans are accessing outside the VA system to support their transition.

The chapter will conclude with a review of the literature delineating the concepts and theories relevant to framing the discussion of the study findings: social identity theory, attachment, grief and loss and post-traumatic growth.

Reintegration Defined

The phenomenon of "reintegration" is a multifaceted concept encompassing a complex set of tasks the returning soldier faces as he/she makes the transition from military culture and thinking to civilian life. Because all soldiers go through basic training and serve at least four years of active duty in the military, an environment culturally distinct from the civilian world, reintegration is a process faced by all service personnel regardless of combat deployment. This

discussion of reintegration is therefore constructed from the perspective that transitioning from military to civilian life is a universal experience, which varies in degree depending on factors such as length of service, combat experience and Military Occupational Specialty (MOS).

The World Health Organization's International Classification of Function, Disability and Health defines reintegration as "being part of the mainstream of family and community life, fulfilling normal roles and responsibilities and being an active and contributing member of ones' social group and society as a whole." (Sayer, Frazier, Orazem et al, 2011; Dijkers, M 1998).

The term "community reintegration" is often used interchangeably with "integration" or "reintegration" in the literature. "Integration" implies regaining the ability to fully participate in normal roles. Community reintegration refers to the experience of individuals who are returning to daily life roles following discharge from an institution in which one is separated from the community at large (Crocker et al, 2014). It involves the return to full participation including finding a sense of belonging and connection to other people as well as the return to age, gender and culturally appropriate life roles (Sayer et al, 2011, Crocker et al 2014).

In an effort to capture the unique experience of military personnel reintegrating into civilian life, Sayer et al (2011) developed the Military to Civilian Questionnaire designed to measure the degree of difficulty service members experience with specific areas of psycho-social role functioning regardless of whether or not there is a psychiatric diagnosis. The measurement instrument conceptualizes 'post deployment reintegration' as " the post deployment achievement of satisfactory functioning at home, at work, in relationships and in the community" (Sayer et al, 2011, p 662). The questionnaire operationalizes reintegration as the extent to which the returning soldier functions in the following areas:

- Interpersonal relationships with family, friends and peers
- Productivity in work, school and at home
- Community participation
- Self-care
- Leisure
- Perceived meaning in life (Sayer et al, 2011, p 662)

Reintegration involves finding one's place in the civilian world. Veterans must work through translating skills learned in the military to civilian employment, accessing benefits, housing, healthcare, education and finding a sense of community and purpose.

Early Research on Reintegration

Inquiry into the readjustment experience of veterans began with the National Vietnam Veterans Readjustment Study (NVVRS) (Kulka et al. 1988) which examined the readjustment experience of Vietnam era veterans almost ten years after the United States withdrew from Vietnam. The study indicates that of the 3.14 million male Vietnam combat veterans, 15.2 % (479,000) experienced PTSD symptoms. Of 7,200 females who served, 8.6% (610) experienced similar symptoms. An additional 11.1 % of men and 7.8% of women totaling 350,000 people experienced clinically significant stress reaction symptoms. (Kulka et al, 1988 p.6) The authors found a strong relationship between PTSD and other post war readjustment problems 'profoundly disrupting' the veterans' lives in virtually every area including substance use, risk

for other psychological disorders such as depression, anxiety, divorce rates and difficulties in relationships with spouses and children. The study found that over the long term, veterans who experienced combat related trauma and post traumatic symptoms did experience poorer functioning, difficulty in reestablishing family relationships and were at greater risk for domestic violence than those without trauma. These tendencies were exacerbated by pre-deployment mental health problems and marital difficulties (Kulka, V; Schlegner, J; Fairbank, R; Hough, B; Jordan, K; Marmar, C & Weiss, D , 1988; .Sayers et al, 2009). Added to these stresses, because the Vietnam War lacked national consensus and support, Vietnam era veterans met with public hostility and received little reintegration assistance from the military or their communities (Doyle and Peterson, 2005).

Reintegration as Part of the Deployment Cycle

Only recently has reintegration been recognized as part of the deployment cycle (Savitsky, Illingworth and DuLaney, 2009). The deployment cycle consists of three phases: pre-deployment, deployment and post-deployment. Pre-deployment is a preparation phase in which the service person is training for the mission. Deployment is the time away either in combat or in a temporary duty station away from home. During the post deployment phase, service people return to their military base or their community and go through a process of recovering and reintegrating into family and civilian life.

Variety of Reintegration Experiences

Reintegration experiences vary depending on whether one will continue to serve in the military after returning from deployment or if reintegration will be back into a home community after separating from active duty service or demobilizing in the case of the National Guard or Reserves.

As of March, 2013, 1.6 million service people who were deployed in Iraq and Afghanistan have transitioned to veteran status. Of those, 1 million were active-duty military and 600,000 are Reservists or National Guard (Adams, 2013). Separating from the military, whether one has been on active duty, Reserve or National Guard means that one is leaving the culture of military life, the structure and camaraderie of the unit and returning to a community that may not be near a military base or VA hospital and thus not have cultural or institutional supports in place (Doyle and Peterson, 2005; Savitsky, Illingworth and DuLaney, 2009).

Tasks of Reintegration: A Change of Mindset

Reintegration involves addressing major tasks such as redefining roles both within and outside of one's family and making decisions about employment and education. Both combat warriors and transitioning soldiers who did not have combat experience will face an array of challenges including addressing the 'military-mindset' that is part of military culture (Coll and Weiss, 2013). This includes modifying behaviors and ways of thinking which, through the experience of basic training and time spent in active duty, have become so deeply engrained as to be automatic reactions which may not be functional in post-military life. The experience of being deployed, whether in an officially declared war, an 'authorized military engagement' or in

a non-combat area is a transformative experience. The transition back to civilian life does not mean that one discards the warrior mentality but instead involves creating a 'new normal' (Hoge, 2010).

The Internal Process of Reintegration

Retired United States Army Colonel Arthur DeGroat, having experienced his own post-combat reintegration and served as a mentor for other returning Army veterans, writes that the United States Army has only recently recognized the importance of assisting transitioning soldiers. The Department of Defense (DoD) committed significant resources to this process; focused on functioning in life roles, especially education and employment based on what is, in DeGroat's opinion, the faulty premise of the primacy of transferring military skills to a civilian job setting (DeGroat and Crowley 2014).

DeGroat analyzes the Army's transition assistance protocol and deems it lacking in understanding of the profound transformative experience and 'conscious reshaping of self-image' required to transition from a primary identity of 'soldier' to that of 'veteran' and 'civilian' (DeGroat and Crowley, 2014 p. 32). By focusing almost exclusively on the task oriented issues of employability and transfer of skills, the Army overlooks a transition which is as "profoundly intense and transforming at the psychological and social level as what (soldiers) experienced upon transition from civilian to professional soldier"(DeGroat and Crowley 2014, p. 32) DeGroat references the "intense personal identity transformation" that is a byproduct of military basic training and that the transition to civilian life requires an equally intense and dedicated re-socialization process, the goal of which is to help the soldier "reframe their

perspective regarding the many positive aspects of military service to fit in the new context of civilian life" (DeGroat and Crowley 2014 p. 33). Thus, DeGroat suggests that in addition to the reintegration tasks described by other scholars, the returning soldier faces the additional challenge of navigating a profound transformative shift that involves redefining their identity.

For combat veterans who carry the psychological and spiritual wounds of war, transition can also mean healing shame, guilt, rage, anger, grief and fractured relationships with other veterans, one's community, civilians, government, the enemy and God. Shatan (1973) writing in the early years following the Vietnam War, talks about reintegration from the perspective of coming to terms with losses and engaging in grief and mourning for the purpose of putting the past to rest and allowing one to live fully in the present. It is through processing and grieving war trauma, as has been done for centuries, that connection is reestablished and meaningful relationships can be rekindled.

Emotional reintegration involves mourning losses, processing memories that are shameful, painful and potentially morally injurious thus becoming able to recalibrate emotional responses to include compassion, empathy and a full range of emotional experience. Upon returning home, it takes time to learn to regulate strong emotions especially anger and regain a range of feelings (Hoge, 2010). This has a powerful impact on the process of emotional reconnection, intimacy in relationships and parenting.

Understanding the magnitude of the reintegration process requires placing the return to civilian life in the context of military service beginning with basic training, which facilitates indoctrination into military culture, an identity shift from civilian to soldier and the formation of deep bonds of brotherhood and attachment.

Indoctrination

The overarching goal of indoctrination into military life is to train military personnel to think and react in ways that are counter to their previous civilian experience (McGurk et al 2005). It involves a profound shift in self-concept, identification and attachment to one's branch of service and military peers. Through weeks of demanding, repetitive physical training the recruit acquires automatic ways of thinking and reacting which are so deeply ingrained in muscle memory that they will kick in automatically and be effective in conducting war and killing when necessary. Theoretical constructs relevant to understanding this phenomenon are social identity theory and attachment theory as well as concepts related to indoctrination and collectivism vs individualism.

All military recruits begin their military service in basic training. By the end of the basic training experience the recruit has become a sailor, airman, soldier or marine and identifies with the culture, customs, norms and values of his/her branch of service. Regardless of branch of service, indoctrination has the same goal "to train recruits/cadets physically and mentally and instill in them an understanding of, and willingness to live by the values held by each service" (quoted in McGurk et al, 2005). While each branch of the military has its own term to refer to its members, following the work of Demers (2011), this discussion will use the term 'soldier' to refer to active duty military personnel in any branch.

Personality Change

Most recruits are young people between 17 and 20 years of age who are still going through significant stages of personality development (Vickers et al, 1996). They come into the military at a time when they are malleable and able to be formed in a particular direction. Vicker et al (1996) conducted research to study the effects of basic training on personality change in a group of 217 recruits. Their research is based on the premise that the normal developmental process in combination with an environment specifically designed to "induce and direct behavioral and attitudinal change" (Vicker et al, 1996, p. 1) can have a significant effect on personality development and change. The study found evidence to suggest that basic training had a positive psychological effect on personality development.

They state that "the key finding of the study was that the training program as currently structured produces graduates who are better prepared psychologically to be effective service members than they were when they entered basic training" (Vicker et al, 1996 p. 8). This training process is designed to achieve the military establishment's goal of making institutionally loyal military team members out of civilian individuals.

Identity Formation

A significant element of military indoctrination is the intentional stripping of one's identity as a civilian and individual. The recruit is immersed in the culture of their branch of service to create a military identity. Using indoctrination techniques that are psychological as well as physical, both the recruit's way of thinking and physical reactions are intentionally shaped for the purpose of fostering this profound shift. The formation of a military identity is infused with core military values such as honor, loyalty, courage, commitment, honesty,

integrity, discipline, following orders without question and the importance of putting your team members and your mission first. (Coll, Weiss and Metal, 2013; DeGroat, 2013, Demers, 2011).

The process of moving from one identity to another is comprised of three stages:

- Separation: the individual is removed from his/her customary life and is exposed to a new set of customs and rules.
- Liminality: the in-between time of being between two identities; no longer belonging to the old but not yet fully part of the new.
- Re-entry: through a transition rite the individual enters the new community and adapts the new social structure (Demers, 2011).

By the end of basic training the recruit has been infused with a new cultural identity with its unique set of values, norms, philosophy, customs and traditions. The new soldier has gained an understanding of the importance of camaraderie and reliance on your team to succeed and survive. The soldier's new identity is both individual in that they develop a stable sense of themselves which endures over time (Stryker and Burke, 2000) and collective, relying heavily on prioritizing the needs of the group over the individual, following orders without question, combat readiness, unit cohesion and the importance of the mission.

Social Identity

Equally as important as the formation of individual identity as a service member is the formation of a social identity based on membership in a group and the concurrent experience of bonding and attachment to the group's members. Social identity theory holds that perception of membership in a group affects social perceptions and attitudes and influences the sense of 'in group' versus 'out group'. This is an important feature in forming a military identity because it focuses on deriving a sense of achievement and personal worth from being part of the "in-group" (Greene, 1999, McGurk et al 2005, Muldoon and Lowe, 2012).

Military training creates a group-based identity and strong affiliation with one's branch of service. This is achieved in a variety of ways, including the use of induced psychological stress and intense physical training which force the recruits to begin relying on one another for social support. The induced stress creates unit cohesion and attachment which is believed to both contribute to improved unit performance and serve as a protective factor reducing the impact of combat related trauma (Rohall and Ender, 2014).

The formation of a group identity also reinforces collective thinking. Collectivism focuses on: a. defining oneself primarily as part of a group b. subordinating personal goals to the needs of the group and c. showing strong emotional ties to the group (McGurk et al, 2005)

Thus the service member develops a self-perception as part of his/her branch of service and reframes his/her identity based on belonging to a branch of service and bonding with a group of individuals with whom they share the struggles of basic training and later on the full range of active duty and deployment experiences. The level of bonding that occurs during training is different from that experienced within the unit to which you are permanently assigned and

deployed. In the former, the bond is more transitional, of being in the same boat with other trainees. There is no imminent threat of death or dismemberment and no expectation that relationships will continue after the training cycle. In the latter, the bonding is more akin to what is experienced when faced with an imminent threat as in combat. That is when the deepest bonds are experienced. This is significant as the service member comes to recognize that he/she no longer relies on him/herself as an individual but is now part of a tight knit group who will literally lay down their lives for one another and sacrifice their own safety to complete the mission.

Attachment

Through the struggles of the indoctrination process with its emphasis on collective thinking and social identification, soldiers develop a deep connection and bond to one another, which has been described as deeper and more intense than other relationships (Junger, 2016, Marlantes, 2011). Attachment theory holds that human beings are drawn to making deep affectional bonds with significant others. Attachment is characterized by maintaining close bonds and proximity to the preferred individual and engaging in caretaking behavior (Bowlby, 1980). Military indoctrination fosters this sense of attachment to one's battle buddies as part of building unit cohesion and reliance on one another. A by-product of this attachment is the profound sense of connection and deep levels of caring which not only carry the soldier through basic training but become the very purpose of surviving in battle.

Trained to Conduct War

Basic training is not just about creating a military identity or the bonds of brotherhood and camaraderie. From the perspective of the Department of Defense and its primary goal to "protect and defend the people of the United States against enemies foreign and domestic", the primary desired outcome of basic training is that recruits will have been indoctrinated to a way of thinking that embodies the values of their branch of service and achieves three primary goals:

1. To remove the characteristics that are detrimental to military life (that is to subordinate self-interest to follow orders.)
2. To train individuals to kill when necessary
3. To enable recruits to view themselves in collective terms (McGurk et al, 2005).

As discussed above, military training involves the "soft socialization" of civilians to a military identity which includes internalized values of honor, duty, respect, courage and camaraderie (McGurk et al, 2005). But in order to achieve the goals of a prepared military, soldiers must also go through the more intense indoctrination process creating a shift in self-concept sufficient enough to allow them to kill if necessary and put their own survival at risk. By the conclusion of basic training cultural barriers to being capable of killing have been removed. " Boot camp doesn't turn young men into killers. It removes the societal restraints on the savage part of us that has made us the top animal in the food chain (Marlantes, 2011)". They have been wired for war and bonded to one another in a way that most people never experience in their lives.

Basic training prepares all soldiers, regardless of MOS to conduct war. This requires training them to rationalize killing and justify the act as a 'kill or be killed' option or revenge for

the loss or harm to others in one's unit. The preparation to conduct war also involves conditioning soldiers to dehumanize the enemy (Scurfield, 2006) and detach from their emotions in such a way that they are able to tolerate unspeakable horrors and losses and still keep going to complete the mission. (Scurfield, 2006)

To summarize, indoctrination into the military leads to a profound shift in personality and individual identity. The psychological and physical challenges of basic training also facilitate the acquisition of a group based on social identity, a sense of collective thinking and bonding to one's military buddies as part of developing unit cohesion. Soldiers are trained to lay aside basic moral codes and develop physical and mental reactions so automatic that they are able to conduct war and kill. They are in a very real sense conditioned and wired for war.

Active Duty Experience

Active duty military life includes periods of time when soldiers are stationed at their permanent duty station and times when they are deployed. Deployment, which may not include combat exposure, can be defined as the "assignment of military personnel to temporary, unaccompanied duty away from the permanent duty station for the purpose of carrying out a specific mission". As defined by the U.S. Army this includes " discrete events in which soldiers are sent with their unit (or as individuals joining another unit) to a particular location to accomplish a mission. (Franklin, 2013, p. 318)" Non-combat deployment can include peace keeping missions, or providing support and military presence around the world to respond to natural or manmade disasters. Only a percentage of active duty military personnel have combat deployments. As of May, 2010 active duty military personnel for all branches (Army, Navy, Marines, Air Force) totaled 1.4 million. Of these, 40% never deployed (560,000), 30.3% had one

deployment (424,000), 18.2% had two deployments (256,000) and 11.4% (160,000) had three or more deployments (Defense Business Board, July 22, 2010).

Much has been written by scholars and soldiers themselves about the modern warrior experience. Navy SEALS, Army Rangers and other rank and file soldiers, marines, airmen and seamen have shared with the civilian public the experience of intensive pre-mission training and the demands of deployment (Franklin, 2014; Marlantes, 2011, Demers, 2011; Litz et al, 2009; Denver, 2013; Couch, 2003).

Veterans in one study described the pre-deployment experience as one of mingled excitement, readiness, and fearlessness. Common themes identified by the participants in this study included being excited and ready to use what they were trained to do, a sense of fearlessness about the inevitability of possible death and the ability to compartmentalize emotions and 'turn on the anger switch' (Demers, 2011). Even those serving in non-combat support roles are under constant threat of attack, oftentimes performing their duties in dangerous situations (Sayer, Carlson, Frazier, 2014).

For the highly trained combat warrior, months of training and drilling provides the means for survival. Reliance on one's 'battle buddies' is as important as maintaining one's weapon. It is during deployment that soldiers both depend on their battle buddies and fight to keep their team alive. "Battlemind" defined as the "soldier's inner strength to face fear and adversity with courage" is a process by which soldiers learn to compartmentalize emotions, follow orders without question and stay focused on the goal of the mission (Walter Reed Army Institute of Research). If one is deployed to a forward combat area, soldiers face the added stressors of lack of privacy, forced intimacy, constant vigilance, fear of death and injury, heat, loneliness, anxiety,

rage, a hostile unforgiving terrain and lengthy, often multiple deployments (Cantrell and Dean, 2005; Franklin, 2013, Scurfield, 2006).

Ethical Challenges

Violence and killing are part of war. Warriors are trained and prepared for what they will experience and schooled in ethics and the rules of engagement. Service members deployed to Iraq and Afghanistan were exposed to high levels of violence and its aftermath, made more risky and uncertain due to the insurgent urban guerilla warfare environment of this war. Civilians and non-combatants were often indistinguishable from the enemy. Soldiers in such conditions may be faced with ethical dilemmas and in-the-moment decisions contrary to the rules of engagement and training in morals and ethics, resulting in unintended civilian deaths. A 2003 study revealed that 27% of respondents reported facing ethical decisions during deployment to which they did not know how to respond and 20% indicated that they had been responsible for a civilian death. (Litz et al, 2009)

While it is understood and accepted that violence and death are part of war, due to the environment in which the Iraq/Afghanistan conflict took place, soldiers were at higher risk of facing difficult moral and ethical situations and the possibility of being responsible for a civilian death.

Unprecedented Survival

Soldiers are surviving injuries, which in previous wars would have been fatal. A high proportion of injuries are blast related including those from artillery, improvised explosive devices (IEDs), rocket propelled grenades (RPGs), mines, bombs and air fire. Improved body armor and in-theater medical attention are increasing survival rates from what would have been mortal wounds in earlier conflicts (Sayer, Carlson, Frazier, 2014). This means that not only are more seriously injured soldiers surviving their wounds, but family members will be called upon to provide intensive life time care.

As deployment comes to an end and the soldier is informed that he/she will be returning home there may be a longing to see one's family, a feeling of euphoria and as reported by participants in one study, an almost conscious decision to turn off emotions and deal with psychological challenges later (Demers, 2011).

Exiting the Military

Separating from the military refers to either completing a contract for service, being discharged for medical or other reasons or, as in the case of reservists, going back into their communities after being mobilized.

With the shift from conscripted forces to an all voluntary professional military, the Department of Defense (DoD) and the Veterans Administration (VA) have acknowledged the need to develop protocols to assist soldiers with psychological stress while in theater and, as they

exit active duty military life, enhanced VA services to address medical and mental health needs of veterans.

This section discusses research on the challenges soldiers face as they transition to veteran status. It begins with the roles of primary relevant Government agencies, the Department of Defense (DoD) and the Veterans Administration (VA).

Department of Defense

The mission of the DoD is to defend the country and have a well prepared military to engage in war. When in the combat theater, there is a mandate to 'maintain fighting strength" which means keeping soldiers in the field and, when physically or psychologically injured, to perform triage and get them back to combat as soon as possible in order to not jeopardize the mission. Thus, the priority of the DoD is to maintain the fighting strength of their troops and keep them ready for combat (Scurfield, 2006).

Transition Assistance

Until recently, the DoD's main focus in providing transition assistance has been limited to a short series of mostly employment related classes and mental health assessments which occur during the final weeks before the soldier separates. Most soldiers, if they got any transition assistance, received a two to five day class and filled out paperwork including a mental health checklist. They were probably not directed to the VA or other services and were more than likely left to their own devices to find whatever help they needed.

However, in a recent policy shift the DoD has developed enhanced protocols to implement transition assistance with active duty military personnel throughout their time in service, with the goal of increasing their readiness for civilian life.

In 2013 the Transition Assistance Program was redesigned in a partnership between the Department of Defense (DoD), the Veterans Administration (VA), the Department of Labor (DoL), Department of Education (DoE), Small Business Administration (SBA) and members of the President's Economic Domestic Policy Team. The goal of the program, now called Transition GPS (Goals, Plans, Success) is "to ensure service members are 'career ready' upon separation from active service and focuses on making troops career ready by the time they leave" (Prhome.defense.gov). The newly revamped program includes a specific curriculum and transition hand-off process:

- Four hours of pre-separation counseling
- A revised VA benefits briefing (6 hours) which includes ensuring that separating service people are registered for VA benefits
- Participation in a 24 hour long DOL employment workshop where service people learn critical job search skills for today's labor market
- A four hour financial planning module to prepare service members for the first 12 months post separation
- A two hour workshop entitled " A Military Occupational Specialty Crosswalk" which helps service members do a gap analysis of the capabilities required for their civilian careers and the skills they gained during military life. This sets the stage for service members' choices to further their career through academic training, technical training or small business explorations
- Not less than 90 days before separation they must participate in a capstone activity verifying that they have a viable Individual Transition Plan and have met the CRS goals. If

Command thinks the Service Member is still at risk a 'warm handoff' to appropriate partners like the VA or the DOL will occur (Prhome.defense.gov).

While this program is significantly more comprehensive than earlier versions, it is so recently implemented that its impact is not reflected in the study interviews. It is of note however that most of the program focuses on ensuring work place readiness and access to education benefits, which, while certainly critical, minimizes the equal importance of emotional preparation for separation.

Veterans Administration

Created in 1930 as a consolidation of Federal Veterans programs, the mission of the VA is to fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans. (VA.gov). Current VA resources include an array of programs and services: health care, education benefits, vocational counseling, mental health care, burial services and home loans.

While there is increased cooperation between the VA and the DoD to assist the transitioning service person, there is still not a seamless transition from DoD care for active duty military personnel to VA care for veterans. A Government Accounting Office study showed that part of the problem is that with its current structure and funding the VA does not have the capacity to care for the large number of current veterans while still caring for all the living veterans of other wars (Scurfield, 2006). Recent VA scandals exposing excessive wait time for veterans to receive medical appointments at several VA Medical Centers and efforts to address

these and other problems highlights the continuing shortfall of the VA to achieve its mandate. (Phillips, New York Times August 5, 2016).

In 2014 the Obama Administration authorized $15 billion to remediate these and other problems in the VA. By authorizing the Veterans Access, Choice and Accountability Act (commonly referred to as the Veterans' Choice Program), an initiative which allows veterans to seek mental health and medical services from civilian providers in their communities if they live more than 40 miles from the nearest VA Medical Center or are waiting more than 30 days for an appointment, the hope is that veterans will receive medical and mental health care in a timely manner and relieve the strains on the VA system. While certainly an important step, due to the hasty way in which the program was put together, it has created an array of unintended problems related to scheduling, wait times and payment of providers (Phillips, NY Times August 5, 2016). At the time of this writing, Secretary of the VA, Robert McDonald has taken steps to address these problems, yet they continue to persist perhaps due to excessive bureaucracy and an 'uneasy partnership' between government and civilian providers (Neill-Harris et al, 2016).

Veterans Use of the VA

Veterans' mistrust of government agencies including the VA has a long history. After the Vietnam war, returning veterans felt so betrayed by the Federal Government, the Department of Defense (DoD) and the Veteran Administration (VA) that they formed their own 'rap' groups under the auspices of Vietnam Veterans Against War, led by Veteran John Kerry, who eventually served as Secretary of State under President Obama. Shatan (1973) writes at the time that: "It is the feeling of many veterans that the VA had little compassion for them and cannot

meet their needs. They view it as an arm of that morally corrupt ruling power that exploited and double crossed them." In an accompanying footnote he adds " A VA hospital Chief (speaking at the conference at which the article was originally presented) who described the content of the paper as an attempt to lynch the VA, characterized Vietnam veterans as 'adolescent', poisoned before they came to us and possessed of unpalatable personalities. (Shatan, 1973, p 649)

Only 20% of all eligible veterans from any conflict use VA services. (Sayer et al 2014). Eligibility is based on the service person receiving an honorable or medical discharge. Among this era of OEF/OIF veterans 58% have used VA health care. Thirty percent of eligible Vietnam veterans have used the VA and 25% of both WW II and Korean War veterans have used VA health services. (US Department of Veterans Affairs, Epidemiology Program 2014 cited by Sayer, 2014.) This is especially significant given that most research on veterans is conducted using samples of veterans who use VA services, calling into question the generalizability of those studies and excluding the experience of 42% of current veterans and 80% of all living veterans (Sayer et al, 2014)

In a recent study comparing reintegration challenges of VA vs. Non-VA using veterans, Sayer et al report (2014) that of a sample of 1,292 veterans, those who use VA services tended to report higher levels of combat exposure and higher incidence of TBI and PTSD. They tended to have been separated from the military on average six months longer than non -VA using study participants. Predictors of VA use included:

- Branch of Service: Army veterans had a significantly higher rate of use
- Diagnosed service connected physical or mental disability including PTSD and TBI

- Longer time since deployment: As length of time since deployment increased, likelihood of using the VA increased

To summarize, the VA has demonstrated willingness and taken steps to address glaring problems including timeliness of service to veterans. Veterans using the VA tend to have higher rates of mental and physical health problems and a longer time has elapsed since deployment. In addition, 42% of OEF/OIF veterans who are eligible for services do not access the VA.

Coming Home

This section will describe some of the challenges soldiers face as they separate from military life. It is important to emphasize that both combat warriors and non-combat service people face many of the same basic issues related to leaving a military community and lifestyle and trying to find their way in civilian society.

The process of separating from the military, whether or not there was a combat deployment, includes not only leaving one's unit and making the dramatic change from one setting to another in a brief period of time, but also transitioning back to life on base or into the community. One participant in a study of returning combat veterans described his experience as being in a 'completely different place. One day you put a bullet in a guy's head… you're getting shot at and the next you rotate back to Germany and the United States" (Demers, 2011). Furthermore, Demers (2011) indicates the experience of coming home from a deployment was marked by both relief at being home and a sense of 'time gone by'-that friends and loved ones had gone on with their lives and that the soldier was out of step and is now caught between two cultures.

The transition from deployment to being back on base or separated from the military is a confusing time with the soldier or veteran facing many challenges. Soldiers report experiencing a variety of feelings about their return including anxiety, frustration, fear and loss (Coll and Weiss, 2013). They may have to come to terms with living with a physical or psychological injury. Other challenges include practical issues such as finding housing, work and considering future education. There is also the process of returning to one's family and home life. How the family copes with reintegrating the deployed loved one back into home life can add to or diminish the sense of stress and loss of the old life while not fully being a part of the new civilian life. Non-military family members who remained at home while the service member was deployed learn to compensate for the absence and may take on responsibilities like paying bills, taking care of the home and single parenting. There may be stress and conflict not only around reintegrating the veteran back into home life but in having to renegotiate control of decision making and the veteran's place within his/her family.

In one study soldiers describe the experience of returning home as including 'lack of respect from civilians, holding themselves to a higher standard than civilians and not fitting into the civilian world". There can be a loss of a sense of purpose or mission, and a sense of disconnection from family and civilian life as one recognizes that a change took place that may not have been evident during the time away (Demers, 2011).

Post-Traumatic Stress Disorder (PTSD)

PTSD is a chronic condition that occurs as a result of exposure to life threatening traumatic events. It is characterized by re-experiencing, avoidance and hyper-arousal symptoms

(Leaman et al, 2013). It is important to emphasize that these are normal reactions to war and trauma. The observable behaviors associated with PTSD, such as emotional numbing and hyper-vigilance, which can be functional while in a war zone, become dysfunctional upon returning to civilian life.

The single greatest predictor of PTSD is the frequency and duration of exposure to trauma. (Scurfield 2006, Geraci, 2015). Factors known to increase the risk of PTSD include: experiencing combat, lengthy and multiple deployments, being wounded, witnessing death, handling remains, being taken captive or tortured, exposure to suicide bombs, IED and sniper fire and uncontrollable stressful events (Institute of Medicine, 2012).

A 2012 report issued by the Institute of Medicine of the National Academies estimates that of the 2.6 million active duty service members deployed from 2001-2012, 13-20% may develop PTSD. (Institute of Medicine, 2012). In a study of 645 returning OEF/OIF soldiers stationed at Fort Bragg, North Carolina, 14% reported being wounded overseas and 22% report experiencing symptoms of PTSD. (Beder, Coe & Summer, 2011) Other studies using random sampling and strict criteria for identifying PTSD estimate a range of 2.1% to 11.6% in the entire military population (Sayer, Carlson and Frazier , 2014). Sayer et. al. (2014) note that rates of PTSD among veterans who use the VA system seems to increase during the first year post-deployment.

Delayed Appearance of Symptoms

There is compelling evidence to suggest that PTSD symptoms may not be immediately apparent. Harvard psychologist Richard McNally points out that nearly 90% of soldiers ultimately diagnosed with PTSD did not meet the diagnostic criteria when they were administered the DoD mandated Post Deployment Health Assessment. A Surgeon General's report indicated that 30% of US troops serving in Iraq developed stress related mental health problems three to four months after coming home, in contrast to 3 to 4 % who were diagnosed immediately after leaving the war theater (Scurfield, 2006).

