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Mental Health Stigma and Its Impact on Experiences of Decent Work for Veterans

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**MENTAL HEALTH STIGMA AND ITS IMPACT ON
EXPERIENCES OF DECENT WORK FOR VETERANS**

by

Matthew J. Kessler

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

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August 2021

ABSTRACT

MENTAL HEALTH STIGMA AND ITS IMPACT ON EXPERIENCES OF DECENT WORK FOR VETERANS

by

Matthew J. Kessler

The University of Wisconsin-Milwaukee, 2021
Under the Supervision of Professor Nadya A. Fouad, Ph.D.

Veterans comprise roughly 8.3% of the U.S. adult population and 6.4% of the civilian labor force. Veterans tend to experience rates of both unemployment and underemployment at rates similar to their civilian peers. The duration of enlistment for military members has increased over the last four decades. Although longer enlistments may indicate better retention efforts and the ability to sustain individual careers in the military, this also increases potential rates for combat exposure and psychological distress. Additionally, military members tend to assume strong military identities through their time in the service.

Veterans often struggle with reintegrating into civilian life after time spent in the military. Aligning differences between enrooted military cultural values and civilian life and struggles with mental health make this transition even more difficult. Complicating this relationship are stigmatized beliefs often held by members of the military regarding mental health treatment, possibly preventing access to care.

The Psychology of Working Theory (PWT) seeks to explain how various factors (e.g., marginalization and economic constraints) influence experiences of decent work. A regression analysis was conducted to understand how mental health stigma influences the PWT model in its explanation of experiences of decent work for veterans with psychological distress.

To
Emily Kessler
my wife;
and the rest of
my family and friends,

Without your love, support, and encouragement, this whole process would not
have been possible. I am truly eternally grateful.

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Chapter I: Introduction

Statement of Problem

Veterans comprise 8.3% of the U.S. adult population and 6.4% of the civilian labor force (Bureau of Labor Statistics, 2018; Dunn & Blank, 2017). Since returning to an all-voluntary force in 1973, the average enlistment has increased from 5.8 to 6.7 years for enlisted members and 9.7 to 11 years for officers (Pew Research Center, 2011). With longer military enlistments, veterans are experiencing an increase in deployments/combat exposure, which has been shown to be associated with higher levels of mental health distress (Pietrzak, Pullman, Cotea, & Nasveld, 2012). Since 2002, 1.6 million veterans have registered for Veterans Affairs (VA) healthcare (Pickett et al., 2015). As of 2014, 662,722 veterans had received a provisional mental health diagnosis with the most common disorders being posttraumatic stress disorder (PTSD, 55%), depressive disorders (45%) and anxiety disorders (43%) (Department of Veterans Affairs, 2015). At the same time, though, veterans have been noted to face several barriers to seeking mental health treatment; A United States Government Accountability Office (GAO) report regarding Veteran mental health care noted that barriers to treatment included shame and stigma associated with mental health issues (Cheney et al., 2018; USGAO, 2011). The VA also lists a number of unique challenges outside of mental health concerns veterans face upon separation from the military. For example, veterans often struggle relating to others, joining or creating a community, lack of daily structure and preparing to enter (or re-enter) the workforce.

Specific to entering or re-entering the workforce, many veterans have never conducted job searches, lack resume and interviewing skills, and struggle to translate military skills into civilian skills (Harrell & Berglass, 2012). According to the Bureau of Labor Statistics (BLS), despite the challenges veterans face, unemployment rates have fallen from 4.3 to 3.7%, a rate slightly below the national average of 4.4% (BLS, 2017). However, veterans tend to leave their

first job after military service faster than nonveterans. of 1,248 surveyed veterans, 43% reported remaining in their first job less than 12 months, as opposed to the 46% of nonveteran workers who reported remaining in their first job for 2 or more years (Carter, Schafer, Kidder, & Fagan, 2017; Maury, Stone, & Roseman, 2014). These statistics may indicate veterans are taking the first job available to them after military service. This may also contribute to concerns of underemployment as opposed to finding decent work; which is defined by lasting work that is safe, has adequate free time and rest, allows for work-family balance, and has adequate compensation (Duffy, Blustein, Diemer, & Autin, 2016). Underemployment, in general, has been shown to have a negative impact on mental health (Paul & Moser, 2009; Goldsmith & Diette, 2012; Swanson, 2012b). Since this is already a concern for the veteran population (Hester, 2017), underemployment increases their risk of not receiving mental health treatment. The extent to which mental health predicts the marginalization or social stigma related to help seeking behavior in turn predicting veteran access to decent work has yet to be empirically researched.

Background

Work plays a major role in the lives of many people. It consumes considerable of time and often is a major concern for many individuals (Blustein, 2008). The field of vocational psychology has explored many questions pertaining to work, particularly the field has examined works impact on psychological functioning (e.g., Brown & Lent, 2005; Holland, 1997; Savickas, 2005).

The importance and role of work to individuals is anything but new; Zytowski (1972) discusses literary works dating back to the late 1400s as well as ancient philosophers discussing topics such as career and leisure. However, Frank Parsons (1909) is largely noted as being one

of the earliest figures of vocational psychology. Parsons developed a simple three-step approach to career counseling; focusing on achieving a clear understanding of personal attributes (e.g., interest and abilities), developing knowledge of job demands and requirements, and the use of “true reasoning” to reconcile the two former pieces of information (Brown & Lent, 2005). Frank Parsons’s model serves as the blueprint of career choice counseling and can be found interwoven throughout many modern theories (Pope, 2000).

The military and veterans have helped to advance the field of vocational psychology and an understanding of the importance of career fit. The 20th century presented many ups and downs for the American economy between two world wars and the Great Depression. Savickas and Baker (2005) discussed how the United States military looked to the field of vocational psychology to assign recruits various jobs during both world wars. To help aid veterans post World War II, the Veterans Administration again turned to the field for assistance in easing the transition of veterans back into civilian life (Whiteley, 1984).

The question of why individuals work, although may seem like an obvious question, does carry merit. Brown and Lent (2005) discuss various motives for careers such as a need for fulfillment, as an individual’s public identity, as self-construction, fulfilling a societal expectation, and as an aid to mental health. Blustein (2006) discusses careers as having a particular psychological meaning, providing a means of survival and power, a way to connect to others, a means of self-determination, and way to express interest and passion. From the time we are young, throughout adulthood and into our elder years, questions such as “What do you want to be when you grow up?” and “What do/did you do?” are often used as ways to identify social categories to place acquaintances (Fouad & Bynner, 2008).

Often paired with our understanding of why we work is the impact of work. The psychological impact of obtaining adequate and positive work has received much attention as recapped in a 2008 special edition of the *American Psychologist* (see Blustein, 2008; Fassinger, 2008; Fouad & Bynner, 2008). Researchers have been particularly interested in the association between work and mental health for those who lose their jobs (e.g., Murphy & Athanasou, 1999; Mckee-Ryan & Kinicki, 2002; McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Paul & Moser, 2009) or are underemployed (e.g., Dooley, 2003; Friedland & Price, 2003). Often after periods of unemployment and underemployment, individuals will report increased struggles with mental health problems (e.g., depression, substance abuse, and anxiety; Lucas, Clark, Georgellis, & Diener, 2004; Vinokur, Schul, Vuori, & Price, 2000; Mallinckrodt & Bennett, 1992; Paul & Moser, 2009; Goldsmith & Diette, 2012; Swanson, 2012b).

The field of vocational psychology has traditionally maintained five assumptions regarding work: individuals have volition in career choices, career choices are a contained part of an individual's life, the world of work is predictable, individuals will make a single career choice in life, and that career counseling is short term and information based (Fouad, 2007). These assumptions have been persistent across traditional theories but are shifting in newer theories (Swanson & Fouad, in press). The Psychology of Working Theory (PWT) (Duffy, Blustein, Diemer, & Autin, 2016) challenges the traditional notions of vocational psychology.

The Psychology of Working Theory attempts to move away from the understanding of how careers influence individual's life and moves to an understanding of how work influences their life (Swanson & Fouad, in press). The concept of work has recently been described to include multiple forms of work (i.e., unpaid and volunteer activities) (Richardson, 2012).

Blustein (2006) broadly defines work as contributing to social and economic welfare of a culture.

Richardson's shift from a study of career development to the influence of work in people's lives has driven the development of PWT and its central assumption that individuals are entitled to access to decent work.

The Psychology of Working Theory focuses on the impact of environmental and individual factors on finding decent work. Duffy and colleagues (2016) described how environmental factors like economic constraints (e.g., social class) and marginalization (e.g., stigmatization) restrict an individual's options and choices related to work. PWT also views individual factors such as work volition (i.e., perception of choice) and career adaptability. These four factors (economic constraints, marginalization, work volition and career adaptability) lead to decent work, which in turn predicts outcomes such as survival needs, social connection needs and self-determination needs ultimately resulting in work fulfillment and well-being, shown in Figure 1

Blustein (2013) discussed working as being central to positive mental health as one of the central assumptions of the psychology of working perspective. This assumption held by PWT reinforces already known literature regarding the impact adequate and positive work has on mental health. Despite this assumption, little has been done to understand the impact of mental health as a potential predictor of the PWT model.

Research has contributed to our understanding of how marginalization of identities such as race and class (e.g., Aronson, 2008; Diemer & Blustein, 2007) and physical disability (e.g., Crooks, 2007; Horton & Tucker, 2014) often lead to reduced opportunities for positive work experiences. Additionally, research has contributed to the understanding of work experiences of sexual minorities, another marginalization identity (e.g., Brewster, Velez, DeBlare, & Moradi, 2012; McFadden, 2015). Duffy and colleagues (2016) proposed that greater levels of

marginalization will lead to diminished ability to secure decent work, despite some research looking at the impact of stigma on work (e.g., Stuart, 2004; Hanisch et. al., 2016; Hipes, Lucas, Phelan, & White, 2016) relatively limited research has been completed looking at the stigmatization of mental disability from a PWT perspective.

Despite the availability of mental-health treatment, globally it is estimated that 70% of those experiencing mental health disorders do not receive treatment (Thornicroft, 2007). The disparity between prevalence rates and those treated has in part been attributed to factors such as lack of knowledge regarding symptoms and how to access care, prejudicial attitudes, and anticipated and real acts of discrimination (Henderson, Evans-Lacko, & Thornicroft, 2013); these factors taken together can be described as the stigma of mental-illness (Hanisch et. al., 2016). Stuart (2004) stated the profound consequences of mental health stigma include: diminished employability, lack of career advancement, poor quality of working life, higher unemployment and underemployment, hostility and reduced responsibilities. Together, the relationship between mental health and the associated social stigma lead to poor work experiences (Stuart, 2004).

Over 2.7 million military service members have been deployed in support of the wars in Iraq and Afghanistan since 9/11 (Wenger, O'Connell, & Cottrell, 2018). Nearly a third of all service members from these ongoing conflicts suffer from some clinically significant mental condition with PTSD being the largest diagnosis (Hoge et al., 2004; Hoge, Auchterlonie, Milliken, 2006). Statistics indicate that United States service personal are more than twice as likely to die by suicide then their civilian counterparts (McCarthy et al., 2012). Reasons for the increased rates of mental health problems among veterans deployed to the Middle East, although not entirely clear, have been linked to repeated tours, lack of a defined mission, and asymmetric

warfare (i.e., guerrilla warfare) (Lieberman, 2018). Compounding the increased levels of mental health distress for veterans is access to treatment. The Government Accountability Office (2015, 2016, 2017) repeatedly identified long wait-times and a need for improved monitoring of clinical productivity as potential concerns facing veterans attempting to access services. Garcia et al. (2014) discussed implications from the providers' viewpoint, namely citing high burnout rates for those working in PTSD clinics.

Although concerns regarding the availability of services are consistently being addressed there are still aspects of mental health and reintegrating to be addressed. Morin (2011) discussed factors that influenced the military-to-civilian transition; he found that 27% of all veterans reported some difficulty and the proportion increased to 44% for post-9/11 veterans. Morin identified factors like combat exposure, injury, and post-9/11 veterans as making transitions more difficult, whereas being an officer and religious were protective factors. Lieberman (2018) discussed veterans often being reluctant and deterred to access services due to internalized shame, stigma, and adverse career impact. Concerns related to stigma and shame have been echoed by Maguen and Litz (2006) and through the VA's Office of Inspector General (2011).

Given the scope and impact of mental health problems within military members, Lieberman (2018) advocated for a call to action. He suggested that increasing the attention on mental health can increase efficacy and access to services. He also encouraged paying special attention to potential deterrents such as stigma; thus, allowing members to experience easier transitions from military-to-civilian life. The military and partner associations (i.e., VA) have demonstrated remarkable ability to aid veterans, Ling, Rhee, Ecklund (2010) stated that with medical advances, the military has transformed from an 80% mortality rate to an 80% survival rate between WWI and OEF/OIF. Lieberman suggested that the reason mental health recovery

has not seen similar rates is impart due to the cultural of the military in which psychological weakness is antithetical with warrior's ethos thus, often leaders are disinclined to recognize and accept psychic injury. He also called the visibility of psychological injury noting that members do not receive the Purple Heart for PTSD and finally, psychological concerns such as PTSD have long been seen as a military concern thus not receiving additional funding and research support from organizations like the National Institutes of Health (NIH) until more recently.

In conclusion, this dissertation is aimed to increase the understanding of the impact of psychological distress experienced by military members (e.g., depression, anxiety, and PTSD) and the access to decent work. The application of the Psychology of Working Theory provides a framework for understanding the effect of stigmatization related to mental health as a form of marginalization experienced by veterans; shown in Figure 2. By better understanding these effects researchers and providers may become better equipped in their understanding of the military-to-civilian transition specifically related to veterans' access to decent work.

Definition of Terms

Armed Services Vocational Aptitude Battery (ASVAB): is a multiple-choice test, administered by the United States Military Entrance Processing Command, used to determine qualification for enlistment in the United States Armed Forces.

Asymmetric Warfare: war between belligerents whose relative military power differs significantly or whose strategy or tactics differ significantly (e.g., Guerrilla Warfare).

Career Adaptability: A psychological construct that denotes an individual's readiness and

resources for coping with current and anticipated tasks of vocational development.

Combat Exhaustion: Also called battle fatigue or shell shock; psychological disturbance caused by prolonged exposure to active warfare, especially being under bombardment.

Confirmatory Factor Analysis (CFA): a method to measure a construct to ensure it is consistent with a researcher's understanding of the nature of that construct.

Decent Work: an important component of well-being and access to opportunity; defined by safe working conditions, adequate free and rest time, connection between organizational and family/social values, adequate compensation, and access to healthcare.

Department of Defense (DoD): an executive branch department of the federal government charged with coordinating and supervising all agencies and functions of the government concerned directly with national security and the United States Armed Forces.

Department of Veterans Affairs (VA): is responsible for providing vital services to America's veterans. VA provides health care services, benefits programs and access to national cemeteries to former military personnel and their dependents.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5): Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association (APA).

Economic Constraints: a person's subjective or objective position in the social-economic-cultural hierarchy.

Exploratory Factor Analysis (EFA): a method used to uncover the underlying structure of a relatively large set of variables.

Gallup-Healthways Well-Being Index: a daily assessment of Americans' health and wellbeing.

Generalized Anxiety Disorder 7 (GAD-7): a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder.

Great Recession: a period of general economic decline observed in world markets during the late 2000s and early 2010s.

Gulf War I: a period of war between 1990 and 1991 between the United States, United Kingdom, Kuwait, Saudi Arabia, Egypt, France and Iraq in the Middle East.

Gulf War II: See War on Terror.

Korean War: a period of war between 1950 and 1953 between North and South Korea as a result of the Cold War between the Soviet Union and United States.

Marginalization: the relegation of people or groups of people to a less powerful or included

position with a society.

Medical Model: set of procedures in which all doctors are trained; includes complaint, history, physical examination, ancillary tests if needed, diagnosis, treatment, and prognosis with and without treatment.

Military Occupational Specialties (MOS): a nine-character code to classify various military jobs and is assigned to recruits; known as Air Force Specialty Code (AFSC), Navy Enlisted Classification (NEC), or Coast Guard rating.

Millennium Cohort Study: a longitudinal survey conducted by the Centre for Longitudinal Studies at the University of London, following the lives of a sample of about 18,818 babies born in the UK in the year 2000–2001.

Minority Stress: chronically high levels of stress faced by members of stigmatized minority groups.

Nostalgia: terminology used to label psychological reactions to combat between the 17th and 19th Centuries.

Operation Enduring Freedom (OEF): a major War on Terror operation centralized in Afghanistan.

Operation Iraqi Freedom (OIF): a major War on Terror operation centralized in Iraq.

Operation New Dawn (OND): a major War on Terror operation centralized in Afghanistan.

Patient Health Questionnaire (PHQ-9): self-report measure that assesses for the presence and severity of depression.

Post 9/11: See War on Terror.

Psychology of Working Framework (PWF): a vocational framework proposed by David Blustein in 2008, specifically identifying how decent work leads to survival needs, social connection needs, and self-determination needs and in turn influencing work fulfillment and well-being.

Psychology of Working Theory (PWT): a theoretical model proposed by Duffy, Blustein, Diemer, and Autin (2016), the model identified predictors to decent work such as economic constraints, marginalization, work volition, career adaptability.

PTSD Checklist for DSM-5 (PCL-5): self-report measure that assesses the 20 DSM-V symptoms of posttraumatic stress disorder.

Shell Shock: See Combat Exhaustion.

Stigma: a mark of disgrace associated with a particular circumstance, quality, or person.

Uniform Code of Military Justice (UCMJ): defines the military justice system and lists criminal offenses under military law.

Vietnam War: a period of war between 1955 and 1975 between the South Vietnam, United States, and 11 other nations and North Vietnam.

War on Terror: an ongoing period of war from 2001 to present between the United States, United Kingdom, France, Australia, Belgium, Denmark, Russia, China, Afghanistan, Iraq, Syria and 105 other nations and terrorist groups (i.e., al-Qaeda, ISIL, and Taliban) as well as 45 other groups. Also known as Gulf War-II and Post 9/11.

