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Barriers to Civilian and Familial Acclimation for Returning Veterans

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements
for Graduation in the Honors College

By:

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Abstract

Reintegration is a hard process for any returning service member to go through. For a number of veterans reintegration into communities and families is a tumultuous time of adjustment where many barriers must be faced. Some of these barriers include relationship stability, employment barriers, and physical and mental challenges. This paper examines those barriers as well as the services, treatments and interventions that currently exist. Also, this paper examines the need for those services to be assessed so that services and programs can better meet the needs of returning veterans who are trying to reintegrate into their communities and families.

Introduction

The meaning of reintegration has been defined as “the process of transitioning back into personal and organizational roles after deployment” (Currie, Day, & Kelloway, 2011). While reintegration may bring images of family homecomings and welcome home parties, it is not that simple for the returning veteran. According to a survey conducted by the United States Department of Veteran Affairs (U.S. Dept. of VA), 40 percent of surveyed military members returning from deployment report experiencing a high level of difficulty reintegrating into civilian life (Sayer, Noorbaloochi, Frazier, Carlson, Gravely, & Murdoch, 2010). As war wages, more service members are returning to face any number of barriers to their reintegration such as: mental health issues, domestic situations, employment or lack thereof, disabilities, and lack of support from the Veterans’ Affairs, etc.

Undeniably, military veterans, combat and non-combat, are a very distinct population that merit special attention due to the nature of the work expected once they have been deployed. For example, the act of transitioning from a war zone to a quiet family setting in the span of twenty-four to forty-eight hours is highly inconceivable to some, but nevertheless for a returning veteran, this is what is anticipated as well as expected. Additionally, while not every veteran returning home has experienced combat, 49 percent of veterans that have experienced combat reported difficulties when participating in community activities after their combat exposure (Resnik et al., 2012).

Services, treatments and interventions that currently exist need to be assessed in order to better understand if they are meeting the needs of our current veterans. These resources need to be analyzed and reviewed based on the many facets of military life and what that may encompass. This paper explores the current needs of US veterans and the services or lack thereof

for combat veterans reintegrating into civilian life in order to gain a better understanding of services that currently exist and their effectiveness.

In recent years the number of service members that have served in Afghanistan's Operation Enduring Freedom (OEF), Iraq's Operation Iraqi Freedom (OIF), or in Operation New Dawn is about 2.2 million (Danish & Antonides, 2013). While the family members of returning veterans expect that their loved one will learn to readapt to their surroundings and resume being the person they were before deployment, more often than not, this is not possible. Resnik et al. (2012) states that for many combat exposed veterans, the return to civilian life and the reintegration into society can be daunting. Resnik, et al. (2012), states that veterans returning from war zone deployments are often experiencing a feeling of estrangement from their families and communities. New research suggests that these feelings of estrangement are linked to the familial bonding in the military culture (Ahern et al., 2015), which often ends abruptly once the veteran returns home to civilian life.

Ahern et al. (2015) also determined that while veterans frequently referred to civilian life as "normal", they no longer perceived civilian life as normal, but rather they perceive it as alien to them. Veterans in this study believed that they were not contributing to "an important communal effort (Ahern, et. al, 2015)" once they returned and appear to experience a sense of 'lost purpose'." Duvall & Kaplan (2014) maintain that veterans need to experience feelings of social connectedness among peers to achieve a positive and successful transition, attributed to their general evaluation of situational circumstances. Any number of relationship issues can occur when transitioning back into a civilian role. Returning veterans, inclusively, face the challenge of discovering new meaning and a new purpose in their civilian lives when returning home.

Relationship Stability/Divorce

Returning to a household where one might feel like a stranger and is trying to find their niche in the role of father, mother, partner, etc., is bound to be rough. According to Resnik et al. (2012), 42 percent of combat exposed veterans reported having problems in getting along with a spouse or a partner. It is not uncommon for military couples to divorce or separate. According to the U.S. Dept. of VA (2016), approximately one-third of OEF/OIF/OND veterans have experienced separation or divorce. Link & Palinkas found that:

overseas deployment, exposure to combat, experiencing or participating in violence during war deployment, service member injury or disability, and combat-related PTSD all have profound impacts on the functioning of military families (Link & Palinkas, 2013, p. 376).

Furthermore, according to Link & Palinkas (2013) the relationship between deployment lengths and divorce is high.

Ray & VanStone (2008) have found two common themes within PTSD and the effect that it has on the familial relationship. One of the themes that Ray & VanStone determined is that emotional numbing/avoidance and anger have a negative impact on relationships and predictive of family distress. This emotional numbing/avoidance, is experienced by some traumatized individuals, and is a type of dissociative reaction (Ray & VanStone, 2008). This reaction is called “depersonalization.” It is an emotional separation from the body that causes the affect of the sufferer to become emotionally flat (numb) or distant.