One possible contributing factor is that soldiers who self-identify at the time of the pre-separation mental health screening may be held for additional testing creating a compelling reason to minimize reporting any mental health issues (Scurfield, 2006). Sayer et al (2010) hypothesize that it may be that over time the VA clinicians are better able to identify the mental health concerns or that veterans become more aware that they are struggling and comfortable reporting problems. It is also possible that veterans actually experience increased mental health issues with the passage of time and that the prevalence of PTSD among returning veterans is underreported (Scurfield, 2006). Writing in 1973, Shatan observes that in his experience as a clinician, returning Vietnam veterans were not exhibiting what was then known as "Post – Vietnam Adjustment Problems" until between nine and thirty months after demobilizing. He reports that in Congressional testimony at the time, Army consultant Gerald Caplan and Charles Levy of Harvard University liken the large number of Vietnam combat veterans with these delayed symptoms to concentration camp survivors exhibiting "survivor syndrome". They

explain in their testimony that in both groups "the initial exaltation over surviving prevents immediate symptoms and only as the advance psychic numbing wears off do symptoms become prominent" (Shatan, 1973 p 645)

Traumatic Brain Injury (TBI)

Called the 'signature injury' of the Iraq/Afghanistan conflicts, Traumatic Brain Injury (TBI) is the result of injuries sustained due to blast exposure (Boyd and Asmussen, 2013). It has been diagnosed in over 178,876 returning soldiers (Leaman et al, 2013). When the brain injury is moderate to severe, symptoms include severe headaches, dizziness, pain, sleep difficulties, vomiting and limb weakness. Mild TBI, synonymous with a concussion, presents with symptoms including changes in short-term memory, speed of processing information, irritability, agitation, depression, impulsivity and aggression. Boyd and Asmussen (2013) add that there is some overlap of symptoms between PTSD and TBI including over arousal of the limbic system causing flashbacks, intrusive thoughts and re-experiencing of traumatic events. Of Iraq/Afghanistan veterans using the VA system, the rate of TBI over a three year period appears to be about 10% as determined using clinical interviews and evaluation. (Sayer, Carlson, Frazier 2014).

Moral Injury

While Post Traumatic Stress is related to the experience of life threatening traumatic events, another construct, referred to as moral injury, may be needed in order to fully understand

the experience of some returning soldiers attempting to come to terms with their war experiences. Theories addressing post-traumatic adaptation focus on the phenomenology of individuals harmed by others and experiencing other unpredictable and uncontrollable events. This construct may be inadequate to explain the phenomenology of perpetrating, witnessing or condoning harm in a way that violates basic moral codes. First described by philosopher Jonathan Shay, moral injury refers to the wounds of the soul that some soldiers struggle with as a result of their war experience not as the witness of traumatic events but as the perpetrator of actions that transgress moral code. Drescher (2011) describes it as an internal conflict that stems from involvement in acts that violate deeply held moral and ethical standards. Moral injury involves transgressions that " severely and abruptly contradict the individual's personal or shared expectations about the rules or the code of conduct" and creates a " …lasting psychological, biological, spiritual, behavioral and social impact caused by perpetrating, failing to prevent or bearing witness to acts that transgress deeply held moral beliefs and expectations… " (Litz et al, 2009).

Despite being highly trained to adhere to an ethical and moral standard and understanding the rules of engagement, in urban guerilla insurgent warfare where it is often not clear who the enemy is and even women and children can be dangerous, soldiers can be forced to make immediate decisions based on unanticipated moral choices. In the conceptualization of moral injury outlined by Litz, et al (2009), it is not the witnessing of violence or killing that is problematic as in PTSD, it is the action of killing or engaging in other behaviors that causes the spiritual and moral distress by violating generally accepted moral codes.

Difficulty in assimilating these traumatic transgressions and reconciling with an understanding of oneself as a moral person can lead to feelings of self-hatred and an inability to

forgive oneself. Perhaps most damaging to emotional and mental health is the experience of shame. Avoidance and withdrawal prevent the individual from talking about and thus processing what happened out loud with others who can provide a corrective emotional experience and display acceptance and forgiveness. The research on forgiveness suggests that going through the process of acknowledging the event, accepting responsibility for it, experiencing the negative emotions associated with it and committing to living differently in the future have been associated with reductions in the experience of shame and self-condemnation. Continued feelings of shame are also associated with depression, general anxiety, poor psychological well-being and self-punishment. (Litz et al, 2009).

A qualitative study of 23 Department of Defense and Veterans Affairs health care and religious ministry professionals revealed agreement on the construct of moral injury as a concept important in understanding the experience of returning combat veterans (Dreschner et al, 2011). VA health center clinicians recently began identifying the phenomenon of moral injury in the veterans they serve. While extensive longitudinal research has not yet been done, VA clinicians hypothesize that moral injury appears to be associated with depression, substance abuse, aggression and suicide and may be associated with an increase in PTSD symptoms (National Catholic Partnership on Disabilities, 2011).

Other Psychological Issues and Suicide Rates

While studies are inconclusive in determining the causes and rates of suicide among military personnel relative to the general population, there is no doubt there is a high rate of suicide among veterans returning from the Iraq/Afghanistan conflicts. A study based on the

entire population of active duty military personnel in 2005 and 2007 showed that deployment in OEF/OIF conflicts was associated with increased risk for suicide in the Army in 2005 and in all military branches in 2007 (Hyman, Ireland, Frost & Cottrell, 2012). There is evidence to suggest that combat trauma may be one of many factors influencing suicide rates among military personnel. A study funded by the Army and the National Institute of Mental Health "The Army Study to Assess Risk and Resilience in Service Members" reports that between 2004 and 2009 the suicide rate for soldiers who served in Iraq and Afghanistan more than doubled to 30 per 100,000 and nearly tripled to 25 to 30 per 100,000 for those who never deployed in comparison to the civilian suicide rate of 19 per 100,000. This highlights the possibility that other variables are relevant to understanding suicidality in military and veteran populations. The study identifies some of the key risk factors for suicide in military personnel including a history of mental health problems prior to military service such as anxiety disorders, intermittent explosive disorder, attention deficit disorder and substance use disorder, education levels of less high school, lower rank, multiple deployments and disciplinary actions or demotions in rank. (Schoenbaum, et al 2014)

A study of 1,700 Marine and Army personnel who served in Iraq found that 15-17% met the criteria for major depressive disorder, generalized anxiety disorder or PTSD. Between 24% and 35% of respondants report using alcohol excessively (Hoge et al 2004). In addition, in a study of returning veterans using VA care between 2001 and 2005, almost one third received a mental health or psycho-social diagnosis (Seal, Bertenthal, Miner, Sen and Marmar, 2007). Research with returning Vietnam veterans as well as more recent studies show the connection between length of exposure to combat and an array of mental health issues all of which contribute to increased risk for suicidality (Savitsky, Illingworth and DuLaney, 2009).

In addition to the above described transition issues, the literature suggests that that a pervasive and understudied contributor to the reintegration difficulties of veterans is loss and unresolved grief.

Loss and Unresolved Grief, An Understudied Concept

Unresolved grief has received little attention as an independent component of military and reintegration stressors. To date there have been no outcome studies of treatment of veterans for prolonged grief (Pivar, Iraq War Clinicians Guide 2ND Edition PTSD, VA.Gov chapter 11) As of this writing, the first such study is underway as a collaboration between the Ralph H. Johnson VA Medical Center and the Medical University of South Carolina in Charleston, SC, whose principal investigator is Dr. Ron Acierno. The goal of the study is "to compare the efficacy of an experimental treatment for Prolonged Grief Disorder in veterans as compared to the current VA –approved standard of care treatment. (clinical trials.gov)

Most existing research has relegated grief to an'artifact' of PTSD or combat related depression. One retrospective study of 114 Vietnam era veterans sought to determine the prevalence and characteristics of unresolved grief, identified a unique set of symptoms distinct from either PTSD or combat related depression (Pivar and Field, 2005). The study not only identified the existence and prevalence of grief specific symptoms but the endurance of the symptoms over time if left untreated. The study highlights the extent to which veterans remained attached to their combat buddies and the degree to which higher levels of grief were associated with interpersonal losses during war. It is suggestive of the profound role grief plays in the trajectory of veterans' post-military experience.

Relationship between Unresolved Grief and Psychopathology

The experience of unresolved sorrow is a powerful impediment to being able to fully return to civilian life. Literature related to grief, attachment and loss elucidate the difficulties faced when survivors of trauma or war do not grieve their losses as part of a healing process. In the seminal work Attachment and Loss, Volume III, Bowlby (1980) references the work of Freud, Kline and others in the early exploration into the relationship between grief and psycho-pathology. He concludes with the proposition that "much of psychiatric illness is an expression of pathological mourning" (Bowlby, 1980, p. 23) and may manifest among other ways as anger, anxiety and fear.

A Broad Conceptualization of Loss

In considering the impact of loss and unresolved grief on the transition experience of returning veterans, it is important to define exactly what has been lost and needs grieving. Clearly the combat veteran mourns the death of his buddies in combat, but in the context of this research a broader understanding of loss is proposed.

Veterans also experience losses related to their perception of the world. This may be an outcome of witnessing the death of their fellow soldiers who may be incinerated right before their eyes. They may lose a sense that the world is a safe place. They may lose the capacity to access a range of feelings. They may lose the order and structure of their lives, knowing who they are and what they are supposed to do. They may lose their purpose and sense of mission.

Separation from the military includes the loss of all of these aspects of their being in addition to the losses associated with wartime. Upon leaving the military, they then lose the very community which understands who they are and what they've experienced.

Fritz (1996) references the work of Homans, who, writing in 1950, talks about the loss of one's sense of belonging and the psychic consequences of not finding a new group to which one can belong: "If his group is shattered around him if he leaves a group in which he was a valued member. And if, above all, he finds no new group to which he can relate himself, he will, under stress, develop disorders of thought, feeling and behavior" (Homans, 1950 p 456-457).

Beginning in basic training and throughout their military experience profound bonds of camaraderie and brotherhood are formed. Through socialization to a collective identity, soldiers become part of something larger than themselves and have been trained through repeated drilling to think and respond in a way that allows them to conduct war. They have a clear sense of who they are and where they belong. They know what their mission and purpose is. In basic training soldiers are taught to conduct war. Through their training they are also taught to systematically cut themselves off from feelings of compassion and empathy. They are taught to meet violence with violence, engage anger and rage, to dehumanize the enemy making it easier to kill (Shatan, 1973) The capacity to experience a full range of emotions and moderate anger and rage are not easily recovered when the automatic patterns of reactions persist into civilian life.

The continued rage and guilt experienced by many veterans is a hallmark of what Shatan (1973) calls 'frustrated mourning' or 'submerged grief'. Allowing one's self to feel grief or compassion during war is a liability. Through systematic training and repeated cumulative experiences the soldier's automatic survival response is to detach from empathy and push away

sadness, remorse, guilt and grief. This is the emotional training required to conduct war and kill if necessary.

Grief Defined

Kessler and Kubler-Ross (2005) distinguish mourning as the external part of loss made up of actions and rituals. Grief is the internal process of coping with the feelings and, when fully processed, being able to move forward and find growth and peace. Grief is a natural process as a result of the human tendency to bond. When those bonds are broken whether through death or other losses, just as the body goes through a process of healing an injury, similarly the psyche must also go through a healing process. Dayton (1997) writes that without this natural healing process, the individual remains stuck in the pathology of grief unable to grow and move beyond it. "When we avoid the experience of grief we lock ourselves up in the loss; we carry around an unhealed wound" (Dayton, 1997, p.6).

The grieving process has been conceptualized in a variety of ways, Elizabeth Kubler-Ross developed a five stage model of grieving: 1. Anger, 2. Denial, 3. Bargaining, 4. Depression and 5. Acceptance. Dayton (1997), utilizing Bowlby's Attachment Theory, offers a four stage model of grief: 1. Numbness 2. Yearning and Searching, 3. Disorganization, anger and despair and 4. Reorganization. Both are useful frameworks for understanding the course and resolution of the grieving process as it relates not only to death but to other losses as well.

Dayton (1997) emphasizes that regardless of the nature of the loss, without fully engaging in active grief, that is, progressing from numbness, yearning and searching, anger, disorganization and despair through to acceptance and reorganization one stays stuck in unfinished business and unable to move forward to create new meaning and purpose. The

resolution of the grieving process allows one to make peace with the loss, preserving what was good and letting go of what wasn't. The individual can then move from disorganization to reorganization in which the loss becomes "grist for the mill of personal change and growth. This enables us to pull wisdom and meaning from pain which deepens and strengthens our relationship with self and our resilience with living" (Dayton 1997 p. 25).

Writing in the aftermath of the Vietnam War, Shatan (1973) tells of one veteran who, unable to move through the pain of memories endlessly relived, describes the only area within himself where he can find peace as 'the dead place' where memories live on unresolved but numb and thus devoid of the accompanying pain. Shatan observes that

> "…Freud elucidated the role grief plays in helping the mourner let go of a missing part of life and acknowledging that it exists only in memory. The so-called Post Vietnam Syndrome confronts us with the unconsummated grief of soldiers-impacted grief in which an encapsulated never ending past deprives the present of meaning. The sorrow is unspent, the grief of the wounds untold, their guilt unexpiated. Much of what passes for cynicism is really the veterans numbed apathy from a surfeit of bereavement and death (p. 648)"

Warning Signs of Unresolved Grief

Grief is not only a normal but a necessary healing process. Dayton (1997) suggests that there are indications that grieving has not been resolved. These can include:

- Excessive Guilt
- Excessive Anger, sudden angry outbursts
- Recurring or long-lasting depression
- Caretaking behavior
- Self-mutilation

- Emotional numbness or constriction.

Warning Signs of Unresolved Trauma

As with unresolved grief, Dayton (1997) identifies signs that a traumatic loss and the attendant grieving process is not completed, leaving the individual stuck in the 'unfinished business' of suffering the pains of loss without the ability to move forward to reorganization and growth. These signs include:

- Risk taking behavior
- Desire to self-medicate with drugs and alcohol
- Chronic or recurring depression or feelings of despair
- Emotional constriction/ lack of affect and spontaneity
- Drive to recreate painful emotional dynamics
- Loss of ability to modulate emotion
- Inability to take in support
- Psychosomatic symptoms
- Hypervigilance

In considering the role of grief and loss in the experience of soldiers, the preceding discussion suggests that veterans may experience a range of losses both as part of war experiences but also, and more universally, as a function of moving from a closed community in which they developed profound bonds and attachments and became part of a culture in which they knew their role, purpose and mission. Thus, exiting the military and

returning to civilian life is by its very nature an exercise in processing and grieving losses, varying in degree and intensity but none the less common to the experience of soldiers. When considered in this framework, mourning and grieving losses may be a critical part of the transitional work of soldiers allowing them to move from loss to Post Traumatic Growth.

The Healing Work of Reintegration

As is made clear by the previous sections, much existing literature is devoted to understanding both the tasks of reintegration and the need to address issues such as identity, purpose and belonging. In addition, scholars have focused on helping veterans cope with the devastation of war including injuries and persistent psychological distress.

It is important however, to consider a wider range of the impact of war and the need to define healing in the broadest possible terms. Scurfield (2006) writes:

> There are other areas that require healing, too. And these areas are contained within the expanding healing circle…Core posttraumatic stress symptoms that are missing from the DSM-IV-TR definition of PTSD include: (1) damaged self—denigrated, disordered and fragmented identity, self-hatred; (2) existential malaise—the "broken connection", a sense that one's life is out of orbit; (3) disconnections between cognitions, affect, physiological responses and environmental cues; (4) preoccupation with blame—externally or internally directed; (5) pre-occupation with or actual loss of control over affect and behaviors; and (6) the central role of rage, grief and terror/fear. (Scurfield 2006, p. 167)

This section will discuss a framework for understanding paths to healing and growth as a potential outcome of experiencing major life changes and traumas including wartime experiences and death.

Posttraumatic Growth

The idea of deriving benefit from the struggle to overcome significant life challenges is certainly not a new one. One example is in the literature of Alcoholics Anonymous where the hard work of recovery from addiction becomes the catalyst for healing and growth:

> Then in AA we looked and listened. Everywhere we saw failure and misery transformed by humility into priceless assets. We heard story after story of how humility had brought strength out of weakness. In every case, pain had been the price of admission into a new life. But this admission price had purchased more than we expected. It brought a measure of humility which we soon discovered to be a healer of pain. We began to fear pain less and desire humility more than ever (Alcoholics Anonymous World Services, 1981, p. 75)

Writing from the perspective of a military social worker, Scurfield describes how he became aware of the possibility for a positive element in the face of unspeakable tragedy in an encounter with a grievously injured soldier. He marveled at the capacity for growth and finding something positive in the midst of devastating injury and disability: "Somehow, he had been able to look beyond his extensive physical trauma. Rather than dwelling on the morbid aspects of his physical condition, he was able to recognize and appreciate a positive element. This recognition of the positive, embedded in the most horrific of trauma experience, has become a central element in my clinical work with veterans" (Scurfield, 2006 p. 8).

Posttraumatic growth (Tedeschi and Calhoun, 1996) refers to the possibility of growth and positive psychological change as a result of struggling with a traumatic or highly challenging life circumstance. It is not merely the experience of the event that creates the growth; it is the struggle to create a new reality in the aftermath of trauma that determines the extent to which

growth will take place. Tedeschi and Calhoun describe posttraumatic growth as " a change in people that goes beyond an ability to resist and not be damaged by stressful circumstances; it includes movement beyond pre-trauma levels of adaptation. Posttraumatic growth then has a quality of transformation, or a qualitative change in functioning." (Tedeschi and Calhoun, 2004). Tedeschi and Calhoun posit five major domains of growth which were used as the basis to develop a posttraumatic growth inventory: 1. Greater appreciation of life and a changed sense of priorities, 2. warmer, more intimate relationships, 3. a greater sense of personal strength, 4. recognition of new possibilities or paths for one's life, and 5. spiritual development (Tedeschi and Calhoun, 1996).

Posttraumatic growth embodies the idea that trauma or tragedy need not result in enduring psychopathology and insurmountable suffering.

Three key aspects distinguish posttraumatic growth:

- The focus is on major crisis as opposed to other lesser stressors and that it is in the major disruption that growth occurs.
- The significance of the life disruption is the impetus for the change
- The changes experienced as posttraumatic growth are outcomes rather than coping mechanisms.

This concept is especially relevant to learning about the elements of successful transition. For the combat veteran who may have both witnessed and perpetrated violence and death, the resulting trauma can become either the source of continued struggle and suffering or the catalyst for the positive psychological changes, personal growth and opportunities for meaning and purpose which are the components of posttraumatic growth. For the non-combat veteran who may not have directly experienced war and its horrors, posttraumatic growth takes on a different

meaning. Posttraumatic growth is applicable from the standpoint that military personnel are changed as much by the indoctrination process as they are by their deployment experiences and that separation from military life represents a seismic shift in identity which is certainly a major life disruption as the veteran moves from one culture to another. Thus within this major life change lies the capacity for both suffering and growth (Tsai et al. 2014).

A 2011 study of posttraumatic growth and behavioral health conditions of combat veterans offers additional insight. Gallway and colleagues surveyed a sample of 2,775 Army soldiers to study the relationship between posttraumatic group and negative behavioral health conditions. Using the Posttraumatic Growth Inventory developed by Tedeschi and Calhoun (1996) and a variety of measures of behavioral health including substance use and suicidality, the study found a significant relationship between number of deployments and self-reported posttraumatic growth, such that those with more deployments reported higher levels of posttraumatic growth. Recent expressions of suicidality were inversely related to posttraumatic growth. This study, while suggestive of a relationship between higher posttraumatic growth and lower incidence of negative behavioral health symptoms, highlights the need to understand the complex relationship between war experiences and supporting posttraumatic growth (Gallway et al, 2011).

The National Health and Resilience in Veterans Study (Tsai et al, 2014) tested the relationship between posttraumatic growth and PTSD. The study surveyed a nationally representative sample of U.S. veterans who served between World War II and the OEF/OIF war and met the inclusion criteria of having experienced at least one potentially traumatic event. The study found that 72% of the veterans who screened positive for PTSD and 50% of the overall sample of veterans reported at least moderate posttraumatic growth. Further analysis indicated

that veterans who experienced moderate PTSD symptoms and experienced any degree of posttraumatic growth were more likely to report better mental functioning and overall health then those who screened positive for moderate PTSD who did not report posttraumatic growth. The study identified psycho-social factors related to posttraumatic growth: social connectedness, intrinsic religiosity and purpose in life. This study adds to a growing body of research endorsing posttraumatic growth as a possible "positive legacy" (Tedeschi and Calhoun, 1996) of trauma.

Wortman (2004) challenged the way in which Tedeschi and Calhoun measure growth in assessing for posttraumatic growth stating that for many survivors of trauma and loss there is a lasting negative impact including persistent PTSD symptoms and other neurobiological and personality changes. The negative impact of trauma and loss can also include feeling unsafe, empty, hopeless and fatigued. Wortman (2004) conducted a study of individuals who had lost a spouse or child 4-7 years previously and compared their functioning on a variety of quality of life measures to a control group of non-bereaved people. The study findings supported the perception of positive change "as a result of the tragedy". However, the study also found significant enduring impediments to functioning on measures such as depression, anxiety, divorce rates, loneliness, reduced earnings, drug abuse and suicide. Wortman argues that Tedeschi and Calhoun do not make a convincing enough case for the significance of the self-reported changes. Wortman asserts that " the real question is not what percentage of people show a few self-reported changes following a crisis, but what percentage of people show positive changes they would judge as significant and that are not overshadowed or dwarfed by any negative changes that may have occurred" (Wortman 2004, p. 83).

Tedeschi and Calhoun emphasize that it is not just or even primarily the event that is the catalyst for positive growth, it is the struggle (or maybe the inner emotional work) to overcome

or reconcile the event that produces the change. Writing in 2011, Tedeschi and McNally clarify that people experience trauma and stress differently. Thus their capacity for posttraumatic growth will vary and perhaps change over time. This suggests the need for the active participation of the bereaved participants in doing the inner work of healing to help them move through the crisis to a place in which they are able to begin finding meaning and positive growth.

Psychologist Tian Dayton (1997) writes about the value of suffering and grief as the catalyst for transformation and healing: " ..it is the struggle, not the absence of it, that builds character, strength, self-esteem and personal power. Overcoming psychological and emotional blocks, grieving wounds, giving them a name and a process to heal them--cleanses and purifies the spirit and makes it ready to receive grace and wisdom " (Dayton, 1997, p. 136).

Research supports posttraumatic growth as a possible result of the struggle to overcome trauma and loss. Studies suggest the importance of psycho-social factors such as social support, spirituality and meaning in life as especially important in considering the utility of this concept with veterans (Gallway, et al, 2011).

Posttraumatic growth as one of several factors which will increase the likelihood of positive psychological change is being incorporated as a preventive measure in the Army Comprehensive Soldier Fitness Program which seeks to increase psychological preparedness, resilience factors and skills that increase social support and emotional and spiritual fitness (Tedeschi and McNally, 2011).

Community of Sufferers

Fritz (1996) writes extensively about his experience during the eighteen years following World War II as both a Captain in the U.S. Army Air Corps and conducting research on the therapeutic impact of disasters on groups and individuals. Through his observations of disaster survivors and community behavior he determined that " Disasters are not only characterized by 'death', 'destruction', 'disintegration' and 'disease' they also provide conditions for 'vitality' , 'reconstruction' , 'growth' and 'health' " (Fritz, 1996, p.20).

Citing Selye's (1950) work on the physiology of stress, Fritz notes that whether catastrophic events are ultimately beneficial or injurious to the individual is in large part based on the extent to which the event becomes the shared experience of a reference group. In considering the impact of war on soldiers, the ability to share that experience with one's fellow soldiers may enhance beneficial aspects of bonding and connection to one another. Viewed from this perspective it becomes understandable that this generation of professional soldiers in an all-volunteer military would feel a sense of isolation because 99% of modern society does not share their experience of military life and war. This reinforces the 'problem of unshared stress' (Fritz 1996) and the need for a 'personal community' on whom one can rely for support. The ability to withstand stress and cope effectively is tied to the strength and quality of personal community ties with those who have a shared history or experience.

Fritz goes on to explain that part of the therapeutic value of disaster is the formation of the group, the social connection, 'the community of sufferers', a disaster community of people with no previous connection and whose paths might never have crossed had they not had the common experience. This connection serves to fill the essential human need for belonging. This

disaster-based situational community of sufferers is grounded in the shared experience both individually and collectively of coping with and surviving the disaster.

> "The widespread sharing of danger, loss and deprivation produces an intimate, primarily group solidarity among the survivors which overcomes social isolation, provides a channel for intimate communication and expression and provides a major source of physical and emotional support and reassurance. (Fritz, 1996)

From a Community of Sufferers to Peer Support

The United States military invests significant time and resources in taking young civilian recruits and, through the experiences of basic training and attendance at specialty schools, producing soldiers who have adopted the unique culture and identity that are vital to successful participation in military life. As noted earlier, a key aspect of this transformative experience is developing deep bonds of trust and reliance with the other members of one's unit. These profound peer relationships are characterized by unwavering caring for the safety and welfare of one's comrades and, for the combat soldier, the power of shared wartime experience while in theater (Scurfield and Platoni, 2012).

According to Scurfield and Platoni, upon returning home, it is these same qualities of trusted peer relationships with other veterans that can create a safe haven in which wartime experiences may be shared among brothers and sisters who understand in ways that a civilian will never be able to understand.

The general premise of peer support is that people who have shared a common experience can more easily relate to one another's stories and help each other to heal because they understand each other in a way that someone who has not had the shared experience cannot.

This phenomenon of ‘identification’, so elegantly described in the writings of 12-step programs, is a powerful force for healing and growth.

Studies of Vietnam era veterans and nurses who served in forward combat areas in Vietnam found that military personnel needed to talk about their combat experiences in a non-judgmental environment as part of the recovery process (Stephens and Long, 1997). Norman (1988) interviewed Vietnam era nurses and found that the intensity of PTSD symptoms was inversely correlated with the strength of the nurses’ social network and the extent to which they were in touch with people who had had the experience and with whom they could talk openly. Stephens and Long (1997) surveyed 1000 New Zealand police officers to study the relationship between social support and PTSD symptoms. The study also found a strong inverse correlation between PTSD symptoms and social support from peers.

Recent qualitative research exploring the experience of participants in peer support groups identify several benefits to participation in both formal peer support groups and informal interactions with veteran peers including a sense of social connectedness, positive role modeling and acting as a ‘culture broker’ by the peer support provider to help with understanding a complex health care system and that peer support is an important adjunct to professional mental health care (Jain, 2012).

A Case Example of a Community Based Peer to Peer Program

In 2011 New York State began funding a program based on the potential benefits of peer-to-peer support. The PFC Joseph Dwyer Veterans’ Peer Support Project (Dwyer Project), which operates independent of the VA Healthcare System, was named in honor of a Long Island

veteran who lost his battle with PTSD in an untimely death. Originally proposed by then New York State Senator Lee Zeldin, an Iraq veteran and Major in the Army Reserve, the Dwyer Project provides funding to local agencies or veterans' groups to implement a program of their choosing that uses veteran peer support as its model.

The Dwyer project is based on the premise that all returning soldiers face transition issues due to the fact that they have been part of a unique military culture and have had the training and experiences related to deployment and active duty service. Thus, while originally conceptualized as a program to assist combat veterans with PTSD, the mission of the program has evolved to recognize and assist with a larger array of reintegration needs, de-emphasizing overt references to PTSD due to the stigma in the veteran community associated with a mental illness diagnosis. For veterans who are reluctant to expose deficits or talk about needing help, a peer relationship oriented outside of the VA system may make it possible to initiate help-seeking behavior. The literature addressing barriers to use of services by veterans and military personnel cites a variety of barriers to accessing any services. These include concerns about the stigma associated with admitting that one has mental health needs related to difficulties with reintegration or coming to terms with their combat experiences, fear of negative career or education repercussions and dislike of formal services that may be perceived as associated with the VA (Chapman, et al 2014; Greden et al, 2010, Hoge et al 2004).

Help seeking behavior in general is sometimes hindered by beliefs that one does not need treatment, treatment won't help, a desire to solve the problem oneself and thinking the problem will go away by itself (Sayer et al, 2009). Also, many veterans experience a sense of isolation and lost trust that can make it difficult to seek help (White, 2014).

Peer support programs, such as the Dwyer project, foster both formal and informal peer support through groups and one-to-one peer relationships. These peer support experiences play an important part in helping returning veterans connect to others and, by interacting with a trusted peer, overcome barriers to help seeking, allowing veterans to access support from sources in addition to and beyond their military peers.

While the sharing of wartime experiences, and even the bonding of veteran to veteran in a peer group, is a key first step, Scurfield writes that there is a strong initial tendency for newly returned veterans to limit their contact to military peers in an effort to find people who understand his/her experience. Scurfield suggests that relationships with military peers are a limited circle that may open the door to healing, but are not sufficient to help veterans address the complex experiences and losses which are the " indelible impact of combat" and may include to varying degrees "alienation, loss, grief, anguish and for some bitterness, resentment and/or hatred" (Scurfield and Platoni, 2013). This broader understanding of the profound psycho-social challenges faced by returning soldiers to reintegrate into civilian life and create an identity beyond that of soldier and veteran requires a wider circle of relationships and healing experiences (De Groat and Arthur, 2013; Scurfield, 2013).

The experience of one group's difficulties in attracting and retaining members also exposes the potential limits of focusing solely on peer support. A wider search of the literature and informal discussion with veterans and those who serve them, reveals an intriguing array of ways in which veterans tackle the challenge of reintegration beyond peer support and the approved manualized cognitive approaches used by the VA.

Paths to Reintegration: Beyond Peer Support

Anecdotal reports from some local OEF/OIF/OND veterans indicate that they are using a range of other ways to address the many faceted experience of transitioning to civilian life which may include connecting with veteran peers among other strategies to facilitate their reintegration. Reyes (2012) explains that rather than focus on counseling to address a mental health diagnosis, many veterans benefit from participating in activities that foster hope and a new sense of personal meaning while promoting resilience and self-efficacy. Reyes identifies five aspects of individual resiliency skills that contribute to self-efficacy: discovering a new sense of purpose and meaning in life, developing realistic self-appraisal skills, the ability to maintain positive social relationships, the ability to use problem solving skills to cope with crises in everyday life and physical fitness. (Reyes, 2012).

Therapeutic recreation literature suggests that the benefits of connection, friendship and the emotional support with both military peers and civilians that promote resilience and self-efficacy may be found in a variety of ways that include informal and unstructured recreational activities. For example, outdoor adventure activities such as hiking, rock climbing and backpacking or horseback riding allow veterans to experience the benefits of support and connection by using combat survival skills in a civilian recreational setting. (Mowatt and Bennett, 2011; Lundberg, Bennett and Smith, 2011; Reyes, 2012).

Scurfield and Platoni (2013) identify a variety of other creative methods that go beyond 'talk therapy' and veteran peer groups to promote healing and reintegration. These approaches include: Mind-body therapies such as yoga, hypno-therapy and mindfulness practices; animal

assisted activities such as canine or equine therapies or using web-based and social media supports.

A plethora of programs and organizations operated by and for veterans encourage them to explore the arts as a means of self-expression and healing, creative writing, the performing arts and fitness. Projects such as “Stories They Carry” and “The Telling Project” offer veterans the opportunity to share their stories through interactive groups and theatrical productions using their own words. According to the Telling Project website “...Greater understanding fosters receptivity, easing veterans’ transition back to civilian society and allowing communities to benefit from the skills and experience they bring to them. Through this understanding, a community deepens its connection to its veterans, itself and its place in the nation and the world.” (www.thetellingproject.org/mission).

While there is not yet a great deal of empirical evidence to support the use of some of these approaches, Scurfield and Platoni (2013) emphasize the point that one treatment approach will not work for all veterans and that many returning veterans are unable to benefit from cognitively oriented therapies for a variety of reasons including the impact of trauma and TBI on the brain. The current understanding of post-trauma brain functioning suggests that the limbic system in general and the hippocampus in particular may be compromised, hindering the ability to cognitively process traumatic memories. This limitation points to the need for other types of healing practices that promote healing of the limbic system, to in effect ‘reset’ the system, allowing the veteran to be able to retrieve, process and move beyond trauma at a later time. Further research is needed in this area.