Work Volition: the perception of choice in career decision-making despite constraints.

World War I (WWI): a period of war between 1914 and 1918 fought between the United Kingdom, United States, France, Russia and 11 other nations and the German Empire, Austria-Hungary, Ottoman Empire, and Bulgaria.

World War II (WWII): a period of war between 1939 and 1945 fought between the Allies (e.g., United States, United Kingdom, Soviet Union) and Axis (e.g., Nazi Germany, Japan, and Italy) powers.

Chapter II: Literature Review

This chapter begins with an overview of veterans as a distinct cultural group and the challenges they face when they transition out of the military. Additionally, a review of mental health concerns veterans face and the accompanied stigma of mental health services many members experience is discussed. Finally, a review of the theoretical framework for this study, the Psychology of Working Theory, and the accompanying model are discussed.

Culture of Veterans

Culture is often viewed as the customary beliefs, social norms, and material traits of a racial, religious, or social group (Merriam-Webster, 2011). The United States military has its own unique collective values, standards, and symbols (Redmond et al., 2015). Gaining an understanding of the military culture aids in understanding difficulties military veterans often face when transitioning into the civilian sector. Each branch of the service (Air Force, Army, Navy, and Marines) has their own unique forms of training (i.e., boot camp) and rank structures. Kukla et al. (2015) stated a fundamental aspect of military culture is a unique connection between service members' profession and identity. Lundquist (2008) noted the tie between profession and identity is especially strong for those in the current all-volunteer military, due to a degree of choice towards entering the military's lifestyle. Lundquist stated it is more of a lifestyle encompassing personal, professional, and social lives.

Considering the close tie between profession and identity, the transition out of the military can become especially difficult to navigate. Kukla et al. (2015) stated many transitioning members find it difficult to connect with their civilian peers and this process often involves "identity renegotiation" (p. 478). Cole (2014) echoed concerns for veterans transitioning out of the military, discussing a lack of understanding by civilians of military

lifestyle, language, hierarchy, and rule and regulations increasing the difficulties navigating this transitional time. Stone and Stone (2015) noted that often employers who lack knowledge of the military rely on common stereotypes such as being psychologically unstable due to war and many express concerns regarding the veteran's ability to assimilate into workplace culture. The following sections will briefly discuss the culture of veterans to provide context to potential challenges military veterans may face when transitioning into civilian life.

Demographics

Currently, the military is made up of an all-volunteer force with just under 1.29 million members, which is less than 0.5% of the U.S. population. Veterans are often identified by service periods; the Veterans Affairs (2015) currently defines five service periods:

1. World War II (December 1941 – December 1946)
2. Korean War (July 1950 – January 1955)
3. Vietnam era (August 1964 – April 1975)
4. Gulf War era I (August 1990 – August 2001)
5. Gulf War era II or Post 9/11 (September 2001 – present)

Additionally, other service periods are dates outside of the war periods mentioned above:

1. November 1941 or earlier
2. January 1947 – June 1950
3. February 1955 – July 1964
4. May 1975 – July 1990

The Department of Defense (DoD) (2016) reviews additional statistics of the military. They list the Army as the largest component, comprising 36.6% (471,271 members), followed by the Navy with 24.8% (320,101 members), Air Force with 24.3% (313,723 members), and lastly

Marines with 14.2% (183,501 members). Each branch of the service has cutoff ages for their recruits; Marines stop recruiting at the age of 28, whereas the Navy is 34, Army 35, and Air Force 39. The Air Force tends to have the oldest members, whereas 84% of the Marines are 29 or younger. Nearly 40% of the military is made up of racial/ethnic minorities, with 17% being Black, 12% Hispanic, 4% Asian, and 7% other. Finally, women comprise 14% of enlisted ranks and 16% of officers. As seen through the statistics from the DoD, Redmond et al. (2015) and Walker (2010) stated the demographic makeup of the military is primarily young, White, males

Rank

Within the military there are primarily two rank structures, officers and enlisted¹. To be eligible to be an officer in any branch, one must hold at least a bachelor's degree. Enlisted members must obtain a high school diploma or equivalent. Cole (2014) discussed the power of rank on the identity of service members, "The service member's rank impacts the family members' identity and sense of self, as the family identifies with their position in the military community" (p. 498).

Military Occupation Specialty (MOS)

Recruits are provided choices of Military Occupational Specialties (MOS) based upon scores on their Armed Services Vocational Aptitude Battery (ASVAB). Regulations regarding the time members are to remain in their original MOS vary by branch, but on average members will remain in their MOS for 3 years. If they chose to cross-train, they must meet the ASVAB requirements, and there must be job openings available. Redmond et al. (2015) noted the military should be viewed as a full functioning community, therefore some recruits are assigned

¹ The rank of Warrant Officer is used in all branches except the Air Force and denotes highly skilled, single-track specialty officers. Their rank is above the senior most enlisted but below officers.

jobs to sustain this community (e.g., military police, doctors, and cooks). Kleykamp (2009) noted some skills gained through the military are easily transferred to the civilian sector however, others (e.g., combat specialties) tend to not transfer as easily. Recently, to aid in understanding potential skills overlap between MOS and civilian careers both the Department of Labor and Google have developed tools to identify transferable skills.

Service Component

Military members are spread across three service components, (a) active duty, (b) reserve, and (c) National Guard. Unlike active duty members whose full-time job is being in the military, both reserve and National Guard members face additional difficulties navigating between military and civilian cultures (Redmond et al., 2015). Members of the reserve and National Guard are required to meet the demands of both their civilian and military employment, often members will be required to take time off work due to military service thus putting their civilian career on hold (Redmond et al., 2015). Regardless of service component, all members can be called to active duty and deployed to warzones. The National Guard members may also be called to support civil unrest or humanitarian aid within the state they serve. Burnett-Zeigler et al. (2011) found active duty members reintegrated after deployment quicker than reserve or National Guard members due to increased availability of resources. They also found National Guard and reserve members were twice as likely to experience PTSD, mental health, and substance use related concerns compared to their active duty peers. However, nearly half their sample (46%, $n = 269$) were employed. Burnett-Zeigler and colleagues stated that mental health concerns may not be related to initiating employment but may be related to sustaining employment.

Language

Much like many professional organizations, the military utilizes many acronyms and their own set of language. This is important to defining the military as a cultural group as it provides a set of social norms individuals are expected to know and understand. Cole (2014) noted differences between branches in things like job titles, services, resources, and general jargon. Cole compared encountering military culture to being in a foreign country and stated the language is especially difficult to pick up. King (2012) described strategies for businesses to decipher military language, specifically pertaining to resumes such as learning the language or engaging current employees who are veterans when language may be unclear. An especially useful skill that was noted was familiarizing oneself with a military writing style.

Uniform Code of Military Justice (UCMJ)

The Uniform Code of Military Justice (UCMJ) is the most notable governing body over all military members. Members must adhere to both state and federal laws as well as the UCMJ. Cole (2014) discussed rules and regulations impacting beyond military members. Cole stated there are even guidelines and etiquette family members must adhere by including acceptable dress and mannerisms (e.g., no public display of affection). Although family members are not subject to the UCMJ, it is considered the bedrock of military law and if violated members can face court-martials. The UCMJ is another example of governance that sets standards members of the military culture must adhere by. When transitioning, values instilled by adherence towards the UCMJ, likely exist less within the civilian sector making the transition more difficult.

Deployment Experience

Finally, Redmond et al. (2015) discussed deployments as one of the most unique features of the military. Military members regularly travel around the world in support of combat

operations, training (e.g., training foreign militaries and skills development), and assignment to duty stations. The effects of long-term war and multiple deployments on Gulf War era II veterans were reviewed by Hoge, Auchterlonie, and Milliken (2006). They found deployments increased the risk of PTSD and found those who screened positive for mental health concerns were more likely to separate within 1 year of their return home. Hoge and colleagues also discussed potential perceptions civilians may develop regarding the military and its members' mental health in response to deployment experiences such as being psychologically unstable. Members have also reported higher occurrences of new-onset depression through analysis of 40,219 individuals from the Millennium Cohort Study, men and women who have been deployed with combat exposure had rates of 5.7% and 15.7%, respectively, for depression. Thus, increased longevity of war and multiple deployments increases rates of mental health distress for military members.

Military Identity

The military reinforces the culture established in its members beginning in boot camp. Redmond et al. (2015) discussed this reinforcement as facilitated with rank structure, MOS, language, rules and regulations, and shared experiences. Through various aspects of the military members have their civilian status systematically transformed into a new military identity (Redmond, 2015). This process directly links one's self-concept to his (or her) experiences in the military. The more veterans identify as an airman, soldier, sailor, marine they tend to identify less with their civilian identity (Kukla et al., 2015). When veterans transition from their military roles to civilian roles, they often lose a strong sense of camaraderie and shared experiences creating difficulties in identity renegotiation (Kukla et al., 2015). Best put, "veterans come from a culture that combines life and community with work" (p.17, King, 2012).

Transition from the Military

Due to the encapsulating cultural experiences of veterans, transitioning out of the military can be a daunting task riddled with potential challenges for veterans. Currently there is a lack of research assessing these experiences of veterans. Morin (2011) reviewed data regarding the experiences of 1,853 veterans upon their reentry into civilian life. A number of variables were included in a regression predicting adjustment from military to civilian roles: age at discharge, duration of service, education level, race and ethnicity, marital status while deployed, number of children, highest rank obtained, and service period. Additional variables were: serious injury, experience of trauma, combat service, serving with a member who died or was injured, and whether the veteran understood the aspects of the missions they were asked to partake in.

The researcher found for veterans in general, 72% reported ease of transitions however, when the data were analyzed by service period, 44% of Gulf War era II veterans reported difficulties in adjustment. Morin (2011) discussed six experiences that predicted more difficult reentry into civilian life: (a) experiencing of trauma, (b) serious injury, (c) being married while deployed, (d) Gulf War II era veteran, (e) combat service, and (f) serving with a member who died or was injured. Although Morin (2011) assessed for potential precursors to mental health concerns, he failed to capture critical experiences such as that of those with mental health distress (depression, anxiety, PTSD) due to being injured or experiencing a traumatic event.

Transitioning concerns often result in psychosocial problems for veterans as was found by Sayer et al. (2010). They conducted a survey to assess community reintegration, treatment preferences, physical, and mental health, across 754 Gulf War era II veterans receiving care through the VA. They found that 25 to 56% of veterans reported some to extreme difficulties in the areas of social functioning, productivity, community involvement, and self-care 1 year after

reentry into civilian life. Nearly a third of the veterans sampled reported risky behaviors (i.e., reckless driving and increased substance use) as well as problems with divorce and anger management; and 41% screened positive for PTSD after deployment. Nearly all veterans (96%) reported interest in receiving services to ease reentry into civilian life. Sayer and colleagues collected their sample and thought veterans who had attended VA services at least once; this method of sampling alienates veterans who do not receive healthcare through the VA or distrust VA services. Sayer et al. (2010) also discussed the importance of reviewing stigma and its impact on veteran transitions as an important area of continued research.

To aid in the transition process, Congress established the Transition Assistance Program in 1990. The program provides information, tools, and training to aid veterans as they transition out of the military. The service is offered to both members and their spouses and is designed to support individuals regardless of their intentions after their military career (i.e., pursuing education, working in the private/public sector, or beginning a business.) Faurer, Rogers-Brodersen, and Bailie (2014) conducted a survey to assess veteran use and the success of the program. They noted as the government draws-down troops and consistently threatens budget cuts, the military needs to ensure they provide the best service to separating members to lessen potential societal burdens (e.g., one-fifth of all homeless individuals are veterans; National Coalition for Homeless Veterans, n.d.). The researchers found through 350 veterans sampled, 227 (65%) reported using the optional service. of the 227, three-quarters of them were still on active duty when they engaged in the program, 15% were discharged or disabled, and 10% were reservists. The researchers found 84% ($n = 191$) of members who used the service, found the service useful although 16% ($n = 36$) did not; they found those who found the service most useful tended to have the most time in the military. Most veterans reported using the Transitions

Assistance Program (TAP) to aid in resume writing and the application process to both school and work.

Faurer, et al. (2014) noted the limitations to the program such as bureaucracy and group format. First the researchers noted difficulties faced by veterans in the bureaucracy of the program. Currently the Departments of Defense, Veteran Affairs, and Labor share the responsibilities of the program to allow access to all 50 states although each branch is required to offer optional pre-separation counseling. Second, they discussed services provided as often being group oriented and veterans feeling as these services fail to meet their individual needs. Tailoring services might be most beneficial, however more costly. Faurer, et al., recommended more individualized services, especially for those with less transferable skills (e.g., combat-related jobs).

Military-Civilian Gap

Although the gap between civilians and the military is not new, Haines et al. (2015) described it as a social distance between the military and civilians that stems from a lack of contact and shared experiences and has the potential to lead to misunderstandings and lack of support. Whereas Cohen (2000) noted that the gap is in part due to the decline of individuals who join the military. Cohen (2000) and Haines et al. (2015) both discussed how societal aspects of the military are often slow to progress socially thus not staying on par with the civilian sector. Cohen argues that today's military has largely retained a sense of gender-segregation and is a male-normed workplace with the assumption that masculinity is related to perseverance. Cohen argued that this lack of social progress contributes to members' difficulties acculturating into civilian culture.

Lewis (2011) cited various reasons for a growing gap between the military and civilians. First, a “perpetual state of war”, in reference to the ongoing conflicts the military has been engaged in across the Middle East; as of 2010, after 10 years of conflict (and counting), Operation Enduring Freedom (OEF) has become the longest war fought by America. Lewis stated the public perception of the continual conflicts in the Middle East has turned increasing tiresome. Lewis cited the Defense Base Closure and Realignment Act of 1990 as a reason military communities have become increasingly isolated. This act closed 97 bases worldwide and shifted the presence of military communities away from population centers towards more isolated areas. Lewis also refers to the number of veterans represented in politics and media, a drop from 75% to 23% between 1969 and 2012 in the number of Congress members who served. Lewis (2011) further discussed the impact of a gap between civilians and military members as potentially contributing towards the isolation of transitioning veterans.

Cohan (2000) stated the military-civilian gap is bound to happen, “The truth is that the civil-military gap relationship in a democracy is almost invariably difficult, setting up as it does; opposing values, powerful institutions with great resources, and inevitable tensions between military professionals and statesmen” (p. 39). Cohan continues to question whether the lack of a cultural gap would be healthy, “Few, after all, would want Marines sporting ponytails, sailors who insist on only working eight-hour days, pilots who go on strike, or soldiers who slough rather than stand at attention” (p. 39). Cohan noted that at the core the differences seen between the military and civilians is often fueled by, “self-sacrifice, discipline, loyalty and altruism demanded by military service cannot be squared with a society that, though brimming with energy, celebrates the opposite values of acquisition, individuality, career and geographic mobility, and self-actualization” (p. 42).

Researchers, such as Rahbek-Clemmensen et al. (2012), have also cited negative perceptions, military members may develop towards civilians. Rahbek-Clemmensen and colleagues a literature review of qualitatively research to capture potential factors related to the military-civilian gap as well as feelings towards civilians from some members of the military. They found Marines interviewed had developed feelings of distaste towards civilian culture while home on leave. Researchers also found that some senior military officers viewed civilian society as morally corrupt (p. 672). The cultural gap between civilians and military members often stems from difference in cultural (e.g., importance of various social norms), demographic, policies (e.g., opinion differences by military and civilian leaders), and institutional (e.g., media and educational systems) (Rahbek-Clemmensen et al., 2012). Although the researchers discuss various important reasons for gaps between the military and civilians, the generalizability of their findings are inherently limited as the research they reviewed was only qualitatively.

The military has been frequently viewed as its own cultural group. Military members share many experiences that contribute toward the development of an identity; when a member transitions out of the military, this process occurs relatively quick (typically within a few days), thus members often feel a complete loss of a major identity. Preparing veterans through the TAP has proven helpful for those who engage; however, the bureaucratic nature of government programs makes navigation difficult for some. Transition literature is relatively limited and has been focused heavily on the experiences of Gulf War II era veterans. Whereas there is an understandable difference between the military culture and values and civilian culture and values, the gap in cultural competence may lead to veterans to feeling isolated from both civilians and their former peers.

Veteran Employment Experiences

The Bureau of Labor Statistics (BLS) completes a monthly survey of 60,000 households regarding information on employment and unemployment among individuals 16 and older. The BLS reports a voluntary response rate of nearly 85% and samples roughly 8,000 – 9,000 veterans per month. Veterans are provided supplemental questions, every 2 years, to gather information related to service-connected disability, membership in the reserve or National Guard, and location of service for Gulf War II era veterans.

The most recent data, published from the Bureau of Labor Statistics (2018), highlighted veterans with a service-connected disability had a higher unemployment rate (5.2%) compared to veterans with no disability (3.5%). of the Gulf War II veterans sampled, 41% reported a service-connected disability whereas 55% reported no disability (4% did not report disability status). Among the 326,000 unemployed veterans in 2018, 54% were ages 25 to 54, 40% were 55 and over, and 6% were 18 to 24. Overall, unemployment rates across 2018 showed a continual trend downward with total veterans' unemployment around 3.5%, and Gulf War II era veterans had the highest rates (3.8%), the same as the nonveteran unemployment rates of 3.8%. It is important to note the preceding represent the current statics related to veteran unemployment whereas the following discussion is regarding completed literature pertaining to veteran unemployment/underemployment rates, thus the rates may vary.

In 2013, the Institute of Medicine reported unemployment rate for Gulf War II era Veterans was 12.1% compared to their nonveteran peers at 8.7%. The unemployment rate at that time was nearly two times higher for 18- to 24-year-old veterans compared to their nonveteran counterparts (30.2% vs. 16.1%). Julian and Valente (2015) reported unemployment rates for Gulf War era veterans had consistently remained higher since 2001. The researchers noted a

decrease in unemployment rates from the 12.1% reported in 2013 down to 9.9%. They cite the increase in jobs related to a rise in the economy following the Great Recession.