Sometimes, the pressure of reintegration coupled with other barriers can lead relationships into a dangerous place. Intimate partner violence (IPV) is a significant concern among recently returning Veterans and the prevalence of domestic violence in the military is

higher than in the civilian population (Jones, 2012). Taft, VanHaasteren, & Williston (2015) discuss veteran specific interpersonal violence causation, the socio-political context in which the criminal justice system and veteran healthcare intersect, and also the barriers to treatment for veterans that batter, as well as the issues that have been encountered in pilot programs.

The relationship between military service related mental health issues and interpersonal violence is in certain need of attention due to the growing awareness of Posttraumatic Stress Disorder (PTSD) that has been discovered among recent combat-exposed soldiers. It is important to note that not every combat veteran suffers from PTSD, but for those that do the rate percentage that will also commit interpersonal violence is high. Bohall et al. (2012) assert that there is an abundance of research that has been written for civilian couples that have reported interpersonal violence; however that the fact remains that there is significantly less research on IPV etiology, evidence-based treatment and prevention/intervention programs for military couples, active duty or veteran. Unfortunately, many of the programs offered to service members and their families, relationship and family therapies, are offered while they are still in active status, and not accessible to those with discharge status.

Characteristics of service, stigma, and military lifestyle can result in distinctive risk factors for veterans that increase the risk for IPV/DV. Transitional and combat/deployment experience may exacerbate IPV, or cause an increase in frequency of problematic relational events. It is not just those relationships with family and loved ones that are affected during reintegration, many returning veterans have issues developing a connection with the community workforce.

Employment/ Lack there-of

According to Hayden, Ledwith, Dong & Buzzetta (2014), there are more than 817,000

veterans who have used the post-9/11 GI Bill since its enactment in 2008. While this is one path to decrease the overall number of veterans who are unemployed, student veterans face such challenges as transition issues, relational challenges, feelings of isolation, and the lingering effects of combat-related injuries (Hayden, Ledwith, Dong & Buzzetta, 2014). With any number of challenges that present in the reintegration process, veterans may feel overwhelmed when coming home to look for an educational program or employment.

In a mixed methods study that examined the experiences of returning veterans on reintegration into the workforce. Kukla, Rattray & Salyers, (2015) found that Veterans who served in combat reported significantly more work barriers than Veterans who did not serve in combat, particularly health-related barriers. Of combat exposed veterans, Resnik, et al. (2012) reports that 25 percent experience difficulty in finding and keeping employment.

Veteran specific services are available through the Veterans Affairs offices in collaboration with local area employment offices. However, these offices do not take into consideration the bio-psychosocial barriers that may present when job searching. These Vocational Rehabilitation and Employment (VR&E) services can aid veterans with job training, employment accommodations, resume development, and job seeking skills coaching, however the problem lies therein. Veterans with biological, psychological or social deficits or issues will be unable to utilize these services to their full potential.

Physical and Mental Challenges

According to Cozza et al. (2013) a reported 33 percent of veterans who return from combat zones suffer from TBI, PTSD, and depression. Perhaps more alarming is the fact that 5 percent of these members have been found to meet the criteria for all three of these diagnoses (Cozza, Holmes, & Van Ost, 2013). Many veterans who return home with mental illness or

depression find that they have lack of confidence in the U.S. Dept. of VA after dealing with them (Danish & Antonides, 2013). Upon returning from deployment, physical injuries, as well as mental, can play a big role in the reintegration process. Depending on the injury, effects can be long-term or interminable.

Traumatic Brain Injury

It is not uncommon for a veteran to return home with missing limbs, digits, or physical paralysis. Such losses already carry feelings of stress, grief and loss for a veteran. While these injuries can be seen, there are also other undetectable, but physical injuries that a veteran may suffer as well. One such injury is traumatic brain injury (TBI). A TBI occurs when the head suffers some sort of trauma, i.e. a sudden blow or jolt to the head (U.S. Dept. of VA. 2016).

The wars in Afghanistan and Iraq (OEF/OIF) have resulted in an increase of servicemen/women who are returning with TBIs. The main causes of TBI in OEF/OIF Veterans are blasts, motor vehicle accidents, and gunshot wounds, as reported by the U.S. Dept. of VA (2016). The Department of Defense has estimated that 22 percent of OEF/OIF combat wounds are brain injuries. This is quite a hike in comparison to the 12 percent of Vietnam combat wounds, also reported by the U.S. Dept. of VA (2016). Depending on the severity of the TBI, recovery can last typically for a few months. In veterans it seems that the recovery process is longer than the average civilian and can last for 18-24 more months than in general population (U.S. Dept. of VA. 2016).