Understanding the subjective experiences of veterans who have used and may benefit from a wide range of healing practices and activities that support reintegration is an important step in developing practices both within and outside the VA health care system that will best serve the veteran community.

This discussion of various aspects of healing experiences emphasizes the point that there are both internal and external aspects of reintegration requiring different types of support, intervention and healing. While all veterans have gone through the indoctrination process and therefore experienced a profound identity change, separating military personnel will have differing reintegration challenges beyond that common experience. The healing work of reintegration should include both the tasks related to becoming fully functioning members of civilian society as well as the internal grief and healing work which will support the capacity for posttraumatic growth.

With an understanding of the relevant literature in mind, the next section details the methods used to conduct the study.

Chapter III: Research Design and Methodology

Purpose and Research Questions

The purpose of the study was to explore the reintegration of veterans in the context of their military experience and transition from active duty to veteran status with the goal of identifying components of an optimal reintegration experience.

The study sought to learn about the veterans' subjective experience of indoctrination into military life, active duty, separation and return to civilian life.

The study explored the following research questions:

1. What meaning does the experience of reintegration have for the veterans in the context of their overall military experience?
2. How do the veterans experience various ways of seeking help as part of their reintegration experience?
3. What are the elements of an optimal reintegration experience?

Organization of the Chapter

The chapter will begin with a discussion of the rationale for using qualitative methodology and a phenomenological orientation. It will continue with a discussion of the sampling strategy and an overview of the information gathered to address the research questions.

This is followed by a discussion of the design and data collection methods and the data management, analysis and interpretation of the findings. It will conclude with a discussion of ethical considerations, data verification strategies and a brief chapter summary.

Rationale for Qualitative Design

Cresswell (1998) defines qualitative research as " an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants and conducts the study in a natural setting."

The goal of qualitative research is comprehension. "Comprehension is the reconstruction of how someone else has established connections between facts through regularities they have observed" (Gelo et al 2008). It seeks to reconstruct personal perspectives, experiences and understandings. The development of hypotheses is part of the research process itself. Using inductive reasoning and an interpretivist orientation, theory can emerge from the observations and data. This is in contrast to a positivist approach to research in which the orientation is towards uncovering an objective reality with the goal of establishing causality and generalizability.

In comparing positivist and interpretivist orientations Chih Lin (1998) states that positivists and interpretivists ask different questions of the data and in fact have different goals in conducting research. She asserts that the logic of inference is different for each approach and each is best suited for answering different questions. Positivist work can identify the existence of a causal relationship between variables because it seeks to identify patterns or trends and then

verify them through replication and generalize them to other populations. Interpretivists address discovery not by repeated replications to validate the findings, but by keeping interpretations as close to the experience of the subjects as possible and validating observations and interpretations through criticism of peers, the reaction of the people being studied and by using as many different kinds of observations as possible (Chih Lin, 1998).

Qualitative research focuses on understanding depth of meaning and the unique perspective of participants. It is especially useful for understanding complex social phenomena and experiences in which variables are not easily identified, theory needs to be developed and which may be illustrative of a larger phenomenon not easily represented by quantification (Ruben and Babbie, 2014, Cresswell, 1998, Marshall and Rossman, 1989).

It was the researcher's belief that the present study lent itself to qualitative methods in order to obtain the richness and depth of data which would best address the research questions and contribute to filling a gap in understanding veterans' subjective experience of reintegration.

Rationale for Phenomenological Orientation

Within the parameters of qualitative inquiry this study lent itself to a phenomenological orientation. Phenomenology seeks to understand the structure and essence of an experience from the perspective of the lived experience of the participant. (Gelo et al 2008, Cresswell, 1998, Patton, 1990). Phenomenology emerged from the tradition of phenomenological philosophy and the work of early 20th century German mathematician Edmund Husserl and later developed into a major social science perspective. The basic assumption is that people can only know what they experience and that experience and interpretation are intertwined. The goal of the

phenomenologist is to understand how people comprehend and interpret their experiences and thus make sense of the world (Patton, 1990).

Phenomenological inquiry is based on the premise that people who have lived the experience under study are best equipped to both describe the experience and give it meaning. The researcher must, therefore, suspend preconceived ideas and judgments in an effort to fully engage with the participants' perspective (Cresswell, 1998).

In developing the design for this study, I quickly learned that military experience is a phenomenon not fully understood by the general population, 99% of whom have not participated in military service in this era of all volunteer professional military. In addition, participation in military service and combat experiences creates a unique self-perception and world view from which the transitioning service person must construct a new identity as a veteran and civilian. Qualitative inquiry using a phenomenological perspective is the best research modality to capture the complexities of military experience and the equally multi-faceted transition to civilian life after service.

This study used the phenomenological method of in-depth interviewing to capture the essential meaning of the reintegration experiences of a sample of veterans. This orientation and methodology is the most appropriate design to achieve the goal of depth of understanding and perceived meaning of the lived experience of veterans' transition to civilian life and elements of an optimal reintegration experience.

For the present study, I utilized the interpretivist perspective in the development of the research design and data collection instrument. It was imperative to focus not only on the experiences of the individual, but how they ascribed meaning to those experiences. As the data

collection process progressed it became clear that it was important to include veterans who work with other veterans to understand how participants make meaning of both their own experiences and the broader phenomenon of veterans' reintegration as well.

Sampling Strategy and Criteria for Sample Selection

Cresswell (1998) specifies that the sample should include individuals who have experienced and have knowledge of the phenomenon. In addition, procedural rigor calls for a sample size large enough to ensure saturation to the point of repeated categories and that all aspects of the phenomenon have been ascertained (Morse et al, 2002). For this study, the sample consisted of 40 veterans living in the tri-state New York, New Jersey, Connecticut area who served during the Persian Gulf War era, which includes conflicts between 1990 and 2014. The identified time span allowed for a range of experiences with reintegration ranging from the recently separated veteran to those who have been in the civilian world for a period of time. The sample included veterans who may not be using any formal reintegration support at the time of the interview although they may have at other times as well as those who are utilizing formal and informal reintegration support including but not limited to participation in VA health services.

Inclusion criteria allowed for participants to have been in any branch of service, National Guard or Reserves and have received any type of discharge: honorable, other-than honorable, medical or dishonorable. Exclusion criteria limited the sample to veterans who have been separated from the military for at least one year.

Three standard qualitative sampling strategies were ultimately used to obtain the participants (Ruben and Babbie, 2014). The study began with a convenience sample of veterans

who participated in the PFC Joseph Dwyer Veterans Peer Support Project located in Suffolk County,NY, who fit the inclusion criteria. As the study progressed, snowball sampling was used to broaden the scope of veterans. After twenty interviews had been completed there was some redundancy of information in terms of the elements of individual veteran's stories and simultaneously it became important to interview veterans who both met the inclusion criteria and had a broader perspective on the emerging topic areas due to their participation in organizations that serve veterans. Thus, the sampling strategy evolved as the interview process progressed to purposefully include both a range of individual veteran experiences and the broader perspective of veterans who serve other veterans either through employment or volunteer service.

Information Needed to Conduct the Study

In seeking to understand their experience as returning veterans it was necessary to learn about overall military experience as well as separation from the military. This provided the context for learning about their transition to civilian life and the elements of an optimal reintegration experience. The necessary information fell into three categories: Perceptual, Demographic and Theoretical.

- Veterans' perceptions of why they entered the military, what basic training was like, their active duty experience, their separation process, changes in their sense of identity, reintegration experience and what they believe is needed to facilitate reintegration.
- Demographic information including branch of service, years of service, rank, and Military Occupational Specialty (MOS), number of deployments, marital, employment and housing status.

- An ongoing review of relevant literature providing the conceptual framework and theoretical context for the study.

Development of the Interview Guide

The phenomenological approach to qualitative research is characterized by in-depth contact with study participants with the goal of understanding the essence of the phenomenon.

The purpose of qualitative interviewing is to understand the experiences and perspective of the participant. Patton (1990) identifies two techniques for conducting qualitative interviewing useful to this study: the general interview guide approach and the standardized semi-structured interview. The general interview guide provides a broad general framework of topics to be discussed in any order and without relying on standardized questions. In contrast, the standardized interview guide provides a framework for asking specific questions in a specific order. This approach allows for minimal variation and obtaining a consistent set of data. The limitation of this approach is that it may restrict participants from telling their story as they need to tell it and tempt the researcher to sacrifice the importance of hearing the story in service to following the interview guide.

This study used a semi-structured interview guide based on the study goal of gaining an understanding of the participants' experiences of life before the military, during military their experience and what it was like for them to transition to civilian life. The interview guide was structured chronologically (appendix C) to take the participant through the sequence of experiences that led up to their decision to enter the military, their experience in basic and

specialized training, active service including deployments, exiting the military and what it has been like post-military service.

Review of the literature prior to designing the interview guide provided insight into the topics to be covered. The interview guide included questions that encouraged the participant to both report the sequence of their experience and reflect on its meaning.

Sample questions from the interview guide include: What was life like before the military? What motivated you to enter the military? Tell me a story that characterizes your active duty experience? What was it like for when you came home? What helps veterans with reintegration?

Recruiting Participants and Data Collection Process

The recruitment process involved contacting key informants known to me as a provider of clinical counseling services to the Suffolk County, NY veteran community, through my participation in veterans' organizations such as the PFC Joseph Dwyer veterans Peer support project and attendance at veteran focused conferences and training events. Key informants were initially professionals or para-professionals serving the veteran community. These connections provided access to the first five veterans interviewed. At the conclusion of each early interview, I asked the participant if they could connect me with a veteran they knew who might be willing to be interviewed. In addition, as word spread among professional colleagues and friends about my dissertation research, I received inquiries from people interested in being interviewed as a result of receiving a flyer from either the initial group of key informants, other mutual acquaintances or someone who had already been interviewed. They would often mention how important it is for them to help their 'brothers and sisters' and that they were happy to tell their

story if it helps someone else. Interestingly, prior to beginning the project I was concerned about the extent to which veterans would be willing to talk to me, as a civilian who has never served in the military. I found that without exception this concern was unfounded and that all of the people I interviewed were open to sharing their stories without reservation including their difficult combat stories and painful aspects of their reintegration experience. In fact, several participants specifically stated at the conclusion of our meeting that they really appreciated telling their stories to an engaged listener for the purpose of helping someone else and that there was something healing about just talking about their experiences at length from beginning to end.

Key informants were provided with the Stony Brook University IRB approved flyer (appendix A) as well as an additional informational flyer explaining in more detail that not only am I a PhD candidate seeking to complete dissertation research, but that I am also a social worker serving a veteran population in my counseling practice and the mother of an active duty sailor in the United States Navy (appendix B). I felt this additional information was important to convey in order to increase my credibility as someone who would be likely to 'get' their experiences and that I have a personal stake in listening to what they have to say. As the interviews progressed, participants recommended military buddies to me to interview and assisted with making the connections.

Veteran participants were recruited, screened and identified as described above and were offered the opportunity to volunteer to participate in the study.

Data Collection Procedure

Veterans who had been screened for inclusion and who volunteered for the study participated in a semi-structured interview, which ran between 60 and 80 minutes at a mutually agreed upon location that was reasonably quiet and comfortable for the veteran. Locations included an empty classroom at a university, empty offices and private meeting rooms in libraries. Prior to beginning the interview or collecting any data, we reviewed the Stony Brook University IRB approved informed consent document (appendix D). The participants were advised that they could stop the interview at any time and could choose to not answer any questions. In only one instance did a veteran choose to not answer questions about his combat experience. He was willing to talk about combat in general but was not willing to discuss any of his particular combat stories. The participants gave consent to both participate in the interview and that they were willing to allow me to digitally record our meeting. It was especially important to several participants that I emphasized and clarified that none of their information would be reported by name or that their individual stories would be discussed in an identifiable way. This was the only concern expressed. All of the veterans were happy and willing to be part of an effort that they viewed as ultimately improving the way in which veterans are served.

After completing about 20 interviews, I realized that as far as the course of military experience and transition to civilian life, I was starting to hear essentially the same story over and over again. I had perhaps achieved saturation. I also realized as I continued to listen, learn and network with people in the veteran community, that many people who work with veterans are in fact veterans themselves. This group has the additional quality of not only having the experience of being a veteran and all that goes with it, but has the broader perspective of seeing veterans' needs from a direct service and policy perspective. Upon having this realization, I

shifted my search for participants to intentionally include people who I knew would have that wider perspective and could help me understand what I had heard from the early participants in a larger context. This strategy proved invaluable as I carefully selected people who are not only veterans themselves but are also involved in a variety of activities helping veterans with reintegration on a micro and macro level.

In addition, at about the same time I was able to attend a two-day data analysis workshop with Dr. Raymond Maietta, owner of the consulting company Research Talk and an expert in the design and execution of qualitative research. This was an opportunity to begin developing a strategy and plan for the analysis of the data and learn about an abundance of theoretical and practical issues important to the successful completion of the project. I began studying the five interviews that had been transcribed and, with the knowledge I gained, I had two important insights that resulted in the subsequent modification of my interview approach. One was that most of my prior research experience has been in the quantitative realm. Unlike qualitative research, the goal of quantitative research is to be able to generalize findings from a sample to a population and to be able to replicate the study. This requires consistency of data collection process. I realized that I had been applying a quantitative mentality to a qualitative study, which was hindering participants' freedom to tell their story in the way they needed to tell it and the story they needed to tell. This led to the second realization that I was interjecting too much of my voice into the interviews and that the goal of hearing the veterans' stories, whatever those stories were, in their own way and in their own words would be better served if I made a conscious effort to limit my input to asking initial topic questions with a minimum of follow-up probes. Thus, the second set of interviews reflects more of the veterans' voices and less of my own. I began to trust that the information I needed to get would emerge in the context of the veterans

telling their story. In fact, this was the case even with regard to demographic material. I kept a demographic information sheet with me during the interview and, with few exceptions, I ended up collecting all of the demographic and content information I needed. I took the last few minutes of the interview to review my notes and, if something had not come up, I would follow up to address that area specifically.

Human Subject Protection

Several participants were specifically concerned that they would not be identified in anyway in a final report or presentation. I assured them that no real names would be used in any form of presentation of the findings and that any identifying information would be removed.

The participants were advised that they could stop the interview at any time and choose to not answer any questions without penalty. All participants were advised and gave approval to participate in the interview and for the interview to be digitally audio recorded.

In order to ensure confidentiality, each interview was de-identified and no identifying information was contained in the interview. Each participant interview was assigned a case number. Each interviewee was assigned an alias name during the report writing to maintain confidentiality while humanizing the individuals in the context of the presentation of findings and the analysis of the data.

Transcription Process

The interviews were digitally audio- recorded. The interviews were professionally transcribed by a transcriptionist who signed a confidentiality agreement (appendix E). The recordings were uploaded into Dropbox, a password protected cloud website and then retrieved by the transcriptionist who completed the transcription and returned the written transcription via password protected email. In thinking about how to complete the transcription process, I was aware that there are many benefits to transcribing the interviews myself in terms of having the connection to the material while going through the time consuming and laborious process of transcription. However, in my personal situation I knew that it was unlikely that I would have the blocks of time required to transcribe 40 interviews in a timely manner. In order to maximize my immersion in the data, I listened to and read through the interviews many times in addition to referring back to reflections and notes made during the interview process.

The transcribed interviews were stored on a password-protected computer and uploaded to the Atlas Ti version 7.5.7 qualitative data analysis software.

The Role of the Researcher

During the data collection process it was important to engage in 'bracketing', that is the suspension of one's preconceived ideas about the phenomenon being studied (Schmidt, Simmonds and Sulfaro, 2014). Wall et al (2004) describe the use of a reflective journal to gain understanding of one's own preconceptions as both part of the preparation for interviewing participants and the analysis process. By gaining and maintaining self-awareness, the researcher can be careful to listen for the participant's interpretation of an experience rather than

inadvertently imposing her own meaning. This is essential to the researcher's ability to receive and reflect the participant's essential perception of an experience with minimal filtering through one's own judgments (Wall et al, 2004).

The primary question for consideration is what personal and professional information may affect data collection, analysis and interpretation (Patton, 1990). It is the responsibility of the researcher to be thorough in observing and assessing what that impact may be (Patton, 1990).

Part of the preparation for conducting this study was to engage in what Lawrence Shulman refers to as "tuning-in" (Shulman, 1984) to gain a working knowledge of military culture and terminology. It was important to have an understanding of the training and deployment cycle, the abundance of acronyms that are tied to virtually every aspect of military life and the critical importance of concepts such as "unit cohesion", completing the mission and the profound bonds formed between service people particularly during combat deployments.

A qualitative researcher must also "tune in" to one's own experiences and biases as part of the process of bracketing, as they may affect the data collection, analysis and interpretation process. Concurrent with my professional experiences working with veterans, my oldest son enlisted in the United States Navy in August, 2013 and left for basic training in January, 2014. I had the opportunity to watch my son go through the process of adopting a new culture and develop the qualities that make for an excellent warrior. While this, of course, elevated my interest in the subject of returning veterans, it also allowed me to see first- hand an instance of how the transition from civilian to soldier unfolds with a recognition that service members' experiences vary and that I was specifically seeking to understand those variations.

With this understanding of what I was bringing to the data collection process, I began conducting the interviews. After conducting ten interviews and engaging in reflective thinking and note taking, I noticed a consistent basic story arc that included common themes. Some interviews were very emotional for both the participant and for me as the engaged listener. As the interviews continued and I noticed the commonalities in some elements of the stories, I made some modifications in my interview approach allowing the veteran the opportunity to tell their story as they felt they needed to and sought out participants who could provide varied perspectives on the phenomenon of veterans' reintegration.

Data Analysis Approach

The data analysis approach for this project involved a series of steps based on the work of Dr. Raymond Maietta, owner of Research Talk who developed what he refers to as the "Sort and Sift, Think and Shift" method of qualitative data analysis (Maietta, 2006).

As the interviews were completed and sent to the transcriptionist, I read through the first five interviews and as noted earlier made two adjustments in interviewing style to enhance the participants' opportunity to tell the story they needed to tell and to minimize my voice in the interview interaction.

One of the main techniques of the Sort and Sift, Think and Shift method is writing memos, both project based "what do I know right now" memos and interview based "what did I learn from this data collection episode". The idea is to have an immediate, continual and free-flowing process of reading, thinking, memoing and identifying significant quotes, themes and patterns within the data. This technique was used as soon as the first five interviews were transcribed and continued throughout the interviewing, transcribing and data analysis process.

Memos were stored in a Microsoft Word file. This tool proved to be invaluable in capturing insights in the moment and developing themes and patterns as they emerged which were ultimately useful in developing the analysis.

After considering several options, I chose the Atlas Ti version 7.5.7 data analysis software. The primary value of the software was in being able to easily code sections of the interviews with one or multiple thematic codes and then to be able sort for specific codes across all documents, compare themes across participants and search for quotes from a specific participant. All of the transcribed interviews were uploaded to Atlas Ti for analysis.

However, data analysis software did not prove to be useful in gaining the depth of understanding of the data and making the thematic linkages required to craft a cogent analysis. This required reverting to the age-old method of poster board and post-its. I began keeping track of recurring themes and emergent ideas on index card size post-its and by moving them around on a series of poster boards was able to see how the ideas and themes fit together. In addition, the same method was used to develop the story the data was telling and create a logical order in which to present the veterans' stories and emergent themes. This process occurred over a series of months requiring repeated readings of the transcripts and listening to audio to be able to really hear intonation and emphasis.

From this iterative process of Sort and Sift, Think and Shift the logic of the stories and the primary themes emerged. Codes for labeling the quotes were initially based on the sequence of topics covered in the interview, which in turn had been based on an initial review of the literature. As the reading progressed and unexpected patterns and themes were discovered

additional codes were added, some were dropped and quotes were merged into categories that made more sense as my understanding of the data developed.

Using the poster board and post-it method as a story board, I was able to group and re-group codes and themes to arrive at a final diagram of emergent themes and the sub-categories of topics relating to them. This became the framework for writing up the findings of the study.

The analysis of the findings continued by considering the veterans' words, the patterns and themes linking them and arriving at an understanding of how to synthesize the findings to address the research questions. This process once again relied on the Sort and Sift, Think and Shift method of project memoing and diagramming.

Ethical Considerations

Two issues were of primary importance in considering the ethical concerns for this study. The first was ensuring participant confidentiality. Throughout the proposal development process, the question came up several times as to whether veterans would be willing to talk to a researcher who had no military experience. Part of the concern was my ability to understand and empathize with their experience but equally important was the issue of maintaining confidentiality due to the perceived potential for stigma associated with confessions of "weakness" or mental illness and the impact on the participant's life. This concern was addressed immediately prior to beginning the interviews by reviewing the consent form with the participant and emphasizing that no individual would be identified in any presentation of findings. In addition, in terms of the handling of data, the recorded interviews were given a code name and immediately uploaded to Dropbox, the cloud website where the interviews were held. The transcriptionist returned the transcribed interviews to me by way of a password-protected email.

The second ethical concern was the possibility of the participant experiencing emotional distress as a byproduct of discussing upsetting events or triggering painful memories associated with their life experience including combat related trauma. I was prepared to provide the veterans with a list of mental health providers, veterans' mental health support organizations and hotlines with phone numbers and contact information. However, I found that in any situation in which the participant became emotional, I was able to use my skills as a clinical social worker knowledgeable about veterans' issues to assist in the moment with managing any unexpected feelings or distressing memories.

Data Verification Strategies

Morse et al (2002) suggest that rather than using strategies to establish trustworthiness at the end of a study, it is more useful to utilize verification strategies that will allow for self-correction during the study as a means of addressing threats to reliability and validity. They identify four verification strategies to be utilized during the research process:

1. Ensuring methodological coherence
2. Sampling adequacy
3. Developing a dynamic relationship between sampling, data collection and analysis
4. Theory development and theoretical thinking.

Methodological coherence refers to the congruence between the research question and the design of the study (Morse, et al 2002). In this study, the research questions required in-depth contact with the participants with the goal of understanding the meaning of their experience from

their point of view. The design of the study, using a semi-structured interview and selecting participants who have experienced the phenomenon in question meets the requirement for methodological coherence. As the study progressed I made modifications to my interview approach and purposefully selected participants who, due to their roles as professionals serving the veteran community, could confirm some of my assumptions about what I had heard up to that point and amplify my understanding of the macro level issues with which they are familiar.

During the data collection period I was also involved as a performer in the Telling Project, a national effort to use theater as a way to help veterans and military family members tell their stories and encourage dialogue between veteran and civilians. This unique project uses in-depth interviews with veterans and military family members that are crafted into a 90-minute production and performed in the communities local to the participants. Our production consisted of two parents of service people who had lost their lives in the OEF/OIF war, four veterans and me. I was included because I am the mother of a Navy seaman and I am social worker and PhD candidate working with and studying veterans' experiences. Throughout the course of the four months that our cast of seven rehearsed and performed I was in close contact with veterans and other family members. We shared our stories and I was able to talk about my dissertation research in an informal manner. My initial thoughts and reflections about the interviews I had completed at that point were supported and refined by my conversations with my co-cast members. I also maintain ongoing relationships with several local veterans and was continually engaged in a process of confirming or revising my interpretations from my data as well as integrating what I learned from my talk with them and what I was learning from the interviews.

The study sample included participants who had the knowledge and experience of the phenomenon in question. In this study participants were veterans who have been separated from

the military for at least one year who served between 1990 and 2014. A sample size of forty participants was an adequate sample because it was large enough to ensure that all aspects of the experience were explored as evidenced by the replication of information suggesting that saturation was achieved.

I used a dynamic data collection process, meaning that I took the opportunity to reflect on the data I was obtaining and modified my interviewing technique in order to improve the quality of data. As insights emerged it was necessary to modify how I conducted the interviews to better capture the essential meaning of the participants' experience. This iterative process created a system of ongoing self-correction (Morse et al, 2002).

Throughout the data collection process, insights gained from the interviews were used to develop and confirm ideas with subsequent participants. In fact, as a result of insights that emerged in the early interviews, both the method of conducting the interviews and the selection process were modified to reflect the new information. This allowed for the development of theoretical thinking which informed the analysis and discussion of the data.

Chapter Summary

This chapter provided a review of the methodological design and process for conducting the present study. Qualitative methodology using a phenomenological orientation was used to develop a study exploring the reintegration experience of veterans in the context of their overall military experience with the goal of learning about elements of an optimal reintegration experience from the perspective of the participants.

Forty participants were recruited using convenience, snowball and purposeful sampling to obtain a diverse sample of veterans including those who work or volunteer in veteran service

organizations. Data were collected using a semi-structured interview guide which was developed based on an initial review of the literature. Interviews were digitally audio recorded and professionally transcribed. Using the Atlas Ti Data Analysis software, poster board and post-its and the Sort and Sift, Think and Shift data analysis strategy patterns of experience were identified and themes emerged. These findings were organized logically and presented. The findings were used in conjunction with further reflection on the existing literature to offer interpretation and analysis of the findings and finally discuss policy recommendations and directions for future research. The following chapter will present the study findings.

Chapter IV

Presentation of Findings

Introduction

The purpose of the study was to explore reintegration with a sample of veterans in the context of their military experience. Through understanding their experiences with enlisting, indoctrination, active duty and separation emerges the context for understanding their reintegration, how they sought help and support and their perceptions of what makes for an optimal reintegration.

The study explored the following research questions:

1. What meaning does the experience of reintegration have for the veterans in the context of their overall military experience?

2. How do the veterans experience various ways of seeking help as part of their reintegration experience?

3. What are the elements of an optimal reintegration experience?

The emphasis throughout this analysis was to allow the veteran participants to tell the story they needed to tell in the way they needed to tell it. The richness of their experience is reflected in the illustrative quotes taken from the interview transcripts.

Five major findings emerged from this study:

1. The overwhelming majority of veterans felt unprepared for the reintegration issues they experienced.

2. Many of the veterans did not seek help for months or years after separating.

3. Their pathways to help were varied, including both VA and non-VA resources.

4. Veterans identified specific elements to successful reintegration addressed from the perspectives of personal experience, observations about overall needs and perspectives from leaders in veteran service endeavors.

5. Two emergent themes: Bonding/Brotherhood and Loss/Grief are important in understanding both the challenges of reintegration and how successful reintegration can be supported.

Organization of the Chapter

This chapter begins with a description of the study sample. It is followed by the narrative of the veteran participants' experiences with enlisting in the military, indoctrination, active duty and separation. Two significant emergent themes "Bonding/Brotherhood" and "Loss/Grief" are discussed. The main study findings emerging from the data are discussed and the chapter concludes with a summary.

Description of the Sample

Forty veterans participated in interviews for this study. Of the forty, 77% (31) were male and 23% (9) were female. Seven participants (18%) were between 26-29 years of age, 17 (42%) were 30-39 and 21 (52%) were 40 -53. Twenty-three participants (57%) entered the military in

2000 or later and 17 (42%) enlisted in the 1990's or earlier. In terms of branch of service, 19 (47%) were in the Army, 10 (25%) in the Marines, 7 (18%) were in the Navy and 4 (10%) were in the Airforce. Ten (25%) participants were officers. Thirty (75%) were enlisted, of which 10 were Non-Commissioned Officers (NCOs), meaning that they rank between E5 and E8. The 30 enlisted service people had either combat related Military Occupational Specialties (MOS) or a combat support MOS such as truck driver, warehouse supply, fuel tanker, or medic.

Because at the time of their enlistment, women did not serve in forward combat positions, special note is made here of the MOS of the nine female participants: 3 truck drivers, 2 medics (corpsmen), 1 military police (MP), 1 supply warehouse, 1 general non-specified and 1 officer.

Twenty participants (50%) had two or more deployments (of which 3 were in non-combat deployments), 19 (47%) had one deployment and one participant (3%) never deployed. In terms of type of discharge, 35 (87%) were honorably discharged, 3(7%) had medical discharges, meaning that they left the military due to an injury serious enough to prevent them from continuing to serve, 1 (3%) had a dishonorable discharge and 1 (3%) respondent continues to be an active reservist.

Eleven (27%) of the forty participants indicated that they had been homeless at some point since separating from the military. In terms of employment, 31 (77%) veterans reported that they were working at the time of the interview and 9 (22%) were not working. Of the nine unemployed veterans, seven were full-time students, one was permanently disabled and one was in a sober house as part of treatment for drug and alcohol abuse at the time of the interview. Three veterans disclosed that they had been sexually abused prior to military service. Five reported that they had abused drugs or alcohol prior to military service.

Motivation to Enlist

Twenty-one (52%) of this sample of veterans served in the OEF/OIF conflicts, enlisting around the time of the September 11th 2001 attacks. Several served in Operation Desert Storm and the remainder served in other capacities in the 1990's. Over all, the respondents' reasons for enlisting fall into three broad categories: "Looking for Opportunity", "Called to Serve" and "Do I Have What it Takes?"

The responses to the question "What attracted you to the military?" provided a first glimpse of who the veterans were prior to entering the military. They had civilian experiences that included childhood trauma, substance abuse, an unfocused life or one lacking in opportunity, or conversely, they have succeeded in their education or career and felt called to serve.

Looking for Opportunity

This is the largest group of respondents, young men and women, typically in their late teens or early twenties, just out of high school and possibly with some college. They were troubled, aimless and lacking the financial resources to pursue college. They may have had some early childhood trauma or become involved with substance abuse. The military offered a means to opportunity, education and a way out of a problematic environment.

When asked what attracted them to the military, the veterans in this group offered several variations on the theme 'looking for opportunity'. Comments typical of this group fell into several general areas: those looking to get away from a dead end life, those who wanted

opportunity for something different and those who had experienced childhood trauma and needed a way out.

Bill, a 28-year old Army veteran who served from 2005 to 2013 and had two combat deployments, talked about a troubled childhood that led him to alcohol and drugs. The Army was a solution.

> Life before the military, for me, it was a struggle. I grew up pretty rough. My parents were really never around. Really didn't have no guidance or nothing like that. I used drugs and alcohol and I was going down a bad path. I was working in a fast food restaurant one night and a friend brought in a fifth of vodka. And we drink, close the store up, came home, passed out in the bathroom. Woke up the next morning, I was like, I can't be doing this anymore. So I called a recruiter and enlisted in the Army.

Rick, a 28-year old Marine veteran who served from 2005 to 2009 and was deployed twice to a forward combat area talked about seeing the military as an opportunity.

> I was pretty much being a trouble maker… being a bad ass, trying to be a bad ass. I was doing a lot of drugs, selling drugs. Life wasn't going so well… I went to college for 3 semesters. First semester was good, second semester was all C's and then third semester, I was failing. Dropped out of a couple of classes. I wasn't putting in the effort cuz I was doing other things and I thought that was more important. So pretty much everything was going downhill and the recruiter called me up. …I decided to give him a try, talk to him.
>
> Interviewer: So it was a way out?
>
> Yeah – a way out.

And Mark, a 36- year old Air Force veteran who served from 1999 through 2003 and was among the first to deploy to Afghanistan shared this:

> College and getting the hell out of my hometown. Everybody says it but I think that everybody that went to school with me meant it. We were a black hole town. Either you went to work on your farm or you didn't go anywhere unless you left.