Researchers have cited the transition process discussed above as contributing to unemployment rates for veterans (e.g., Clemens & Milsom, 2008; Demers, 2011). Specifically, researchers have identified veterans' feelings of being lost between the military and civilian cultures (Demers, 2011). Others (i.e., Church, 2009), however, noted contextual factors such as the Great Recession. Church discussed the impact the recession had on manual labor careers (e.g., construction and manufacturing); these are careers veterans tend to occupy.

In order to understand the career concerns of veterans Bullock, Braud, Andrew, and Phillips (2009) administered surveys to assess career thoughts, interest, personality, and barriers using the Career Thoughts Inventory, Career Attitudes and Strategies, the International Personality Item Pool, and the Self-Directed Search. The researchers surveyed 55 veterans receiving mental health, substance use, and vocational counseling through a residential facility. They found negative career thoughts, career worries and interpersonal abuse decreased emotional stability, job satisfaction, openness, and extraversion. Bullock and colleagues study highlighted the impact of negative thoughts and affirmations of veterans on their employment concerns. When thinking about the transitions of veterans, this study reinforces the importance of targeting isolating thoughts that may contribute to their beliefs regarding employment. This research highlights the importance of conducting more research towards veterans who are entering everyday into civilian career fields however, more complex analysis (beyond correlational research) and larger sample sizes need to be obtained.

Haynie and Shepherd (2011) conducted 10 qualitative interviews with disabled Marines who had experienced traumatic injuries and were medically separated from the military. The

researchers suggested veterans used their careers to formulate their conception of self. They found veterans often associated the loss of their career with a loss of identity. Haynie and Shepherd were able to demonstrate how heightened mental health concerns, transition, and loss of employment are detrimental to veterans' sense of self-identity. Although this research provides an enriching review of the tie between military career and identity for veterans, this study was completed with veterans who experienced traumatic events inflicted by others, future research should review other types of trauma as well. Additionally, the researchers implied a directional causality though their qualitative study, this does not cover potential reciprocal causality or feedback loops that might be seen though additional studies.

Horton et al. (2013) sampled 9,099 through the Millennium Cohort Study to access for service-related factors that impacted employment after service. Specifically, Horton and colleagues were interested in the effects of health and deployment on employment. Significance was not found between deployments or PTSD and unemployment. However, the researchers did find significant relationships between depression, anxiety, and poor physical health and unemployment. Horton et al. (2013) noted a major limitation in their study was the inability to assess reason for veteran unemployment (i.e., lack of success searching for a job, recently lost a job, enrolled in school/training, physically unable to work, etc.)

Mental health has been demonstrated as a predictor of job functioning. Erbes, Kaler, Schult, Polusny, and Arbisi (2011) conducted a survey with 262 reservist and National Guard members upon returning home from deployment and at the 1-year time point. Research indicated that 5% of members had PTSD, and 6% had subclinical PTSD symptoms. They found that 11% of respondents had major depressive disorder and 11% experienced alcohol abuse. The increases in mental health distress led to reduced job functioning. This study demonstrated a

need to further research mental health and the related stigmas impact on employment specifically for the veteran culture. The size of the sample limited the number of mental health disorders they were able to review. Additionally, the entire sample was drawn from one Army brigade, thus these experiences may not reflect that of additional Army or other service components experiences.

Expanding the research related to veteran's mental health symptoms and employment Burnett-Zeigler et al. (2011) sampled 585 National Guard members. The researchers were interested specifically in alcohol use, PTSD symptoms and combat exposure. Interestingly, Burnett-Zeigler and colleagues found physical and mental symptoms did not appear to affect the initiation of employment. They found veterans under the age of 30 were more likely to be unemployed compared to older veterans (57% vs. 29% respectively). What the authors suggest is service era appears to be impactful on veteran employment. They also highlight a discussion that mental health symptoms may hinder sustaining employment as opposed to initiating employment. This study was of cross-sectional design, and although significance was found in the associations between recent combat exposure, mental health symptoms, employment status, and full-time versus part-time employment status, the causal nature these relationships cannot be determined.

Studies have found employment concerns for veterans tend to stem from disability status and service era (i.e., Gulf War II era); upon transition from the military, veterans appear to feel a disconnect from their cultural group. This loss of group membership seemingly shakes veterans' sense of self-identity, potentially exacerbating existing health concerns and promoting disengagement from new and existing social networks. Elbogen, Johnson, Wagner, Newton, and Beckham (2012) surveyed 1,388 OIF/OEF veterans regarding financial wellbeing and concluded

veterans with adequate access to financial stability, regardless of diagnosis, were significantly less likely to experience transitional problems. Those with mental health concerns (e.g., substance use, depression, anxiety, and PTSD) experienced the greatest challenges in sustaining employment. This study was limited in their use of cross-section research, limiting their ability to determine causality. Additionally, the use of self-report measures for PTSD and depression were used whereas traumatic brain injury was determined based on expert consensus creating methodological concerns.

These studies highlight the effects of transitional distress on employment for the veteran population. Although some veterans voluntarily separate after enlistment contracts or retirement others may be medically separated. Regardless of reason for separation, mental health concerns have been associated with difficulties in sustaining employment. Additional research focused on this should be conducted in order to review the impact of mental health stigma on veterans and their access to constructs such as decent work.

Mental Health Stigma

Stigma is defined by Merriam-Webster (2011) as a mark of disgrace associated with a particular circumstance, quality, or person. Attitudes towards mental health and its related stigma are reflective of both the cultural and societal atmosphere in which individuals live. Over the previous decades, stigma related to mental health has decreased, in part due to support for treatment, however many challenges remain (Carter, Satcher, & Coelho, 2013). Recently, Weiss, Gross, and Monchief (2016) noted false assumptions regarding mental health are associated with stereotypes that create barriers and contribute to the discrimination of those who seek treatment. Thornicroft et al. (2016) expanded this notion by stating the associated discrimination may have more negative repercussions than the health concerns themselves.

Bharadwaj, Pai, and Suziedelyte (2017) reported mental health is underreported by one-third of those who are diagnosed with depression and anxiety and nearly half of those who utilize psychotropic medications under-report their medication use.

Shim and Rust (2013) specifically talked about a disconnection between physical and mental health treatment for individuals. They stated often individuals feel more comfortable seeking brief therapeutic help from undertrained professionals such as primary care doctors opposed to navigating the mental health system. The researchers noted a part of the preference for seeking help through those like primary care doctors may be attributed to comfort and familiarity with the medical model. They continue to discuss the medical model as facilitating a reduction in stigma but potentially depersonalizing individuals with mental illnesses.

Despite slow progress, London and Rosenthal (2013) reviewed mental health as being discriminated against less as time has passed. They state discrimination is a continual factor in the stigma of mental health; like those who are discriminated against due to identities such as race, gender, and sexual orientation, disabilities such as mental health increase a fear of rejection. Despite attempts to reduce stigma, Thornicroft et al. (2016) noted research has focused heavily on perceptions towards those with mental health opposed to either interventions to reduce stigma or the experiences of those stigmatized against.

Mental Health Stigma in the Military

As recognition of mental health has grown, views of mental health within the military have transformed as well. Nash et al. (2009) discussed parts of the lineage of PTSD; he noted early military surgeons referred to mental health distress as nostalgia in the 18th century, this transformed the discussion of mental health distress away from a the existing notion of cowardice and dereliction of duty, often resulting in execution, to treatment of symptoms.

During World War I, military members experienced shell shock and were often treated through outpatient means. Scientists believed they developed screeners to sort out those who would be susceptible to shell shock upon the U.S. entrance to World War II. Soon doctors saw an influx in what was known as combat exhaustion. Military psychiatrists often encouraged those with combat exhaustion to express their emotions and fears, however this was met with stanch resistance by peer and military leaders (Gould et al, 2010). Often those suffering from mental health concerns were seen as “cowards lacking moral fiber” (p. 2133, Gould et al., 2010).

Upon the U.S. entry in Vietnam, military psychiatrists faced an influx in treating refusal to fight, racial tensions, and substance use (Daily, 2015). Coupled with this shift in mental health distress was encouragement from military leaders to deemphasize mental health concerns in order to retain soldiers in the combat theater (Johnson, Grasso, & Maslowski, 2010). Pols and Oak (2007) further provided an overview of mental health concerns in the military across multiple wars. Specifically, they discussed experiences of Gulf War I veterans and found combat stress (i.e., PTSD) was heavily present but societal perceptions of peers and leaders lead individuals to avoid seeking help. They cited military members’ embarrassment as being viewed as a coward as a major contributing factor. Societal pressures lead many providers to diagnose veterans with Gulf War syndrome (defined by fatigue, chronic headaches, physiological concerns; the origin is unknown but thought to be linked to pesticides and chemicals) thus allowing them to feel comfortable receiving treatment.

Finally, Mittal et al. (2013) found that Gulf War II veterans often endorsed fears of being labeled things such as “crazy” as contributing to stigma. Larson, Highfill-McRoy, and Booth-Kewley (2008) found that an estimated 18.7% lifetime prevalence rate of PTSD for Gulf War II veterans. Due to high rates of mental health and underutilization of services, the DoD has

integrated mental health screeners into both predeployment and postdeployment assessments. As a part of these assessments, members are screened for depression, PTSD, substance use, and traumatic brain injury (TBI) (Panaite et al., 2018). Despite the potential importance of these screeners, Panaite and colleagues found that there remains a low to moderate treatment initiation rate and there is no information on long-term treatment outcomes. Although this integration has increased mental health utilization, screening positive and being referred to treatment has also increased the likelihood that members separate within 1 year of the referral (Hoge, Auchterlonie, & Milliken, 2006) potentially contributing to loss of identity and increased stress due to transition.

Efforts to Reduce Stigma

Current efforts to reduce the stigma of mental health within the military have focused on a psychoeducational programming (e.g., Ogle & Young, 2016; Mallick, Mitchell, Millikan-Bell, & Gallaway, 2016). Thornicroft et al. (2016) reviewed intervention studies aimed at reducing stigma, finding that psychoeducation efforts were just as effective in reducing stigma as interpersonal contact with those with mental health concerns. Ogle and Young (2016) conducted qualitative interviews with Air Force special forces and found resilience is most often identified as a protective factor against mental health symptoms. Ogle and Young stated resilience is related to adapting to change; additionally, resilience is associated with possessing skills to plan and to problem solve and seeking assistance when needed as well as being proactive in engaging in supports when needed. Developing psychoeducation workshops tapping into veteran's resilience specifically, towards receiving mental health treatment, may reduce stigma among personnel. Ogle and Young found that currently stigma serves as a preventative factor to seeking mental health treatment, citing that personnel tend to want to seek help through providers

embedded within their unit opposed to other forms of psychotherapy. The researchers stated, “Most soldiers also reported that they would seek mental health treatment if their privacy would be ensured and if their leaders would support such treatment”. These results may prove fruitful, however Ogle and Young (2016) sampled a very specific subset of the military population, military special forces.

Mallick, Mitchell, Millikan-Bell and Gallaway (2016) were interested in the effects of leadership perspectives on their role in managing subordinate’s mental health. They hypothesized that by targeting leaders within the military, and understanding their perceptions, researchers may be able to better develop psychoeducational workshops, thus aiding military members and decreasing stigma. They found that more than 80% of surveyed leaders felt both comfortable and responsible for aiding in their subordinate’s mental health concerns as they arose. They found that high quality leadership included characteristics such as openness to change and commitment to work. Additionally, the found that treating subordinates more equally, opposed to hierarchical, tended to increase help seeking behaviors and found the largest barrier to mental health treatment was the leader’s attitude towards mental health. They suggest training should be geared towards providing an understanding of leadership style to increase support and reduce stigma. These findings were centralized around small units, thus additional research could look at higher-level leaders (e.g., commanders).

Isolation due to untreated mental health concerns has been noted as being very prevalent (Yang et al., 2007). Pryor and Bos (2015) discussed help-seeking tendency for those with mental health concerns. They stated that often individuals will attempt to keep distress internal, thus contributing to internalized shame. When applying this to the military, members may be reluctant to disclose their struggles due to the culture of the military, thus contributing to a sense

of isolation. Throughout the history of the military, concealing personal distress has been a common practice. Addressing concerns may result in a member subjectively feeling as if they are a “coward” or have jeopardized mission readiness. By seeking help, they may feel as if they have let their peers down and put their own job on the line.

Interestingly, Rae Olmsted et al. (2012) suggested that previous mental health treatment did not reduce mental health stigma for veterans. Researchers sampled 470 military members who received treatment in the previous 12 months and 966 not in any treatment regarding their perceptions of mental health stigma. Despite the authors’ hypothesis that being in treatment would lessen stigma, they found the opposite to be true. These results suggest that failure to reduce stigma for veterans may result in reduced help seeking behaviors as well as attrition for those who do seek help. These results suggest that for veteran’s stigma maintains a major barrier to mental health care regardless of exposer. Rae Olmsted et al. (2012) contributed significantly to our understanding of stigma within the military however, their sample was collected specifically reviewing those in treatment for substance use limited the generalizability of this study to other types of treatment (e.g., PTSD).

Finally, Kim et al. (2011) examined negative attitudes towards treatment among Gulf War II veterans. Research sampled 2,623 veterans on their perceptions of mental health, stigma, organizational barrier, and attitudes towards treatment. Nearly 30% of veterans reported positive for symptoms for PTSD, anxiety, and/or depression. They found negative attitudes towards mental health were associated with help seeking behaviors. The authors note the military has long viewed mental health negatively thus challenging and changing this perception may result in a decreased stigma and increased treatment rates. Kim and colleagues’ study was a cross

sectional design, therefore inferences regarding causation cannot be made; therefore inferences regarding if treatment decreased or increased stigma cannot be made.

Public Versus Self-Stigma

Stigma related to mental health concerns has been found in two forms, public and self-stigma and both have impacts on mental health (Skopp et al., 2012). Public stigma is related to a population's perception of a group. Skopp and colleagues discussed public stigma as forming at the societal level; concepts regarding what is acceptable and what is undesirable are formed here. If public notion regarding a group is undesirable, then those individuals may be treated differently and discriminated against. Public stigma may reinforce individuals with mental health concerns to isolate themselves and not seek help. For individuals who in fact seek help, after they have crossed that stressor (e.g., "others will look down upon me") they may encounter less stigma for working with their problems (Skopp et al., 2012). However, this is not always the case for veterans as reviewed by Rae Olmsted et al. (2012). Vogel, Bitman, Hammer, and Wade (2013) discussed the public stigma regarding mental health. The researchers stated labels for those with mental distress such as unstable, less capable, and less interesting are often associated with depression.

Public stigmas' impact reaches beyond the societal views held by others, it often impacts one's sense of self-esteem and self-worth. Vogel, Bitman, Hammer, and Wade (2013) discussed outcomes of self-stigma and found it is often associated with depression, negative attitudes towards mental health, and noncompliance with treatment. Vogel and colleagues stated self-stigma and the adjoining shame interact in a powerful way, isolating individuals and impacting psychological well-being. These views regarding mental health often lead to a loss of self-

respect and a loss of respect for others who are also struggling with mental health (Vogel, Bitman, Hammer, Wade, 2013). The researchers used collected their sample from a college population, a major limitation for this study. The authors note it is hard to draw generalizability to those outside of the college population who may be paying for and seeking therapy through community providers.

Wade et al. (2015) found self-stigma mediates the relationship between public stigma and help-seeking attitudes. Individuals may recognize a need for mental health treatment however, public stigma may incite a sense of fear for individuals over riding intentions to seek help (Wade et al., 2015). Through this process self-stigma, developed due to internalized public stigma, often leads to feeling inferior (Skopp et al., 2012). Feelings of inferiority often contribute to negative views towards mental health treatment reinforcing public stigma (Pryor & Bos, 2015).

Public stigma has been noted to be inherently extremely difficult to challenge due to its societal basis (Skopp et al., 2012; Vogel et al., 2013) and is seen as a major obstacle in seeking mental health treatment (Brown et al., 2010). Skopp et al. (2012) noted a major factor to reducing self-stigma is simply providing positive working experiences in counseling for individuals. Thus, through continual encouragement and positive experiences in seeking services, stigma related to mental health within the military may continually be reduced.

To better assess stigma for military members, Skopp et al. (2012) developed the Military Stigma Scale (MSS), a 26-item measure to assess both public and self-stigma within the military. The researchers sampled 1,038 military members given the newly developed MSS. Results indicated demonstrated two factors (public and self-stigma) combine accounting for 52.1% of the total variance. Through a confirmatory factor analysis, the researchers found the two-factor

structure remained. These results have normed with military members returning home from deployment, future research may provide better knowledge of its use with military veterans.

In conclusions stigma related to mental health involves two major factors (a) public and (b) self-stigma. The development of mental health stigma occurs first through public perceptions of mental health treatment. Individuals who feel they would benefit from treatment are often faced with shame and internalized self-stigma regarding their behaviors (Vogel, Bitman, Hammer, and Wade, 2013); the choice to seek treatment vs not future internalizes sigma. Although exposure to those with mental health concerns is seen as one perspective way to lessen stigma, psychoeducation (Ogle & Young, 2016) and the values of leaders (Mallick, Mitchell, Millikan-Bell & Gallaway, 2016) have also been proven to help. Despite interventions designed to lessen the stigma of those seeking mental health treatment, specifically veterans, treatment does not lessen concerns of internalized stigma (Rae Olmsted et al., 2012). Whereas a good deal of research has reviewed the effects of stigma on mental health seeking for veterans, additional research can be completed reviewing the effects of stigma on veterans access to decent work.

The Psychology of Working Theory

The following sections will review the Psychology of Working Framework (PWF) as proposed by Blustein (2001, 2006, 2008, 2013) and subsequently formulated Psychology of Working Theory (PWT) by Duffy, Blustein, Diemer, and Autin (2016). PWT consists of: (a) theorized predictors of decent work, (b) moderators of marginalization, economic constraints, and work outcomes, and (c) outcomes of access to decent work. First a review of the history and development of the model will be completed followed by an examination of each of the theorized predictors (a) marginalization, (b) economic constraints, (c) work volition, and (d)

career adaptability. Finally, a review of recent literature pertaining to the PWT model will be discussed.