Stigma

For transitioning veterans, the management of a continuous mental health problem can prove to be especially demanding. According to Kulesza, et al. (2015), at least half (50%) of OIF/OEF veterans who have mental health difficulties find themselves seeking help within a

year, post discharge. Many veterans perceive mental health treatment in a negative light.

Kulesza, et al. (2015) also reports that a significant percentage (44%) of veterans who seek mental health help expect to be perceived as weak.

Chiefly, the stigma that surrounds mental health is a huge hindrance when considering mental health treatment in the military. For some veterans, “stigma can be more devastating, life limiting, and longer lasting than the primary illness itself” (Danish & Antonides, 2013, p. 551). Military culture is not conducive to help-seeking behavior, and according to Kulesza et al, (2015) “members are expected to be ‘tough,’ to ‘shut down’ their feelings, and to do their best to cope by themselves with negative affect and difficult emotions (Kulesza et al, 2015”. Help-seeking behavior is perceived as weak in the military and the fear of being unable to return to war/duty, in turn placing their military career at stake, leads service members to forgo seeking professional help (Danish & Antonides, 2013). However, according to Duvall & Kaplan (2014) there is also an uncertainty about the efficacy of many conventional therapies and there are those service members who do not have faith and/or trust in the VA or their mental health service professionals.

Post-traumatic Stress Disorder

Post-traumatic stress disorder has proven to be a consistent problem in returning veterans and also in successful reintegration. Symptoms of PTSD can be petrifying, disrupt life and make it hard to continue with daily activities, such as social activity. It could be hard just to get through the day. According to the U.S. Dept. of VA (2016), PTSD symptoms typically arise quickly after the traumatic event; however they may not occur until months or years later. Additionally, symptoms may come and go over the span of several years

Today’s returning service members are pursuing VA services at a higher rate than in the

past (U.S. Dept. of VA, 2016). According to the U.S. Dept. of VA (2016), statistics from 2002 to 2009 demonstrated 46 percent of 1 million troops who returned from active duty in Iraq or Afghanistan became eligible for VA care. Of those, 48 percent were diagnosed with a mental health problem. Research has shown a high diagnosis of PTSD in those combat veterans that were deployed into Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) (Tinney & Gerlock, 2014). According to Resnik et al. (2012) OIF/OEF veterans report an elevated occurrence of psychological complications in relation to posttraumatic stress disorder (PTSD), anxiety, major depression, and minor traumatic brain injury (TBI).

In view of the historical association between combat related PTSD and increased rates of IPV, relationship issues like IPV and domestic violence (DV) among OEF/OIF Veterans has an even higher likelihood of occurring. The level of worsening chronic PTSD was 6.7% for single deployers and 4.5% for multiple deployers, as reported by Danish and Antonides in their 2013 study.

Suicide

Veterans attempting to reintegrate into civilian life are at a high risk of suicide. In a study conducted by Ahern et al. (2015), it was found that 10 of 24 veteran participants responded that their civilian lives lacked meaning and purpose. In general, Kang et al (2015) found that in comparison to general population suicides, veterans, combat and non-combat, are 41% to 61% at a higher risk of suicide. Kang et al (2015), also found that for veterans, the factor of deployment to the Iraq or Afghanistan war, alone, was found not to be associated with the extremely elevated suicide risk, as compared to general U.S. population.

To gain a better understanding of and address the increasing rates of suicide the Department of Defense (DoD) developed The DoD Suicide Event Report (DoDSER) Program,

where the DoD collects data on suicide events for comprehensive analysis to improve upon existing prevention and intervention strategies. Initially, the program data was not standardized, and all of the services utilized “service-specific tracking and reporting criteria.” This changed in 2008 and today the DoDSER traces more than 250 suicide-related variables (including attempts), and the website provides online training, covering suicide death categorization criteria and reporting guidelines.

While these are not the only barriers seen among returning veterans, they are the prevalent ones. Many of these barriers are coupled when veterans return home, thus making the transitional period more difficult. While programs are in place to ease the burden of transitioning, research must be done to assess their effectiveness.

Current Programs

Despite the fact that the Armed Services have acknowledged that there is a growing need for veterans in need of help overcoming reintegration difficulties, research on barriers to reintegration and treatment are only recently being studied. While research on transitional barriers for the military population has begun to grow within the last decade, there is substantially less research on the transitional programs offered through the VA and their counterparts. Lesser still is the amount of research on program effectiveness.

Transition assistance programs are for all service members to utilize while they are transitioning from civilian life to military and vice versa. Every military service branch has a transition assistance program, respectively. While the procedures for these transition assistance programs differ, all of them are required to offer the same benefits and services. Danish & Antonides (2013), report that while the Marines (Navy) established the Warrior Transition program, and the Army developed Comprehensive Soldier Fitness and Battlemind, there is very

little research that has been published on branch specific program effectiveness. The reason for this is that the established programs have only recently begun to be assessed for their effectiveness. Transitional assistance programs continue providing services that are not evidence-based merely because the populace determined that there is a need for some services to be provided, regardless of the evidentiary support of recently assessed programs.