Vanessa, a 40-year old Army veteran who served from 2003 through 2012, talked about being a single parent and needing stability for her family:

> I actually was going to enter into the military right after high school. I had passed the ASVAB test but I was unable to pass the physical because I didn't have enough weight. You had to be, I think, 105 pounds at that time. I couldn't get over 99.
>
> I ended up going to college graduating with my associate's from (business school). I went for executive secretary, started working (for a computer company). I had other jobs. I also went for my certification for nursing assistant, medical assistant. End up having two children. Had three jobs, two full time, part time job. Single parent.…so I was like, I need something more stable than just working three jobs constantly around the clock. They were young when I went in. My son, was just turning five and my daughter was gonna be four. And you know, of course at that time they didn't really understand. They just knew that mommy was going…

Jake, who served in the Marines from 2004 through 2008 and had two non-combat deployments to the Far East, typifies the sense of purposelessness that characterizes many in this group:

> I was just so miserable. I wanted to do something new. I felt like my life was so monotonous. Go to school, come home, and I would just rinse and repeat every single day. …I felt like I'd be one of these people that was just gonna get a job and work for 40 years and like, retire and die. There's gotta be something more interesting to do, some way to, make my life different.

A minority of this group talked about childhood trauma and exceptionally difficult circumstances. Sam, is a 40-year old Navy veteran who served as a SEAL in the Navy special forces in the 1990s and deployed on a variety of covert combat missions around the world. He disclosed that he was raped as a young adolescent and didn't tell anyone for many years. By

chance, someone gave him a book which showed him a way to move away from that trauma towards what seemed like a solution.

> I was one of those kids that liked a lot of solo things. Kind of a loner, still am. Life was all about trying to chase that rush. I was into doing extreme sports. What actually got me interested in the military was that I read a book after I'd gone skydiving a couple times, illegally. A guy that I work with goes, "You gotta read this book. It's called Rogue Warrior and it's by Richard Marcinko." He was one of the first SEALs. The lead SEAL of Team 6 that everyone knows about right now. So, I read his autobiography, start to finish overnight. I couldn't put the book down, and I didn't like to read. I saw that it was possible that off the street you could sign up for that job. So that's what got me interested in the military.

In hindsight he saw that enlisting helped him deal with the as yet unspoken trauma he had suffered.

> I felt broken. I felt weak. I felt dirty. I felt less than. These are all things I hid. I remember reading it specifically in the book, that after completing BUD/S we can take the most broken minds and turn 'em into the most savage killer, and they feel nothing. And I sat there reading this going, "I found my solution." I think that I was looking for some alternate way of dealing with what I was going through that didn't require me to tell anyone about it, and it worked for a while.

Called to Serve

Another group of participants fall into the category of feeling called to serve. They may have seen some educational and career success, and yet feel unfulfilled. They responded to the September 11th attacks feeling responsible or called to serve their country.

Alex, who completed one combat deployment in Iraq and served from 2004-2012 as an Army officer typifies those who felt called to serve:

> I really thought that Kerry was gonna be elected. I couldn't imagine Bush being reelected because things were so bad at the time. Iraq had run off the rails, Abu Ghraib had happened, so much filth going on in Iraq and we were still in Afghanistan. And Bush was reelected. A week or two after, a buddy of mine had joined the military and was in Ranger training getting ready to deploy to Afghanistan. And when Bush was reelected, it felt like this was now, it had gone from being something that was messed up but would end, to a struggle that was going to involve my nation, for a long, long time. And I, I thought that it would kind of be my responsibility to take part in that. I could make packets of money later. I was still young and healthy. So I joined up in November of 2004. Joined up for OCS, Officer Candidate School.

Don, a 35- year old Army veteran who served from 2008 through 2012 and completed one combat deployment, had a lucrative career as a stock broker while still in his 20's and yet he felt unfulfilled:

> I was a father, a husband, a business owner. I was a home owner…I had achieved my dream job and had become a stock broker, which was what I had wanted to be since I was a kid.…Three years after my grandfather passed, I went to his grave and he like spoke to me. He said "Go help the boys." I came home and said (to my wife) "I'm joining the military." My wife said okay, and I never went back as a stock broker. I went to the recruiter on Monday and I left 3 months later.

Do I Have What It Takes?

This third, much smaller group, overlaps to some degree with the other two. However, while they may or may not have completed a college education or come from economic challenges or troubled families, their main motivation for enlisting was a desire to see if they 'have what it takes' to achieve or overcome challenges or 'be a man'. Doug, a 38-year old combat Marine veteran who served from 1999 through 2004 described it this way:

> I was a decent student. I played a year of college football. Then I kinda got into partying and got a little crazy. I withdrew from school after two and half years. I came back home and was working and didn't really have any direction. I always wanted to

> join the Marines and see if I could do it. I was like 22 and like, if I don't do this now, I'm gonna be too old to do it, and I'm gonna regret it. So I joined the Marines My mom said she would rather me do anything else in the entire world.
>
> Interviewer: So, what attracted you to the Marines?
>
> You know, good marketing, cool uniforms, good commercials. It just seemed like it was just really tough, and I wanted to sort of see what I was.

And so motivated by a desire to get out of where they were, a call to service or to test themselves the new recruits embark on the transformative process of indoctrination into military life.

Making Soldiers out of Civilians: Basic Training and Indoctrination Into the Military

In order to understand how soldiers return to civilian life, it is important to understand how they are socialized into the military. Basic training is the process by which civilian recruits are indoctrinated into military life. Over a few short weeks, through rigorous training and an intentionally designed process, the recruit becomes part of something greater than themselves, willing to follow orders without question and lay down their life for their comrades in service to completing the mission.

Walter, a 40-year old Army veteran who served from 1986 through 1993, left military service and went on to become an advocate for healing veterans' trauma, reflected on how basic training changes civilian recruits into soldiers:

> All of them are wired for war. Again, it doesn't matter if you're a clerk typist or an infantryman or a fighter pilot or you know, a water purification specialist. Everyone goes through basic training, which has rifle training, where you're shooting at human silhouettes, where you are throwing grenades into pits, where you're doing hand to

> hand combat. You're doing and not just training. It's to learn who to salute and when and who not to and how to address and how to dress and how to stand and again, that, it's to get to respond to orders without thought, to, to get this automatic impulse going…
>
> They take responding to orders without thought and turn it into responding to a threat with violence. The military must be prepared to conduct war. And to conduct war, we sometimes have to take a life. That's the most basic action we would have to do. Everyone has to be prepared to do it- everyone. So they train everyone to do it. And then it's years of training. Not just weeks.

Interestingly, Arthur a 33-year old veteran who served as a Marine officer from 2003 through 2012, expressed similar observations about the nature of basic training, but didn't feel that it's an effective method. He also pointed out that the goal of basic officer training is different, the process is different and the outcome is to produce leaders:

> And it's (basic training) actually based off of kind of POW style tactics where they take away your identity to break you down and then built you back up into who they want you to be, which for me wasn't conducive to anything, really, in my opinion. But it's an indoctrination process so it serves its purpose for a conventional force. But if you want an unconventional way of thinking, then it's completely counterproductive to put someone through that. It's also telling that officers don't do that because they're in leadership positions. If you want leaders, they don't put people through that style of training because they wanna develop you into becoming a better part of yourself and nurturing your strengths while bettering your weaknesses.

Basic training is an opportunity for the recruit to push his/her limits, to exceed what they think they can do. Doug, the Marine veteran, shared this observation:

> Go watch boot camp. It's incredible you know, they got it down., their system works. You just buy into it, literally like the first week. I wake up in the morning like, "What did I do?" "Where the hell am I?" And then, by the end you love it. You know, you just, you know, intense and really, you know, you think you can do anything 'cuz you've done things that you didn't think you could do. It's pretty incredible. You don't think you can take an idiot 22-year-old and throw him down in South Carolina in the middle

> of all these sand fleas, and you just stand there, and you don't react to like bugs biting you.

Much of basic training is about behavioral and psychological training to make the recruit part of a unit, to develop physical and psychological strength and understand the culture of their branch of service. It's also about creating the muscle memory and automatic responses which will be key to survival later on in combat. From Day One, the new recruits participate in an intentional indoctrination process. To the new recruit it may look like just a lot of meaningless rushing around with rituals and procedures until they understand that everything has an underlying purpose.

Jake, the Marine veteran, described a typical experience:

> Every single second of every single day is so controlled. You're not even allowed to go to the bathroom if you want. You have to formally ask permission and everything you do has to be like, formal military facing movements: step forward, right face, step forward, left face. You have to do the formal: "Sir, good evening, sir. This recruit requests permission to speak to senior drill instructor. This recruit requests permission to make a head call." And be like, "Okay, go." And you'd have to say "Aye, sir, thank you, sir." And you have to do like, one back step and about face and then run away, you know, to the bathroom cuz everything has to be done really fast. Every single thing is such a, a process. You go to the chow hall and they made you hold your tray a certain way and it sounds stupid, but it turns out everything is for a reason. They make you hold it like that, but it's actually for practice cuz it's how you rack your M16 back.

Roland, an Army veteran who served from 2000 through 2006 and had two combat deployments shared this story that illustrates the psychological techniques used in basic training:

> We're going on a bus from Louisville airport to go into Fort Knox, and there was this one kid who had nose piercings, ear piercings. He decided that he wasn't gonna take his piercings off before they got to the bus. The drill sergeant says, "Everyone's gotta, no piercings anymore." The kid says, "I'm not taking them off, this is my freedom,"

> quoting the constitution and everything. And the drill sergeant leaves him at the front gate at Fort Knox. I guess he did call somebody to keep eyes on him, but doing the whole tough guy attitude says "This is what we do with people that don't listen". They just left him at the front gate and we kept on going. They use a lot of the psychology against you when you go to basic training. People think it's just yelling and attitude but there's psychology behind it, absolutely.

As Roland pointed out, there is a psychology of indoctrination. By the end of training, the soldier should be able to execute an order not only without question but with automatic reactions, which from constant repetition have become muscle memory.

As Tad, a Marine veteran who served from 2004 through 2012 and had three combat deployments to Iraq, described it: "When you come out of boot camp, you're ready to go jump in front of a dump truck if they tell you to. Not even asking why or when or how or you know."

Concurrent with the experience of having one's identity reshaped is the equally powerful and significant emergence of a deep camaraderie and brotherhood that transcends civilian relationships. The formation of these powerful bonds between soldiers are the glue that holds the unit together in combat. While this is not necessarily the intent, it is most certainly a by-product of the grueling repetitive, competitive, day-in and day-out exertion and psychological mind games of basic training.

Lynn, a female Army veteran who served from 2007 through 2014, talked about her experience with the daily physical training (PT) as one of the ways in which the group learned to rely on each other:

> Doing PT as a group, was so essential in building that togetherness and seeing real mental strength. Who's really gonna grab the buddy that's struggling, who's really gonna look out for themselves, who's really a slacker or the complainer. When you're running six miles and you're hurting, which everybody is cuz it's tough, no matter how much you try to avoid it, your true colors are gonna come out. .. I had a battle buddy

> telling me "I'm gonna quit, I'm not gonna make it," You do things like have them hold on to your pack until they get the strength enough to walk by themselves again.

By the end of their thirteen weeks of basic training, the Marine recruit has learned a lot about military life and what it means to be part of a branch of service. Jake shared this observation:

> You've learned to shoot, you learn military drill. You have to pass a 200 question written test, almost like taking the SATs. You learn hand-to-hand combat stuff. You learn how to properly wear your uniform, how to salute, when to salute, rank structure. You learn all that so that when you get out into the fleet Marine force and you see someone who's a higher rank, you know how to address them. You actually have to learn a lot, a ton of first aid, a lot of history stuff, all these famous battles and famous figures in Marine Corps history and different dates.

The end result of a soldier's training is the ability to react to a situation without thought and obey orders without question. It is through repetition of the physical motions, muscle memory and habits of thinking that the soldier is made ready for whatever active duty service will bring. For the group of soldiers included in this sample, this was by and large an experience of war. As one participant described it, the creation of the warrior mindset, the "wiring for war" is partially about creating a habit so automatic that the source of your reactions is not in your head but in your body.

This training continues with the Advanced Infantry Training (AIT) and other specialty schools that prepare the newly minted soldier to perform their Military Occupational Specialty (MOS) under even the most extreme combat conditions. As Connor, a Marine veteran who served from 2003 through 2007 and had two combat deployments, described it: "Six months of pre-deployment training, which consisted of driving, practicing convoys, target practice, going to

the range using different weapons, Gear checks. Very long days. Just repetitive, repetitive training. It's supposed to be involuntary…movements. Just go. No thought."

The bottom line is that the soldiers know that they are training to increase the odds that they'll make it home, and they are changed even before encountering combat. The more they can create those automatic responses, the muscle memory, the greater the odds that they will return home. Typical of the experience of the new Marines who were slated for combat was Connor:

> Even before going into combat situations it stuck with me to be hyper, hyper alert…..just from the training. You keep it in mind, the harder you train, the safer you are. Wanna come home to your family, train harder and push yourself to a certain limit. If you don't concentrate, you won't be able to come back from that limit. You'll stay in that dead, hyper sensitive, hyper alert thing to the point where it's natural.

They have also learned about camaraderie and being part of a team, which will literally lay down their lives for each other. Brotherhood comes to mean something different than is commonly understood in the civilian world. Mark, the Air Force veteran stated: "You learn that you can rely on your team left or right, front or center. You don't rely on yourself anymore; you rely on them to do it for you -- push you along, don't fucking quit!"

Clark, an Army veteran who served from 2002 through 2009 and had one combat deployment expanded on this feeling of deep bonds and caring when he talked about his experience as a trainer of new recruits, explaining to them why he does what he does:

> The thing is I love you guys. I love you so much that I don't want anything to happen to you. I'm hard on you so that you don't make mistakes, because a mistake in our life means our lives sometimes or your buddy's life. And that's how much I love you. I don't want you to ever make a mistake.

Part of the identity shift is recognizing that one is no longer viewed as an individual but part of a unit. Adam, an Army veteran who served as an officer from 2004 through 2012 with two combat deployments, offered this reflection on moving from a sense of self as individual to being part of a unit:

> It's a wrenching experience, as an American civilian educated in liberal arts, to have that taken away. You're not that anymore. And the way that's deliberately filled in is now you're a part of a unit. The joy you have from the community is not 'I'm an individual in this larger community'. It's 'I'm part of this successful unit'.

Assimilating the new military identity requires becoming part of a cohesive, bonded group, gaining information and skills and being trained through constant repetition to have automatic behaviors and physical responses that become muscle memory critical to being prepared to conduct war. By the end of their training the "idiot 22-year old" has become a soldier who "doesn't think but executes" and knows "the right thing to do is do".

This seismic shift in identity exists independently of any future combat or deployment experiences. Training is what creates the attachment to military life and habits of thinking and behaving. When we talk about reintegration, we are not just talking about combat soldiers returning to civilian life after wartime. We are talking about men and women who have left civilian society, become part of something bigger than themselves, learned new reflexive thoughts and behaviors that are engrained in both their minds and body's reactions, learned to be part of a group that literally relies on one other for their very lives. And they have been trained for war. They have been trained to kill if necessary, to dehumanize the enemy to make that possible. And as Orlando, an Army veteran who served from 2006 through 2009 and had one combat deployment, said, to know that "a good soldier is one who knows he is already dead".

The military gave many of these young men and women the very thing they felt they were lacking in their civilian lives: focus, belonging, meaning, purpose and competence.

Active Duty Military Experience

The vast majority of this sample of veterans had at least one combat deployment during the time they were active duty military. Three veterans were in non-combat roles and one non-combat female veteran remained in the U.S. The veterans varied in the degree to which they were willing to talk about their combat experiences. For one veteran, NOT talking about it was an important part of how he managed to compartmentalize his wartime memories and function effectively in his daily life. Most of the other veterans opened up and talked about what they heard, saw, smelled and felt.

The combat stories shared by the veterans convey several important points. First, they highlight how the skills learned during basic training become vital to their survival once in combat. Most of the stories also illustrate the depth of the bonds of brotherhood and camaraderie, which were formed during basic training and endure and deepen during combat deployments. The sense of constant high alert and danger are reported by most respondents regardless of MOS. The veterans also shared the pain of the death of their comrades, observing the impact of war on the local people and the crisis of conscience when killing another human being. The non-combat veterans, while having a completely different deployment experience, demonstrate another aspect of active duty military life: the boredom and repetition of daily life. Several veterans talked about initial impressions of the places to which they were deployed.

Roland, an Army veteran, told about his first impression of Baghdad:

> First thing I noticed in Iraq, as we got close to Baghdad, all you smelled was death. It was like road kill. That smell was everywhere. Like somebody was burning a palm tree I can't explain it. It's horrid, it's a horrible smell.

Bill, the 28-year old Army veteran who served from 2005-2013 talked about his arrival and recognizing that what he learned in basic training was going to keep him alive:

> I can adapt to any situation. The Army did that for me. The training is really what kept me alive. It is basic combat training, survival training. There's a culture shock going from a Kentucky boy sitting around, drinking with his friends and partying all the time to a third world country watching out where I step for mines and making sure all my friends come home. It's pretty crazy.

He went on to talk about the losses his unit sustained and the constant danger they faced:

> We lost a lot of people, including my lieutenant who was a good guy. We lost so many people in our unit that we didn't get sent back on another rotation, the mines, the IEDs. Every step you would take you'd be worried if it was your last. We made jokes. You had to have some sort of morbid sense of humor because constantly people were losing their legs and, you know, dying.
>
> And I don't know what's more scary than dying from an enemy that you don't even see. You can't fight and that right there messes people up alone. Some people didn't go out on patrols and it still messed 'em up because knowing what we was going through. The IEDs were the worst, walking through a minefield. Nothing happened for the first three months we were there. They were watching us. And then I got hit myself. It was May 3rd of 2010, 170 millimeter Chinese rocket blew up in front of me. The kill radius on those are 75 meters and I was probably 15 feet away from it. I received the Purple Heart. My ears were leaking clear fluid like, spinal fluid. My speech was slurred. But by the grace of God, nothing happened to me.

Most of the combat deployed veterans offered similar stories highlighting the feeling of being unsafe, the constant high alert, the danger and the loss of their buddies. One especially poignant story from Clark illustrates the closeness of soldiers in combat, the horror of watching his mentor die and the rage and pain he carried with him.

> They sent us out cuz they needed to pick up a lieutenant colonel who was in the heart of Saudi City. On the way back, my mentor, Tiem, he's a good friend of mine… I would see this guy after missions and he would push me to go to the gym every day and tell me to be combat effective, you have to be fit. You need to focus on the mission at hand. There's people that depend on you. Things like that. He was there for me. In the beginning, I thought he would just pick on me. I don't see why you keep messing with me. "Because I'm in charge and I'm here for you." He volunteered for that mission because he wanted to be there for me…He tells me his driver was being a pain in the neck. So he said, "Can you switch because I just can't deal with it today." So I said, yeah, hold on. So I got on a switch, our squad leader says, "I don't have time for that., We gotta roll." I said I'm sorry and we are rolling out back to camp and this explosion happens. I feel this vehicle flipping in the air and we started losing control of ours. I got my head banged up, cuz my Kevlar fell off my head and then from all the tossing around the 50 caliber spun out and just hit me right in the head. I became a little unconscious. The way I fell, somehow my shoulder got caught up on the strap and I have this 50 cal weighs 100 pounds. It starts pulling my arm off the socket.
>
> I came to, I see my team leader. And all I'm worried about is Sergeant Tiem. I look up and see these guys. They start putting these tripods with cameras to film our getting killed…I said, help me, help me. Just do something, pull my arm. And so we snapped it back. I grabbed my 4 and we just started shooting back. We just kept popping back, popping back until they left. So I go and it just kills me because I seen him and his arm missing and his…(crying as he tells the story). I'm sorry, my, his leg was, part of it, was missing and just hear him screaming and sometimes that's what I remember is him screaming. And we go to get the driver, who I was supposed to switch with, and he was in pieces. I felt so bad. I'm thinking that was supposed to be me. I'm grateful that it wasn't me but I feel guilty.
>
> I totally had survivor's guilt. I didn't know how to deal with it. They sent me to the hospital. I didn't know if Sergeant Tiem made it. They were telling me to get some rest. The platoon sergeant came in and he goes, "Listen, I don't know how to say this but he didn't make it." I was so angry; I just wanted to kill everyone. Every time we went on missions it was almost like I was daring them to try to kill me. I lost my innocence. I felt like I lost everything. I just didn't even feel human anymore. I was so consumed by that anger. By the end of deployment I was scared of myself. I was scared of what I'd become.

As Clark told me this story during the interview, it was clear that even though he separated from the military in 2009 he experienced the pain of the loss of his mentor and the way in which the rage boiled inside him afterwards with all the raw emotion of a recently transpired event. The way in which he told it is as important as the story itself because it is an example of the extent to which many combat veterans may continue to carry with them the pain and raw grief of

those memories. In addition, as Clark disclosed later on in the interview he continues to struggle with finding where he fits in the civilian world and a sense of normalcy among people who can't imagine or empathize with the magnitude of what he saw and the painful memories he carries.

Only a few of the veterans spoke about what it was like to kill someone. Clark described it this way:

> In the first firefight I was in, first time I knew that I ever killed somebody, I called my mom, called her crying. I didn't know how to deal with it. I felt so scared. I remember hyperventilating on the phone, telling her I don't know what to do. I think I'm gonna go to hell now. And I can't lose it here, you know. I just wanna go home and I'm so scared. And she got me through it.

Clark describes the emotional pain of taking another human life in a way that allowed me as the listener to feel with him the anguish of doing something that is so antithetical to his value system, made clear by the statement "I'm gonna go to hell now". And again, it is a pain that he was able to call up in his recounting of the story with a rawness that belied that fact that at least six years had passed since the events in question had transpired.

Several veterans reflected on the local people they saw while deployed and how they were impacted by the war raging around them. Sam, the Navy SEAL who served during operation Desert Storm, told this story about a day when he and his team were stalking a sniper and a mother and child crossed their path:

> I put my weapon down, and I looked. I saw a mother and her child, and the child was maybe 6 or something like that, and they had a basket. The mother waves at me, and I looked at her like, "There's a fucking gunfight going on right here." Once I made eye-contact with her, the mother actually smiled at me, and she went like this (waving). She grabbed the child and the child looked back at me, and she waved at me also, and they ran full-speed across a gunfight. She was going to the market. That was her everyday life. For her and her child in order to get milk and bread, she had to deal with snipers, troops

> of soldiers that literally just wanted to kill everyone because they were the wrong religion. It didn't dawn on me at the moment, until years later I still think about it. I can see the expression on the child's face. There was no fear in her eyes. The mother on the other hand had extreme fear. Most of the males were fighting or dying, so the women were being raped on a regular basis. It was really horrible.

In addition to being a story that he could easily recall in great detail even after the passage of over ten years, this story illustrates two important points. One is that Sam was acutely aware of the impact of war and his conducting of war on the innocent local people around him who had at any moment the potential for becoming collateral damage in a war, which to him seems to have made little sense. Secondly, his statement ' it didn't dawn on me at that moment, it wasn't until years later I still think about it" again speaks to the enduring quality of soldiers' memories and feelings about those memories as well as the continuing impact even with the passage of time.

One wonders how the soldiers manage to lay aside what they are smelling, seeing, hearing and feeling to keep their mind on the goal and make sure they got out alive. Many of the veterans spoke about an automatic "don't think, just go" kind of response that kicked in when they were in combat situations. At that point, they began to see the value of the constant repetition and training they had had.

Mark, a 35-year-old Air Force veteran, offered a typical response:

> Your training takes over. But for me getting in touch with the "reality" of it – this shit's actually happening – Oh Oh, now what? Oh, this is what I went to training for isn't it? For me it was the reality of, okay this is happening. I'm somewhere where I am prepared to be, but you have to let your head catch up to yourself. Your body takes you through – for me it took me through a lot of motions without really comprehending what was going on. You know what I mean? Like driving a car, you just get in and go.

Guy, a 40-year old Marine veteran who served from 2001 through 2011, told about what it was like the first time he experienced a missile strike and how he reacted:

> The first hit, I just became concentrated and aware of what was around me. Yeah, definitely the Marine Corps training kicked in. To this day, I notice that when things are a little hectic it's really when I feel normal or I feel calm. I can be in an environment that's hectic and have less anxiety than in an environment that's calm.

In both instances their bodies knew what to do because they'd been trained over and over again how to react and they discovered that the trained reactions were there when they needed them.

The veterans talked about ways in which they coped with what was happening around them. A typical response is offered by Sam:

> In the Navy it was all about being mindful. You had to be in the moment. You couldn't worry about later on. You couldn't be thinking, "What if the helicopter doesn't show up to pick us up?" You know you'd be fucked. You couldn't think about those things. You had to be right there at that second. You get back home, and what do you do? Drink, drink, drink, drink, drink, and don't think about anything. You know, can't think about anything.

Sam offers a glimpse into an important aspect of the combat soldier's experience of compartmentalizing emotions and experiences in order to cope with fear, uncertainty about survival and the very real possibility of one's own death. All combat personnel are trained to stay focused on mission and leave feelings aside; Navy SEALS to an even greater degree. As one of the elite special forces of the military, SEALS go into the most delicate and dangerous combat missions. Finding a way to cope with those experiences while not compromising the mission requires finding a way to dull the feelings and ignore the fears. Drinking is not only acceptable,

but as my son, currently serving in the Navy fleet has confirmed for me, it is expected as a way of not only coping but of fitting in.

Non-combat deployments

While only three veterans in this sample had non-combat deployments, their experience is very important in understanding that even though they did not see combat they also had the same basic training experience as the combat veteran and were subject to the exact same indoctrination process. So the automatic responses and muscle memory are instilled in the non-combat veteran in exactly the same way. In the case of Jake, a Marine veteran, it was just the luck of the draw that he happened to be with his unit during a three year period when they were stationed at Miramar in San Diego, CA and did two overseas tours in Japan. A few months after he got out in 2008, his unit deployed to Iraq. Jake describes his deployments:

> They were kinda boring, actually. Where we were in Iwakuni, Japan, which is the mainland, kind of near Hiroshima, just the way the base is set up, you're very separate from the actual population. People think you're constantly mixing it up with locals, and people ask if I learned any Japanese. I didn't learn anything. It's very difficult to go out in town. So we would go, but only on a Saturday. As far as daily interaction, there's not much. It's like a chunk of the US, just overseas. And that was just pretty uneventful.

Most of the veterans in the sample had combat deployments that involved danger, loss and coping with the fear and visual horrors of war. Of the few that did not experience wartime combat, they completed tours of a very different kind. In many respects it didn't matter that they had not seen combat. As will be discussed in the next section, the overwhelming majority still struggled when they got out.

Transition Assistance

The majority of veterans talked about the lack of preparation in their official military exit process for the emotional impact of returning to civilian life. Many of the veterans report receiving only a minimal amount of formal transition assistance from the Military. For Sam, the Navy SEAL, his military career ended with an injury jumping out of a helicopter. He received a medical discharge and had no formal transition assistance. For those veterans who report that they participated in a structured Transition Assistance Program (TAP) of some kind, none of them reference any discussion of the possibility that they will experience depression, anxiety, or the array of feelings that these veterans described. Most reported that the class they took focused on job related issues, with a minimal amount of time and attention directed at potential mental health challenges. Victor, a 35-year old Army officer who served from 2000-2008, described a typical experience:

> A psychologist talks to you. Check off a list of anything you may be feeling. But everyone is in such a rush just to get out of there that nobody really follows the instructions and tells the truth on those things. You're in a huge auditorium and people are milling about. Even though I was the one telling them to be honest and mental health care is a good thing and you shouldn't worry about your permanent record, even I was like, man, this is not the environment. These soldiers, no one's gonna answer truthfully.

Connor, a 31-year-old Marine veteran who served from 2003 through 2007, described his experience with transition assistance:

> …..all the training and the hypersensitivity, hyper alert. They try to take you from a heightened state of awareness, 24-7, down to a normal, functioning individual in society. You get a couple classes. I couldn't remember the debriefing; it's so fast. Everyone's trying to rush through it cuz everyone wants to get home and back to a 'normal' life, normal mentality. But I don't think they debriefed you enough for the

> amount of time and the amount of effort and training. A couple classes doesn't have that big an effect on six months of training and six months in country.

Connor talked about wishing there had been some 'emotional debriefing' and less emphasis on finding a job:

> One thing I remember debriefing they're big on you getting a job and working. Military people, we know how to work and we know how to keep busy. But to debrief on the more emotional level and to get those involuntary reactions, somehow to go back to the people we were before we joined. I think everyone should have counseling as soon as they get out and immediately start emotional debriefing.

Several participants mentioned the point that everyone should have counseling and that they wish they'd sought help sooner. This "emotional debriefing" is not addressed, nor is there any warning to expect psychological problems, given both the experience of being part of military life as well as the ordeal of their deployment.

Whether they served in forward combat roles, combat support or non-combat tours, the overwhelming majority (90%) of the veterans in this sample reported that the transition assistance they received was inadequate and didn't help them figure out how to be themselves again. Bill's statement typifies this point of view: "I've been out for four years now and I can't conform. I still feel like I'm in because they do a really good job of training you, but they don't do a good job of un-training you."

Universal Experience of Transition

Several veterans emphasized that in their experience, soldiers, regardless of MOS or combat deployment, experience difficulty with their return to civilian life. Orlando, a 29-year-old

Marine veteran who served from 2006 through 2009, currently attending college and founder of his school's Student Veterans' Association, explained it this way:

> Regardless if you deployed or not, you're still a soldier, you're still a Marine, you're still military. Whatever branch you're in, that's who you become. It doesn't matter if you deployed. It only matters that that's no longer who you're going to be. We all have to be cognizant that regardless of deployment, of traumatic events the odds of a military personnel transitioning to civilian life is difficult. And the odds of them being upset is high. Let's say I didn't deploy. I did my X amount of years and it was a cakewalk. I loved it. I have nothing but great times. But now I'm done and back home. Fact is, I lost time and I'm upset about that. …What does deployment have to do with that? Absolutely nothing. The world doesn't wait for you. Now all of a sudden, I'm back home and I have to play catch-up. I'm much older. I'm about to start school when a lot of my friends have figured out their life already, whether for good or bad, whether they're successful or they're just living with mom and pop, they figured it out. I didn't. I have to find out where the hell I'm going now. I have to find out what I'm gonna do next. Deployment has nothing to do with that.

The important point to emphasize is that post-deployment difficulties and the challenges of reintegration into civilian life are present in the sample regardless of MOS or combat deployments. The problems may have been exacerbated by multiple deployments, but they did exist.