History and Development of the Psychology of Working Theory

To understand the rationale of the development of PWT, one must first look at more traditional vocational psychology theories. Duffy, Blustein, Diemer, and Autin (2016) criticize the theoretical perspectives such as developmental (Gottfredson, 2005), personal-environmental fit (Holland, 1997), social-cognitive (Lent, Brown, & Hackett, 1994), and constructivist (Savickas, 2013) paying more attention to the explanation of how individuals make career decisions thus leading to satisfaction with work. More traditional theories emphasize internal and individual level factors, placing contextual and structural factors in the background and often receiving limited empirical testing (Duffy, Blustein, Diemer, & Autin, 2016, p.127).

The Psychology of Working Framework (Blustein, 2001, 2006, 2008, 2013) took a progressive spin on the impact of work on the individual fueled by multiple parties. First, Richardson (1993) and Blustein (2001) argued that the field of vocational psychology needed to take a step back and broaden the understanding and inclusivity of who works. This shift beyond an understanding of career choice and development was paired with strong critiques of traditional career theories from both feminist thought and race-based critiques (Duffy, Blustein, Diemer, & Autin, 2016, p. 128). Notable is Betz & Fitzgerald's (1987) critique of the understanding of career choice and development noting much of our knowledge has been normed on privileged men, while paying little attention to women. In another critique, Smith (1983) noted the lack of attention towards racism and oppression in career choice and development research.

A summary of the two grievances was provided by Richardson (1993) contributing to the formulation of PWF. First, she cited that vocational psychology was closely related to the field of developmental psychology, however Richardson stated vocational psychology was lacking in their efforts to update like developmental psychology. Second, the work being done by researchers at the time was not applicable to those individuals who could use it the most, such as marginalized populations (e.g., minorities and immigrants). Richardson argued by vocational psychology paying most of their attention to the White middle-class, they were marginalizing non-White and lower-class groups. She argued by failing to apply vocational research to marginalized groups the field was disregarding scientific validity.

What Richardson (1993) suggested was a move towards an understanding of work in the lives of people opposed to understanding careers in general; she also advocated for an understanding of work from the perspective of the workers. She argued for a social constructionist stance, asserting “I believe that the field has been enslaved by its dominant epistemology: the legacy of logical positivism and empiricism, with the associated beliefs that the goal of good theory and research is to provide a mirror of reality, that knowledge is independent of “the knower, and that objectivity in science is an unquestioned ideal” (p. 426-427). Richardson argued future movement in vocational psychology must move beyond naïve realism and engage in an understanding of work in people’s lives, work from the workers perspective, and social construction; in doing so the field can more fully engage in social justice and better understand a greater range of workers experiences.

Blustein (2001) built upon Richardson’s push towards a more inclusive understanding of work within the lives of people. He outlined two major methods needed to create the PWF and further advocated for the importance of such a framework. First, Blustein suggested developing

a more multidisciplinary understanding of work to contribute towards PWF. By looking at the literature of sociology, education, economics, and labor studies vocational psychology would be able to hear the voices of participants who have expressed concern over their work lives.

Second, he proposed more active recruitment of individuals who make up the poor and working class for all studies. In developing and studying vocational psychology from this perspective, Blustein argued more relevance would be paid to those individuals and families that have not experienced tradition career paths. Additionally, Blustein suggested this approach could aid in the understanding of the effects of economic cycles on the poor and working class. Overall, Blustein (2001) suggested vocational psychology could gain a more inclusive perspective thus generating new research applying to greater numbers that would influence more effective interventions/programs.

Building upon the initial calls for a more inclusive perspective in vocational psychology (Richardson, 1993; Blustein, 2001), Blustein (2006) further outlined the tenets of the PWF. With the 21st century upon us bringing the information age and globalization, Blustein again advocates for a change in the understanding of work. He notes work tends to play a central role in the lives of individuals across cultural groups and it is changing at a rapid pace. A particular point Blustein makes is that many changes to the world of work are being made at the macro or country level; although sociologist and economists are readily able to track and understand these changes, the integration of psychology can lead to a richer understanding. When vocational psychologists work with their colleagues within other fields, they can better understand questions such as the extent to which changes in the workplaces influence how people think about and experience their working lives. Additionally, multidisciplinary work can fill in current gaps the macro-level viewpoints are missing; for example, the inner motivations, personal constructions,

and the process by which individuals make meaning of work. Blustein states “without the voices of workers from all sectors life, developing a clear understanding of working seems nearly impossible.” (p. 66).

Blustein (2006) noted three purposes, or needs that work serves: power/survival, social connection, and self-determination. First, work serves as a means of initial survival; meeting a basic need of individuals, as individuals continue to grow into their field of work and develop additional marketable skills, they begin to gain power. Second, Blustein notes work serves as a social connection, through this social connection individuals are able to access things such as support, mentorship, and employment opportunities thus allowing individuals to feel and be connected in a broader social context. Finally, work as a method of self-determination, Blustein advocates for researchers to integrate Self-Determination Theory (Deci & Ryan, 1985) into their understanding of individuals’ motivation to work. The fusion of two theories as Blustein argues would yield a better understanding of meaning and satisfaction for workers (p.151).

Blustein (2006) continues to build the PWF by reviewing the social barriers individuals often face regarding work. He reported barriers work in both overt and covert ways and typically develop between specific social categories (i.e., racism, sexism, ageism, heterosexism, and ableism). Blustein points out by moving away from the positivist paradigm has served traditional vocational psychology well, researchers can incorporate social construction and emancipatory communitarian. Finally, Blustein suggests by heeding the suggestions and framework he laid out, vocational psychology would further benefit from a positive working alliance, interpretation, exploration of discrepant beliefs, and helping clients to change.

Blustein’s (2006) work sought to change the course of vocational psychology and its method of

investigation and practice towards being more inclusive and helpful towards a larger variety of people.

Duffy, Blustein, Diemer, and Autin (2016) developed the formal Psychology of Working Theory and define the original concepts as Psychology of Working Framework. A detailed review of the PWT will be completed but first it is important to complete a distinction between the PWF and PWT. The PWF, as previously discussed, is the broad framework for outlining a new direction for vocational psychology and encourages new methods of studying work in peoples' lives. Laid out through this framework is the need for new and more diverse methodologies to study and understand working experiences of all individuals (a response to most of the normed research being on the White middle-class). PWF as a construct moves into a post-positivist framework in order to account for individuals' own interpretations of their reality. The PWT is an empirically testable theory, therefore represents the next step of PWF. The goal of PWT was to build upon existing research from vocational psychology, multicultural psychology, intersectionality, sociology of work, and the PWF to develop a theory to explain the process of securing decent work a departure from PWF. Duffy and colleagues theorize that by describing factors leading to decent work individuals will be able to in turn obtain access to needs satisfaction, work fulfilment, and well-being.

Duffy, Blustein, Diemer, and Autin (2016) were one of the first attempts at integrating the Decent Work Agenda (ILO, 2008, 2012, 2014, 2015) into vocational psychology. The PWT and the Decent Work Agenda (ILO, 2015) hold many similar values and outcomes. Specifically, the Decent Work Agenda for 2030, goal 8, states, "Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all". Outlined within this is the goal for access to decent work for all to include equal pay and equal value.

Decent Work

The crux of the PWT model is access to decent work. Decent work operates as the central construct of the model with all other constructs predicting or resulting from access to decent work. The construct of decent work has been defined and redefined multiple times over the course of its development.

The term was first utilized by the International Labour Organization (ILO), a subunit of the United Nations (U.N.), decent work (ILO, 1999) was identified as a primary goal. The then Director-General Juan Somavía, stated the goal of the ILO was to, “promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security, and human dignity.” He proceeded to state, “decent work is the converging focus of all its four strategic objectives: the promotion of rights at work, employment, social protection, and social dialogue” (ILO, 1999, para. 23). Standing (2008) noted the steady rise in the popularity of decent work across ILO publications.

Following Director-General Juan Somavía’s (1999) report, several researchers worked towards identifying and formulating an understanding of decent work. Six dimensions of decent work were developed from the ILO’s original definition by Anker, Chernyshev, Egger, Mehran, and Ritter (2003); (a) the ability of all persons to find work; (b) the decision to work as freely chosen; (c) work resulting in acceptable livelihoods of the workers and sustainable development of countries; (d) fair and equitable treatment and opportunities for all workers; (e) security of health and livelihood, regardless of possible contingencies such as sickness; and (f) respect given to workers, including participation in decision-making processes that affect working conditions. Anker and colleagues found 11 categories stemming from these six dimensions and future 30 statistical indicators of the 11 categories. Decent work categories and indicators include: (a)

employment opportunities (e.g., unemployment rate); (b) unacceptable work (e.g., child labor); (c) adequate earnings and productive work (e.g., inadequate pay rate); (d) decent work (e.g., excessive hours of work); (e) stability and security of work (e.g., tenure less than 1 year/temporary work); (f) balancing work and family life (e.g., employment rate for women with children under compulsory school age); (g) fair treatment in employment (e.g., occupational segregation by sex); (h) safe work (e.g., fatal occupational injury rate); (i) social protection (e.g., public social security expenditure); (j) social dialogue and workplace relations (e.g., union density rate); and (k) economic and social context of decent work (e.g., education of adult population/poverty).

Despite Anker and colleagues' (2003) formulation of dimensions, categories, and statistical indicators, decent work drew criticism as being too vague, thus leading to concerns regarding the ILO's ability to evaluate policies regarding decent work (Standing, 2008). The ILO addressed these criticisms by rebranding decent work as a slogan by stating "All members of the organization must pursue policies based on the strategic objects – employment, social protection, social dialogue, and rights at work" and advocating these labor standards as being necessary to ensure social justice in an increasing globalized world (ILO, 2008, p. 2).

From the ILO (2012) report, a new list of four strategic objectives and ten substantive elements outlining the Decent Work Agenda was developed. Duffy, Blustein, Diemer, and Autin (2016) outline the objectives; the first objective: "standards, fundamental principles, and rights at work" (ILO, 2012) can be characterized as the efforts by governments and policy makers to create jobs that result in reasonable opportunities for those who wish to work. Objective two: "employment" (ILO, 2012) is considered the representation of employees, freedom of association, collective bargaining, and other legal standards for workers. Objective three: "social

dialogue” (ILO, 2012) discussed as the dialogue between workers, employers, and government leaders allowing communication, as opposed to controlling the world of work by leaders. And objective four: “social protection” (ILO, 2012) the ability for workers to enjoy working conditions that are safe, allow for adequate free and rest time, account for family and social values, provide adequate compensation, and provides access to healthcare.

Each of the ILO’s (2012) ten substantive elements were related to the four strategic objectives (i.e., objective 1: standards and fundamental principles and rights at work; objective 2: employment; objective 3: social dialogue; objective 4: social protection). (a) employment opportunities (i.e., objectives 1 and 2); (b) adequate earning and productive work (i.e., objectives 1 and 4); (c) decent working time (i.e., objectives 1 and 4); (d) combining work, family, and personal life (i.e., objectives 1 and 4); (e) work that should be abolished (i.e., objectives 1 and 4); (f) stability and security of work (i.e., objectives 1, 2, and 4); (g) equal opportunity and treatment in employment (i.e., objectives 1, 2, and 4); (h) safe work environment (i.e., objectives 1 and 4); (i) social security (i.e., objectives 1 and 4); and (j) social dialogue, workers’ and employers’ representation (i.e., objectives 1 and 3). It is important to note that to this point the development of decent work only considers a macro-level analysis, yet still corresponds and impacts the individual workers’ psychological experiences.

Psychologists have recognized the Decent Work Agenda as holding multidisciplinary implications. Duffy, Blustein, Diemer, and Autin (2016) specifically noted the ILO’s fourth objective (i.e., social protection) as being inherently tied to the individual perspective. The authors utilized this objective to help frame the discussions of decent work as it applies to individual workers. Duffy and colleagues reported social protections includes (a) safe working conditions, (b) adequate free time and rest, (c) connection with family and social values, (d)

adequate compensation, and (e) access to healthcare. By incorporating and understanding the construct of decent work, vocational psychology might be able to transition away from concepts such as person-environment fit.

Since its inception, decent work as a construct has faced criticism. Specifically, Standing (2008) who was involved with the ILO's (1999) development of decent work critiqued the construct as being vague and ambiguous and a departure from the justice-oriented intent. Deranty and MacMillan (2012) criticized the lack of attention decent work pays to the meaning of work; whereas others discussed the legal difficulties of stating although aspirational, extremely complex (MacNaughton & Frey, 2011). These critiques encouraged Blustein, Olle, Connors-Kellgren, and Diamonti (2016) to review how the psychological perspective of decent work might link macro-level perspectives and experiences of workers, potentially settling concerns.

Blustein, Olle, Connors-Kellgren, and Diamonti (2016) noted how taking the macro-level approach will neglect the experience of workers. A major concern from the macro-level perspective is that workers may become lost and simply economic commodities. Blustein and colleagues argue by ignoring the individual perspective, that are inherent in decent work, policy makers will disregard perspectives such as the relationship between work and mental health (e.g., Paul & Moser, 2009; Diette, Goldsmith, Hamilton, & Darity, 2012; Swanson, 2012b). Finally, Blustein, Olle, Connors-Kellgren, & Diamonti (2016) discuss increases in precarious work around the globe as a rationale to infuse psychology and decent work. Precarious work often leaves workers without effective agency and bargaining power; thus they may be at the mercy of potentially oppressive and explorative labor conditions. Blustein and colleagues argue mental health effects are more informed by quality of work opposed to its presence or absence.

Blustein, Olle, Connors-Kellgren, and Diamonti (2016) again encouraged methodological diversity in vocational psychology as a method towards understanding the workers experiences. In doing so, psychologists would be able to shift their focus back towards social justice related efforts, as opposed to macro-level and economic evaluations of work. The use of qualitative research could yield an understanding of work not fully seen and would allow researchers to better engage in political discourse, advocating for marginalized populations. These encouragements were echoed by Pouyaud (2016) in the need to better understand subjective experiences. Pouyaud (2016) pointed towards the lack of clear indicators of decent work that have contributed to the difficulties and lack of implication of the Decent Work Agenda. Specifically, he argued that in order to best inform individual experiences and public policy, multiple levels of analysis need to be undertaken simultaneously.

Assessment of Decent Work. Duffy et al., (2017) developed the decent work scale (DWS) as an attempt to assess all five components of decent work from the psychological perspective. Duffy and colleagues developed and tested a 15 item self-report scale that assessed decent work. The researchers conducted two studies to develop and validate the scale. The first study sampled 275 working adults with a large item pool. Results from an exploratory factor analysis in study one revealed a 15-item scale with five factors. The five factors were labeled (a) safe working conditions, (b) access to health care, (c) adequate compensation, (d) adequate free and rest time, and (e) organizational values that compliment family and social values.

A second study was conducted on 589 working adults to complete a confirmatory factor analysis. The results from study two confirmed the five-factor model. Additionally, evidence of convergent and discriminant validity were found through correlations with similar constructs. Finally, criterion related validity was found with in expected relationship between decent work

and constructs such as job satisfaction, work meaning, and withdrawal intentions. For the first time, an empirical scale was developed to assess individuals' access to safe working conditions, access to healthcare, adequate compensation, time and rest, and alignment to values. Although the researchers were able to develop and validate a successful scale, they did note the need for continually testing of the scale and demographic representation concerns related to their sampling method (Amazon MTurk).

A major flaw regarding the construct of decent work is currently there is a vast majority of literature being published outside the field of psychology. Various fields have conceptualized decent work utilizing various indicators and levels of analysis individualizing the construct for their respective fields. This process has led to much frustration and difficulty in the implication of decent work and the ILO's agenda for policy makers, as has been noted by researches (e.g., Standing, 2008). Decent work and the ILO's agenda were developed to better inform macro-level policies but inherent in the construct lies the individual experience.

Psychology has a unique opportunity to further develop the understanding of decent work implementing individual experiences while keeping social level implications in mind. Additionally, psychology can maintain the individual perspective and avoid an overemphasis on economic conditions. However, until recently psychology has only called on decent work for theoretical definitions and calls for more research as is evident in the relatively few studies. The most notable psychological study to utilize decent work is Duffy, Blustein, Diemer, and Autin (2016) with their application of it as a theoretical centerpiece leading to work fulfillment and well-being. Blustein, Olle, Connors-Kellgren, and Diamonti (2016) and Pouyaud (2016) reiterated the historical frustration and the importance of developing a psychological perspective of decent work while not losing sight of the societal level. Duffy et al., (2017) proceeded to

engage in instrument development to better assess decent work from the psychological perspective. However, as noted this scale needs continual testing to increase its generalizability towards more diverse groups of individuals.

The PWT and its application of decent work are relatively young, and time will determine the discourse of psychological phenomena utilizing decent work. Additional research is needed to further refine indicators of decent work and its ability to access it from multiple viewpoints. To date no study has attempted to understand the ability of United States veterans' access to decent work following a military career. With additional research vocational psychology will begin to understand the perspectives of individuals beyond job satisfaction and person-environment fit.

Psychology of Working Model

Duffy, Blustein, Diemer, and Autin (2016) theorized the PWT as a three-part model (a) four predictors of decent work, (b) moderators of the relationships between the four predictors and decent work, and (c) the outcomes of decent work. The first part of the PWT contains ten propositions regarding the relationships between economic constraints, marginalization, work volition, career adaptability, and decent work. Duffy and colleagues (2016) discussed these relationships as being theoretically supported and some both theoretically and empirically supported. The model is shown in Figure 1. The authors first show economic constraints and marginalization are related and interact; this is empirically supported (proposition 1). Next it is theoretically supported that marginalization and economic constraints (proposition 2 and proposition 3, respectively) interact with access to decent work (i.e., higher levels of one factor lead to lower levels of the other). Next, work volition and career adaptability are shown to influence each other (proposition 4) but are distinct constructs (Duffy, Douglass, & Autin 2015).