Developing Veteran Specific-Evidence-Based Programs

The military has its own culture, which makes it a distinctive entity, unlike the society that it serves (Danish & Antonides, 2013). Therefore, the exigency for deeper comprehension of the influences of military life that encourage positive reintegration experiences and the significance of supportive resources, peer and professional, throughout the reintegration process cannot be over emphasized. One of the problems with establishing effective care is that it is absolutely crucial that professionals are educated about military culture so as to better be able to serve the needs of the population of veterans that are reintegrating into civilian life. After all, military culture is as diverse as any other culture and can encompass any number of distinctive characteristics that can have an effect on reintegration and acclimation.

To provide care to returning Iraq and Afghanistan veterans, service providers, on any scope from health to social, must be aware of the physical, psychological, and social challenges of the returning home. This should also be expanded to include reverse culture shock. While many of the programs in place consider family systems theories for treatment (Cozza, Holmes, & Van Ost, 2013), developing a culture-centered communication that can be empirically investigated, such as the study conducted by Koenig et al. (2014), could aid returning service members while adjusting to a civilian identities, while also maintaining their military one. This, according to Koenig et al. (2014), possibly will encourage complete reintegration into civilian

life.

For example, the effective treatment for the dissociative reaction within PTSD and the effect that it has on the familial relationship, according to Ray & Vanstone (2008) is to address this particular issue is for the afflicted veteran to seek support among friends and family members. Also, Ray & VanStone (2008) assert, veterans should seek professional help so as develop interpersonal skills and work with their existing social supports. Another treatment option would be to form new social supports. This can be done by attending peer support groups.

Programs for career development or a basic job training session workshop are not based on empirical approaches, but rather they are conformably designed based on anecdotal and instinctive information (Hayden, et. al, 2014). Stable employment, however, can aid in the transitional stage as it can reduce financial stresses, provide a source of meaningful activity and self-esteem, and give opportunities for companionship and friendship (U. S. Dept. of VA, 2016). At times, social work practitioners in accordance with NASW can offer constructive assistance in their support of the military and civilian employment. Professionals can direct returning veterans to support groups. Developing a researched based program promotes ongoing assessment of needs and services that will establish efficient services for service members struggling with reintegration.

The effectiveness of services that are offered and available to returning veterans with regards to interpersonal violence (IPV) and domesticity are directly linked to social work practice, ethical procedure and the development of practical and effective programs.

Conclusion and Future Directions

While all of these problems are barriers, one of the more difficult issues that social work practitioners encounter is deciphering how to address one problem, as it presents in the context

of the other. Reintegration in itself is a challenge for military personnel returning home. If and when treatment is sought out for various issues, the problem arises for the practitioner to treat clinical problems consecutively or collectively. This in turn can raise ethical concerns, in that it forces a practitioner to choose what problem takes precedence.

It is vital that ethical and evidence-based practice be offered for assessment. For those social workers that are working with Veterans, a basic understanding of the barriers to treatment, as well as opportunities should be had. The bio-psychosocial perspective that is taught to social work undergraduates could be considered to be an ideal approach for the returning veteran community and their families as the social worker can serve as an advocate in the attainment of proper social, mental and behavioral health services for veterans and their families.

More importantly, the lack of evidence-based programs has placed the returning veteran population at a gross disadvantage. While there may be numerous resources to support reintegration that exist, the fact remains that the established programs lack well-defined policies and procedures for evaluating their effectiveness. For this reason, the military would benefit from establishing prevention, intervention and treatment programs based off empirical evidence or working with experts on program evaluation to develop measureable outcomes for their respective programs.

Only recently are evidence-based practices being examined for implementation. There is a need for the realization of best practices in the military population concerning all aspects of military culture, including the reintegration process. Evaluating the effectiveness of current programs offered for returning service members will better aid the Department of Defense in determining what best practices should be implemented.. Evidence-based practices can be implemented for prevention as well as treatment, provided they are evaluated systematically for

effectiveness.

Social workers, according to NASW's standards for working with military populations, have an obligation to stay cognizant of current research and evidence-based practices specific to a veteran/service members health issues. A returning soldier is in a transitional stage and social work practitioners, as well as clinicians, should be knowledgeable of the general anticipations, as well as the consequences, that await the returning service member. The development and dissemination of Veteran-specific group and family interventions, pertaining to reintegration, must consider the evidence and special care that should be afforded to the population that is being treated. More examination and attention must be given to the population of returning veterans and their families concerning the barriers of acclimation into civilian life upon their return in relation to interpersonal relationships.

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