Many of the veterans went through an initial period of a disruption in those early weeks and months after separation. Several typical statements illustrate this point:

> I had a really hard time adjusting. I couldn't sleep. (Tad)

> For the first two weeks…I didn't leave the house. I had already been out and was unable to go to places out of my anxiety, fear. I was like a wreck. I couldn't even go to Walmart. (Don)

> My life was in turmoil. My boyfriend broke up with me – no job – no money – in debt – endeavoring in money laundering and potentially in prostitution. I was working in

> massage parlors for a couple of days to make money. I was getting evicted… I couldn't pay my rent for two months. (Angel)

> It was the most lonely feeling I can ever describe. Lonely, lonely. The whole time you're in, you exist for the guy to the left and right of you. When I separated and was discharged, I didn't have any of those friends anymore, I didn't have the family atmosphere of my brothers. I'd drink cuz I was lonely. I didn't have the structure that I was used to. I was left to my own devices and I was not in a very good mindset. (Tad)

For many of the combat soldiers in this sample, the feelings of loss of structure and purpose were magnified by the additional struggle to cope with powerful feelings of isolation and loneliness. Among those veterans who made reference to it, it was expressed as a sense of apartness and not fitting into the civilian environment in which they found themselves. In addition, several referred to feelings of survivor guilt and unresolved grief. Clark, who talked about watching his mentor, Sergeant Tiem, die in combat typifies how survivor guilt can continue to impact the veteran's life:

> I have friends who tell me "You're an idiot. You should be glad you're alive". And I am, I look at my kids every day and I'm filled with so much joy. I love them so much. I appreciate every breath that I take because if it wasn't for these guys, I wouldn't be here. I can't help feeling the way that I feel and I think that's what frustrates me, too is just that I don't know. I don't know how to deal with it. I try different things. I go to the gym to try to forget pain, dealing with a lot of the stuff. Every once in a while it just scares me because the depression just comes and you don't even know how it happens. It just does. Before I know it, I'm at a low point and it, just something, something so small that triggers it. One day I was driving on the highway. There was a brushfire and…it just reminded me of that day, of that explosion. And I had to pull over and it's weird, I started crying. I started punching the steering wheel because I just couldn't deal with it. And I was so mad at myself for being so stupid.

Many of the combat veterans described similar experiences of being on 'high alert' and responding to seemingly threatening things such as an empty box in the middle of the road or a

back-firing car with what one veteran described as 'in-country reactions' or conversely having seemingly unexplainable bouts of sadness and depression. They also speak about tolerating the annoyance of partners or family members because they can't seem to connect or access any emotions, except possibly anger. And again, it is important to emphasize that these experiences and reactions persisted among veterans who have been separated from the military for years. Without having attended to the emotional and grief work of reintegration, the veterans in this sample continued to wrestle with reactions and memories that would arise unbidden often giving way to depression and anger.

Even the soldiers who did not serve in combat deployments experienced difficulties with the loss of structure, purpose and community upon exiting the military. This point cannot be over emphasized because the experience of loss and the need for reintegration assistance is a near universal experience within this sample of veterans.

Jake, a non-combat Marine veteran, was able to use his GI education benefit money to earn a Masters degree in public policy. While he didn't prefer to be 27 years old living with his parents, it did allow him to finish up an advanced degree and get ready to enter the job market. It is at this point, four years after exiting military life, that Jake began to experience some difficulty. In reflecting on that time, he believes he had unrealistic expectations. He thought that simply being a veteran would guarantee him a job. Though partially due to the economic crisis that was in full swing, Jake's experience reflects that of several other veterans in the sample who never expected to experience difficulty with reintegration.

> I graduated in 2012 and it's funny…I mean in the military you're just sent everywhere. You don't have to worry about a job, you don't have to worry about a house, you don't have to worry about health care, you don't have to worry about

> food. It's all just taken care of. And then, I had to find a job. Applying to jobs all the time and I'd never even get a phone call or an interview or anything.

Jake struggled to get an interview and find a job that used his education but ended up in something completely unrelated.

> I had a master's degree and I just couldn't get a phone call for even an interview. This wasn't what it was supposed to be, you know. I got my GI Bill, I got two college degrees and my military experience. I had a security clearance, an honorable discharge. I got an explosives handler's license, which is apparently a pretty desirable credential for certain jobs. I had a couple other things and then I was working at this place. I was working to ten at night and every single holiday.

Eventually he quit and tried to file for unemployment. His claim got held up in the system and he spiraled downwards:

> ..nine weeks without a paycheck. I was like, oh, my God. I'm gonna be homeless. I mean, I would've moved back in with my parents, I guess. But would my car get repossessed and, when that happened, that was the first time I think I cried since I was like, eleven. I felt like, such a broken down loser. I started to get really bad anxiety issues, just from having these nightmare jobs. I had to get a Xanax prescription 'cuz I was just turning into a disaster. I didn't even realize what it was.

Looking back on that time Jake recognized that part of the problem was that he had unrealistic expectations about the degree to which being a veteran would automatically make it easy for him to find a job:

> I feel like the fact that…every 30 seconds you get a "Thank you for your service" I just feel like that totally inflated my expectations so incorrectly. I thought, even for a while when I got out, I went through this phase where I wasn't gonna go back to college 'cuz I didn't think I had to. I just thought, I would have like, 50 job offers. I'd be able to pick whatever I want. I thought I'd be making so much more than I did. And then it took such a long time to have a reality check.

Jake's experience as a non-combat deployed veteran who struggled to find his way in the civilian job market emphasizes a number of points. He had unrealistic expectations about the extent to which his status as 'veteran' would make it easy for him to find a job as reflected in his statement: "I just thought I would have like 50 job offers". In addition, his description of his emotional spiral down as he dealt with the feeling that he should be further along, that he shouldn't be living with his parents and that his degrees and experience should have guaranteed his immediate success are so important to understanding that many of the difficulties veterans face, as Orlando put it, have nothing to do with deployment.

The overwhelming majority of the veterans in the sample experienced some form of difficulty upon exiting the military. Whether they were medically discharged due to an injury or honorably discharged after completing their service, they struggled with both practical issues of daily living as well as the internal struggle of putting to rest the images and feelings associated with their war experiences. Even if they lived with family or friends, they felt disconnected from society, directionless, lonely or isolated. While many of the veterans did begin to carry on with a plan to return to work or go to school, underlying feelings seemed to linger and became apparent as adjustment difficulties, in some case months or years after they had left military life.

Pathways to Help

Because they hadn't been told that it was likely that they would have an adjustment period, many of the veterans were taken by surprise by the challenges they faced and the unexpected emotional turmoil that arose, even months or years after separating from the military.

Their path to seeking help was often activated by an escalating problem with drugs or alcohol – often used to attempt to ameliorate the emotional reverberations resulting from their service, problems in relationships or with trying to figure out what work they were able to do or jobs that they could find. There comes a point in many of the veterans' stories where they reported that they realized that something was wrong and they had to find some way to help themselves.

Several reported becoming depressed, drinking or attempting suicide. In many instances eventually something happened. They had one too many angry outbursts, got into trouble with the law, their families sought help for them or they had a chance encounter with a veteran or helping professional who was able to guide them towards help.

Victor and Connor experienced different pathways to help which are instructive in understanding the typical experiences of the veterans.

Victor was a second Lieutenant in the Army and did one 15-month tour in Iraq in 2006-2007. He separated from the military in 2008 just as the recession was starting. He got involved with military-to- civilian head hunters who tried to place him in jobs that just were not right for him. There was no process to help him find a career path. He went to work with his father-in-law and returned to school to get an MBA. For six years he went to school and did a job he didn't like. He became depressed and had thoughts of suicide. But he was so busy with his life that he didn't seek any help or register with the VA even though he had been receiving letters from the Northport VA Medical Center on Long Island, NY for six years and ignored them. He didn't have a veteran community and felt disconnected from the civilian world because they didn't understand his experience. Even his wife didn't understand how his identity was so tied up with being in the military and how lost he felt after he got out.

> Even though you're surrounded by civilians, surrounded by people, even your family members, you feel isolated. You have the career change. You have the whole lifestyle change. You have the isolation. You have an identity crisis. Military members, I feel in general, but I put a lot of my identity on what I was doing in my job. Some professions people do that more with than others, but that was something that my wife couldn't understand. She's a teacher and I know that she identifies with being a teacher but she always says that she'd be fine with leaving her teacher role forever just to hang around the house and take care of my daughter. I think I would go crazy. Even though I love taking care of my daughter, I want an important job to do in society. I want to feel important.

Victor's observations speak not only to the extent to which he felt that his identity was connected to his military experience but also to the importance of finding work that meaningful and contributes to society. This was expressed in different ways by many of the veterans.

Victor changed jobs which turned out to be worse. Although he recognized that he was depressed, since he hadn't received any kind of mental health diagnosis such as PTSD, it did not occur to him to seek help. He started having suicidal thoughts. He met a Marine veteran at his job who was himself struggling with alcohol and drug addiction He suggested that Victor look into the VA.

> He said, "Hey, the VA is legit. Really, you gotta put your name in, especially if there's anything down the road that you may be suffering from in terms of injury from burn pits. You really gotta get in there if you're having some issues with transition, like I am. You can really trust these psychologists cuz they'll help you out.

Victor took his advice and went to the VA. He learned that there were no weekend or evening hours available that would have allowed him to go after work and he couldn't get an appointment with a psychologist. He was told to look into the Soldiers Project, a volunteer group of mental health professionals. But he still couldn't get an evening or weekend

appointment so he never pursued it. Victor has not received any counseling since separating from the military.

In hindsight, Victor recognized that he should have gotten into counseling right away. The connection to other veterans and counseling would have helped him cope with his feelings of being disconnected and unfulfilled and help him find the passion he seeks in his life.

Connor, an enlisted Marine veteran who had been a fuel truck driver and completed two combat tours in Iraq, shared a story illustrating how he came to understand that he needed to seek help:

> Christmas, I snapped on my sister. We were arguing and I got to a level as if I was on deployment, volume wise. It was scary. I scared her. I wasn't angry at her. We were arguing but it wasn't anger towards her. It was just natural, felt normal, involuntary when it happened. It just came out. I had no control. I didn't think, just happened. Situations like that, I don't wanna say frequently but they still do occur. I try to be more mindful of others in my tone and volume. Sometimes I come off more stern than I feel I am, than I'm trying to be. You do a certain thing for so long, it becomes a reaction. You know, it's part of you. And if you don't address it, it stays there. So…
>
> INTERVIEWER: And at that point, did you plug into any type of help?
>
> No. Completely oblivious. I'm doing what I did, what I'm told, I was told. I followed orders. No one's told me otherwise. PTSD, thought it was a joke. It's like, fireworks, …I don't know. For some guys it's different things. For me PTSD is not being able to control my reactions or having irrational reactions, or having in-country reactions to society, which can't happen. It has an effect on others and can really affect your life in not a good way.
>
> About five years after I got out, (another) situation occurred where I registered with the VA. A friend of a friend was aware of the programs cuz he works for the VA. So I applied and it was an eye opener…to say the least. These accommodations and resources have been here and there's actually help, if needed.
>
> I started treatments and counseling and just getting connected with people and programs. Without the VA, I wouldn't be able to function in society.

Connor did receive a PTSD diagnosis. He discovered the array of services available to him, including supportive housing through the HUD/VASH program and counseling to help him manage his anger.

It was not until Connor had one too many angry outbursts with his family and got involved with the criminal justice system due to a domestic violence incident leading to a sentence to the Veterans' Treatment Court that he became aware of the extent to which he was impacted by his military experiences and received the information he needed to connect with the VA and seek help. He used his VA education benefits to study massage therapy that both helps him keep his emotional balance and is work that feels useful and meaningful to him.

> (Massage) is meditative for me and healing for the person. I would practice and it didn't feel like work. It felt like something I could do and enjoy doing and help people. The deeper you go into it, when it comes to the physical aspects of the body and physiology, it's very interesting. The more I did it and did it and researched it, it just became more interesting.

Experience with Using the VA

Many of the veterans reported having some contact with the VA, often months or years after leaving the military. Experiences with using the VA were mixed among this sample of veterans. Two veterans reported favorable experiences attending the PTSD treatment programs at the Northport VA Medical Center on Long Island. Several reported that they used the VA for medical care and had good relationships with social work and other staff.

However even among those reporting favorable experiences with the VA, they acknowledged problems such as the long distance from their homes, lengthy wait times for

appointments, difficulty obtaining an appointment with hours that didn't accommodate work schedules and a complicated process to obtain services.

Several of the veterans experienced frustrated attempts to get help from the VA. One typical story was shared by Mark, the Air Force veteran:

> I reached out to the VA and I looked at all the requirements and I was like, "Oh my God – This is ridiculous! – I need to work, I can't do this." So then I just kind of put that off to the side and just tried to suppress everything – which I came to find out that's what everybody else was doing too. Getting fat and drunk. Thankfully I never went down the road most of them go down of drugs and alcohol – It was just alcohol. But my turning point was when my roommate and his Mom said "either you stop what the fuck you're doing cuz you're really pissing us off or you need to go get help" – I actually took matters into my own hands and started paying for mental health myself. The VA – I don't know if it was pity or whatever – (eventually) arranged for me to see a (VA) health provider in Riverhead. That health provider sent me 9 different prescription pills for anxiety, depression, a few other things I can't even pronounce, Anaprin and Zantac and sleeping and all this other crap – and that just pretty much made me feel worse, cuz now I'm 26 years old and I have to take medication every day. After taking medication for X amount of time I realize I'm getting fatter, no will to do anything besides work and that's pushing it.

Mark's path to help shifted when his boss insisted that he address his emotional issues.

> My boss said "Listen, I can't have you coming into work either cracked out of you mind, and I don't know what the hell you're doing or feeling bad for yourself or any of the other daily emotions that were going on…" So then I went back to the original lady I was seeing. She's like "Why don't you wean yourself off all the pills?" I was like, "The VA said I have to take them." She's like, "Why do you have to take them?" I was like, "I don't know, they're doctors." She's like, "Do you know what some of the side effects from those pills are?" I was like, "No. They told me to take them, so I took them." She's like, "What if they were just sugar pills?" I was like "Then I'm taking sugar pills, I don't know." She's like, "Why don't you just wean yourself off them for the next 12 weeks and then come back and see me." So then I think I lasted 10 weeks without going to talk to somebody. She's like "Well how do you feel?" I said "Happier." She said "Alright. Now we can talk."

Mark's comments here may provide some insight into why a significant percentage of veterans are not using VA services. He reports not only difficulty with navigating the intake process but also feeling that he was being medicated rather than helped. He sought help from a private therapist in his community who was able to offer him an alternative. In addition, it is very important to note his statement about the doctors who prescribed the pills "They told me to take them, so I took them". Mark had spent four years doing what he was told without question. Here we see that same automatic behavior applied to his own mental health care. It was hard for him to challenge authority and seek the help he needed in a way that was a better fit for him and ultimately more effective. This again speaks to the durability of military thinking and the time and effort required to help soldiers "unwire" military responses even when it is in their own best interest to do so.

Non-VA Sources of Help

Many of the veterans reported a variety of ways in which they found support and help outside the VA. Some veterans, like Mark, sought civilian mental health care. But many others found things that have helped them in other ways. Some statements that typify other sources of help are:

> My dog, definitely. I mean, that's like, the greatest, the greatest thing ever was getting that dog. Definitely my girlfriend, my mother nagging me, telling me that I'm not crazy. I don't know. I, like, working constantly. Definitely working. (Tad)

> The fire department. The VFW, that definitely helped. Yeah, that's it. In the VFW I was able to be with other veterans and the fire department is the adrenaline rush of getting that call, making the sprint down, getting to the truck, getting to the scene. (Rick)

> Physical fitness is… no one is ever angry after a work-out. Literally it was finding an outlet. (Mark)

> Writing was a huge piece, as well. Writing ordered things. And that's why I'm doing writing now. Fiction and journalism because writing allows you to look at a thing and if there's no order to it, say how there should be order to it and if there is order that's sublimated, you can bring that sublimated order to the top. This is what the order is. It's lovely, yeah. Writing is great. That, that worked for me. Some people play music, some people dance, some people, you know, go into body building. Everyone's got their, you know, their flavor of ice cream. Mine just happens to be writing. (Adam)

> I have a very, very well established system and network of organizations right now, of real deal veterans. Like, I found the best medium that I have right now is actually secret groups on Facebook. Hundreds of us, thousands of us. Nobody can see. Unless you're in a group. If you wanna see the messed up inner workings of veteran's minds, you should see and when we reach out for help, we really reach out for help. Also, there's administrators from every organization you can think of who're also veterans who're part of these groups. So when somebody says, "oh, my God, I'm homeless, I don't know what I'm gonna do, I feel, you know, I have nobody that I can talk to, you're my only friends," you can say, tag someone's name, Carol, aren't you, aren't you in this area? Oh, yeah and next thing you know, the guy's in SSVF. You know what I mean? Oh, you need a job? This or that. You know, we're really able to network cross-country. It's all, you know, all of us together. We can put messages out there and encourage people. (Shane)

> I've kind of gotten a little bit more perspective on religion and maybe having to believe. ..I think I've made my peace with God that I honestly, like, after everything that was going on, after everything, after losing people, losing friends like, like I felt like, why you do this to me? And I almost feel like I, I made peace. (Victor)

This sample of veterans have clearly found a wide range of resources and methods to help themselves function in the day-to-day of civilian life. The routes they have taken suggest several common factors. Many of the veterans in this sample gravitated toward endeavors that fulfilled the need for a sense of mission and community. This might involve advocacy work or becoming involved in a veteran or school-based organization. Several also serve as EMTs or firefighters in

their communities. But it might also take the form of being a personal trainer or starting a grass roots veterans' organization or serving as a veteran peer mentor. The point is to find a way to satisfy the need to find meaning. Many of the veterans also find solace through a spiritual connection and expression through writing, art and theater and the need for movement and positive action through physical fitness and sports. Social media and on-line gaming communities were mentioned by several veterans as meaningful avenues to connect with other veterans in a safe and anonymous setting away from the prying eyes of the civilian public who don't understand them.

The common elements among those veterans who seem to be functioning most effectively in their lives include finding a community and social support, creating meaning through work or service and expressing feelings related to their military service. It is important to emphasize the wide range of ways in which this is occurring in this sample of veterans' lives and that much of it is neither clinical nor VA based.

Components of Successful Reintegration

Many of the veterans described leaving the base for the last time when they separated from the military and trying to put together a life. Some have been successful in finding a path to healing whereas others continue to struggle with emotional or mental health issues, substance abuse, relationship problems, employment problems and housing. Those who have been able to move forward were able to describe what has helped them. Both groups provided an array of insights when asked to consider what is needed to help veterans with reintegration that, in their view, is not currently happening.

Personal Experiences

Many of the comments about personal experiences of successful reintegration seem to focus on finding meaningful work including both paid employment or volunteering. For some it is going back to school. Other activities range from fitness and extreme sports, starting a service organization, working for a veteran service organization or within an institution providing services to veterans, volunteering at school or in the community. For many of them what ultimately helped was finding a community of support and a way to be of service to others often but not exclusively in service to other veterans.

Statements that typify these components are:

> The most challenging thing for me is to see other veterans that are suffering. That's the reason why I got into this line of work. Sometimes it may even interrupt my own life cuz I'll go out of the way to try to help someone if they need it, you know? I'm learning maybe to put up barriers – I usually give out my cell phone to any veteran. (Guy)

> Over the past few years I'd been involved with my church and I had been going on volunteer trips, work trips to Haiti. And I helped build an orphanage over there. We go back to the same spot and see the kids and I remember thinking like, a couple years in a row that one week like, even though I wasn't getting paid, I was having the most fun of my life. How can I try to get that feeling back here instead of in Haiti? I thought about it and I said, you know what? Maybe I can get involved with helping veterans. Whether it's paid or voluntary, it doesn't really matter to me. Maybe that'll give me some volunteer hobby on the side, helping veterans. (Victor)

> I became a social worker and I wanted to work with veterans. And a lot of that was pushed by how I was treated at the VA as far as the long, you know, the VA was nice to me. But you shouldn't wait that long for a physical or mental health services. Even now, you have to wait for a long time at the Northport VA for mental services. And then I think that would be my one complaint, the VA services. (Roland)

> I met (a local veteran advocate) and he put me in touch with the VA guy that does the claims. I learned about the VetsBuild program so I went through that. They offered me an IT position cuz I was good with computers and you know, from computers I went on to be the VetsBuild director. So now I'm working with veterans, helping them with what I went through. (Orlando)

> Changing peoples' lives (through fitness training) made my life better. For lack of better words. Not for selfish reasons either. It's just I don't want to be that person I used to be and if making at least one person happy at all, you know it kind of gives you that sense of brotherhood, that sense of wellbeing of I'm really not that bad of a person, am I? There is a friend of mine who used to say "I don't live to inspire, I inspire to live" and that kind of stuck with me. Its non-selfish ways of life that make you feel better. At least for me. (Mark)

> There's an array of things that I myself am involved with, right? Obviously, I have to take care of my wife. So that's something that is at the top of my list, right? In order to do that, I need to provide so I need to work. Those are the two main things. But to provide for her doesn't mean just give her money, it means take care of her emotionally. So I have to make sure that I spend equal amount of time on myself that I do on her. I also need to make sure that her medical needs are taken care of. So when I was looking for a job, I needed to find a job that had medical care. So now those are five things that you were looking for. The same time, though you have to worry about your health. Right? So how do you do health? You work, you go to the gym, you run, you bike, right? But physical health is only a part of it. You have to watch what you eat, your diet. Then you have to do your emotionals. You do peer to peer counseling, you talk to other veterans, you, you have to be involved with the community, join groups. I joined the VFW, I joined Knights of Columbus. They're a bunch of awesome dudes. It has to be an approach that works for the veteran. For me, I need to be out and doing things. If I stay at home, that's when the thoughts come back, that's when my depression comes back.

This last observation was given by Rafael, a 29 -year old Army veteran who served from 2003-2013. He was seriously injured in combat and typifies someone who has overcome physical challenges and identified a regimen of reintegration support that helps him to be effective in his life and cope with the moments when he is triggered.

He is concerned about the well-being of his wife and this motivates him to take care of his physical health including exercise and nutrition. He participates in peer-to-peer support and is involved in a community of peers through the VFW and Knights of Columbus, which gives him a sense of purpose and belonging. He engages in meaningful work at his job and volunteers in his community.

These comments illustrate a theme expressed by many of the veterans, which is the need to be engaged in meaningful activity, to be of service as a way of feeling connected and needed and making meaning of their post-military lives.

Broader Identification of Components of Successful Reintegration

The elements of successful reintegration were also addressed in the form of a broader question about what the participants identified as lacking in reintegration assistance for veterans. Doug, a Marine veteran, offered these thoughts:

> That's complicated because there's not like, you know, the cookie-cutter here's a veteran, here's what he's dealing with. Some guys come back who have bad PTSD, the guys who can't get it together. Sometimes they just take a lot of meds, and sometimes that doesn't work. Alternative PTSD treatments I think would be really helpful. Some guys who are really badly injured, and their bodies are mangled, you know, they don't get the service-connected disabilities that they're entitled to. There's sometimes guys who have like sleep apnea or something will have disproportionate financial compensation for that. And now what's happening is that it's almost like becoming like an institutional poverty, so these guys know that they can get service-connected and like, "Well, this guy got a service-connection for this, and I'm way worse than he is." So, it's almost like taking like initi—like for guys who have the ability to do things with their lives…
>
> It's more complicated than just "What do veterans need?". You know, some guys just need a little bit of help to get back on their feet, and then they're off and running. You know, the women veterans, now there's like, you know, military sexual trauma is a big

> thing, and nobody really talks about that. I think more drug and alcohol, like a better level of drug and alcohol treatment for veterans. Cuz this is all the stuff that I see.

Doug makes several important points. One is that veterans may need a different array of help depending on a variety of variables. It is more complicated than just 'what do they need'. This argues for developing an assessment system perhaps with repeated contact throughout the first two or three years post-military. The heavy emphasis on payment for service connected disabilities can encourage 'institutional poverty' suggesting the need to help veterans move through emotional reintegration and learn to translate their skills to being able to make a meaningful contribution to society even if they truly are not able to engage in employment due to their injuries.

Many of the statements addressing what is needed to support veterans focused on making sure that veterans know what services are available to them and understand what the VA has to offer. Several also mentioned that local resources specific to where they will be living after separation should be provided. Guy offered this observation:

> Veterans simply don't know what's out there. That's the bottom line. There are a lot of things out there for them but they just don't know about it…We've known that for a while. That veterans don't know what benefits are out there. So what way would be best to get it out there? For me, it's not working. I mean, word-of-mouth is usually what it comes down to. You have a new veteran out there, just fresh off of the military and he won't know unless somebody that he contacts knows what they're talking about. Even when I went to the VA, even went to the VA, I wasn't told about a lot of things that are out there. I wasn't well-informed. I'm still learning to this day.

Expanding on this observation, Roland talked about the need to reach out veterans in a systematic way to get the message out to the public about how veterans can get help.

> I see commercials for the VA asking for people to apply and you know, work. What about commercials saying this is what services are available for you. You know, they don't do enough of that. They don't know, if you're gonna really reach out to them, you

> need to do better outreach. And I think they're, they're getting there but they're still not, you know what? Some of the basic things. Spend money for commercials. Instead of having a Super Bowl commercial, put on a commercial saying, you know, veterans need help. Here's a VA hotline. Call it today. It's things like that. They don't, you know, some basic, simple things. But they don't know.

In addition to knowing what and where the services are, many veterans will of necessity often be receiving services from civilian health care personnel who need to both understand and respect military and veteran culture. Roland emphasized the importance of well-trained civilian providers:

> I'm big about veteran culture. You know, I do the talks and everything but there's not enough of that. I think, I don't think you need to be a veteran to treat other veterans, absolutely not. There's a lot of great professionals out there. But if you're not aware of the veteran culture…I've heard too many people say, "oh, well, I start where the, the person's at so I'm good with that, that's all I need to know." Person's got the veteran culture piece there. You know, you have to work from that kind of culture.

Guy also addressed the veterans' willingness to change and the extent to which that can be impacted by culturally competent professionals and caring peers. In his experience, veterans' willingness to address their problems is a function of good connections with peers and healthcare professionals who can help them become ready to change.

> Their desire to change is what is going to help them through. If you don't have the desire to change, they're not going to. So, maybe just having better counselors or just having better information for the veterans, you know… I just think that there needs to be that connection between veteran and service and the willingness to want to change. I don't see anybody really changing unless they want to or unless the social worker or psychologist has a really big impact on the person, you know. Like I can see myself talking to another Marine and maybe, even if he's not ready to do it, maybe help him to get ready to do it. It would have to be a real good connection.

In the same vein, several participants referenced the difficulty veterans have in asking for help. The warrior mindset can get in the way of help seeking behavior often to disastrous consequences. Shaun, a 30-year old female Army veteran who served from 2002 through 2008 and now works with homeless veterans recounted a story of a homeless veteran who ended up dying of exposure in the woods because he was unwilling to accept the help offered to him.

> I had a (Vietnam) veteran, he was homeless and he didn't want the help. He didn't want the help. He said, "well, you know, if you're gonna put me in the housing, in like an actual house, okay and not sharing, Not just having a room but actually like a studio or one bedroom then okay. Otherwise, I'll stay in the woods." He ended up passing away from being in the woods. He was sick. He was sick anyway and then exposure and he passed away.

This story illustrates a common theme among this sample of veterans. Ways of thinking and behavior that are adaptive and functional in the military can become obstacles to obtaining help upon return to civilian life.

Other veterans highlighted the need for more services to address addiction, military sexual trauma, emotional reintegration, suicide hotlines and crisis services, and the often repeated statement that the information about what is available is not getting to the veterans, particularly services that are geographically local and accessible, accommodating work schedules with evening and weekend hours. As Angel, a female Navy veteran observed:

> When it comes to accommodation for appointments or access to care, I don't think it's fair – I really don't. Especially, young veterans are coming in and they don't have the ability to have evening or weekend appointments – they have to work – they can't afford to take off a day or a couple of hours or whatever it is. This is New York – people have second jobs here, or third jobs for double incomes to make it. That's not going to work and that needs to be looked at.

A very significant point addressed by Roland is the need for support services for veterans' families who are also profoundly impacted by their soldier's military experience. He explained:

> There's not enough to help the veteran family at all. Cuz it's not just the veteran that's affected, it's the spouse. It's the children. And if you really want to help that veteran succeed, you have to do it as a family unit. Cuz it's the families that see the symptoms, see what's going on first and it's usually through them that the veterans get services. Like, if you had spoken to my wife, she, you know, she's the one, she'll say, you know, "you're not doing enough." And I'll be, you know, oh, I'm not following you cuz for the veteran it's all about their mission. You know what? I was bringing food to the table. I was getting money in. I was paying the bills. I was taking care, everything was fine. But, you know, my wife was the one that sees, you know, how restless I am, anxious. I'm not socializing. You know, not paranoid but hyper-vigilant. They see that.

Many times it is a family member who sees the first signs of mal-adaptive functioning in their veteran loved one. Several veterans reported that a girl-friend, parent or friend confronted them and insisted that they get help for anger, depression, anxiety or addiction. Additional points of contact for family members as a standard operating procedure would capitalize on this phenomenon and perhaps facilitate help-seeking behavior sooner, stopping a slide into serious symptoms or suicide. This could be part of an initial assessment process as well as part of ongoing local contact to ensure that both veterans and the people who care about them are connected to locally based, easily accessible sources of support and help.

Veterans' Reintegration Needs on the Organizational Level

The third way in which the elements of a successful reintegration was explored was from the macro perspective of veterans working on the organizational level. These veterans provided broader, organizational insight into the components of a successful reintegration.

Joe, a 40- year old Army officer and current reservist, is a researcher and teacher who recently earned a PhD in organizational psychology. As an officer with multiple combat deployments, he had the opportunity to lead troops and observe the structure that exists to help soldiers make the transition from one Permanent Duty Station (PDS) to another. Soldiers are provided with a mentor in the new PDS to help them get set up and acclimate to the new place. He stated that this same type of support system doesn't exist for separating soldiers. Joe observed that there is a "transitional gap" in which the soldier has left active duty military life but has not yet plugged into a civilian life. It is during this time that the new veteran is in danger of suicide and of being prey to depression, substance abuse and other self-destructive behaviors. His research and current program development activities address this gap.

> There's no major government organization that helps to facilitate veterans, reintegrate them into the civilian side. We thought about what would it be like to help the soldier with that process. Some of our hypotheses are that a lot of the 23 suicides a day happen in that transitional gap. We really need to smooth that transition. Some of the research out of the VA shows that individuals who face transitional stressors, can accumulate and be more damning than any preexisting combat exposure veterans face when they're deployed. We consider it a cumulative disadvantage. You've got combat exposure, military sense of trauma, transitional stressors, jobs, family issues, no housing, medical issues. These kind of combine for a deadly cocktail. It really becomes overwhelming for us, for the veteran. The veteran feels more isolated. If the main treatment for their issues is psychotropic or they're seeking care from providers who feel they can't connect. For 60 percent of the veterans that need care, they won't get the care. High stigma psychopathology and they absolutely will not seek care.

A major gap in the transition process for veterans is that there is no system in place to help them with the to-be-expected tasks of transition. Joe is an advocate for a "prophylactic community based approach". To that end, he has developed a program called ProVetUs, a mentorship program currently in its infancy in New York City. The program provides trained peer mentors as well as participation in the veterans support organization, Team Red, White and

Blue. The goal is " to reduce transition stressors, maintain psychological and physical health, reduce suicides and reduce criminal incidents." The trained mentors, who are both civilian and former military, connect with the veteran upon discharge from the military to help and support in five key transitional areas.