The next three propositions are related to work volition; with work volition theoretically predicting attainment of decent work (proposition 5), marginalization is empirically supported to diminish work volition (proposition 6) and be empirically diminished by economic constraints (proposition 7). Finally, the last three propositions predict the same relationships for career adaptability; with career adaptability predicting decent work attainment (proposition 8) and being diminished by both marginalization (proposition 9), and economic constraints (proposition 10). These five main constructs (i.e., economic constraints, marginalization, work volition, career adaptability, and decent work) will be the focus of this study and are discussed at greater length

in the succeeding sections. Following the discussion of the first part of the PWT model (predictors), the moderators and outcomes of the PWT will be briefly reviewed.

Duffy et al. (2019a) retested the predictor half of the PWT model upon validation of two new scales assessing economic constraints and marginalization (discussed later in this chapter), see Figure 1 They found that the relationship between some of the variables were not as predicted. First, they found the relationship between marginalization and work volition (proposition 6), marginalization and career adaptability (proposition 9), and economic constraints and career adaptability (proposition 10) to be nonsignificant thus not empirically supported. The relationship between marginalization and decent work (proposition 2) was not bidirectional, however was proven to be empirically supported; relationships between work volition and decent work (proposition 5) and career adaptability (proposition 8) were empirically supported. Finally, the relationship between work volition and career adaptability (proposition 4) was not bidirectional but still empirically supported.

Economic Constraints.

Duffy, Blustein, Diemer, and Autin (2016) state that economic constraints primarily occur through the limitation of economic resources (e.g., household income and family wealth) and secondarily through limitations in social capital (subjective sense of social class). Duffy and colleagues discuss the limitations on economic resources as impacting access to academic and vocational settings, whereas limits on social capital tend to result in a shortage of an individual's resources that would have facilitated academic achievement and career development.

Liu et al. (2004) reviewed articles from 1981 to 2000 in the *Journal of Counseling Psychology*, *Journal of Multicultural Counseling and Development* and *Journal of Counseling and Development* using social class as a variable. Although Duffy, Blustein, Diemer, and Autin (2016) note social class and economic constraints are not the same, they bear a close resemblance. They found 710 articles used the variables across the nearly two decades. Liu and colleagues discussed seeming confusion of social class and socioeconomic status (SES) in the literature. The authors set out to delineate between the two variables; they described social class as a reference to both objective (e.g., income, education and occupation) and subjective (e.g., sense of belonging to one social class). SES on the other hand refers to individuals' positions within economic hierarchy based upon prestige, power and control of resources; SES assumes no focus on group membership. Therefore, the authors state social class, not SES, is best suited to examine the existence of classism. Further Liu et al. (2004) noted a lack of research examining the subjective experiences of social class. They suggested social class has most often been used to group participants using demographics, which fails to look at subjective experiences. A major reason for the lack of focus on subjective experience according to Liu and colleagues is it has long been undefined in the literature.

To build upon social class literature, Diemer and Rasheed Ali (2009) reviewed three conceptualized views of social class: (a) sociological (b) SES and (c) social class. First, the authors note the sociological perspective has taken a broad view of social class and this has been helpful in understanding the relationship between career success and access to class-based resources, they note this research dismisses the ideal of equal opportunity within the United States. However beneficial, this perspective misses the individual and intrapsychic experiences of social class. Second, the SES perspective often relies upon objective measures of SES. Measures of paternal academic level imply certain family structures, but income level fails to account for untaxed forms of work, and paternal job prestige coupled with income may fail to account for effects of systemic or generational poverty. Finally, the social class perspective takes the form of a psychological and phenomenological approach and emphasizes an understanding of how social class shapes an individual's view of the world.

To best measure economic constraints, Diemer, Mistry, Wadsworth, López, and Reimers (2013) discussed best practices when using the social class perspective. They echoed Liu et al. (2004) and Diemer and Rasheed Ali (2009) in their distinction between social class and SES. They further suggest SES measures (e.g., income, wealth, educational level, etc.) are not sufficient to account for the social class perspective. Additionally, the use of subject social status (Adler, Epel, Castellazzo, & Ickovics, 2000) as a measure is insufficient in incorporating true economic position (Diemer, Mistry, Wadsworth, López, and Reimers, 2013). The authors discussed two successful methods to assess social status; the use of a visual ladder as a spectrum (e.g., Adler, Epel, Castellazzo, & Ickovics, 2000) and the presentation of distinct social categories preceded by asking participants which they feel they belong to as well as pressures to stay in/adopt the values of these social classes.

Duffy et al. (2019a) developed a new scale, the Economic Constraints Scale (ECS). Keeping Duffy, Blustein, Diemer, and Autin's (2016) definition of economic constraints (limited economic resources which represent a critical barrier to securing decent work) the team sought to develop a scale that encompassed constraints across the life span. A six-item scale was developed and initially tested with 237 participants via an online survey. The first study explored an exploratory factor analysis (EFA) and showed a one-factor scale, two items were removed due to not obtaining adequate power. The measure correlated with similar constructs and through a hierarchical regression was shown to significantly predict decent work. A follow up study was completed to perform a confirmatory factor analysis (CFA). 173 employed adults were again sampled via an online survey. Results supported the five-item, one-factor measure was statistically different than like measures. They also demonstrated correlations between the ECS and measures of well-being and mental health. Though the development of both the ECS and LEMS prove useful for the PWT, the researchers utilized parceling in the development of the LEMS. The use of parceling may lead to researcher bias or fail to fully capture the entire experiences of individuals (Little et al., 2002).

Economic constraints have been shown to influence both children and adults; briefly discussed are articles Duffy and colleagues looked to when developing their understanding of economic constraints. McLoyd (1998) reviewed literature regarding the effects of poverty. The review suggested family poverty, low SES and residency in economically disadvantaged neighborhoods all predicted lower levels of cognitive functioning and IQ scores for children. Additionally, McLoyd (1998) suggested that persistent poverty diminishes school readiness skills resulting in lower academic achievement.

Mistry, Vandewater, Huston, and McLoyd (2002) examined the effects of economic constraints on parental practices and their influence on child development. In their model, they hypothesized economic well-being would negatively interact with perceived economic pressures. Increases in economic pressures would result in psychological distress which would lead to decreased parental responsiveness and decreased parental disciplinary efficacy. Their model was tested with 419 elementary-school children and was found to fit their hypothesis. Lower parental disciplinary efficacy was shown to directly affect positive and problematic child social behaviors as well as show a link between well-being and psychological distress.

Huston and Bentley (2010) further reviewed the effects of poverty on development. They also echoed the need to use both subjective and objective views of poverty. Huston and Bentley (2010) stated research has been focused on indicators of absolute poverty (i.e., household income) and not enough attention has been placed on relative poverty (i.e., shame related to material goods and lifestyle). The concept of relative poverty is closely related to subjective social status in that it attempts to understand how individuals perceive their place in society. Huston and Bentley (2010) reviewed the relationship between developmental timing of exposure to poverty and found greatest effects to academic achievement takes place when children are exposed between early and middle childhood. They reviewed three mediators often discussed in the literature (a) family processes (i.e., time spent between parents and children and parental stress level), (b) physical conditions and (c) out-of-home environments (i.e., daycares, schools, neighborhoods). The authors concluded with the suggestion that research using social class variables should examine the mediating and moderating effects of poverty on development; they found through their review much of the literature has been focused solely on children and not the lingering effects into adulthood.

Kahneman and Deaton (2010) reviewed the effects of economic constraints on adults. The researchers reviewed 450,000 United States citizens who partook in the Gallup-Healthways Well-Being Index between 2008 and 2009. The researchers analyzed measures of emotional well-being, life evaluation and SES (household income). Results showed a linear relationship between SES and life evaluation and a curvilinear relationship between SES and positive affect, absence of sadness/worry and absence of stress. Kahneman and Deaton (2010) suggested the results indicate that for household incomes over \$75,000 per year there is no significant improvement for emotional well-being; however, low levels of household income were associated with increases in divorce, physical illness (e.g., asthma and health aches) and subjective loneliness.

Although Kahneman and Deaton (2010) looked at the relationship between economic constraints and well-being at the individual level, Inglehart, Foa, Peterson, and Welzel (2008) examined the relationship at a macro-level. They found countries with higher rates of gross domestic products (GDP) also tended to have higher rates on the subjective well-being (SWB) index. The authors note the relationship is curvilinear, and they suggest several other factors that might account for level of SWB. However, these results do further explain that economic constricts are associated with lack of SWB, however, surplus does not entirely explain increases in well-being.

Economic constraints have been studied often throughout research, however, there have been significant differences in conceptualization of economic constraints. Reviews of the literature (e.g., Liu et al., 2004; Diemer & Rasheed Ali, 2009) resulted in conceptualizing subjective and objective indices. Diemer and Rasheed Ali (2009) discussed objective indicators such as household income and education level whereas subjective capture social class

experiences, but do not necessarily capture economic constraints. A major concern within the research has been the trend towards objective indicators often neglecting subjective experiences.

Although research has focused extensively on the impact of economic constraints on children and adolescents, research regarding impact on adults has been negligible. Research has demonstrated economic constraints lasting impacts on development of children in both educational and developmental settings. Research for adults on measures of economic constraints and well-being have demonstrated a curvilinear relationship showing as SES increases well-being does as well, till a point and then trends downward (Kahneman & Deaton, 2010). This relationship has been demonstrated at both the individual and societal level (between GDP and SWB), however, this research is relatively new.

Finally, a critique of the methodology and analysis of current research indicates that overwhelmingly research has used objective measures of economic constraints. Until recently (i.e., ECS; Duffy et al., 2019a) a standard validated scale to assess for economic constraints was not developed and validated. Previous measures tended to focus too heavily on objective measures of constraints (i.e., SES and education level) and were varied across studies. Research has also largely used correlational analysis to examine the relationship between economic constraints and other factors. Finally, the use of self-report measures inherently have concerns that researchers are unable to control for (i.e., subjective well-being from day to day), additional methods of data collection (i.e., qualitative) may help future conceptualizations of economic constraints.

Marginalization.

Marginalization is considered a major barrier in access to decent work. Duffy, Blustein, Diemer, and Autin (2016) note marginalization represents the relegation of people to a less

powerful or included position within society. Cole (2009) stated groups such as race, gender, social class, and sexuality are more than groups that may be similar or different from us, but they are based on historical and enduring relations of political, material, and social inequality and stigma. Within the PWT framework, marginalization is noted to heavily rely upon the intersectionality of individuals. Social class is noted at being a source of identity that is often intertwined with other identities and can lead to the effects of marginalization. Duffy and colleagues discussed how the gender pay gap is a result of the intersectionality of social class and gender (Lips, 2013) and socioeconomic differences and race/ethnic inequalities between can be seen in income and wealth disparities between Whites and Blacks (Oliver & Shapiro, 2006; Piketty, 2014).

Various methods of assessing marginalization have been used (e.g., perceived marginalization; Issmer & Wagner, 2015). Recently Duffy et al. (2019a) developed and validated the Lifetime Experiences of Marginalization Scale (LEMS). The researchers reviewed existing scales designed to measure marginalization, many of which were used in PWT research since its inception. They found a lack of a single scale designed to assess general, lifetime feelings of marginalization (p.13, Duffy et al., 2019b). The research team developed and refined items until they settled on a four-item scale focused on general perceptions of marginalization. The scale was initially tested with 237 participants via an online survey. Through the first study, an exploratory factor analysis showed a one-factor scale, one item was removed due to not obtaining adequate power. The measure correlated with similar constructs and through a hierarchical regression was shown to significantly predict decent work. A follow up study was completed to perform a CFA. One hundred and seventy-three employed adults were again sampled via an online survey. Results supported the three-item, one-factor measure was

statistically different than like measures. They also demonstrated correlations between the LEMS and measures of well-being and mental health.

For those who experience marginalization, the effects have been demonstrated to be far reaching. Benner and Wang (2015) and Meyer (2003) demonstrated those who experience marginalization also experience higher mental health distress and substance use. Ishii and Uchida (2016) described the decrease in social connectivity of those who are marginalized whereas Issmer and Wagner (2015) saw an increase in aggressive acts. The experience of those who are marginalized often permeate into vocation (i.e., decrease connection to work) (Diemer & Blustein, 2007) and decreased academic performance (Miyake et al., 2010; Stephens, Hamedani & Destin, 2014; Walton & Cohen, 2011). To best review the recent literature regarding the effects of marginalization, specific effects of marginalization on education, sexuality, and disability will be discussed.

Extensive literature has reviewed the experiences of racial minorities in educational settings. Cohen, Garcia, Apfel, and Master (2006) employed two studies to better understand the impact of psychological threat to racial minorities in school. Students were assigned to an intervention or control group and then were given in-class assignments writing about their values. Control students were asked to write about why their values may be important to others although the intervention group wrote about why their values were important to them. It was found that for Black students the racial achievement gap was reduced by nearly 40% when comparing end of the term grades for Black students in the intervention group with White students. Cohen and colleagues discussed the importance of designing social-psychological interventions towards racial minority students.

Walton and Cohen (2011) performed a similar study targeting students enrolled in postsecondary institutions. Both Black and White students were randomly assigned to groups who completed self-guided writing exercises targeted at framing social adversity as common and transient. The results indicated the social belonging is a powerful target for psychological interventions. They found Black students benefited more than White students in the intervention group and felt a greater sense of belonging. Black students after a 3-year follow-up reported higher GPA's, higher well-being and lower self-reported health concerns.

Diemer and Blustein (2007) identified concerns related to career development of urban adolescents. They suggested these students often lost connection to work while experiencing external barriers such as racism, discrimination in the labor market, reduced teacher expectations, and inequality in school funding. The researchers recruited 222 students from urban high schools in the northeastern United States and surveyed them on three career development measures. Diemer and Blustein found four factors emerged: (a) vocational identity, (b) future career identification, (c) work role resilience, and (d) salience of chosen career. The latter three factors represent the theme of vocational hope and the researchers argue this theme is particularly important for racial minorities. Vocational hope keeps individuals connected to their vocational future despite external barriers due to marginalization. A concern with this study is Dimer and Blustein (2007) did not compare two groups on career development. Additionally, this study lacked a direct measurement to assess experiences of marginalization. Finally, the chosen measures of career development were selected from differing theoretical frameworks and suggested to represent vocational hope, therefore interpretation should be done cautiously. Nevertheless, the authors demonstrate the importance of marginalization on career processes.

Other researchers have worked to lessen the social-class achievement gap. Stephens, Hamedani, and Destin (2014) employed a group of college seniors as panelist discussing college adjustment or how diverse backgrounds can shape their college experiences. They found incoming first-generation students who heard stories about diversity sought more resources and obtained higher GPA's their first years. In addition the difference-education intervention found improvement on numerous subjective psychosocial outcomes (e.g., mental health and belonging).

Finally, Miyake et. al. (2010) completed a similar values affirmation intervention as former researchers (see Cohen, Garcia, Apfel, & Master, 2006 and Walton & Cohan, 2011) to target the gender achievement gap. The researchers randomly assigned students in science, technology, engineering, and math (STEM) majors to either write a values affirmation twice at the start of a semester or not. Meanwhile the researchers assessed to what degree students endorsed traditional gender stereotypes regarding achievement in STEM fields. When grades in courses were reviewed, women who tended to endorse the stereotype that men fared better in physics saw the largest elevation in grades.

Overwhelming intervention research has demonstrated marginalization (i.e., racial, SES, or gender) significantly impacts educational success. Multiple studies have shown that by reducing feelings of marginalization, students are able to close the achievement gap and report better well-being and belongingness.

Sexism is another aspect of marginalization that is often reviewed in the literature. Koch, D'Mello, and Sackett (2014) conducted a meta-analysis reviewing research regrading hiring decisions for gender-dominated jobs. They reviewed 136 studies for the effects of decision-maker gender on gender biases in hiring decisions. The researchers found that men were often

preferred for male-dominated jobs regardless of qualifications although no gender preferences were found for female-dominated jobs. Additionally, men typically conformed to these gender-biased hiring decisions and these biases did not decrease when additional qualifications were provided by researchers in each study. A major limitation found through Koch, D’Mello, and Sackett’s (2014) meta-analysis was the lack of studies focusing on hiring decisions for female-dominated fields. The researchers cite this as limiting their ability to truly articulate an understanding of differences between hiring decisions for each type of field. They also use this limitation as a platform for additional research to be completed.

Sexism exists both in hiring decisions as well as within the field of work. Velez, Cox, Polihronakis, and Moradi (2018) sampled employed women of color and tested the associations between sexism and racism with poor work outcomes. Workplace marginalization was found to directly and indirectly be associated with higher psychological distress. Results also yielded an indirect association between discrimination and poor work outcomes such as job-related burnout and turnover intentions. The researchers found that modeling racism and sexism together provided a better fit to the data supporting the role of intersectionality in increasing marginalization. These results show that sexism and racism often influence perceived organization support and self-esteem. Velez, Cox, Polihronakis, and Moradi (2018) contributed to an understanding of the role of sexism in marginalization within the workplace.

Another identity that is often marginalized is sexuality. Meyer (2003) reviewed and the prevalence of mental health distress among lesbians, gay men, and bisexuals (LGBs) with a meta-analysis. The development of a conceptual framework is then offered to explain minority stress. Meyer (2003) explained “stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems”. The author went on to

describe minority stress as being both distal (e.g., external discrimination) and proximal (e.g., internalized prejudice) to the self. Additionally, Meyer (2003) stated that stigma is often experienced when individuals perceive others that are not ready to accept them. This perception leads to hypervigilance, thus increasing potential further rejection and discrimination. Stigma often results in individuals concealing their identities; although this may be adaptive for proximal moments, often leads to additional stress and internalized prejudices.

Meyer elaborated that for members of the LGB community, concerns related to their sexuality in an overtly heterosexual culture often leads to internalized homophobia. Through meta-analytic research Meyer (2003) concluded that LGB participants experience higher rates of mental health concerns compared to their heterosexual peers. Connecting these results to the PWT, marginalization can lead to fears of rejections progressing to concealment and internalized prejudice (minority stress) resulting in interference in attaining a job thus influencing work volition and career adaptability, eventually impacting decent work.