> What we try to do is, is provide something that they're used to, which is having a sponsor as soon as they transition from one place to another to re-relocate and rebuild a similar system when they get out of the military. I developed the training curriculum, so we've manualized the training curriculum. The mentors - there's a 20 hour curriculum, then there's certification, processing - have to go through to train them to be mentors. And then there's a backbone, online networking support system and case management system that provides support. And they get plugged into a hierarchical military structure. There's team leaders and the team leaders report to the chapter captains. We have one chapter in New York City and are in the process of expanding to other chapters across the United States. It's very much like a short term mentorship model. So you get the veteran, you're helping with the five transitions they make: job, housing, family, legal issues, community, physical activities the fourth, and medical care's the fifth one. It's focused on a Rogerian model. Establish positive regard and an empathic relationship, you help guide them through it. And once they successfully transition then, we congratulate them. Hopefully they become a mentor themselves, help the next batch of veterans that come in. Another major component of the training is suicide prevention training, to help the men understand how to do the assessment, what're the signals or signs of suicide, and then most of all, for them to understand the system of care that we have established. I carry a phone on me 24/7, a hotline for veterans. We're very closely aligned to suicide prevention coordinators from the VA. So there's three things: the positive personal relationship, Rogerian style leadership training, positive regard theory and then suicide prevention and then the network.

His program addresses several of the major issues identified by the veterans. Of great importance is naming that early time period upon exiting the military as a 'transitional gap' in which there is a need to provide support, guidance and services, and identifying the need for a community based initiative that would engage veterans immediately, thus reducing the likelihood of negative coping.

Equally as important as mentorship is the role of peer support. For many of the veterans in this study one of the more profound losses they describe is of the community, brotherhood and experience of being with people to whom they are attached.

Josh, a 30-year old Marine veteran and peer advocate at the PFC Joseph Dwyer Veterans Peer Support Project, described his role as a peer advocate working with the VA and other entities to help get the veteran the help he needs. He described one situation in which he ultimately helped the veteran find help:

> I was able to convince him. I actually drove him myself to the VA. You know, meet up, go to the mental health clinic there. And I kind of just supported him through that process of healing. And that's kind of like what I do. I will take somebody. If I have to hold them by the hand, I will. No problem doing it, you know, because I've been, I've been down and out so I know what it's like. Sometimes you just want somebody to reach down and pick you up a little bit.

His approach to peer support goes beyond individual or group discussion, which, though certainly important sometimes may not be enough. As a trained peer advocate, Josh recognized that part of his role may be to go to the veteran in the community and by utilizing his leverage as a trusted peer, bring him or her to the necessary help which likely will be with a mental health or other professional provider.

He went on to emphasize the importance of this type of collaboration between peer support and professional treatment:

> I think we work together. I think that peer support, what I try to do is I try to bring somebody and if I might have an idea because I'm not clinical, I kinda just, I will always try to push them towards the VA, towards, you know, clinics like down in Bayshore. You know, things like that. I think with peer support it does just that, it helps support a person through that process. But I think that's where we need to be able to pull back, too. Because we don't wanna, you know, we don't want to just become their

> therapist. That's not what we do. We're not trained for it, we're not equipped for it. You know, we compliment 'em. You know, we kind of push 'em towards it.

Mary, a 45- year old 22-year career Air National Guard Officer, retired after a fulfilling military career serving both domestically and overseas. She wanted to continue to be of service in the world and soon after retiring became a facilitator for the PFC Joseph Dwyer Veterans Peer Support Project. She talked about the value of participation in peer support groups, in providing community and a safe, non-clinical space where trust develops and the veterans can open up and share honestly. Surrounded by a community of peers, veterans may begin to make connections to their emotions and to one another, which can become a bridge back to their lives.

> There's one guy that sticks in my mind that we worked with for quite a while. He shared a lot of his issues the loss of family, the destroyed relationships because of addiction, incarceration, all the things that happen occurred to this person in his life. He came in that first meeting and was resistant, gets the body language going and he's got the hands crossed. He's just listening, listening and listening. It took the one meeting, that one connection for him to open up. And that was it. Every week after that, he was the first one in the door. That's just one of many stories…
>
> Interviewer: What do you think that connection is?
>
> The connection that he had with the people, it was trust. It really was. It was the trust that he could have any kind of day outside of that room, but inside that room it was safe and just letting it out was, therapeutic in itself. And not in a clinical environment. It was a validation that it was okay. Yeah, I had a crappy day or things weren't the best but you know what? I'm here today and I'm a survivor.

Mary and her co-worker, Josh noted that in order for peer support organizations to be really effective they need to be working in collaboration with other community based organizations and most importantly with the VA. Josh reflected: "I think if the VA collaborated more with community organizations, I think we'd be a lot better off. You know, people'd be a lot better off. I really do".

At the time of our meeting, the Dwyer project had just started community provider meetings with the VA, VFW, American Legion and other agencies to start a dialogue about how these organizations could share resources and work together to serve their common veteran population. Mary noted:

> I think we have them at least willing to listen to what a bridge would be from the VA to the community. We're getting close.
>
> So what I'm finding is that, all these different agencies and the VA included are very closed. Everybody's got their little bubble and what we try to do this last year was talk about collaboration and not competition. And it's slowly starting to chip away. But the big elephant in the room was the VA and whether or not they were willing to start to open their minds to community based programs, like Dwyer Project, and what does that look like as far as a bridge from the clinical world back into the community. So what I see us doing in the near future is continuing to build a relationship with the VA and with the other agencies that're doing peer support and having them come and have that conversation with us last week, I think we really did start to break down the walls a little bit. I think there is hope that we might be able to partner with them at some point. But Dr. M said something that was very important in the meeting and that was, as a clinician how can I refer one of my patients to a community based organization that I have no knowledge of what training they had. What are you doing to sanction peers in the community, veterans peers?

Josh indirectly addressed the doctor's concern when he emphasized the potential benefit of collaboration between the VA, DoD and community based organizations;

> I think the DoD, although the VA would play a major role in this, I think the VA needs to be able to work with community organizations and bring 'em together. The DoD needs to work through the VA but the problem is, too, you can't always rely on the VA because someone might live 200 miles from a VA. So that's where the community organizations need to pick up the slack. The DoD would hand veterans off to the VA and the VA would be able to disperse the veterans into local community organizations, where they'd be able to start working with 'em and everything like that. You know, cuz the DoD, you know, you can't expect the Department of Defense to get all these community organizations together. They won't do it. But the VA can. They have the resources to do it. They don't, very rarely will they do it. You know, like, we go to these mental health summits and all this stuff and you know, they talk a great game but if, I haven't seen anything from 'em. You know, I haven't seen anything offered.

Josh believes that peer support has the capacity to be both an excellent adjunct to formal programs, like ProVetus, and an important first stop for veterans to have an experience of non-clinical safety, trust and honesty to open the door to the possibility of healing the wounds of war.

In addition to helping veterans improve functioning through mentorship and connection with peers is the experience of finding meaningful work and a new sense of purpose often through service work in their communities.

Many grassroots organizations have sprung up, often the brain-children of returning veterans, which focus on helping veterans find help and support through exercise and extreme sports, equine therapy, martial arts, yoga and participation in theater, writing, music or even stand-up comedy. Don, an Army veteran who struggled for several years with addiction before he found effective treatment for his PTSD through the VA, started writing poetry while in treatment as a way to express what was happening inside. He was inspired to start an organization devoted to healing veterans through the arts.

> Something is missing for all these veterans to want to kill themselves every day. What's missing? What is it? I did a lot of research, a lot of reading, soul searching. It's communication and purpose. That's what's missing. So that's what we try to fulfill. Through the arts and through entrepreneurship, kind of combining the two.
>
> Interviewer: What made you focus on the arts?
>
> I just saw the value in it. How are you going to get guys to communicate that don't want to communicate? Singing, writing, drawing and I wrote some poems.
>
> We're not trained to ask for help. We're trained to give help. Help the guy next to us – we jump on grenades for the guys next to us. So how do you get that population to seek help? Maybe you're going to not have them seek it at first.

Emergent themes

Two themes emerged that inform how veterans' reintegration experiences are understood. The first is "Bonding/Brotherhood." This, as discussed earlier, is a significant aspect of indoctrination into military life. It is also an important strength the veterans retain after leaving service which can be harnessed as a means of accessing peer support and perhaps opening the door to other needed help.

The other theme that emerged from the interviews is "Loss/Grief". This was a completely unexpected finding. I had assumed that veterans of course experienced the loss of buddies in combat. However, as I continued the interview process it became apparent to me that many of the veterans spoke in a variety of ways about a wide range of losses. For many who continue to struggle, at least part of the struggle was discussed in terms of loss and unresolved grief. For others who are functioning better in their lives, there was still an undertone of loss of community and meaning which was a very important thing they had to come to terms with and replace in order to move forward successfully.

Brotherhood/Bonding

In one way or another the overwhelming majority of veterans in the sample referenced the intense closeness and bond they felt with the men and women with whom they trained and served. Arthur, a 37-year old Marine veteran who served two deployments as a reconnaissance specialist shared his thoughts about the nature of that closeness:

> I am a person that is pretty pragmatic and rational. But I'd never experienced that type of connection to this day with another human being. It's unlike anything else. The biggest way to emphasize that is that given different circumstances, such as me never joining the military, and I met those same individuals that I have the deepest connections with, I would not like them. I know a lot of them I would think are racist, maybe bigots. Just not great individuals. But I would do anything for a lot of these guys. And it's counterintuitive. Counterintuitive because it reduces a lot. What it does is it puts things in a perspective the things that don't matter begin to diminish, while the things that do matter are elevated.
>
> This is the guys that I deployed with. There's a saying going through the reconnaissance course that says 'pain breeds loyalty'. It's a packed statement or a packed phrase. If you've ever gone on a trip that was completely miserable and you see that person in six months, you'll laugh about it in a way that no one will really understand. And you will joke 'do you remember that or do you remember this?' Then you'll have drinks and everybody around you will say: 'that sounds miserable. Why are you guys, why are you guys laughing about it?' And it's similar to that only on a deeper level, like ten levels deeper. And that's pretty much what it is. And what I would say is you're almost dying. You're confronting the idea of dying. You're confronting the idea of someone else dying. The only person that's there next to you is this person that is being reduced to these real feelings of life and death or contemplating the idea of life and death at a very, very young age. I think it makes you grow up rather quickly. But I think if you are able to communicate those feelings, what you realize is that these situations are what everyone goes through at some point in their life, at some level. Confronting those situations makes you have to confront a lot of life very young,
>
> So going through that with somebody inevitably will create an attachment. A lot of things that don't matter, like what I said racist or bigot, all of those things are thrown into the periphery. Just to be clear, not all of them are like that. I just wanted to emphasize the idea that in a lot of ways, I don't see eye to eye with a lot of the friends that I've made over time. But because of the situation that we were both in, we created bonds that are virtually, not unbreakable, but very close to unbreakable.

Many of the veterans talked about a similar phenomenon of experiencing this sense of loyalty and closeness that transcends superficial differences and is deeper and closer than other relationships they have had in their lives. Arthur highlights the young age at which these men and women are having to confront perhaps the most profound aspect of life-- the reality of one's death. And as they negotiate this daunting possibility, they only have each other.

The depth of the bonding is more than relying and trusting your team, it is that they are willing to die for one another. The veterans referenced this idea in different ways when they talk about their basic training and deployment experiences. Sam shared this reflection: "Certain things changed about me that made me more of a man, I'd say. I think that it made me learn what's really important with friendship. Man, these guys'll die for you."

Clark described when he realized the commitment he and his buddies had made to one another:

> It got scary…one of the drill sergeants gave us this talk about camaraderie, about being there for each other, about not knowing the guy who you're giving your life for but he's there. And you do it anyways. And they reference that, the pilot, the helicopter pilot and the two snipers (Referring to a scene in the movie Black Hawk Down) that they go back in the fight protecting this guy that they didn't even know.
>
> Something just went click in my head. I felt like we were all kids and we were gonna have to make those decisions for each other, to take a bullet for one another, to jump in front of a grenade for somebody. Just make sure everybody went home. As we were graduating from infantry school, It was a scary time and looking at it now, I almost laugh 'cuz, oh, my god. It was terrifying.

For those soldiers who experienced combat deployments, the bonds that were created during their training became an important part of how they got through their combat experiences. Tad shared this reflection:

> The whole time you're in, you exist for the guy to the left and right of you. You may have political reasons for wanting to go. But the bottom line is when the shit hits the fan, you're not thinking about any of that. You're thinking about killing all those guys over there, so they don't kill your friends or you. You understand?

As Bill described it, the bonding was not only loyalty and camaraderie with your buddies, but also a sense of pride, community, stability and accomplishment.

> I enjoyed serving my country. Gave me a sense of pride, give me a sense of accomplishment. Doing something with my life because I didn't have that when I was a child. And it gave me everything that I didn't have, like stability, camaraderie, friendship, a bond that is stronger between two people that you cannot even describe. A normal person wouldn't even understand because you literally do lay your lives down on the line for each other.

Most of the veterans in the sample described unequaled camaraderie, community and purpose in an environment where everything you need to know about living life day-to-day is clearly specified and you've gone through intense training and perhaps one or more deployments with people for whom you would die. In addition, there are the combat experiences of watching your battle buddies or mentor die, of witnessing the impact of war on the local people and of engaging in acts which would be deemed unacceptable, including killing another human being or wondering if today is the day you might have your legs blown off. These powerful bonds become part of what is lost and perhaps never grieved.

Loss/Grief

Loss is a pervasive theme in the veterans' interviews. This group of veterans not only experienced losses related to combat fatalities. Their discourse about their feelings of isolation, aimlessness, depression, inability to figure out a next step in their lives speak to a concept of loss that goes well beyond heroic deaths in battle to include an experience of losing one's community, sense of purpose, identity, and close camaraderie which shaped their experience and permanently changed how they relate to the world. In addition, several veterans talked about returning to the civilian world and having a feeling of lost time, being out of step as if the world's gone on and they have to catch up. All of these observations argue for a far larger

definition of what the veterans have lost and the degree to which they may carry unexpressed grief.

Lynn, a non-combat Army veteran, talked about accepting that a time in her life was over.

> … It took a long time for me to get out of the depression. For the longest time, I felt like this is just temporary. I'm gonna go back. After time passed, I realized that the Army that I left is not the Army now. The Army's always changing. So if I go back, it's not gonna be the same Army. It's not gonna be the Army that I fell in love with. I still have that fire for it. And I miss it…but when I talk about, the jobs that I used to have and the things we used to do, it almost sounds like a completely different person because I've been so disconnected from it for so long. And there was no talking to keep it alive 'cuz nobody understands me.

Lynn's experience highlights the lengthy process some veterans go through to come to terms with the loss of this intense, meaningful, mission driven period in their lives. And yet she also expresses another important aspect of the transition process, that of feeling like she is no longer the person she was in the Army, that she cannot get that time back and that it is futile to talk about it because no one will really understand.

For some veterans the sense of loss manifested as a degree of discomfort with the civilian world so intense they couldn't cope. Some resorted to self-destructive behaviors or as in the case of Andrew, a 48-year old Navy veteran, reenlisting as a way of getting back to what feels familiar. He went to war in Iraq as a civilian contractor sent to the war zone as a plumber to set up the shower and toilet systems for the base in Baghdad.

> My second wife, she fell out of love with me after ten years. That's why I went back to Baghdad. I was done. The hell else to do. Right after she decided she wanted to be divorced is when I decided that I was gonna die on the couch. And I didn't. I decided I was gonna do something different. Decided I was gonna live. Why I picked geographically Baghdad, though. Why I did that, I don't know. It just seemed like a way out, from where I was. I was caught in this life of drinking, I was yellow,

> jaundiced. My ex-wife could tell you about cuz she was still checking on me. I was gonna die and I was ready to die. I was okay with it. I walked through that. I don't know how long the detox was but I couldn't crawl out of the house to get any more booze. So I crawled up on the couch, and I sweated and I shook. When I came out of it, Baghdad just seemed like the way out, place to go where nobody knew me.

Of all the veterans interviewed for this study, Andrew's experience was the most heartbreaking. He went back to a war zone hoping to find something that felt more normal to him than civilian life. But chasing a memory and attempting a return to the familiarity of military life didn't give him the relief he was seeking. He came home with haunting, painful memories. He shared stories of horrendous images of things he saw while he was in Bagdad as a civilian contractor and, still tormented by those images, had succumbed to active alcoholism that ultimately led to losing his job and compromising his health.

Dottie, a 40- year old Navy combat veteran who served as military police in Desert Storm, talked about her ongoing feelings of loss and disconnection despite the fact that she had been out of the military for over fifteen years:

> You've got, you know, military bearing. You've got this sense of honor that you're supposed to uphold. You've got this, no man left behind type of mentality, where the rest of the world is just dog eat dog and it's all about them. It is very different. So it is hard to fit in with that and don't want to, you know. Then you get out, everyone's disperses so you're not with your gang anymore. You're completely alone.

Dottie highlights an important point expressed by many of the veterans in different ways. The perception of disconnectedness and isolation in the civilian world not only creates a sense of having lost one's gang and now one is alone, but one has moved from a world in which the mantra is "no man left behind" to a civilian world where it's "dog eat dog". You do not know who you can count on.

Walter, an Army veteran who left military service, and after dealing with his own reintegration struggles, developed a program that helps veterans process the losses and attendant grief, which if left unexpressed, can be a load they carry throughout their lives. He described coming to an understanding of the importance of this work when he read about Vietnam veterans who went back to the battlefield where they fought.

> If you've ever seen other communities grieve, if we look at Persian communities… I mean, they lament. They get it out. If we look at indigenous populations' funerals or mourning rituals, there's sections of lament, of carrying the spirit off with our wails, but it's more about purging it from the body. A catharsis, getting it out of the body, purging every emotion., Edward Tick in his book "War in the Soul", he takes Vietnam veterans back to Vietnam and talks about them purging, snotting, crying, spewing, just weeping and vomiting. One guy he talks about in particular, he was in an area where he knew they had a base and they were attacked heavily. And it was right when he got there. And he went into the bushes and found a rusty old pin from mines, some relic from stuff that were identical to what he set when he was there. And he just started bawling, weeping, weeping, heaving, sobbing, snotting and crying and then started vomiting. And all his brothers and sisters surrounded him and supported him. And afterwards, he said, he felt this weight lifted and when he was asked about it, he said "Well, I wanted to cry for what I was doing. I wanted to admit that I was terrified but I couldn't. I was eighteen and I didn't want anyone to think I was weak. So I kept it all in." And that's what I'm talking about, that misogynistic culture. Cuz we had to keep it in. And look, he let that all out in that environment, supported, and his life changed. And then when he was followed up with afterwards, his life was transformed because he purged this out of his body, getting it out.

Whether or not they have had combat deployments, nearly all of the veterans in this sample express some version of loss. They told stories of death and distress in combat but also spoke about a broader array of losses: time, community, purpose, belonging, mission and closeness to people who understand their experience. The burden of loss can continue to fester for a long time as evidenced by the statement of both recently separated veterans and those who have been out for years. Without facing the loss and expressing their grief, many of these

veterans continue to suffer with emotional pain. They have difficulty with moving forward in their lives, preventing them from becoming whole again.

Summary of Findings

The participants' discussion of their motivation to enter military life, indoctrination and active duty service supported what is known about the impact of these factors on military experience. The veterans' motivation for enlisting fell into three broad categories: Looking for Opportunity, Called to Serve and Do I Have What it Takes. The participants described in detail the indoctrination process which results in not only socialization to one's branch of service, but also the formation of automatic thinking and behaviors needed to survive when conducting war. A by-product of this training process is the formation of powerful attachment bonds to one's brother and sister service personnel.

The veterans' discussion of their active duty service experience highlights some universal elements that are a result of training and indoctrination regardless of whether or not the soldier sees combat. Also significant was the discussion of the enduring impact of combat on the soldier and the often lengthy process of coming to terms with the experiences, the losses and transition to civilian life.

This chapter discussed five study findings and two emergent themes in the context of a narrative presentation of the veterans' interviews. Using the veterans' own words through extensive and 'thick' quotes, the chapter described the participants' experiences and perceptions.

1. The overwhelming majority of veterans felt unprepared for the reintegration issues they experienced.

Throughout the narrative describing the veterans' experience with exiting the military and returning to civilian life several points supporting the sense of unpreparedness are repeatedly referenced by the study participants.

Most of the veterans received a minimal amount of transition assistance, formal or informal, from the military as they were concluding their active duty service. Several participants report receiving no formal transition assistance. Of those who did, the common experience was that while some of the information may have been helpful, the classes are given at a time when the soldier is focused on getting out and getting home. They expressed feeling rushed and overwhelmed by the information or tuning out completely and not hearing it at all. Several mentioned that the information was overly focused on employment and did not help them prepare for the emotional upheaval they would face, regardless of type of deployment, as they moved from military to civilian culture and lifestyle. Many of the participants reported feeling lost and overwhelmed when they got out of the military and in the early days struggled with a mix of feelings ranging from elation to depression, confusion and purposelessness. Some statements supporting this finding include:

> You get, a couple classes. I couldn't remember The debriefing, it's so fast. Everyone's trying to rush through it 'cause everyone wants to get home and ' back to a normal' life, normal mentality. But ' I don't think they debriefed you enough for the amount of time and the amount of effort ' and training. A couple classes doesn't have that big an effect on six months of training and six months in country (Connor).

> I think there's the mental part of it. , It wasn't even touched at all. And not just with me but just with anybody. Maybe if they had clinicians to kind of balance some of that out.

> Like, this is what you're gonna expect and, let's help you get connected to the VA at home 'cause you're gonna have a tough time (Lynn).

2. Many of the Veterans did not seek help for months or years after separating.

The overwhelming majority of veterans in the sample indicated that they experienced some degree of reintegration challenges. Many of the participants tried to go right into making a life for themselves and succeeded to varying degrees. Some seemed to function well while others struggled with depression, anxiety and anger, which they tried to manage with alcohol, drugs or other self-destructive behaviors. A significant number of participants began experiencing psychological or interpersonal relationship problems months or years after separating from military life. They reported becoming suicidal, rageful, being arrested for drunk driving and domestic violence or drinking and drugging so excessively that their families became concerned. For many the awareness of trouble came when they saw that they couldn't figure out how to relate to civilians or find work that suited them. For many veterans the wake-up call of crisis activated them to seek help.

3. The veterans pathways to help were varied, including both VA and non-VA resources.

The pathways to help often involved a serendipitous meeting with another veteran or health care provider or the proactive help seeking of a family member. Many of the veterans found help almost by accident. They just happened to meet a veteran on their job or someone told them about a program. Many reported that they did not make use of VA services right away but with the advent of the crisis sought help for mental health problems or physical health needs.

The reports about success with VA use were mixed. A few veterans reported overall positive experiences with certain departments within the VA, particularly the PTSD unit and with their individual doctor or social worker. But the overwhelming majority of participants who reported ever using VA services talked about problems with using the VA which ranged from difficulty getting an appointment, no night or weekend appointments, too much paperwork, too far away, too much bureaucracy and too much reliance on prescribing medication as the primary intervention which left the veterans feeling like their needs were not really being addressed.

Many veterans sought a variety of different kinds of help outside the VA system. The participants who engaged in helping seeking talked about community based mental health services as well as an array of alternative therapies. Participants also mention other types of non-clinical interventions that help them: going to school, writing and other expressive endeavors, having a dog, exercise, martial arts, participation in local fire departments and fraternal organizations, volunteering, doing charitable work and being of service to fellow veterans. A significant number of veterans reported that they continue to experience problems with depression, anxiety and an inability to fit in to civilian life.

4. Veterans identified specific elements to successful reintegration addressed from the perspectives of personal experience, observations about overall needs and perspectives from leaders in veteran service endeavors.

As discussed in the narrative, help-seeking veteran participants identified strategies and services they used to help them address reintegration challenges. Even veterans who, at the time

of the interview were not actively engaged in help-seeking, were able to talk about how they understood factors that help with reintegration. Among both groups responses clustered around

- Social support and connection
- Mentorship
- Peer relationships
- Finding meaningful work
- Coming to terms with military and war experiences (this includes dealing with moral injury, survival guilt, grief and loss)
- Getting the mental health care they need related to addiction, military sexual trauma, depression, anxiety and anger.
- Finding a new identity and sense of purpose
- Expanded services for families
- Training civilian healthcare providers to be culturally competent

A subgroup of veterans who were purposefully selected for the study due to their leadership roles in endeavors serving veterans reaffirmed these factors as positively influencing successful reintegration experiences.

5. Two emergent themes: Bonding/Brotherhood and Loss/Grief are important to understanding how successful reintegration can be supported.

Throughout the narrative the veteran participants repeatedly referenced the importance and value they ascribe to their relationships with their fellow soldiers. These deep attachment

bonds begin as part of the indoctrination process and are deepened and reinforced during active duty and especially combat. Several veterans discussed the importance of those attachments while in the military. Continued connection with veterans, as understanding peers, is reported on both the individual participant level and on the organizational level as vitally important to helping veterans engage in social support and in many cases the first point of contact for help-seeking behavior.

The second emergent theme in the data relates to the experience of loss and the persistence of grief. The veterans who experienced combat spoke often poignantly of the losses they endured in war and the continued grief they may carry with them. However, careful and painstaking analysis of the interviews revealed statements suggesting a broader experience of loss. For example, many participants referred to loss of the camaraderie and sense of family they had while in the military. They spoke about feeling no sense of purpose or mission in their lives. They spoke about a lost sense of connection to the civilian world. At the same time, they expressed losing the clarity of their identity as service people and not knowing who they are as veterans and civilians. These statements support the diversity and prevalence of the different types of loss the veterans experienced. Several of the veterans also directly reference the ongoing sadness they feel over the loss of their buddies and their own survivor guilt. Several also made less specific statements about persistent emptiness, lack of purpose, inability to connect and a longing for the time when they knew exactly who they were and what they were supposed to do.

These expressions of loss and the persistence of guilt, and emptiness were referenced by most of the veterans in a variety of ways suggesting that this is a pervasive dynamic among this sample. The significance of this theme will be explored in relation to the veterans' reintegration experience as part of the discussion of the findings.

The following chapter will continue with a discussion of the findings, policy implications, study limitations and recommendations for future research.

Chapter V

Analysis and Discussion of Findings

Introduction

The primary goal of this study was to identify an optimal adjustment to civilian life by learning about the transition experiences of a group of veterans in the context of their military service. This chapter will begin with a conceptual framework emerging from the study findings and discussion of the findings within that context. It will continue with policy and practice implications including a preliminary understanding of the inter-relationship of factors and a model for assessing veterans' level of service needs. The chapter concludes with implications for the social work profession and directions for future research.

Conceptual Framework

The relevant literature and presentation of the findings suggest a framework of theories and concepts. Two theories, social identity theory and attachment theory are relevant to explaining how soldiers' identity is formed, the emergence of powerful attachments and bonds and the profound losses they experience.

As discussed earlier, soldiers are systematically indoctrinated into a culture, identity and community, which requires extensive training to allow them to conduct war. This includes creating a collective social identity and training the recruits to be able to lay aside basic moral codes to be able to kill if needed. Part of the indoctrination process is the formation of powerful

attachment bonds to one's comrades, which are reinforced by deployment, particularly combat experience.

All soldiers are changed by the basic training experience and thus to some degree all will face readjustment challenges with the return to civilian life. This is likely to be the case regardless of MOS or combat deployments. Combat warriors face the additional challenges of physical and psychological injuries including PTSD, TBI and an array of mental health issues which can contribute to suicidality and prevent them from fully reintegrating to civilian life.

Loss and unresolved grief are themes important to understanding the difficulties veterans may face as they exit military life. The experience of exiting the military may involve losing what was created: one's identity as part of a collective identity, belonging to a community, loss through death of one's combat buddies and loss of a way of life which becomes part of the fiber of one's being.

This may appear as emotional numbness followed by the thawing of feelings that can include shame, guilt, remorse, moral injury and unexpressed grief. As demonstrated in the research, it is the resolution and mourning of losses and processing the grief which will ultimately allow the veterans to move towards post-traumatic growth and becoming whole again.

Reintegration as conceptualized for this study includes the possibility that veterans may need to address not only the tasks of participation in life roles, as operationalized by Sayer and colleagues (2011) in the Military to Civilian Questionnaire, but the emotional coping work of coming to terms with their experience and grieving their losses. This sample of veterans shared a variety of experiences ranging from continued struggle with both the tasks of civilian life and

mental health challenges to finding new meaning and purpose, social support and coming to terms with loss and grief.

Coping literature suggests that the capacity to use an array of coping behaviors depending on the nature of the stressor is predictive of optimal adjustment in the face of traumatic events (Bonanno et al 2011 Bonanno et al, 2013, Geraci 2015). Those veterans who were able to effectively utilize a variety of context specific coping behaviors reflecting changing circumstances, task oriented and emotional needs seemed to be able to move through the readjustment issues to embrace meaningful engagement in civilian life potentially experience post-traumatic growth and positive psychological change.

Beyond Indoctrination and Socialization

The results of this study suggest a framework for understanding the experiences of the veterans is their involvement in a military total institution, which through basic training creates the social identity of the soldier. This is a universal experience regardless of future training, MOS or combat deployment. Thus, a basic principle organizing this discussion is that veterans in this sample were likely to experience some degree of reintegration challenges simply due to the formation they received, indoctrinating them into a culture and way of reacting which, through training and repetition, became ingrained in both their thinking and physical responses, that is, muscle memory.

A Model for Interpreting the Data

Reintegration difficulty does not appear to be solely a function of indoctrination. Based on the content of this sample of veterans' self-reported experience, the degree to which these veterans are functioning in civilian life as an indicator of successful reintegration may vary depending on the degree to which the following factors have been addressed:

- Childhood history of trauma (based on participant's self-report)
- Degree of combat exposure
- Presence of unaddressed addiction and mental health issues
- Meaningful work or sense of mission as expressed in this sample through working in veterans' service related employment/volunteer or working in another service related endeavor
- Perceived degree of social support
- Engaging in an array of coping behavior encompassing both forward focused (task oriented) and trauma focused (emotion oriented)
- Separation from military life that included attention to emotional reintegration issues.

It is important to note that as a purely qualitative study, data were not collected in a manner to allow for statistical analysis of the influence of these factors on participants' overall degree of functioning in their post-military lives. Thus, the goal of this analysis is to highlight patterns and connections, which could become the basis for designing future quantitative research to systematically test these relationships and the efficacy of the proposed assessment and service delivery model.

The chart below (Figure 1) presents a model for understanding the meaning of the data and is the framework from which the discussion of the data will proceed.

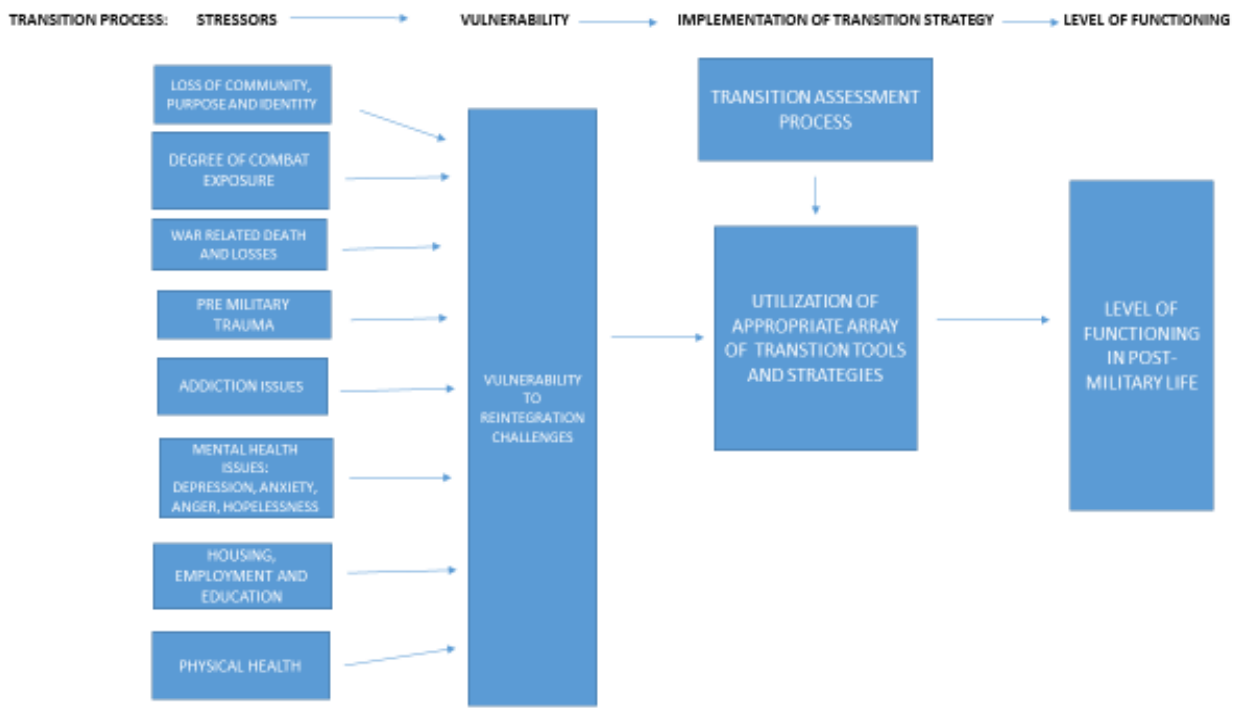

Figure 1: Transition Process

The findings suggest that separating military personnel are likely to experience an array of stressors as part of the process of leaving military life. These stressors may include the aforementioned to-be-expected losses of community, identity and meaning associated with leaving a total military institution in which one has been indoctrinated to have a collective identity rooted in one's branch of service. In addition, veterans may face any one of a variety of challenges resulting from degree of combat exposure, war related death and losses, pre-military trauma, addiction issues, mental health issues both pre-existing and related to their service

experience, housing, employment, education and physical health. These challenges result in a degree of vulnerability to experience transition difficulties. With an appropriate assessment process, which will be detailed below as part of a proposed continuum of care, veterans could be referred to the constellation of services and supports best-suited to address their particular reintegration challenges. Figure 2 below summarizes the reintegration supports and services identified as important by this sample of veterans.

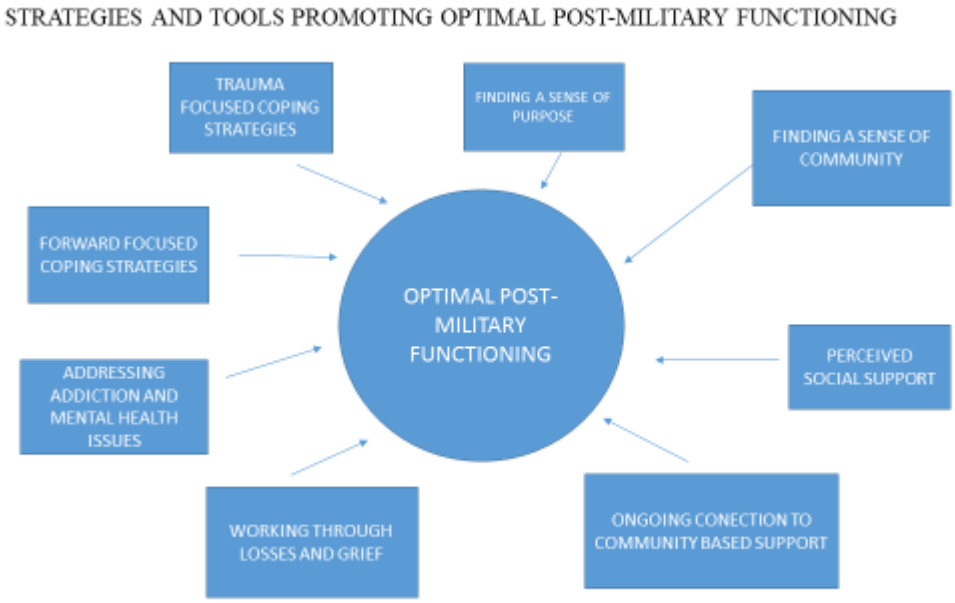

Figure 2: Reintegration Supports and Services

Veterans in the study referred repeatedly to the need for a sense of purpose and meaning, finding a community and social support as the means of figuring out how to fit in to civilian life. In addition, many made direct and indirect statements suggesting that they carry painful memories

and unresolved grief, which for some, appeared to obstacles to achieving optimal functioning. As will be described in the following discussion, previous research suggests that optimal transitioning requires flexibility in utilizing a variety of both task (forward) focused and emotional (trauma) focused coping skills, working through loss and grief and connecting with ongoing community support.

Coping Flexibility

Bonanno and colleagues (2011) suggest that the capacity to utilize a variety of coping styles can have a significant impact on the trajectory of mental health and adjustment outcomes. Referred to as "coping flexibility" Bonanno et al. emphasize that the efficacy of a given coping strategy varies depending on the context in which it is used. For example, in the case of military experience, several study participants reference having "in-country" reactions in civilian situations, particularly with regard to the expression of aggression or anger. While these reactions are not only adaptive but often essential to survival in war, such reactions may be maladaptive and considered violent or dangerous in civilian society. It is not that any one coping behavior is superior, but that coping behaviors have a particular function that may be invoked flexibly depending on the context and particular demands of a situation (Geraci, 2015, Bonano and Burton, 2013, Bonanno et al., 2011, Bonanno, Pat-Horenczyk & Noll, 2011).

In an effort to develop a measurement tool to assess coping, Bonanno et al. (2011) identified two distinct styles of coping: "problem or forward focused coping" and "emotion or trauma focused coping". Problem focused coping is a forward focused coping style emphasizing goals and plans, optimistic thinking, being able to laugh, remaining calm and having the capacity to

reduce painful emotions. Emotion focused coping requires attending to and experiencing the emotions related to a traumatic event, processing them and being able to think about them realistically. It is far more demanding than problem focused coping as it may require stepping back from daily life for a period of time to do the emotional work. In a study looking at the capacity to utilize these coping styles in a sample of Israeli students who had been exposed to trauma, the researchers found that flexibility in being able to invoke a variety of coping styles depending on context was related to reduced PTSD symptoms (Bonanno et al, 2011).

By assessing both direct and indirect statements, among this sample of veterans there appears to be significant variability in the extent to which they address forward focused and emotion focused issues, variation in opportunity and capacity to utilize flexible coping behaviors and variation in reintegration outcomes. This is significant as part of understanding the findings suggested by this study as they relate to the capacity for veterans to achieve optimal post-military functioning.

A goal of this study is to suggest a model for implementing a cohesive and ultimately successful strategy to support veterans in the transition to civilian life. Identifying the components and trajectory of an optimal reintegration requires also gaining insight into the strengths and barriers identified both directly and indirectly by this sample of veterans.

Finding One: The overwhelming majority of veterans felt unprepared for the reintegration issues they experienced.

The veterans in this sample repeatedly expressed statements suggesting that they did not feel prepared for what they would face upon separating from the military. Statements related to this theme centered on not having enough information about the emotional process of reintegration including the possibility of feelings of loss and disconnection, not understanding what the VA does and lack of systematic connection to local resources and mental health services.

Several respondents specifically mentioned the emphasis in the transition assistance programs on employment related topics and an almost complete absence of discussion of emotional or psychological issues. Some comments addressing this point include: "it's like waterfall" and yet not enough of the kind of help they needed " I knew how to write a resume, what I needed was direction."

Many participants expressed that the information was given in the final weeks prior to separating from the military when they were focused on getting out and getting home, and so they really were not listening. Several stated that they did not realize the magnitude of the adjustment they would experience. As one participant explicitly stated, this difficulty has nothing to do with MOS or deployment.

Many of the veterans spoke in different ways about feeling lost, aimless and back where they started when they got home. None of the veterans reported any type of systematic linkage to help in their local communities. If anything was mentioned, it was that they were encouraged to register with the VA. This sense of unpreparedness may be attributable to several factors including veterans' perceptions, timing, organizational issues and socialization.

Veterans' Perception

The statements pertaining to veterans' perceptions of feeling unprepared are organized around two main themes. The first is the lack of appropriate and useful information about the emotional and psychological aspects of reintegration and, conversely, a deluge of information about resumes and employment. Those who reported receiving any type of transition assistance related to mental health, indicated that it was cursory and as reported by one veteran conducted in an open public space not conducive to exposing need or perceived "weakness".

Timing

The participants repeatedly mentioned the ineffectiveness of the timing of the information which was given only at the end of their military service, a time when they were not tuned in to receiving it because they were focused on getting out with no inkling of what to expect when they got home. A second aspect of timing is the observation reported in the literature that many veterans do not exhibit symptoms of problematic reintegration until three to thirty months post-separation (Sayer,2010; Scurfield, 2006; Shatan, 1973). Thus, transmitting reintegration information to them at the time of separation with no subsequent systematic follow-up decreases the likelihood that the veterans will make use of the information when then really need it.

Organizational Issues:

Literature describing military transition in both the United States and the United Kingdom emphasizes that military transition assistance programs tend to focus on the transferability of skills and preparing soldiers for the civilian workplace (De Groat and Crowley, 2014; Higate,

2001). Many of the participants emphasized the point that the military "doesn't teach you to be you again". There does not appear to be a systematic organizational process that addresses the identity, emotional and psychological needs of the transitioning soldier.

Available on-line information about the revamped transition assistance program (http://www.benefits.va.gov/vow/tap.asp) and an informational conversation with a former Undersecretary of Defense suggests that the focus of the DoD is to prepare soldiers for the work force either by going to school, finding a job or becoming entrepreneurs, in other words forward focused coping. It may be that addressing identity and emotional transition issues, that is emotion focused coping, is not viewed at this time as a function or responsibility of the Department of Defense. Similarly, the Veterans Administration does not seem to have found a way to implement a systematic and universal approach to addressing emotional reintegration.

Recent information on the House Committee on Veterans Affairs website (https://veterans.house.gov/news) includes articles about continued difficulties in delivering services to veterans despite legislation passed in the past two years allocating significant federal funds to hire VA staff and fund community based non-VA providers through the Veterans' Choice Program (The Veterans Access, Choice And Accountability Act Of 2014). As Walter, the Army veteran who developed a program called "DeCruit" to help veterans 'unwire' their warrior responses observed:

> The VA is not doing reintegration training. There are certain VAs and there are certain departments and there are even certain individuals doing it but not as a national model. There's no national program that is "de-cruiting". There are organizations that do slivers of it. The VA is doing necessary medical care, period. And if that happens to fall into psychiatry and psychology then they provide that as well. They're not, as a, as a

> national program, they're not helping veterans doing training programs to say, well, here's, here's what to expect. Here's what your daily life is going to be like.

It is noteworthy that VA Medical Center services are available only to soldiers with honorable discharges. However, Vet Center clinics, which are community based VA-run entities staffed largely by veterans do accept veterans with any type of discharge status. The centers provide many readjustment counseling services and supportive counseling for families in local store front clinics designed to be accessible and anonymous.

Socialization and "Total Institution"

The sense of unpreparedness may also be a function of what Higate (2001) describes as the "tenacious persistence" of the socialization into military life that took place during basic training. Many of the study participants make reference to having military reactions to civilian situations suggesting that they retain mental and physical reflexive reactions, including reluctance to expose perceived weaknesses and ask for help, which, while adaptive in the military must be modified to be adaptive in civilian life. This highlights the potential difficulty in developing the flexible coping behaviors which may be necessary for successfully navigating the transition.

We also need to consider the persistent effect of having spent a minimum of four years in a 'total institution', defined as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time lead an enclosed formally administered round of life" (Goffman, 1961 p. 11) characterized by:

- All components of the individual's life occur in the same place or setting

- Large numbers of people are treated nearly or exactly the same
- All stages of the individual's day and night are tightly scheduled and monitored
- All participants are required to accept and adapt to the total institution's cultural expectations and standards (Brown, 2015).

This type of closed environment is characteristic of military settings thus suggesting the more specific term 'Military Total Institution' (Brown, 2015). This environment supports the creation of the aforementioned social identity of the soldier. And, without a systematic process of 'unwiring', may contribute to the difficulty of disengaging from the grasp of the embedded military coping behaviors, reactions and perceptions (Goffman, 1961; Higate, 2001; Brown, 2011).

Finding Two/Three: Many of the veterans did not seek help for months or years after separating. Their pathways to help were varied, including both VA and non-VA resources.

While study participants' reintegration trajectories immediately after separating from the military varied, the overwhelming majority described feeling both excited to get away from military life and yet directionless, depressed and not sure what to do next. Some specifically spoke about missing the sense of purpose and camaraderie and also feeling unclear about who they were as soldiers. Some returned home to the same conditions they had left except that they were now disconnected from family and community because time had passed and they were different people. Many described periods of depression, isolation and being unable to organize a next step.

Transitional Gap

Geraci (2015) posits that military and combat experience in combination with this early period of disorganization puts the veteran at risk for cumulative stressors that negatively impacting overall mental health. In addition to the transition stressors of coping with family, work, housing, education and healthcare challenges, Geraci points out that there is a 'transitional gap' between the time of separation from military service and connecting with a post-military civilian life in which the veteran is at higher risk for maladaptive emotional coping behaviors including substance abuse and suicide. Among this group of study participants, although varying in degree, there was an overwhelming expression of disorganization, loss and attempts to cope and move forward regardless of MOS or combat experience.

Despite this period of 'transitional gap' and disorganization, most participants did not immediately perceive that they were experiencing functional problems or seek help for mental health issues. Some were able to engage in forward focused coping behaviors, pursuing job searches and education and return to some degree of engagement with civilian life. Many reported that they didn't register with the VA, citing that they didn't view the VA as a viable or necessary resource, didn't understand what the VA offered or see any reason to seek help. Among those who eventually engaged in help-seeking of any kind, many expressed that in hindsight they wished they'd understood the true nature of the emotional upheaval they were facing and sought counseling or other help sooner.

Obstacles to help-seeking behavior cited in the literature include concerns about stigma, fear of negative career or education outcomes, negative beliefs and attitudes about mental health treatment, believing the problem will go away by itself, a tendency towards self-reliance,

concerns about being over-medicated and self-stigma and dislike of formal services that may be perceived as associated with the VA (Chapman, et al 2014; Greden et al, 2010, Hoge et al 2004,Sayer et al 2009, White 2014, Chueng et al, 2016).

An additional explanation for delayed help-seeking is that the newly separated veteran may not become conscious of difficulties for a period of time as they enjoy the jubilation of release from the total military institution and embark on a new civilian life. It is not until a crisis or functional breakdown occurs and some emotional 'thawing' happens that the veteran may become aware of psychic discomfort or functional problems (Shatan, 1973).

Crisis and Coincidence

For the study participants who did eventually seek help, active help-seeking was often precipitated by a breakdown in functioning, such as an increase in depression, anxiety, anger, substance abuse or a crisis highlighting that they were not functioning well such as an arrest, domestic violence or concerned loved ones reaching out for help on behalf of the veteran. Among those participants for whom this was the case, they described critical incidents that got their attention, high lighting functional difficulties and emotions such as persistent and disabling guilt, depression, anxiety and anger.

Paths to help were often a function of crisis and coincidence. None of the participants reported any kind of systemic guidance about local services or assistance to plug into a support network. The process of finding help was a function of their own efforts to help themselves in response to a precipitating crisis and frequently started with a coincidental encounter with another veteran, a helping professional or resource serendipitously pointing them towards help.

At the point of an intervening crisis, several study participants described attempting to use the VA. A minority of participants described a positive experience often related to the PTSD unit, medical or case management services at the Northport VA Medical Center on Long Island, NY. Even among those expressing satisfaction, an array of obstacles made utilizing VA services a challenge including: distance away from the nearest VA Medical Center, difficulty obtaining appointments, excessive paperwork and bureaucracy, inconvenient hours that required missing work time, no night or weekend appointments, reliance on medication as the primary form of treatment and feeling that their they were not really being heard.

There were varying degrees of success in accessing needed services through the VA. Among this group, some could not overcome the above mentioned obstacles to care and gave up completely. Interestingly, none of the study participants mentioned a Vet Center as a potential resource.

Some participants accessed help outside the VA. For this group, the primary forms of assistance identified were community based mental health counseling and alternatives such as equine therapy, yoga, meditation, martial arts, sports and fitness and expression through the arts: writing, theater, music and poetry.

An important serendipitous finding was that even among participants who did utilize any form of help, the path to wellness was not straight forward, rather it fluctuated for some between periods of better functioning and periods of relapse to maladaptive coping behaviors. Study interviews were conducted between June and December 2015. During the intervening months until the writing of this chapter in November 2016, five participants known to the researcher returned to drinking or using drugs, were readmitted to inpatient treatment facilities, had

employment and family problems and/or were arrested and became involved in the local Veterans' Treatment Court. This suggests that some veterans may struggle with utilizing flexible coping behaviors and thus need to be engaged with ongoing support in their communities so that as the trajectory of their transition emerges over time, relationships and resources are established and more likely to be accessed. This argues for systematic and intentional community based linkages, especially peer support, that preserve a lasting connection with the veterans.

Finding Four: Veterans identified specific elements to successful reintegration addressed from the perspectives of personal experience, observations about overall needs and perspectives from leaders in veteran service endeavors.

Participants' observations on the components of an optimal reintegration experience revealed individual level needs, macro organizational issues and practice challenges including provider capacity.

Individual Elements of Successful Reintegration

Many study participants identified the need for social and family support, a sense of connection to understanding others, a strong need to be of service and finding a new mission and purpose. These types of concerns were being addressed to varying degrees of success with formal and informal help-seeking, education, artistic or athletic pursuits, finding meaningful work and involvement with community service. Those who spoke about successful reintegration experiences talked about a personal regime of things they do to take care of themselves emotionally, physically, socially and spiritually that helps them to stay on track and cope with

emotions and triggers when they arise. Several also mentioned the importance of allowing time to pass and having patience with the adjustment process.

"Unwiring"

Mentioned several times and most clearly articulated by Walter, an Army veteran who developed a theater-based program to heal war trauma and facilitate reintegration, is a sense that while much time and attention was given to training them to be soldiers, they don't have a similar process to re-train them to civilian reactions. This observation, echoed by psychologist Hector Garcia (Garcia, 2015), conceptualizes the process of regaining access to civilian reactions as an 'unwiring' of habits rather than treatment of a disorder.

The working premise articulated time and again by the participates and supported in the literature (Brown et al, 2015) is that military indoctrination and active duty experiences fundamentally change a civilian recruit into a soldier with ways of thinking and reacting that are embedded in his/her muscle memory and are not easily amenable to change without an equally systematic process. Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) are the two primary modalities endorsed by the VA in the treatment of PTSD. According to Dr. Garcia, these evidenced based practices are effective in the "unwiring" of habits and reactions. These two methods have been incorporated into VA health care systems and are being implemented in a variety of VA settings with varying success depending on the degree to which there is practitioner and leadership buy-in to the efficacy of evidence based practices (Finley et al, 2014). However, even with 100% successful implementation within the VA, with only 58%

utilization of VA services (Sayer et al 2014), this potentially leaves a significant number of veterans outside that scope of service.

Another issue identified by participants was the need for locally based mentorship and peer support options to help veterans move through the 'transitional gap' (Geraci, 2015), the early weeks and months post-separation when the veteran is no longer attached to military culture but had not developed a civilian life and identity. Related to the success of this strategy and articulated by several participants is the need for more general community outreach and education about available services and family support. Improved linkages between the VA and local veteran service organizations should include formal and informal peer support addressing the need for continued social support navigating challenges as they arise.

Cultural Competence and Capacity of Civilian Providers

Several participants talked about the need for cultural competency and capacity building among civilian providers. This is a significant observation considering that 42% of eligible OEF/OIF Veterans may not be using the VA (Sayer et al, 2014) and, with the advent of the Veterans Choice Program, the VA is using an increasing number of non-VA providers as a solution to the ongoing problems with wait times and service delivery in the VA system. This is especially concerning given that a 2014 RAND survey found that only 13% of 132 civilian social workers in the sample fully met the study criteria for both cultural competence and capacity to deliver evidenced based practices to a veteran population (Tanielian et al, 2014).

VA Use and Community Linkages

In terms of VA usage, among participants speaking about this topic, there was frequent reference to logistical problems related to obtaining an appointment, distance from the VA and mixed reviews on the quality of care received. One avenue of consideration is how to encourage more veterans to use the VA. Several participants mentioned the need for more assertive outreach and advertising so that veterans and their loved ones know what is available and how to access it. With the Veterans Choice Program, the VA is developing non-VA community based avenues for veterans to seek needed care. According to the House Veterans Affairs Subcommittee website (veterans.house.gov/the-veterans-access-choice-and-accountability-act-of-2014-highlights), $10 billion has been authorized to allow qualifying veterans to obtain non-VA care if they meet certain criteria. Among these are: 1. The veteran is a newly discharge combat veteran and/or was registered with the VA by August 1, 2014, 2. The veteran lives more than 40 miles from a VA medical facility with a full-time physician on site, 3. The veteran is unable to obtain an appointment within 30 days of when he/she needs to be seen. 4. The veteran faces excessive geographic challenges to getting to a VA medical center. 5. The veteran has specific health care needs warranting receiving non-VA care. The program is currently authorized for three years and includes a pilot program to support community reintegration for veterans with TBI and enhanced services to treat Military Sexual Trauma. Interestingly, the FAQs for the program do not mention any provision for ongoing training and capacity building of community based civilian providers.

Finding Five: Two emergent themes: Bonding/Brotherhood and Loss/Grief are important in understanding both the challenges of reintegration and how successful reintegration can be supported.

The literature discussing both military indoctrination and bonding speak to the human tendency to form attachments which, within the military structure become the nearly unbreakable connections to one's brother and sister soldiers. These powerful connections are relevant both to understanding the losses the study participants experienced as well as a potential strength to be utilized as part of developing social support in an optimal reintegration experience.

Bonding and peer support

Many participants mentioned the inability to connect, to find that brotherhood and community so prevalent in their descriptions of military life. The bonding and camaraderie that are an essential component of military life are an equally essential component of successful transition as expressed among the study sample. Social support and connection to veteran peers are important ways to utilize camaraderie and bonding to help veterans navigate both the initial transitional gap and the ongoing ebb and flow of the return to civilian life.

Peer support programs capitalize on the built-in strength of "relying on the natural support of colleagues to cope with stress" (Money, et al, 2011) that is part of military culture and is transferable to veteran relationships. Peer support may appear as both informal social support and formalized groups or peer mentor relationships. Both are based on the mutual benefit of shared experiences and inherent trust. Study participants described a variety of informal peer support experiences including gaming communities, secret Facebook pages, athletics and the

arts. Formal peer support programs mentioned by participants were non-clinical in nature with both the peer mentor and the participant benefiting from the relationships in terms of social connections and support to develop positive coping behaviors and opportunities to seek out other resources and help.

Resolving Grief and Loss

The recognition of unresolved grief and loss as separate from other mental health issues and the development of effective treatment practices is an understudied area. As addressed in the literature and exhibited among many study participants, loss and unresolved grief may be a source of enduring pathology and emotional pain (Bowlby, 1980). In this study the issue of loss arose in a variety of ways regardless of MOS or combat experience. Among the study participants who at the time of the interview were struggling with any degree of reintegration problems, unresolved loss and grief appeared to be significant obstacles expressed as an underlying sense of lost community, purpose and connection in addition to coping with death, survivor guilt and moral injury. A minority of participants expressed the necessity of actively grieving their losses to allow them to move past painful wartime memories.

The impact of unresolved loss and grief and the lack of attention to emotion focused coping behaviors seems to be a key concept relevant to understanding the persistence of some veterans' reintegration struggles as well as an area warranting better understanding of effective community linkages and treatment protocols.

Components of Successful Reintegration Experience

Utilizing what was learned in the interviews and analysis of the study findings, I have developed a preliminary model to understand the interrelationship between several factors identified in the findings and the extent to which the veterans have constructed a functional return to civilian life. Veterans in the study were grouped into high, medium and low level of functional success based on the dimensions suggested by Sayer and colleagues in the Military to Civilian Questionnaire (Sayer et al, 2011):

- Interpersonal relationships with family, friends and peers
- Productivity in work, school and at home
- Community participation
- Self-care
- Leisure
- Perceived meaning in life

The veterans in each resulting group were then assessed based on their self-report in the interviews on several factors which the literature suggest are relevant to constructing an optimal return to civilian life:

- Childhood history of trauma (based on participant's self-report)
- Degree of combat exposure
- Presence of unaddressed addiction and mental health issues
- Meaningful work or sense of mission as expressed in this sample through working in veterans' service related employment/volunteer or working in another service related endeavor
- Perceived degree of social support

• Engaging in an array of coping behavior encompassing both forward focused (task oriented) or trauma focused (emotion oriented)

In an effort to gain a more nuanced understanding of these veterans' transition trajectory, created an informal classification system to compare the group of veterans who are not functioning well in civilian life , a group who is doing moderately well on most dimensions but expressed have difficulties in some areas and a group who expressed that they are functioning well and have created meaningful fulfilling civilian lives (appendix G) . All but one of the veterans in the study expressed that they had developed a strong military identity which for most persisted into their self-identification as a veteran or as always being a Marine or soldier.

Among the low functioning group, it is of note that all eight veterans in this group had experienced medium to high combat exposure. Only one was engaged in work perceived as personally meaningful and this same veteran was the only one expressing adequate social support and utilization of an array of coping behaviors.

Among the medium functioning veterans, there was more variability in terms of combat exposure. Only two were dealing with addiction issues at the time of the interview. Significant among this group was that they expressed struggling with some aspect of their ongoing transition or continued to feel dissatisfied or depressed. However, unlike the lower functioning group, most of these veterans were engaged in service related work and all expressed medium to high levels of perceived social support. Most of this group had also been able to utilize both forward focused and emotion focused coping behaviors.

The third, best functioning group of veterans also had more variability in combat exposure with three having either low or medium levels. All were engaged in some type of meaningful

work either in service to other veterans or other type of service oriented endeavor. Several in this group spoke directly about engaging in emotional recovery work specifically to address war related trauma. Others specifically spoke about regimens of self-care they used to maintain emotional balance. Overall this group engaged in an array of coping behaviors addressing both the forward focused elements of having goals and plans, attending to others, thinking optimistically, using distraction, being able to laugh and enjoy things, reducing painful emotions and calm and serious. They also seem to have engaged in emotion focused coping. These strategies include fulling experiencing the cognitive and emotional significance of a traumatic event, attending to distressing feelings, withdrawing from social interaction as needed to do the emotional work, revising goals and plans and coming to terms with the reality of the traumatic event (Bonanno et al, 2011). They also all expressed a sense of having adequate social support through family or supportive communities. Unlike the other groups, the veterans in the best functioning category had, at the time of the interview, moved past their struggles to what could be considered posttraumatic growth.

Discussion

A Broader Understanding of Reintegration

In terms of learning and recommendations gleaned from the study, first and foremost due to the impact of both the total military institution and social identity formation, transitioning soldiers need to "re-learn how the civil culture works and how military culture assists and/or prevents the returning veteran to learn and function in civil culture " (Brown 2015) and some may need do the necessary emotional and grief work to process their losses and move towards posttraumatic growth.

Equally important may be expanding the concept of reintegration to include both the external tasks and forward focused coping behaviors related to roles and functions and the internal emotional work of 'unwiring' military reflexes and engaging in emotion focused coping behaviors to process the emotions of war, including loss and grief.

In addition, as highlighted in the classification described above, veterans in the best functioning category expressed a high degree of social support and were engaged in work or activities which were meaningful and involved being of service to others. They had also had the opportunity to engage in a variety of coping behaviors to move through both the tasks and the emotional work of reintegration. They were able to utilize both forward focused and emotion focused coping to address the ups and downs of civilian life.

A more holistic approach to 'reintegration' might include the concept of posttraumatic growth which posits that through the struggle to overcome difficult life challenges, including

doing the emotional work of reintegration, one emerges on the other side with a new sense of purpose, meaning and identity, in effect, becoming whole again. Writing about his experience as a Vietnam veteran, Marlantes describes his healing as coming to terms with who he was as a young soldier and letting himself feel everything he had pushed away. " I began to reintegrate that split-off part of my experience only after I actually began to imagine that kid as a kid, my kid perhaps. Then, out came this overwhelming sadness- and healing. Integrating the feelings of sadness, rage or all of the above..should be standard operating procedure for all soldiers who have killed face-to-face (Marlantes, 2011 p. 32).

Delayed emergence of reintegration challenges

An important consideration in developing an optimal reintegration protocol is the timing and content of assessment, how and when reintegration information is given and how the veteran is connected to necessary resources.

This study supports previous research indicating that assessing transitioning soldiers reintegration needs only at the time of separation risks a strong possibility of underreporting the incidence and prevalence of mental health needs due to the a lack of awareness and/or a delayed appearance of symptoms (Sayer et al 2014). Assessment should be done both at the time of separation and periodically over the next 12 to 30 months to allow for the emergence of mental health issues and other reintegration challenges.

Initially assessing soldiers at the time of separation should include classifying them based on degree of combat exposure, mental health and addiction issues, perceived degree of existing social support and capacity to adapt and utilize an array of flexible coping behaviors. Separating

soldiers should receive assistance with housing and employment as well as the aspects of reintegration addressed in the formal transition assistance, GPS program, an incentivized referral to local VA medical center services and connection to local community based services.

A Proposed Model for a Continuum of Care

Many study participants displayed not only a delayed appearance of reintegration issues but a continuum of needs and for some, periods of good functioning alternating with relapse to self-destructive behaviors. It also became apparent that while non-combat deployed veterans had a different active duty experience, they faced a similar reintegration process in many respects. Combat veterans had the additional dimension of coping with the after math of war, exacerbated by number of deployments and degree of combat exposure and the potential impact of other personal variables including pre-military trauma.

Based on a working premise that all transitioning soldiers will experience some degree of reintegration issues, this pattern lent itself to creating an assessment process which would differentiate degree of need and place transitioning soldiers on a continuum of care.

At the time of separation all soldiers would be assessed as part of the Transition GPS. The continuum might start with the basic reintegration needs of transitioning out of a total military institution. Basic intervention might help all transitioning soldiers connect to the VA and community based mentoring, counseling and peer support to address the loss of community and increased social support. Transitioning soldiers would be trained to address forward focused coping including addressing the tasks of health, housing, education, employment and returning to family. A specific program would be given that addressed the ‘unwiring’ of military responses

in a systematic intentional effort to help transitioning soldiers identify their automatic military reactions and learn to modulate them for a civilian environment.

In addition to those basic elements, a classification system could be used to assess for a continuum of need-based service delivery. More intensive interventions would address emotion focused coping and involve periodic screening for PTSD, depression, anxiety, addiction, suicidality and unresolved grief over the first 30 months post-separation and referral to an appropriate constellation of services.