Transgender is another marginalized identity that has been shown to influence the experiences of individuals. Brewster, Velez, DeBlaere, and Moradi (2012) modified existing measures validated with lesbians, gay men, and bisexuals examining workplace heterosexist experiences, LGBT climate, and workplace sexual identity management. Measures were reworded to reflect the experiences of trans individuals. Brewster and colleagues sampled 263 working transgender adults to validate these existing measures for use with the trans population. They found much like the LGB populations trans populations experience additional workplace stress due to concealing their identities as part of a stigmatized group. Building on existing research, Brewster, Velez, DeBlaere, and Moradi (2012), provided evidence that less discriminatory workplaces are associated with greater job satisfaction for sexual minorities. The

authors suggest their findings show workplaces in which transgender individuals are free to express their gender identity lead to greater job satisfaction due to reduction of marginalization of their identity, not due to individuals simply “being out”.

Cooks (2007) explored the experiences of women following the onset of musculoskeletal disease to better understand the impact of marginalization based on health. In this qualitative study, eighteen women were interviewed to identify how workplaces can better support those with health concerns. A major theme emerged with sixteen women identifying social barriers as more debilitating than physical barriers. Twelve women discussed a lack of knowledge on the part of the workplace, leading to a lack of accommodations and unequal footing with their co-workers. Finally, Cooks interviewed one woman who discussed needing to take additional breaks at work due to her condition, she described co-workers suggesting she was abusing the system due to her needs. These voices represent yet another marginalized group and their struggles related to work.

The studies discussed demonstrate the complexity and range of marginalization. Studies include theorized factors related to marginalization (e.g., Diemer & Blustein, 2007; Meyer, 2003), effects on academic and work performance (e.g., Miyake et al. 2010; Stephens, Hamedani, & Destin, 2014; Walton & Cohen, 2011; Brewster, Velez, DeBlaere, & Moradi, 2012; Cooks, 2007) and marginalization’s effect on mental health (e.g., Meyer, 2003; Walton & Cohen, 2011). Researchers have demonstrated interventions aimed at reducing the harmful effects of marginalization to successfully reduce gaps between groups in both workplace and academic settings (e.g., Miyake et al., 2010, Stephens, Hamedani, & Destin, 2014; Meyer, 2003; Walton & Cohen, 2011). However, a vast majority of these studies have been aimed towards marginalization within academic settings.

Another concern arising from current research is the continual focus on marginalization from one social category pertaining to an individual. Often current research fails to take into account the intersectionality of multiple group memberships (Cole, 2009). The PWT was designed to better understand the effect of multiple identities and their interactions on access to decent work (Duffy, Blustein, Diemer, & Autin, 2016). Further studies utilizing the PWT should continually review the intersectionality between identities (e.g., veterans and mental health stigma).

Finally, a significant concern with current research on marginalization is the lack of methodological consistency. The above studies often fail to represent individuals who may not subjectively feel marginalized or perceive their experiences of inequality because of their social categories. Also, current methods often assume experiences of marginalization are the same for members of a group and to a similar degree of severity. By standardizing effects of marginalization, we fail to gain knowledge regarding the complexity and depth of experiences of marginalization. Continual use of measures to assess the direct experiences and their effects can improve upon this weakness.

Work volition.

Work volition represents an individual's perceptions of choice in career-decision making despite constraints (Duffy, Blustein, Diemer, Autin, 2016). The idea that individuals have a relatively high level of choice in their choices regarding work has been criticized (e.g., Blustein, 2001; Richardson, 1993). Within the PWT, work volition is theorized to be person dependent yet rooted in real experiences and tangible limitations. Thus, work volition is based on the reality of one's social and economic situations, yet dependent upon one's own interpretations of his or her experiences.

Duffy et al. (2012) created the Work Volition Scale (WVS) and found a three-factor structure of work volition: (a) general volition, (b) financial constraints and (c) structural constraints. Duffy and colleagues sampled 143 parents with students in a lower-income middle and high school and 89 graduate students. The researchers completed a confirmatory factor analysis, sampling 185 working adults to confirm their three-factor structure. They found scores on the (WVS) were correlated with other positive career variables such as locus of control and self-evaluations (i.e., self-esteem, generalized self-efficacy, neuroticism). The completion of a third study, sampling 179 adults recruited from job fairs and churches, showed scores were positively correlated with career compromise (i.e., balancing subjective need and objective reality through career choices) and negatively correlated with career barriers (i.e., marginalization). The authors suggest that their results indicate work volition is a separate construct than other career constructs.

Duffy, Diemer, and Jadidian (2012) developed a student version of the Work Volition Scale (WVS-SV). Their results suggested a two-factor structure for students (a) volition and (b) constraints. The researchers state a two-factor structure is a result of combining the financial and structural constraints factors of the WVS. In their study Duffy, Diemer, and Jadidian sampled 312 undergraduate students and found work volition to be highly correlated with self-evaluations and moderately with career decision self-efficacy. They further found work volition to be weakly correlated with career locus of control and barriers. They suggest these results further support the notion of work volition as an independent construct within vocational psychology.

Duffy and Dik (2009) contributed to the understanding of work volition by discussing factors that may impact work volition. They note that, although work volition has long been an underlying assumption of career choice, it rarely has been used as an empirically tested variable.

They reviewed four external factors that may alter individual's work volition: (a) family expectations and needs, (b) life circumstances, (c) religious and spiritual factors, and (d) social service motivation. Duffy and Dik suggest family expectations and needs may be the most significant external factor. Factors such as siblings and birth order, having one's own children, and economic needs all can influence one's sense of work volition. Additionally, job trends within families (i.e., family heritage of military service) can influence work volition. Secondly, situations, often uncontrollable, at both an individual or societal level may impact work volition. One's physical and mental health may lead to a sense of appropriate career choices whereas opportune events may lead to increased career choices. At a societal level, marginalization, SES, and stigma related to identities may decrease work volition.

Religious or spiritual individuals may view their career decisions and sense of work volitions as an extension of God's. Those who are more devoted in their faith may see experiences as a part of divine messages regarding their career opportunities. Lastly, the authors suggest that those who view the role of work as a means to better the world around them may experience different perceptions regarding their work volition. Duffy and Dik (2009) suggested most vocational research has been focused on populations for whom these external influences are not as salient (i.e. college-age, single, wealthy, White), thus it may be fruitful for future studies to focus on other more diverse populations.

In response to the call for additional research, Duffy, Douglass, Autin, and Allan (2015) conducted two studies to examine external predictors of work volition. In their first study, they sampled 231 undergraduate psychology students using the WVS-SV and asked students about (a) their subjective evaluation of social class, (b) experiences of positive affect, (c) subjective belief regarding personal control over their career, and (d) experiences of career related barriers.

Results of a regression analysis indicated social class, sense of control, and barriers all significantly predicted work volition. They found neither gender nor ethnicity were significant within their regression analysis. The researchers suggested decreases in work volitions for marginalized identities may be due to limitations in both social and economic resources.

Duffy, Douglass, Autin, and Allan (2015) followed up their original study utilizing the same survey as time one. They sampled 286 undergraduate psychology students at two time points over a 3-month span. They found social class and career barriers at time one predicted work volition at time two. They also found work volition at time one predicted career barriers at time two. Duffy and colleagues suggest these findings are consistent with prior knowledge of external influences of work volition (i.e., Duffy & Dik, 2009). This further highlights the relationship between work volition and barriers, stating higher perceptions of one's work volition may lower beliefs about potential career barriers.

Recently, Duffy, Jadidian, Douglass, and Allan (2015) studied the experiences of work volition for veterans. They employed several demographic variables and psychological constructs as predictors of work volition for veterans. Their sample consisted of 213 veterans gathered using an online data collection service, participants received the WVS-SV, PTSD check-list (PCL), Mini-Marker Scale (neuroticism and conscientiousness), Sense of Control Scale (locus of control) and demographic questionnaire. Their results indicate that veterans who experienced higher levels of work volition reported (a) higher levels of formal education, (b) higher yearly income, (c) were married, (d) employment, (e) lower PCL scores, (f) lower neuroticism, (g) higher conscientiousness and (h) higher internal locus of control. Duffy and colleagues reported the relationship between PCL score, neuroticism and conscientiousness to work volition was fully mediated by locus of control meaning veterans who experience these

affects (PTSD, high neuroticism and low conscientiousness) generally feel limited in their control of their lives (internal locus of control).

Work volition has been demonstrated to predict satisfaction across a number of domains such as academia (Duffy, Diemer, & Jadidian, 2012), job (Duffy, Bott, Torrey & Webster, 2013; Duffy, Autin, & Bott, 2015) and life (Duffy, Bott, Allan, & Torrey, 2013). Duffy, Diemer, and Jadidian (2012) surveyed 447 undergraduate students to test the relationship between work volition and both academic satisfaction and career decision self-efficacy. Results indicated work volition scores were significantly higher for both White and Latino students than for African American and Asian American students; supporting the notion White students tend to face less discrimination in academic settings. Additionally, results showed work volition was strongly correlated with career decision self-efficacy and moderately correlated with locus of control and academic satisfaction and a partial mediator relationship of locus of control on the effects of work volition on career decision self-efficacy.

Duffy, Autin, and Bott (2015) also tested for potential mediators on work volition. The researchers sampled 280 working adults via an online survey on measures of work volition, job satisfaction, person-environment fit and work meaning. Results showed significant correlations between the variables with work volition, person-environment fit, and work meaning, explaining 82% of the variance in job satisfaction. Furthermore, work meaning, and person-environment fit together fully mediated the effect of work volition on job satisfaction; these results suggest those who sense greater control over their career decisions will choose to work in environments that complements their personalities and is meaningful to them leading to increased job satisfaction.

Work volition was also shown by Duffy, Bott, Torrey, and Webster (2013) to act as a moderator between positive affect, self-evaluations, perceived organizational support, and work

self-efficacy to job satisfaction. Results showed significant correlations between the study variables and that work volition scores predicted job satisfaction after controlling for positive affect, self-evaluations, perceived organizational support, and work self-efficacy. These results provide additional evidence of the relationship between work volition and job satisfaction.

Finally, Duffy, Bott, Allan, and Torrey (2013) showed a relationship between work volition and life satisfaction. In their study, 184 unemployed adults were recruited through job fairs and a state-sponsored employment agency. The researchers explored their model of work volition, optimism, job search support, job search self-efficacy and job search behaviors. Results indicated all variables, except job search behavior, predicted job satisfaction. Through regression analysis, factors accounted for 35% of the variance in life satisfaction and work volition was significantly predicted by optimism. The researchers suggest their results further support work volition as a factor related to satisfaction.

Despite the relative newness of the work volition literature, evidence related to incremental validity as well as relationships to both career variables and satisfaction has been shown. As discussed, relationships exist between work volition and academic, job, and life satisfaction. Work volition also has a strong relationship with other career variables such as career decision self-efficacy (Duffy, Diemer, & Jadidian, 2012), person-environmental fit and work meaning (Duffy, Autin, & Bott, 2015) and self-efficacy (Duffy, Bott, Allan, & Torrey, 2013). Finally, work volition has been utilized as an outcome variable predicted by both demographic and psychological variables such as social class and career barriers (Duffy, Douglass, Autin, & Allan, 2015) and formal education, income and marriage (Duffy, Jadidian, Douglass, & Allan, 2015).

Work volition is not without critique. First, most of the reviewed articles utilized either undergraduate students or online sampling methods. Although undergraduate students provide convenient sampling, they may have higher work volition due to their educational status. Whereas the use of online sampling enables researchers to reach greater audiences, it again provides convenient means of sampling and raises concerns of validity. Online sampling also requires access to a computer and participants are paid for their responses, additionally younger generations tend to use computers and can raise concerns regarding generalizability such as Jadidian and Duffy (2012) did noting their sample of veterans may in fact represent a younger group compared to the general veteran.

Research on work volition has also heavily relied on correlational research and self-report measures at this point. Future research utilizing alternative methods (e.g., intervention research and qualitative studies) may help alleviate concerns related to causal relationships among variables. Additionally, further differentiation between variables such as economic constraints and career adaptability will strengthen the concept of work volitions. Currently, the financial constraints factor within the WVS measures the need to take proximal employment due to financial concern whereas economic constraints focuses on the effects of limited resources. Theoretically these constructs are independent, however empirical investigation is needed to prove they are distinct constructs. Similarly, work volition bears a resemblance to career adaptability within Rottinghaus, Buelow, Matyja, and Schneider's (2012) career adaptability factor of career agency.

Career adaptability.

Career adaptability is viewed as the process of continually re-evaluating and responding to changes within the work environment. Savickas (1997) defined the construct as “the readiness

to cope with the predictable tasks of preparing for and participating in the work role and with the unpredictable adjustments prompted by changes in work and working conditions” (p. 254). In his work, Savickas identified four factors making up career adaptability: (a) planful foresight, (b) exploration of the situation, (c) self and situational knowledge, and (d) decisional skills; later Savickas (2005) redefined these as the “four C’s” concern, curiosity, control, and confidence.

Rottinghaus, Day, and Borgen (2005) developed the Career Futures Inventory (CFI) to assess career adaptability through positive career planning attitudes. Researchers sampled 611 students at one time point and randomly split the data (305 and 306) to perform both an exploratory and confirmatory factor analysis. The results of the EFA found career adaptability was one of three factors within the CFI along with career optimism and perceived knowledge of job market. The CFA showed the factor structure of the EFA was an adequate fit. Correlations were found between each of the factors of the CFI (adaptability, optimism, and knowledge) and positive life outcome expectations, positive affect, lack of negative affect, problem-solving confidence, habitually approaching problems, lack of neuroticism, extraversion, openness to experience, agreeableness, conscientiousness and skills confidence.

A revision to the CFI was completed (CFI-R) by Rottinghaus, Burlow, Matyja, and Schneider (2012). Researchers developed an item pool consisting of the original and new items related to the CFI structure, a total of 148 items was tested. The items were developed based on updated definitions of career adaptability and were provided to 250 students at two universities. Results indicated a five-factor structure related to (a) career agency, (b) negative career outlook, (c) occupational awareness, (d) support, and (e) work-life balance. The original item was condensed for parsimony to 28-item then retested for instrument validity. Through a sample of 348 students, the CFI-R was correlated with theoretically relevant constructs such as career

decision-making self-efficacy, career decision-making difficulties, coping strategies, decidedness, and positive life outcome expectations.

Finally, Rottinghaus et al. (2016) completed a confirmatory factor analysis of the CFI-R as it was not completed upon initial development. A sample was gathered from 332 students starting career counseling at a university career counseling center and 116 of the original 332 at the end of their counseling. The results of the CFA demonstrated the five-factor structure fit best opposed to a more parsimonious model. Four of the factors (agency, occupational awareness, support, and work-life balance) increased career adaptability whereas one factor (negative outlook) decreased career adaptability.

Hirschi (2009) conducted a longitudinal study to measure factors that increase career adaptability in Swiss adolescents. The researcher utilized the original career adaptability factors identified by Savickas (1997) (i.e., career choice, readiness, planning, and exploration). In addition to measures designed to specifically review each of the four factors, immigration status was thought to influence the relationship, thus was also collected. A sample of 330 eighth grade students was collected at two time points (start and end of the academic year). At time two, the same measures assessing choice, readiness, planning, and exploration were used as well as measures of emotional disposition, perceived social support, and life satisfaction. Results indicated that time one positive emotion disposition, goals decidedness, and both capability and social context beliefs all predicted time two career adaptability. As hypothesized, immigration status had a significant influence on career adaptability as well. Adaptability was shown to be higher for students who intended to continue their education and was shown to increase students' sense of power and life satisfaction. The study was limited due to the decision to not collect

emotion disposition and social context beliefs at time one but nonetheless demonstrates the importance of career adaptability in development.

The development of career adaptability for adolescent mothers was discussed by Barto, Lambert, and Brott (2015). They sampled 101, 15- to 18-year-old high school mothers and similar to Hirschi (2009) used Savickas original conception of career adaptability with measures of career planning, exploration, and decision-making. The researchers compared results of participants with normed sample means, a major methodological concern. They found mothers scored similar to normative samples on both planning and decision-making and lower on career exploration. Through a regression analysis, results showed resiliency was the greatest predictor of adaptability. Barto, Lambert, and Brott (2015) provided evidence of another predictor, resiliency, of career adaptability.

Duffy (2010) examined data from 1,991 first-year college students to understand the impact that sense of control has on career adaptability. Duffy used two measures of career adaptability, the Career Adapt-Ability Scale (CAAS), Savickas and Porfeli, (2012) and the CFI Rottinghaus, Day, and Borgen, (2005). Duffy found a strong relationship between the CAAS and CFI; results also indicated significant relationships between supportive relationships, self-esteem, and positive outlooks on future career and career adaptability. Duffy notated that each of the relationships was partially mediated by a sense of control thus suggesting the need for additional research regarding control (i.e., work volition) and career adaptability.

Finally, Zhou, Guan, Xin, Mak, and Deng (2016) examined the predictors of career adaptability among 437 Chinese college students. Zou and colleagues collected responses on the CAAS as well as career success, extrinsic compensation, intrinsic fulfillment, work balance, locus on control, and career decision self-efficacy. Results indicated intrinsic fulfillment, work-

life balance, internal locus of control, and career decision self-efficacy each correlated with career adaptability. They also found career adaptability was a significant predictor of self-efficacy after controlling for other variables. The Zou and colleagues work contributed to the understanding of career adaptabilities importance to other career constructs.

Duffy, Douglass, and Autin (2015) were interested in career adaptabilities' four factors in predicting academic satisfaction. A sample of 412 college students were provided the CAAS, WVS-SV, and measures of academic satisfaction as well as career decision self-efficacy. Results indicated that all four factors of the CAAS were related to academic satisfaction. Using structural equation modeling, it was found that none of the four factors of CAAS were significantly related to academic satisfaction when controlling for work volition and career decision self-efficacy, thus the relationship between adaptability and satisfaction was shown to be fully mediated. The authors reported that self-efficacy was the most robust mediator showing significant relationships with three of four adaptability factors (control, concern, and confidence) whereas work volition was only predicted by one (control). The relationship between career control and work volition was highly correlated but discussed as being theoretically distinct.