This service delivery model would link veterans to services within the VA system and to trusted, vetted community based organizations outside the VA with which the veteran could establish an ongoing relationship. This model might increase the likelihood of the veteran staying connected to a local source of support as he/she navigates the ups and downs of returning to civilian life. Such a strategy would require developing regional groupings of VA facilities, non-VA providers, services and organizations. This should include VA medical centers, community based Vet Centers, organizations such as the PFC Joseph Dwyer Veterans Peer Support Project, VFWs and American Legions as well as a cadre of culturally competent community based providers who have been trained to deliver evidence based practices addressing veterans' reintegration needs. The availability of non-VA services would ensure that regardless of discharge status and concerns about use of the VA veterans would be able to connect to help and develop sustained helping relationships.

These groupings could be brought under the supervision of regional VA liaisons who would work with all aspects of the community to ensure excellent and timely service, ensure provider

capacity, engage with local organizations, and maintain crisis resources to help veterans who experience ongoing difficulties or relapse.

Role of Mentorship and Peer Support

As noted earlier, research has shown the value of peer relationships in helping veterans with the adjustment to civilian life. This has been demonstrated in terms of mental health symptom reduction, developing social connections, reducing barriers to other forms of help-seeking and generally acting as a "culture broker" between the veteran and the civilian world (Scurfield and Platoni, 2012, Jain, 2012).

Another significant component of developing linkages is the presence of peer mentors as adjuncts to professional clinical staff in VAs and Vet Center clinics and collaborative peer-professional relationships with non-VA civilian providers in community settings. Over the past few years trained peer specialists have become an integral part of VA treatment teams, working collaboratively with clinical staff at VA medical centers throughout the country.

In terms of non-VA peer support efforts, as described earlier, the Joseph Dwyer Veterans Peer Support Project currently operating in 11 counties across New York State has proven to be an incubator for innovative peer support strategies that provide social support and opportunities for frank discussions in a safe non-clinical setting which may be the precursor to other help-seeking behaviors. The program has been so well received and successful in Suffolk County, NY that in February, 2016 Congressman Lee Zeldin, of CD 1 on Eastern Long Island introduced

a bill, HR 4513, proposing the Dwyer project as implemented in Suffolk County as the basis for a national model of community based veterans peer support.

The proposed legislation would authorize the Secretary of Veterans Affairs to create a grant program giving block grants of up to $250,000 to eligible non-profits with a history of serving veterans mental health needs, congressionally chartered Veteran service organizations and state, local or tribal veteran service agencies. The funds would be used to hire veterans to serve as peer specialists offering non-clinical group and individual work in community settings, provide 24/7 mental health support to veterans and staff to support the programs (www.congress.gov/bill/114th-congress/house-bill/4513).

This proposed legislation could create the necessary linkages from the VA to local community based organizations through which veterans may establish and maintain a durable supportive structure. Utilizing the strength of bonding and peer relationships, a national peer support model could be a key component and the front line of engaging veterans in help-seeking behavior. Connecting veterans to VA and properly vetted community based organizations including peer support for the purpose of creating and sustaining long term connections is another aspect of a service delivery model which engages and supports veterans on the local level utilizing existing strengths and structures.

Implications for Social Work Profession

This study raises several issues for the social work profession. Perhaps most significant is the need to enhance training in cultural competence and capacity building in social work education so that social work students understand military and veteran culture and can implement evidence based interventions. While the National Association of Social Workers (NASW) reported in 2012 that the VA has affiliations with 180 graduate schools of social work to provide clinical training, with the potential extension of the Veterans' Choice Program increasing the likelihood of civilian Non-VA affiliated social workers providing services to veterans, educating social workers to work effectively with military and veteran populations will become imperative.

In term of practice issues, while two commonly used evidence based practices focus on PTSD symptomology, ongoing research in the treatment of unresolved grief in veterans may reveal the necessity of training social workers to help veterans process grief. Social workers will need to build capacity in helping veterans develop an array of flexible coping behaviors and understand the enduring influence of their military training as both an asset and a challenge as they adapt to civilian aspects of employment, education, health and family. Although not a primary focus of this study, participants did make reference to difficulties in negotiating family relationships, thus social workers also need to be prepared to act as 'culture brokers' to help family members understand and navigate the reintegration process with their veteran. In addition, through the development of peer/professional collaborations and linkages, social workers in VAs, Vet Centers and non-VA settings can work effectively with veteran peer mentors to best utilize professional and peer strengths in service to more effective veteran care.

On an organizational level, culturally competent social workers have the opportunity to take a leadership role in building collaborative linkages between community organizations, the VA and peer support programs. It is the opinion of this author that these linkages are vital to providing the sustained locally based relationships and support which veterans will need as they move through what appears to be the non-linear process of transitioning to civilian life.

Study Limitations

This study represents an effort to add to the qualitative scholarship on veterans' reintegration experiences. The goal was to focus on the veterans and allow them to tell their stories in the way they needed to tell them. One inherent limitation is methodological. By choosing to exclusively use qualitative methodology, generalizability is limited. However, a preliminary classification effort suggests future research testing the relationship between overall functioning and factors such as childhood trauma, military identity, perceived social support, engagement in service oriented work and capacity to use both forward focused and emotion focused coping behaviors.

A significant limitation is the absence of other perspectives on the reintegration experience. The study did not include VA social work staff, peer specialists, Vet Center staff or Non-VA clinical and peer mentor staff. These other points of view are important to gaining a comprehensive understanding of the components of an optimal reintegration experience.

The study was also constrained by its geography. While Long Island, NY is home to approximately 125,000 veterans, there is little access to the military culture that one finds in areas with a military presence such as San Diego, CA or Virginia Beach, VA. An understanding of how reintegration experiences differ in areas with military installations might contribute to

developing a continuum of care model which reflects the needs of veterans with ongoing access to a military environment.

Directions for Future Research

Other directions for future research include gaining a deeper understanding of the role and treatment of loss and unresolved grief.

The study participants who relapsed during the course of the study highlight the need to learn more about the ebb and flow of reintegration, characteristics of those who continue to struggle over time and what differentiates effective interventions.

An important future direction for community based research is to learn how to establish effective linkages between the VA, community based organizations and peer support groups.

Finally, a continuum of care model as proposed here, requires education in cultural competence and capacity building not only among social work professionals but community based staff and volunteers requiring an understanding of how best to implement and support organizational buy-in and staff development.

Conclusions

The primary goal of this research, to learn about the elements of an optimal reintegration experience, revealed several significant conclusions.

Normalize the universal aspects of veterans' reintegration

Due to the impact of the total military institution and a unique military identity, it is likely that all transitioning soldiers will experience some degree of reintegration challenges. It is important that this universal aspect of reintegration is normalized as part of the exit process so that the newly separated veteran is prepared for the likelihood of both emotional and task oriented challenges.

Re-conceptualize reintegration as both an external and internal process

This study sheds light on both an external, task-oriented process of reintegration and an internal emotional process. Both require specific, intentional strategies to help veterans navigate the to-be-expected process of reintegration including developing flexible coping strategies. Emotional reintegration refers to helping veterans unwire automatic emotional and behavior responses associated with military training and addressing loss and grief issues. The emotional work should be a built in component of reintegration training.

Develop specific protocols to address unwiring of reactions

Two study participants referenced strategies to help with "unwiring" or unlearning the automatic reactions instilled during basic training which were vital to survival in the military but maladaptive in civilian life. One in particular, known as "Decruit" was developed by Walter, the Army veteran specifically addresses the need to unlearn and relearn habits of thinking and

reacting as part of a holistic approach to adapting to civilian life. He shared this observation from his work helping veterans relearn their reactions:

> …Recovering from post-traumatic stress more resembles training for the Olympics than it does therapy, traditional therapy. It is every moment of every day. Everything I put in my body should be a part of this healing. The amount of sleep I get and how I'm gonna prepare for sleep tonight… The way I get up in the morning, the way I begin my morning. The way I live my day. It's all about training to be healthy, to rewire for getting healthy.

I would argue that the need to unwire reactions is part of the universal experience of transition. The degree may be different depending on deployment experiences but all soldiers could benefit from a systematic program of unlearning military reactions as part of their transition experience.

Develop an assessment and support process that includes continued contact and sustained relationships to allow for the both the delayed appearance of symptoms and the potential for the reemergence of maladaptive coping behaviors.

The findings presented in this study are suggestive of a model for assessment and continued care of transitioning soldiers and veterans. Initial assessment at the time of separation would focus on identifying acute need but also perform the vital function of connecting the veteran to a local VA which would follow up with periodic contact and most importantly connection to community based providers and organizations, mentorship and peer support. This is an important part of addressing the delayed appearance of problems and increasing the likelihood that the veteran will be engaged with trusted peers and mentors so that when issues arise the avenue for help-seeking is already established and the potential for a return to maladaptive behaviors is reduced.

Develop a regional model of VA oversight of programs and services to increase veteran participation and ensure timely, culturally competent and efficacious service delivery.

A community care based model would call for regional oversight to ensure continuity of care, access to services and continued capacity building, crisis intervention and troubleshooting.

Utilize the potential of peer support and bonding

Peer mentoring and peer support groups are a vital aspect of the early transitional stage and can be a key help-seeking motivator as part of a system of continued care. Leveraging veterans' inclination to care for and support his/her fellows, peer support is a powerful resource to utilize in both VA and non-VA settings.

Acknowledge the potential role of loss and unresolved grief in the reintegration process

Central to the internal emotional reintegration process identified in this study, is acknowledging the variety of losses sustained by soldiers and carried with them into their post-military lives. Without consciously processing and grieving their losses, veterans may remain stuck in an endless cycle of difficulties preventing them from gaining the benefit of working through these challenges to find posttraumatic growth.

Emphasize a strengths based perspective

Veterans bring a variety of resources, capacities and values with them into their civilian lives. While it is certainly important to help them address trauma and loss, it is equally important to help them reframe their military skills, identifying strengths and assets that can be leveraged to help them find their place in the civilian world.

Develop professional cultural competence and capacity among social workers

With the potential expansion and extension of the Veterans Choice Program, it is imperative that social work education incorporate understanding military and veteran culture as well as the application of evidence based practices into the curriculum. It is likely that regardless of setting, non-VA social workers may come into contact with veterans and should be able to provide competent and efficacious service.

Encourage peer/professional collaborations in community based settings serving veterans.

Peer/professional collaborations in non-VA settings can ensure that the strengths of professional mental health staff and peers mentors are used to engage veterans in help-seeking and sustain their connections to trusted peers and avenues for help over time.

Closing Remarks

This study came to be as the result of providing professional counseling services to veterans leading to curiosity and ultimately a passion for knowing more about the men and women who make the choice to serve our country and building the knowledge to create an optimum reintegration process. The methodological and design choices I made during the development and execution of this qualitative research study were done with deliberation and intentionality to tap into the richness of the lived experiences of the participants. This study has documented and analyzed those experiences to give voice to a group of men and women who can be a tremendous resource to any setting in which they continue to serve as they find a new sense of mission and purpose.

As I've worked on this project over the past two years I've learned a lot about what soldiers experience throughout their military career as well as the challenges and successes of the return to civilian life. At the same time, I've watched my son go through basic training, the monotony and repetition of daily life in the military and we've survived the family experience of deployment. I've seen the depth of veterans' connections to one another regardless of branch of service and their drive to find a way to be useful and have a purpose in their civilian lives. I think they bring values to the civilian world that we could all benefit from. In these troubled times veterans have a lot to teach us as a society about commitment to a mission greater than oneself, the collective thinking that trains them to care about who's around them and the drive to be of service and do good in the world.

Our government and communities should be committed to providing whatever help is needed for however long to ensure that veterans become fully functional contributors both for their own well-being and for what they can contribute to the world.

This study has shown me that while returning veterans clearly face an array of challenges they are also a valuable human capital asset. We as social workers and society in general have both the responsibility and the capacity to support and assist. The question is finding the will to do it.

It is my sincere hope and expectation that the knowledge gained from this study will be useful in developing policies and practices that will benefit veterans and in the doing of it allow them to bring their assets and resources to useful purpose in the world.

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Appendices

Appendix A: Participant Recruitment Flyer

School of Social Welfare

Volunteers wanted for a Research Study

How Veterans Reintegrate

A PhD candidate in the Stony Brook University School of Social Welfare is conducting a research study to learn about the reintegration experience of veterans who served between 1990 and 2014.

If you are a male or female veteran of any branch of service, National Guard or Reserve who served between 1990 and 2014 you are invited to participate in a 90 minute interview. Your participation is confidential.

The research is being conducted under the direction of Carolyn Peabody, PhD professor, School of Social Welfare and Katherine Mitchell LCSW,CASAC, PhD candidate Stony Brook University School of Social Welfare

For more information or to participate, contact Katherine Mitchell, Stony Brook University

School of Social Welfare (631) 481-6550, kmitchell910@hotmail.com

Appendix B: Recruitment Cover Letter

November, 2015

Greetings.

Thank you for considering participating in my dissertation research. In addition to being a PhD candidate at Stony Brook school of Social Welfare, I am also a social worker serving vets through my counseling practice out on the East End of Long Island. I am a Blue Star mother with a son in the U.S. Navy serving on the USS Boxer which at the moment is in San Diego and will deploy in January. I am interested in learning about what it's been like to return to civilian life and the resources you've used to help with reintegrating. The interview will take about an hour or so. I plan to do 40 interviews with local veterans. The paper I write will reflect the perspective of the people interviewed. The goal is to have the voices of local veterans heard as part of the national conversation about how we help vets return to civilian life. I thank you once again for your time and willingness to consider participating.

Katherine Mitchell LCSW, CASAC
631-481-6550
Kmitchell910@hotmail.com

Appendix C: Interview Guide

School of Social Welfare

Project Title: Veteran Reintegration and Peer to Peer Support

Principal Investigator: Carolyn Peabody PhD, Professor School of Social Welfare
Co-Investigator: Katherine Mitchell LCSW, CASAC

Hello. My name is _____. Thank you for taking the time to speak with me today. In this study, we hope to collect some information about your experience as a service member, as a returning veteran, and about participating in the Veterans Peer-to-Peer Project in your county. I am going to spend about 90 minutes asking some questions about your experience, and you can answer in any way you'd like. Your participation is completely voluntary, so if at any time you decide you want to stop the interview you may do so. You can also refuse to answer or skip a question, and if a question I ask is unclear, please ask me to clarify. Let me know if you have any questions now or along the way.

I'd like to talk with you about your service experience; what it's been like for you coming home and your experience with peer support. Let's start with your decision to become a _____ (soldier, sailor, marine, airman, reservist, national guardsman)

BECOMING A SOLDIER

1.What was your motivation to become a _____ (specific branch of service)

O What was it about military service that attracted you?

2.How did basic training change you?

O How do you think you changed in the process of moving from being a civilian to a _____ (soldier, marine, sailor, airman, reservist, national guardsman)?

O Where did you go to A school?
O What was your MOS

EXPERIENCE OF DEPLOYMENT

3.What happened after basic training?

oWhat was military life like for you?

oTell me a story about deployment that illustrates what it was like for you.

oWhat are some of the things that happen during a deployment that can be hard for people to make sense of later on?

oTell me about a time when you were deployed that you faced a difficult decision.

oHow did you cope with managing feelings and difficult experiences when you were deployed?

COMING HOME

4.How did the military help you prepare to come home? (if there were multiple deployments, clarify how many, when and where and ask about any differences in the experiences)

O How did you feel when you learned you were going home?

O Did you sustain any injuries?

O Did you have a physical injury and/or mental health diagnosis when you came home? If yes, could you tell about your injury or diagnosis?

REINTEGRATION

.Tell me about your homecoming: how did you get home?

What were your first days like?

(If there were multiple deployments, this may vary after each deployment.)

O There doesn't seem to be any one way of returning home and reintegrating into civilian life. Some people need time to readjust and feel part of their communities again and others seem to continue to feel like outsiders and not a part of their families or communities. How has it been for you?

O What were some challenging aspects of returning home at first?

O What were some positive aspects of returning home at first?

O How has your experience evolved over time?

O What was it like to be in your family life again? Work life? Manage relationships with family and friends? Manage feelings? Experience changes in family and friends?

O What has it been like for you to talk about your experience with family or non-military friends? What do you want them to know about your experience?
O If you were to talk to a close military buddy about what it's been like for you to come home what are some of the things you'd want him/her to know?

6. Reflecting on what you've experienced, what do you think makes for a successful transition to civilian life?
O If you were helping a veteran who has just come home what are the things you would want him/her to know about?
O What are some areas in which you think veterans can use more support?

7. How do you think you were changed by your military service?
O What growth do you see in yourself?

oWhat challenges do you face?

Now I'd like to ask you about your experience with participating in peer support and what role it has played in your experience of coming back to the world.

Entrance into the program

oTell me how you became involved in this program.
oHow did you become aware of the program?

Involvement
oTell me about your involvement with this program.

oWhich program services do you use?
oHow often do you take advantage of the services offered?
oAre there other services that the program offers that you have not used?

Interventions
oIn what ways has this program been helpful to you?
oWhat has been the best thing about it for you?
oHave there been times when the program did not meet your needs or expectations? (Probe for possible examples).

oCan you share an example of a time the program really helped you?

oWhat has the program provided you? (social interaction, friendship, symptom relief/reduction, resource information, concrete assistance)

What is the most important aspect of the program to you?

Peer vs. Professional Supports

oWhat does peer support mean to you?
oIs this your first experience with peer support programs?
oCan you tell me about any other peer support experiences briefly?

oHow would you explain veterans' peer support to someone who has never heard of it?

oHow would this program be different for you if you were paired up with a professional counselor instead of a veteran?

Outcomes

oHow have you changed as a result of the peer-to-peer program?
o(probe for specific examples)
oAre there other ways you have changed?

oWhat resources have you learned about through this program? (Probe for some examples).

oCan you given any examples of things you have learned about yourself or others as a result of being in this program?

oDo you feel you have helped other veterans through this program?
oCan you give some examples?
oHow has helping others helped you?

Trauma/Impact

O Did you experience any trauma related to your military service?
O How has that trauma affected you in your life? (anxiety/depression/anger, addiction, etc.)
O Has this program offered you support surrounding that trauma? If so, can you tell me more about how it helped?

O Have you had thoughts of harming yourself and/or suicide since leaving the military?
O Has this program offered you specific support for that? If so, can you tell me more about how it helped?
O If you felt like that again, would you feel comfortable approaching someone from this program?

Satisfaction

O How would you describe your overall satisfaction with the Peer-to-Peer Program here?

O How would you describe you satisfaction with interactions with the program staff?

O Would you recommend this program to other veterans? Why or why not?

O In your opinion, what has been the best aspect of this program?

• Is there anything else I haven't asked about that might help explain your experience receiving services from the Peer-to-Peer program?

Demographics:

What branch of the military did you serve in?

When did you serve?

Where did you serve?

How many times were you deployed?

Have you received any VA benefits?

If yes: which?

If no: why not?

What type of discharge did you receive?

How old are you?

What is your racial/ethnic background?

What was your highest level of education completed when you joined the _____ (specific branch of service)?

Have you used your educational benefit since returning home? If yes, what additional education have you completed?

What was your marital status when you joined the _____ (specific branch of service)?

What is your marital status now?

Do you have children? How many? How old?

What type of housing do you live in?

What type of work were you doing at the time you joined the _____ (specific branch of service)?

Are you currently working? If yes what do you do? Is it full or part time? How long have you been doing this job?
Have you ever used any services from the VA? Or accessed any veterans' benefits? ((see above and possibly integrate) ask for specifics of what and when)
Have you used any non –VA support services for veterans since returning home? What's been most helpful for you?
Is there anything that you'd like to add that you believe it is important for me to know about your experiences as a veteran and your participation in the peer-to-peer program?

Thank you for taking the time to speak with me.

Appendix D: Consent Form

School of Social Welfare

Research Consent Form

Project Title: How Veterans Experience Reintegration

Principal Investigator: Carolyn Peabody, PhD, Professor, School of Social Welfare

Co-Investigators: Katherine Mitchell LCSW, CASAC (PhD Candidate)

INTRODUCTION

You are being asked to be a volunteer in a research study.

You are being asked to participate in a study about your reintegration experience and what activities and services you've been involved in as a returning veteran.

PURPOSE

The purpose of this study is:

We are conducting a study of the reintegration experiences of veterans who served between 1990 and 2014. We expect to interview 40 veterans in the New York area. We are interested in learning about your reintegration experiences and learn what activities have helped you in your reintegration process.

PROCEDURES

If you decide to be in this study, your part will involve:

You are being asked to participate because of you are a returning veteran who served between 1990 and 2014 and live in the New York area. This study involves a 90 minute audio taped interview. We will ask you questions about your background, medical history, mental health and medical diagnoses, if applicable, and family life; questions about your military service experience and your experience reintegrating into civilian life. You can choose not to answer questions during the interview for any reason without penalty. You can also choose to end the interview at any time for any reason without penalty. Your name will not appear in any of the study documents.

RISKS / DISCOMFORTS

The following risks/discomforts may occur as a result of you being in this study:

We anticipate minimal risk to you as a result of participating in the interview. Should you feel any discomfort about a question you may discontinue your participation for any reason at any time and without any penalty.

BENEFITS

Participating in this study will not directly benefit you. However information from you may contribute to improving services to veterans.

Your Rights as a Participant

Your participation in this study is entirely voluntary. You can withdraw from the study at any time without penalty. Your name and other identifying information will never be revealed in reports or presentations. You can choose not to answer any questions in the study for any reason without penalty. Participation or refusal to participate will not affect your role as a veteran participant.

CONFIDENTIALITY

Protecting Your Privacy in this Study

Study staff will protect your personal information closely so no one will be able to connect your responses to any other information that identifies you. Federal or state laws may require that we show your information to university or government officials who are responsible for monitoring the safety of this study. Any personal information that could identify you will be removed or changed before files are shared in any way, including with other researchers or the results that are made public.

Your name will not be used wherever possible. We will use a code instead. All the study data that we obtain from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used.

With your signed permission, the interview will be audio recorded. The recording will be downloaded onto a password protected computer. The audio recorded interviews will be professionally transcribed. The transcribed interview will be stored on a password protected computer for five years before it is destroyed. Only the investigator and key personnel on the project will have access to the password. No real names will be used in the file so you will not be individually identified.

In addition, the Institutional Review Board and University or government officials responsible for monitoring this study may inspect these records.

It may not be possible to fully protect your identity. We will do our best to remove any identifying information from the tapes, transcripts and any reports that are written from the study. We would suggest not using any names or personally identifying information during your interview. The audio tapes themselves and transcripts from the interviews will be kept locked in the researcher's office and all records of your participation in the study will be kept confidential.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable Institutional officials, and certain federal offices. However, if you tell us you are going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this to the appropriate authorities. Also, in a lawsuit, a judge can make us give him/her the information we collected about you.

COSTS TO YOU

There are no foreseeable costs to you for participation in this study.

Payment to you.
You will not be paid for participation in the study.

ALTERNATIVES

Your alternative to being in this study is to simply not participate.

Withdrawal from the Study

Your participation in this project is voluntary. Even after you agree to participate in the research or sign the informed consent document, you may decide to leave the study at any time without penalty or loss of benefits to which you may otherwise have been entitled. I will retain and analyze the information you have provided up until the point you have left the study unless you request that your data be excluded from any analysis and/or destroyed.

You will receive a copy of this informed consent form to keep.

QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT
If you have any questions, concerns, or complaints about the study, you may contact Carolyn Peabody, PhD, Principal. Investigator, at telephone # 631-444- 3165

If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects, (631) 632-9036, OR by e-mail, judy.matuk@stonybrook.edu.

Visit Stony Brook University's Community Outreach page, http://www.stonybrook.edu/research/orc/community.shtml for more information about participating in research, frequently asked questions, and an opportunity to provide feedback, comments, or ask questions related to your experience as a research subject.

I have read or been informed about this research study and understand the information on the form. I hereby consent to participate in this research study

___ I am willing to have the interview audio recorded

If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.

_____ _____

Subject Name (Printed) Subject Signature Date

_____

Name of Person Obtaining Consent Signature of Person Obtaining Consent Date

(printed)

Appendix E: Transcriptionist Confidentiality Form

School of Social Welfare

Confidentiality Agreement for Transcriptionist

I, _____ transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentations received from Katherine Mitchell related to her research study titled Veteran Reintegration and the Role of Peer to Peer Support.
Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents.
2. To not make copies of any audiotapes or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researcher, Katherine Mitchell.
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession.
4. To return all audiotapes and study-related materials to Katherine Mitchell in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber’s name (printed) _____
Transcriber's signature _____
Date_____

Appendix F: Stony Brook IRB Approval

Stony Brook University Institutional Review Board (IRB)

DATE:	June 22, 2016
TO:	Carolyn Peabody, PhD
FROM:	Stony Brook University IRB (CORIHS B)
SUBMISSION TYPE:	Continuing Review/Progress Report
STUDY TITLE:	[601292-3] How Veterans Experience Reintegration
CORIHS#:	2014-2737-R1
ACTION:	APPROVED
MEETING DATE (IF FULL REVIEW):	
SUBMISSION APPROVAL DATE:	June 22, 2016
PROJECT EXPIRATION DATE:	June 21, 2017
REVIEW TYPE:	Expedited
EXPEDITED REVIEW CATEGORY:	#7

Thank you for your submission of Continuing Review/Progress Report materials for this research study. Stony Brook University IRB (CORIHS B) (FWA #00000125) has APPROVED your submission.

All research must be conducted in accordance with this approved submission. Any modifications to the study as approved must be reviewed and approved by CORIHS prior to initiation.

If this activity has components that require approval from additional compliance committees (e.g., IACUC, IRB, IBC, SCRO, COI) it is your responsibility to not commence with the study until these approvals have been secured as well.

Please note:

- Consent forms signed by subjects in this study must be kept by the investigator for 6 (six) years from study termination, or indefinitely (if so indicated in the consent form).
- Study is approved for data analysis only.

You are reminded that you must apply for, undergo review, and be granted continued approval for this study before June 21, 2017 in order to be able to conduct your study in an uninterrupted manner. If you do not

receive approval before this date, you must cease and desist all research involving human subjects, their tissue and their data until such time as approval is granted.

Where obtaining informed consent/permission/assent is required as a condition of approval, be sure to assess subject capacity in every case, and continue to monitor the subject's willingness to be in the study throughout his/her duration of participation. Only use current CORIHS-stamped forms in the consent process. Each subject must receive a copy of his/her signed consent/permission/assent document.

Appendix G: Table of Raw Data

Table of Raw Data

Name	Current Adjustment Issues	ADDICTION Y/N	SOBER AT TIME OF INT	MILITARY IDENTITY	SEXUAL ABUSE HISTORY	DEGREE OF COMBAT EXPOSURE	WORKING IN VETERANS SERVICES	WORKS IN OTHER SERVICE	PERCEIVED SOCIAL SUPPORT	forward focused coping	trauma focused coping
LOEWEST LEVEL OF FUNCTIONING											
Bill	addiction, homeless, suicidal, depression, PTSD	yes	yes	HIGH	no	high	N	N	LOW	NO	NO
CESA	depression, directionless	no	n/a	HIGH	no	high	N	N	LOW	NO	NO
Sam	addiction,unresolved childhood abuse	yes	no	HIGH	yes	high	N	N	MED	NO	NO
Guido	physical disability, depression, PTSD	no	n/a	HIGH	no	high	N	N	LOW	NO	NO
Don	addiction, PTSD, depression	yes	yes	HIGH	no	medium	Y	N	MED	YES	NO
Angel	homelessness, MST	no	n/a	HIGH	yes	medium	N	N	LOW	YES	NO
Dottie	addiction, PTSD, depression	yes	no	HIGH	no	high	N	N	LOW	NO	NO
Donnie	legal problems, homelessness	no	n/a	HIGH	no	high	N	N	MED	YES	NO
Conner	legal problems, homelessness	no	n/a	HIGH	no	high	N	N	LOW	NO	NO
Kent	homeless,disabled	yes	yes	HIGH	no	high	y	N	MED	YES	NO
Andrew	addiction, legal, PTSD, depression	yes	no	HIGH	no	high	N	N	LOW	NO	NO
MEDIUM FUNCTIONING	Transition Issues Addressed	ADDICTION Y/N	SOBER AT TIME OF INT	MILITARY IDENTITY	sexual abuse hist.	DEGREE OF COMBAT EXPOSURE	Working in Veterans Services	working in other svs	social support	forward focused coping	trauma focused coping
Victor	depression, directionless	no	n/a	HIGH	no	high	Y	N	LOW	YES	NO
Jake	depression, directionless	no	n/a	MEDIUM	no	low	Y	N	HIGH	YES	NO
Jay	depression, addiction	yes	yes	HIGH	no	medium	N	N	MED	YES	NO
Rick	depression, directionless, PTSD, TBI excessive alcohol and drug use	no	n/a	HIGH	no	high	Y	N	MED	YES	YES
Clark	depression, housing, directionless	no	n/a	HIGH	no	high	N	N	MED	YES	NO
Arthur	serious physical injury, depression	no	n/a	HIGH	no	high	N	Y	MED	YES	YES
Alex	depression, directionless	no	n/a	HIGH	no	high	N	N	MED	YES	YES
Shaun	homeless, depression	no	n/a	HIGH	no	medium	Y	N	MED	YES	YES
Tad	addiction, legal, PTSD, depression	yes	yes	HIGH	no	high	N	Y	MED	YES	YES
BEST FUNCTIONING	Transition Issues Addressed										
Pete	education	no	n/a	HIGH	no	high	N	Y	HIGH	YES	NO
Mary	depression, directionless	no	n/a	HIGH	no	low	Y	N	HIGH	YES	NO
Josh	depression, directionless, financial problems	no	n/a	HIGH	no	low	Y	N	HIGH	YES	YES
Rafael	serious physical injury, PTSD	no	n/a	HIGH	no	high	Y	Y	HIGH	YES	YES
Orlando	depression, directionless, financial problems	no	n/a	HIGH	no	high	N	Y	HIGH	YES	YES
Guy	depression, directionless	no	n/a	HIGH	no	high	Y	N	HIGH	YES	YES
George	depression	no	n/a	HIGH	no	high	Y	Y	HIGH	YES	YES
Doug	depression, directionless	yes	yes	HIGH	no	medium	Y	Y	HIGH	YES	YES
Roland	serious physical injury, depression	no	n/a	HIGH	no	high	Y	N	HIGH	YES	YES
Merelle	housing, education	no	n/a	HIGH	no	low	N	Y	HIGH	YES	YES
Lynn	depression, directionless	no	n/a	HIGH	no	low	N	Y	HIGH	YES	YES
Summer	housing, education	no	n/a	HIGH	no	low	N	Y	HIGH	YES	YES
Ned	attempted suicide, depression	no	n/a	HIGH	no	medium	Y	N	HIGH	YES	YES
Vanessa	addiction, depression, unresolved childhood trauma	no	n/a	HIGH	no	low	Y	N	HIGH	YES	YES
Walter	addiction, depression, childhood trauma	yes	yes	HIGH	yes	high	Y	Y	HIGH	YES	YES
Mark	depression, addiction	no	n/a	HIGH	no	high	Y	Y	HIGH	YES	YES
Denise	addiction, depression, housing, employment	yes	yes	HIGH	no	medium	Y	N	HIGH	YES	YES
Al	depression, directionless	no	n/a	HIGH	no	medium	Y	N	MED	YES	YES
Dill	depression, directionless, housing	no	n/a	MEDIUM	no	medium	Y	N	HIGH	YES	YES
Del	depression, directionless	no	n/a	HIGH	no	medium	Y	N	HIGH	YES	YES