Career adaptabilities have been shown to impact satisfaction with life but not academic satisfaction for college veterans. Ghosh, Kessler, Heyrman, Carbonelli, and Opelt (in-press) examined career transition readiness, career adaptability, academic satisfaction, and satisfaction with life among 134 student military veterans. The researchers found significant correlations between satisfaction with life and score on career transition readiness and career adaptability. Through regression analysis career transition readiness and career adaptability significantly predicted satisfaction with life and career adaptability was found to be a significant predictor of

satisfaction with life. The results of the study demonstrate the complexity of veteran transitions into academic settings.

Career Adaptability has been demonstrated to predict subjective career success by Zacher (2014). A sample of 1,723 Australian participants were administered the CAAS, Big 5 personality traits, and core-self evaluations through an online survey. The researcher found through regression analysis the CAAS was supported as a predictor of satisfaction and subjective performance above the Big 5 personality traits and core-self evaluations. of the four factors, only concern and confidence demonstrated the ability to predict satisfaction and subject performance and control only successfully predicted satisfaction and subjective performance when they put into hierarchical regression first.

Career adaptabilities' influence on the process of job searching was examined by Guan et al. (2013). The researchers conducted a longitudinal study investigating effects of career adaptability on 270 Chinese students in their job search process. Across the three time points, different surveys were administered: time one included demographic variables and CAAS, time two included assessment of job search self-efficacy, time three consisted of employment status and person-environment fit. Results indicated career adaptabilities predicted employment and person-environment fit and these effects were partially mediated by job search self-efficacy.

Buyukgoze-Kavas, Duffy, and Douglass (2015) conducted a study to determine if career adaptability predicted life satisfaction and if the relationship was mediated by work volition and life meaning. Participants from a university in Turkey ($n = 1,727$) were surveyed on the constructs to test their relationships. Career adaptabilities factors of concern and control, but not curiosity and confidence, had effects on life satisfaction. They also found work volition and life

meaning mediated the effects of concern and control on satisfaction. The authors further the understanding of career adaptabilities effects on overall sense of well-being.

Finally, Rudolph, Lavigne, and Zacher (2017) completed a large-scale meta-analysis reviewing the relationship between career adaptability and measures of adaptivity, adapting responses, adaptation results, and demographic variables. The researchers included 90 studies and found incremental predictive validity of career adaptability for career, work, and subjective wellbeing measures. Career adaptability was shown to have a significant association with adaptivity (i.e., big five traits, core self-evaluations, and self-esteem), adapting responses (i.e., career exploration and career decision-making self-efficacy), adaptation results (i.e., career/job/school satisfaction, employability, and turnover intentions), and demographic characteristics (i.e., age and education). Rudolph, Lavigne, and Zacher (2017) stated these results show strong support for the career adaptation.

Rudolph, Lavigne, Katz, and Zacher (2017) completed an additional meta-analysis of career adaptability looking at each of the four dimensions. They reviewed 76 career adaptability studies and found that through confirmatory factor analysis the four-factor model (i.e., concern, control, curiosity, and confidence) of career adaptability was supported. Additionally, the researchers found relationships between career adaptability and adaptation results (e.g., job performance, job satisfaction, and turnover intentions). Rudolph, Lavigne, Katz, and Zacher (2017) advocated for future research to modify methodologies and refocus research questions to accommodate variations in the dimensions of career adaptability

Career adaptability has grown in the literature over the previous two decades and continues to grow through research identifying predictors and outcomes (Rudolph, Lavigne, and Zacher, 2017; Rudolph, Lavigne, Katz, and Zacher 2017). Both the CAAS and CFI have been

shown through the literature to sufficiently assess career adaptabilities; however, consistently the subscales of curiosity and confidence have yielded little impact on predicting outcomes. Career adaptability has been demonstrated to be predicted by individuals' sense of control (Duffy, 2010), life experiences (Barto, Lambert, & Brott, 2015), and immigration status (Hirschi, 2009). Researchers have also demonstrated the ability of career adaptabilities to predict academic satisfaction (Duffy, Douglass, & Autin, 2015; Gosh, Kessler, Heyrman, Carbonelli, & Opelt (in-press), subjective evaluation of career success (Zacher, 2014), job search and placement success (Guan et al., 2013), and finally overall life satisfaction (Buyukgoze-Kavas, Duffy, & Douglass, 2015)

Despite career adaptabilities relevance to career constructs there are substantial limitations to note. Most of the research done has been correlation research based upon self-report measures thus there is an inherent bias to these self-reported data. Additionally, antecedents to and outcome of adaptability have been based on theoretical propositions and time-based antecedents in longitudinal studies. Future research can benefit from increased in variety of methods (e.g. experimental and additional longitudinal studies).

Concerns have been developed with regards to the utility of the CAAS and its four factors. Although it has proven to be a popular scale and is often used, some of the subscales often fail to achieve significance (most notable curiosity) in models tested (e.g., Duffy Douglass, Autin 2012; Zacher, 2014; Buyukgoze-Kavas, Duffy, & Douglass, 2015). Additionally, concerns regarding the instrumental validity can still be addressed. Rottinghaus, Burlow, Matyja, and Schneider (2012) in their revised version of the CFI found control, confidence, optimism, and self-awareness all fall under career agency although Savickas and Porfeli (2012) conceptualize control and confidence stand alone as their own factors of career adaptability.

Finally, additional research discerning work volition and career adaptability may reveal if the two are distinct or not. Currently work volition has been demonstrated to be a full mediator in the relationship between career decision self-efficacy (Duffy, Douglass, & Autin 2015) and life meaning (Buyukgoze-Kavas, Duffy, & Douglass, 2015).

Moderators.

Duffy, Blustein, Diemer and Autin (2016) outlined an additional 12 propositions in the PWT model. These 12 propositions outline four moderators that may buffer the harmful effects of economic constraints and marginalization on work volition, career adaptability and decent work resulting in positive vocational outcomes. These moderators will not be utilized in this proposal but do inform interpretations of studies utilizing the PWT. The four moderators are (a) proactive personality, (b) critical consciousness, (c) social support and (d) economic conditions.

First, proactive personality is thought to diminish the effect of marginalization and economic constraints on work volition (proposition 11), career adaptability (proposition 12) and attainment of decent work (proposition 13). Duffy and colleagues utilize Li, Liang, and Crant's (2010) definition of proactive personality; the disposition towards taking personal initiative to influence one's environment. Fuller and Marler (2009) completed a meta-analysis of 107 studies and found proactive personality was linked to both subjective (perceived success and job satisfaction) objective (salary and promotions) career success, proactive job behaviors, job performance, work related motivation, and overall well-being.

Critical consciousness is proposed by Duffy, Blustein, Diemer, and Autin (2016) to diminish the effects of economic constraints and marginalization on work volition (proposition 14), career adaptability (proposition 15), and attainment of decent work (proposition 16). Critical consciousness consists of (a) critical reflection (analysis of social and structural

contributions to social inequities), (b) political efficacy (perceived capacity to effect social and political change), and (c) critical action (individual or collective actions to change perceived inequalities) (Freire, 1993; Watts, Diemer, & Voight, 2011). Watts, Diemer, and Voight (2011) completed a review of literature pertaining to critical consciousness. Through this they found fostering critical consciousness within education promotes students to take social action (e.g., identifying inequities in school lunch programs) and allows them the opportunity to build skills related to taking social action. Within the PWT, critical consciousness is theorized to buffer against the effects of marginalization and economic constraints.

Social support is defined by Cohen and Wills (1985) as the degree an individual feels supported by family, friends, significant others, and the community in order to cope with stress and adversity. The PWT suggests social support again diminishes the effects of economic constraints and marginalization on work volition (proposition 17), career adaptability (proposition 18), and attainment of decent work (proposition 19). Researchers have been able to consistently demonstrate the positive effects of social support on student's GPA, academic self-efficacy, and positive affectivity (e.g., Malecki & Demaray, 2006; Garriott, Flores, & Martens, 2013; Raffaelli et al., 2012).

Lastly, strong economic conditions are theorized to decrease the effects of economic constraints and marginalization on work volition (proposition 20), career adaptability (proposition 21), and attainment of decent work (proposition 22). Economic conditions focus on societal-level factors such as unemployment rate, accessibility of living wages, job advancement opportunities and access to job training. The incorporation of economic conditions is designed to aid in the connection between policy and personal-level impacts.

Outcomes of decent work.

The final part of the PWT model is related to the outcomes of access to decent work. These again, will not be utilized through this proposal, however it is beneficial to briefly review them. Duffy, Blustein, Diemer, and Autin (2016) proposal through access to decent work, individuals are better situated to fulfill (a) survival needs, (b) social connection needs, and (c) self-determination needs. By fulfilling these three needs, it is proposed that work fulfillment and well-being will be increased.

Survival needs include things such as access to food, shelter, and social capital. Duffy and colleagues propose these needs can be met through the obtainment of decent work (proposition 23). Reliable income, job safety and security should aid in meeting these needs. The authors suggest through decent work individuals may fulfill relational needs (proposition 24). The authors discussed Baumeister and Leary's (1995) evidence that humans need to have frequent and ongoing interactions with one another to ward off ill physical and mental health effects. Through decent work individuals may feel more able to form workplace as well as larger societal bonds (Blustein, 2011). Lastly, decent work is theorized to fulfill self-determination needs (proposition 25). Self-determination needs are borrowed by Ryan and Deci's (2000) Self-Determination Theory in which three psychological needs are suggested for optimal growth: (a) need for competence, (b) need for relatedness, and (c) need for autonomy.

The authors of the PWT suggest by fulfilling these three needs (survival, social connection and self-determination) individuals are able to fulfill other needs such as work fulfillment. The PWT shows work fulfillment as being predicted on survival needs (proposition 26), social connected needs (proposition 27) and self-determination needs (proposition 28). The same relationship is proposed for fulfillment of well-being. Through fulfillment of survival needs (proposition 29), social connected needs (proposition 30), and self-determination needs

(proposition 31) the PWT theorizes individuals will fulfill their sense of well-being. Lastly, Duffy and colleagues propose work fulfillment and well-being are positively related and bidirectional (proposal 32). Duffy, Allan, Autin, and Bott (2013) suggested through positive work experiences individuals may experience life satisfaction; thus, the interrelated nature of work fulfillment and well-being.

Gaps in the Current Literature

Throughout this chapter, it has been noted that there is relatively little research completed looking at the experiences of veterans across these various domains (i.e., stigma and the PWT). With regards to the PWT, to date, one study has been completed reviewing the experiences of veterans, specifically this study looked at work volition among veterans (Duffy, Jadidian, Douglass, & Allan, 2015). Despite the little completed research, veterans have been noted to encounter work difficulties after their separation from the military (Morin, 2011; Sayer et al., 2010; Faurer, Rogers-Broderson, & Bailie, 2014). Although the PWT is a relatively new construct, literally searches yield as few as 94 articles pertaining to the construct, this proves to be an opportune time to investigate veterans experience whereas contributing to the overall theory.

The experiences and contributing factors of both public and self-stigma related to mental health have been discussed (Shim & Rust, 2013; Bharadwaj, Pai, & Suziedelyte, 2017; London & Rosenthal, 2013; Thornicroft et al., 2016). Little research has been completed reviewing the effects of this stigma on veteran experiences (Nash et al., 2009; Gould, 2010; Daily, 2015; Pols & Oak, 2007) let alone on veteran experiences related to work transitions. This study poses itself to contribute to both areas of psychology, specifically for veterans.

The present study seeks to test a theoretical model between public and self-stigma experienced by veterans and their subjective evaluation of access to decent work. This model is based on the model provided by Duffy, Blustein, Diemer, and Autin (2016) which was further revised by Duffy et al. (2019a). Specifically, the following research questions will be examined:

1. Does the Military Stigma Scale correlate with mental health distress and maintain its factor structure for veterans with mental health concerns?

H₀: Mental health distress does not correlate and maintain its factor structure with mental health stigma within the veteran population.

H₁: Mental health distress does correlate and maintain its factor structure with mental health stigma within the veteran population.

2. What is the relationship between stigma and decent work for veterans with mental health distress?

H₀: Stigmatized beliefs regarding mental health are not correlated with experiences of decent work.

H₁: Stigmatized beliefs of mental health are correlated with experiences of decent work.

3. Does the test of the Psychology of Working model, utilizing mental health stigma as a form of marginalization, predict experiences of decent work for Veterans with mental health concerns?

H₀: The PWT's empirical model does not predict experiences of decent work for veterans with mental health distress.

H₁: The PWT's empirical model does predict experiences of decent work for veterans with mental health distress.

Chapter III: Method

This chapter outlines the methodology, participants, procedures, instruments, and preliminary analysis in the present study. Specifically, this nonexperimental, quantitative study investigates the theoretical relationship of mental health distress, stigma, economic constraints, marginalization, work volition, and career adaptability on veteran experiences of decent work. Path analysis was used to compare the original PWT path model (Duffy, Blustein, Diemer, & Autin, 2016; Duffy et al., 2019) with one utilizing mental health stigma as a predictor of marginalization. A path analysis was used to assess the significance of the model predicting decent work.

Questions and Hypotheses

The present study sought to test a theoretical proposition that mental health stigma experienced by veterans affects subjective evaluation of access to decent work. This model was based on the model provided by Duffy, Blustein, Diemer, and Autin (2016) which was further revised by Duffy et al. (2019). Specifically, the following research questions were examined:

1. Does the Military Stigma Scale correlate with mental health distress and maintain its factor structure for veterans with mental health concerns?

H₀: Mental health distress does not correlate and maintain its factor structure with mental health stigma within the veteran population.

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2. What is the relationship between stigma and decent work for veterans with mental health distress?

H₀: Stigmatized beliefs regarding mental health are not correlated with

experiences of decent work.

H₁: Stigmatized beliefs of mental health are correlated with experiences of decent work.

3. Does the test of the Psychology of Working Theory model, utilizing mental health stigma as a form of marginalization, predict experiences of decent work for Veterans with mental health concerns?

H₀: The PWT's empirical model does not predict experiences of decent work for veterans with mental health distress.

H₁: The PWT's empirical model does predict experiences of decent work for veterans with mental health distress.

Data Collection

IRB approval (see Appendix A) was obtained prior to data collection, using both MTurk and online forms. Participants were asked to follow an electronic link to a Qualtrics survey and were presented with a consent form (see Appendix B), then asked to complete the measures previously discussed. Participants were provided resources (see Appendix C) in case they experienced any form of mental health distress. Participants recruited through online forms were asked for their name and email address in a linked, separate Qualtrics survey after completion of the main survey to facilitate compensation. This information was not needed to facilitate compensation through MTurk as the payments are internally linked through their service with unique Worker IDs. All personal information was disconnected and maintained separate from the main survey, thus there was no possibility of linking survey results with personal information.

Participants were recruited to take an electronic survey through posting on internet forms designed for veterans (i.e., Facebook groups and military subreddits on Reddit) and Amazon Mechanical Turk (MTurk). A 2011 study by Buhrmester, Kwang, & Gosling looking at the reliability of online data, specifically data collected through MTurk, found that MTurk data is at least as reliable as data obtained through traditional methods. Their results support the popularity of the platform which has become increasingly popular within behavioral research. Difallah, Filatova, & Ipeirotis (2018), reported roughly 100,000 workers however note the actual number fluctuates and is difficult to track. Many (e.g., Buhrmester, Kwang, & Gosling, 2011; Difallah, Filatova, & Ipeirotis, 2018), suggest utilizing data tracking tools to assess population representation at the time of a study. According to Moss, Rosenzweig, Robinson, & Litman (2020) and Litman and Robinson (2020), during the period the present study was posted, the population pool was estimated to be roughly 56.4% female and 43.3% male. Additionally, the population consisted of roughly 75% White, 12.7% Black, 1% American Indian or Alaskan Native, 7% Asian, and .5% Native Hawaiian or Pacific Islander; 11% of the population was Hispanic. The largest represented age groups were 18-29 (32.5%) and 30-39 (34%) and 46% were married, 42% were never married, and 12% were either widowed, separated, or divorced (2%, 1% and 9% respectively). The present study was made available to those who were registered as being an American who served in the United States Armed Forces and was an English speaker over the age of 18. Participants recruited via MTurk were paid \$1.00 and those recruited via internet forms were paid \$5.00 for completing the survey. The discrepancy between pay rates was approved through the Institutional Review Board (IRB) at the University of Wisconsin-Milwaukee prior to data collection; the pay rates were designed to match the current reimbursement rate between the different forms and avoid any potential coercion to lie to

be reimbursed at a much higher rate than average. There was no way for the researcher to identify if one individual accessed the survey via both an online form and MTurk however, qualifications were in place to prevent a single person from accessing the survey twice from the same recruitment method. Full IRB approval was obtained prior to data collection.

Recruitment materials advertised the purpose of the study and qualifications as well as a Qualtrics link to the survey. Participants who consented with the study were provided questions pertaining to their military service (i.e., “Have you ever served in the United States Military?” and “Are you currently serving in the United States Military?”); respondents who have served but were not currently serving were provided the Mental Health screeners. Respondents were provided measures to assess for the most prevalent mental health concerns among veterans: depression, anxiety, and posttraumatic stress (Department of Veterans Affairs, 2015). They first took the PHQ-9 followed by the GAD-7 and PCL-5, Qualtrics software calculated scores for each measure and those who scored less than a five on the PHQ-9 and GAD-7 and less than a 32 on the PCL-5 were screened out. Veterans who screened positive for mental health concerns were then asked questions pertaining to demographic variables as well as measures to assess for mental health stigma and marginalization (e.g., Military Stigma Scale), economic constraints (e.g., Economic Constraints Scale), work volition (e.g., Work Volition Scale), career adaptabilities (e.g., Career Futures Inventory), and finally decent work (e.g., Decent Work Scale). Participants were asked to complete each scale before moving to the next. Participants were provided contact information for mental health resources within both the consent and concluding thank-you script in case they felt an increase in emotional distress due to any question within the survey.

Data Analysis

Categorical variables were first dummy coded. Gender was coded as: (1) male, (2) female, (3) transgender, or (4) other (with a “please specify” box). Race was coded as: (1) American Indian/Alaska Native, (2) Asian American, (3) Black/African American, (4) Latino/a/x, (5) White/Caucasian, (6) biracial or multiracial, (7) other (with a “please specify” box), or (8) prefer not to say; ethnicity was coded: (1) Hispanic or (2) non-Hispanic. Deployment era was coded as: (1) Korean era, (2) Vietnam era, (3) Gulf-War I, (4) Post 9/11 (i.e., OFE/OIF/OND), (5) other (with a “please specify” box); combat exposurer was coded: (1) yes or (2) no. Primary service component while serving was coded: (1) active duty, (2) reservist, (3) National Guard, or (4) other (with a “please specify” box). Finally, marital status was coded: (1) single, (2) married, (3) divorced, (4) separated, (5) widowed.

After cleaning and coding was completed, descriptive statistics and correlations were analyzed. A Pearson product-moment correlation is used to determine the strength and direction of a relationship between two continuous variables (Keith, 2017). Pearson correlation coefficients are denoted as r and range from -1 or a perfect negative linear relationship to +1 or a perfect positive linear relationship with a value of zero representing no relationship between two variables. It was hypothesized that mental health distress would be positively correlated with stigma and negatively correlated with decent work. Furthermore, stigma was thought to have a positive correlation with both marginalization and economic constraints although having a negative correlation with decent work. The relationship between the remainder of the variables (i.e., economic constraints, marginalization, work volition, career adaptability, and decent work) were believed to subsume Duffy, Blustein, Diemer, and Autin (2016) and Duffy et al. (2019) theoretical relationships as discussed in previous chapters.

Correlations were followed by a confirmatory factor analysis to ensure the various scales factor structures were consistent with their original publications. Confirmatory factor analysis is a reduction technique used to place many items within a measure that highly correlate with each other on one factor, placing items that correlate at a low level with each other on another factor (Keith, 2017). This was used by the researcher to confirm the internal validity of the scales used with the population being tested. It was believed that the Military Stigma Scale would consist of two factors representing public stigma and self-stigma. The Work Volition Scale would consist of three factors, a volition, financial constraints, and structural constraints subscales. Finally, the Decent Work Scale would consist of five factors representing the five facets of decent work: physically and interpersonally safe working conditions, access to healthcare, adequate compensation, hours that allow free time and rest, and organization values that complement family and social values. In accordance with the original publications, all other scales (i.e., Economic Constraints Scale and Career Futures Inventory – Career Adaptability Subscale) would consist of one factor.

Lastly, a path analysis was used to examination of the proposed theoretical model of PWT containing pathways between the five original PWT variables and a new exogenous variable. Path analysis is a form of multiple regression analysis that is used to evaluate causal models by examining the relationship between a dependent variable and two or more independent variables (Keith, 2017). Through its use, one can estimate both magnitude and significance of casual connections between variables. Because researchers specify specific relationships between independent variables, the resulting models are able to show causal mechanisms through which independent variables produce both direct and indirect effects on a dependent variable (Keith, 2017). According to Keith (2017), three assumptions must be met in

order to successfully conduct a path analysis: (a) the dependent variable is a linear function of the independent variables, and the causal direction in the model must be correct, (b) each person should be drawn independently from the population, and (c) the errors are normally distributed and relatively consistent for all values of the independent variable. In this recursive model, self-stigma of mental health is the exogenous variable whereas economic constraints and marginalization (public mental health stigma) were correlated and endogenous variables. Additionally, work volition, career adaptability, and decent work were all treated as endogenous variables; therefore, all five endogenous variables had their own error terms. Following the examination of the theoretical model, testing of alternate, reduced, models of PWT utilizing stigma as a form of marginalization were ran. All models were reviewed for consistency with the theory behind PWT before analysis.

For both the theorized model of PWT and confirmatory factor analyses, the following goodness-of-fit indices were examined: model chi square, root mean square error of approximation (RMSEA), comparative fit index (CFI), and standardized root mean square residual (SRMR). Goodness-of-fit is often indicated by nonsignificant chi-square ($p > .05$), however, Ullman (2013) noted that within a smaller sample size the metric is often biased towards significance. Thus, chi-square will be reported and interpreted with caution considering sample size. Two of the more frequently used goodness-of-fit indices used are RMSEA and CFI (Ullman, 2013) thus these two were selected for analyses. The RMSEA indicates a lack of fit compared to a perfectly fit model; RMSEA values larger than .08 indicate a poor fitting model (MacCallum, Browne, & Sugawara, 1996). CFI test fit between a proposed and alternative model, Hu and Bentler (1999) suggest CFI values greater than .95 indicate a good fit. Finally, to examine the fit from the correlation of residuals, SRMR was selected. SRMR a measure of the average differences

between the variance and covariance of the sample and population; according to Hu and Bentler (1999), a SRMR of .08 or greater indicates a lack of fit.

Recruitment and Participants

Data was collected from a sample of 1,143 self-identified veterans with mental health distress over the age of 18. The use of a traditional methods such as G*Power to calculate a power analysis is not ideal when utilizing structural equation modeling methods. Although many suggest a minimum of 100-200 participants for adequate power (Tinsley and Tinsley, 1987; Anderson and Gerbing, 1988; Ding, Velicer, and Harlow, 1995; Comrey & Lee, 2013; Tabachnick & Fidell, 2013; Boomsma and Hoogland, 2001; Kline, 2005), Kline (2015) recommends the use of an observations to estimated parameters ($N:q$) ratio. Variability exists amongst scientist regarding the optimal ratio (e.g., 5:1 (Bentler & Chou, 1987) or 10:1 (Schreiber et al., 2006)) for the present study a more conservative ratio of 20:1 suggested by Kline (2015) was used. Given the proposed study has 13 parameters (i.e., two variances of exogenous variables, one covariance between endogenous variables, and nine direct effects on endogenous variables), a minimum of 260 participants was needed to obtain adequate power.

From the initial 1,143 participants who started the study, only 376 cases were used in the final data analysis. Seven hundred and sixty-seven participants did not meet survey qualification criteria and were removed for these reasons. Thirty-one did not consent to participate in the study. Additionally, 241 endorsed not being a veteran and an additional 182 indicated being a veteran, however, are still serving in the military. Seventeen veterans failed to endorse any mental health distress on the PHQ-9, GAD-7, or PCL-5 screeners. An additional 221 veterans simply did not complete the survey. of the remaining 451 veterans, the average time for completion was 14:43, 28 veterans took less than five minutes to complete the survey thus were

removed from analysis. Finally, 47 cases were removed using listwise deletion due to inconsistent responding. No additional values were missing, and the cases existing cases were screened for univariate outliers utilizing z-scores greater than 3.35, no additional cases were removed at this point. This resulted in the final count of 376 usable cases.

The 376 participants ranged in age from 18 to 65 with the majority of participants 42.3% ($n = 159$) between the age of 25 and 34. In the sample 76.8% ($n = 285$) of participants endorsed being male, 23.4% ($n = 88$) were female, and 0.8% ($n = 3$) were transgender. of those sampled, 70.2% ($n = 264$) individuals identified as being White/Caucasian, 17.6% ($n = 66$) endorsed being Black/African American, other endorsed races included American Indian/Alaskan Native (5.1%, $n = 19$), Asian American (4.5%, $n = 17$), Latino/a/x (1.9%, $n = 7$), and other/biracial (0.8%, $n = 3$). A total of 21.3% ($n = 80$) endorsed being Hispanic, whereas the remaining 78.7% ($n = 296$) endorsed being non-Hispanic. As for sexual orientation, 82.7% ($n = 311$) were heterosexual, 12.2% ($n = 46$) were bisexual and 4.3% ($n = 16$) were gay/lesbian; 0.3% ($n = 1$) and 0.5% ($n = 5$) of respondents endorsed “other” or preferred not to report their sexual orientation. The majority of participants (63.3%) endorsed being endorsed being married, 5.6% ($n = 21$) were separated, 7.2% ($n = 27$) divorced, 0.8% ($n = 3$) widowed; 23.1% ($n = 87$) had never been married. Most participants 61.6% reported completing some kind of postsecondary education (2-year degree, 15.4%, $n = 58$; 4-year degree, 34.8%, $n = 131$; master’s degree, 11.4%, $n = 43$), 1.9% ($n = 7$) reported less than a high school degree, 13.6% ($n = 51$) stated they possessed a high school degree, and 22.9% ($n = 86$) reported some college experience but no degree. When looking at employment, 77.9% ($n = 293$) were employed full time, 13.3% ($n = 50$) were working part time; of participants who were not currently working, 3.5% ($n = 13$) reported looking for employment, and 0.8% ($n = 3$) were not looking. Additionally 2.7% ($n = 10$) were retired, 0.8% ($n = 3$) were

students, and 1.1% ($n = 4$) reported being disabled. Regarding household income, participants ranged from making less than \$10,000 per year to more than \$150,000 per year; the majority reported making between \$40,000 and \$50,000 per year (20.5%, $n = 77$). Information on the demographics of this sample is reported in Table 1.

With regards to military demographics of the participants, the U.S. Army was the most represented (49.7%, $n = 187$), followed by U.S. Air Force (20.5%, $n = 77$), U.S. Navy (18.4%, $n = 69$), U.S. Marine Corps (6.4%, $n = 24$), and finally U.S. Coast Guard (5.1%, $n = 19$). Although most participants served in the Active-Duty service component (52.4%, $n = 197$), many also endorsed serving in the Reserves (35.4%, $n = 133$) and National Guard (12.2%, $n = 46$). Almost an equal number of participants reported deploying (43.9%, $n = 165$) as those who had not (56.1%, $n = 211$). For those who did deploy, 80% endorsed deploying in support of a more recent operation (i.e., Operation New Dawn (16.1%, $n = 25$), Operation Iraqi Freedom (37.4%, $n = 58$), or Operation Enduring Freedom (26.5%, $n = 41$), 16.8% ($n = 26$) reported deploying in support of the Gulf War, and 1.9% ($n = 3$) in support of the Vietnam War, whereas 1.3% ($n = 2$) reported deploying support of another operation not listed. For those who had deployed, 77.4% ($n = 127$) reported combat exposure, and 22.6% ($n = 37$) were not exposed to combat. Finally, members reported varied time in service duration from 5 years or less to over 20 years; the majority of participants reported serving 5 years or less (39.1%, $n = 147$). A further breakdown of the demographics of this sample is reported in Table 2.

Measures

Demographics

A demographic questionnaire was created for this study use (see Appendix D).

Demographic variables included: (a) age, (b) gender, (c) sexuality, (d) race, (e) ethnicity, and (f)

marital status. Additional variables were collected regarding service experiences such as: (g) service component (active, reserve, National Guard), (h) deployment era, and (i) combat exposure. Finally, objective indicators were collected regarding economic constraints such as: (j) socioeconomic status (household income), (k) highest level of education, and (l) current employment status.

Depression

To determine positive symptoms of depression, the Patient Health Questionnaire-9 (PHQ-9; Kroenke & Spitzer, 2002; see Appendix E) was used. The PHQ-9 is widely used to assess for depressive symptoms however does not replace clinical judgment when it comes to diagnosing, therefore this measure is not being used to diagnose depression within individuals. Individual responses are rated on a Likert scale ranging from 0 (not at all) to 3 (nearly every day), scores range from 0 to 27. Best practices state scores under 5 are considered sub-clinical, 5-9 indicates mild depression, 10-14 is moderate depression, 15-20 is moderate-severe depression, and score over 20 indicates severe depression (Kroenke & Spitzer, 2002). The PHQ-9 has an internal consistency reliability of 0.86 and .89, a test-retest reliability of .84, and sensitivity of .89 (Zhang et al., 2013); thus, indicating the PHQ-9 is a reliable and valid measure to detect symptoms of depression (Kroenke, Spitzer, Williams, 2001).

Anxiety

Symptoms of anxiety were assessed using the Generalized Anxiety Disorder scale (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006; see Appendix F). The GAD-7 is a self-report measure used to assess symptoms of anxiety. The GAD-7 consists of seven items and one additional item assessing the difficulty of symptoms at work, home, and social areas. Responses are rated on a Likert scale ranging from 0 (not at all) to 3 (nearly every day), scores range from 0

to 21 with higher scores indicative of more anxiety symptoms. The researchers have suggested scores between 0-4 indicate subclinical anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and 15-21 severe anxiety. Spitzer and colleagues reported those with Generalized Anxiety Disorder most often score above a 10. The researchers report scores above a 10 have a sensitive greater than a .80 level. The GAD-7 has been demonstrated to have strong internal consistency at .92 and a test-retest reliability of .83.

Posttraumatic Stress

To test for PTSD symptoms, the PTSD Checklist for DSM-5 (PCL-5; Blevins, Weathers, Davis, Witte, & Domino, 2015; see Appendix G) was used. The PCL-5 was developed to assess symptoms of PTSD in accordance with the DSM-5's diagnostic criteria. Responses are recorded on a Likert scale ranging from 0 (not at all) to 4 (extremely), individuals scores range from 0 to 80 with higher scores indicating more distress due to PTSD symptoms. The researchers utilized two samples of respondents when developing the initial psychometrics of the scale. The first consisted of 278 students who had experienced a stressful life event and the second consisted of 1,158 students regardless of trauma history. Excellent internal consistency was revealed ($\alpha = .94$ and $\alpha = .95$) as well as convergent validity between with the Posttraumatic Diagnostic Scale (PDS) ($r = .84$) and Detailed Assessment of Posttraumatic Stress (DAPS) ($r = .85$) and discriminant validity with depression ($r = .60$).

Marginalization (Mental Health Stigma)

To assess for stigma related to mental health, the Military Stigma Scale (MSS; Skopp et al., 2012; see Appendix H) was used. The MSS was designed to assess both public and self-stigma, the two theorized core components of mental health stigma, specifically for military members. A 26-item scale was developed and validated on a sample of military members

attending the DoD's Post-Deployment Health Reassessment program (PDHRA). Through factor analysis, the original item pool was reduced, and the final 26-items loaded best onto two factors: (a) public stigma ($\alpha = .94$; e.g., "My peers would think I was unreliable if they knew I was receiving mental health treatment.") and (b) self-stigma ($\alpha = .89$; e.g., "If I went to a therapist, I would be less satisfied with myself."). Members are asked to rate the degree to which they agree with each statement on a Likert scale 1 (definitely disagree) to 4 (definitely agree), scores range from 26 to 104 with higher scores indicating more stigmatized attitudes towards mental health.

Validation of the scale was completed through two studies (Skopp et al., 2012). All data was collected at one time point and randomly divided for each study's analysis. The entire study consisted of 1,038 military members attending their PDHRA, the average age was 26.7 ($SD = 5.9$). Respondents consisted of 93.6% male, 6.4% female. Members represented were grouped by ranks into lower enlisted (54.9%), upper enlisted (38.4%), and officer (6.5%). of participants, most were White (69.9%) followed by Latino/a/x (14.9%), Black (9.8%), Asian/Pacific Islander (6.1%), and American Indian (1.9%). Relationship status was collected, over half were married (55.5%), others were single/never married (33.9%), divorced or legally separated (10.3%), and one individual was widowed (0.001%).

Economic Constraints

To assess for perceived economic constraints, this study used the Economic Constraints Scale (ECS; Duffy et al., 2019; see Appendix I). Duffy and colleagues developed the ECS as a five-item measure designed to assess individual experiences of economic constraints in their lifetime. The scale was validated through two studies, both collecting participant responses on MTurk. Through the first study, the researchers completed an EFA after narrowing down their items pool to six-items, this resulted in strong loadings for five items and the decision to drop

one additional item. The second study completed (Duffy et al., 2019) a CFA on the five-item scale, Financial Deprivation Scale (FDS), and Poverty Wage Employment Scale (PWES). Results indicated a three-factor model fit best with items from each scale loading onto their own factors; the scale demonstrated an internal consistency of .94. Participants rate the degree to which they agree with each statement on the ECS using a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 5 to 35; higher scores are indicative of higher experiences of economic constraints. The scale demonstrates convergent validity by showing correlations with social status ($r = .40$), yearly income ($r = .37$), subjective social class ($r = .43$) and decent work ($r = -.29$).

The first study completed for the initial development sampled 196 participants with a mean age of 35.80 ($SD = 10.18$). Respondents consisted of 59.2% female, 39.3% male, < 1% as genderqueer, transgender, or gender not identified. Respondents identified as Black (45.9%), Latino/a/x (17.3%), Asian/Asian American (19.9%), Asian Indian (3.6%), Pacific Islander (1%), multiracial (12.2%), and “other” (<1%). Respondents were employed full time (79.1%) or part time employed (20.9%). The second study completed sampled 175 participants with a mean age of 34.31 ($SD = 10.29$). Respondents consisted of 66.9% female, 29.1% male, 2.9% transgender, 1.2% genderqueer. Respondents identified as Black (50.9%), Latino/a/x (21.7%), Asian/Asian American (14.9%), White (9.7%), American Indian (6.3%), Arab American/Middle Eastern (1.7%), Asian Indian (2.9%), Pacific Islander (2.9%), multiracial (10.9%), and “other” (1.1%). Respondents were employed full time (79.4%) or part time (20.6%).

Work Volition

Work volition was assessed utilizing the Work Volition Scale (WVS; Duffy, Diemer, Perry, Laurenzi, & Torrey, 2012; see Appendix J). The WVS is a 13-item, self-report, scale

designed to assess respondents' thoughts regarding their ability to make occupational choices despite constraints. Responses are recorded on a Likert-scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scale contains a three-factor structure: (a) general volition, ($\alpha = .78$; e.g., "I've been able to choose the jobs I have wanted."), (b) financial constraints ($\alpha = .81$; e.g., "Due to my financial situation, I need to take any job I can find."), and (c) structural constraints ($\alpha = .80$; e.g., "The current state of the economy prevents me from working in the job I want."). Responses on the financial constraints and structural constraints scales are reversed coded, thus higher total scores indicate higher work volition. Scores on the scale range from 13 to 91. Duffy and colleagues demonstrated construct validity by reporting correlations with related constructs such as: self-evaluations ($r = .60$), agreeableness ($r = .32$), neuroticism ($r = -.37$), and work locus of control ($r = .43$).

The initial development of the WVS was completed through a sample of 143 parents of children in lower-income middle and high schools and 89 graduate students. The demographics of the sample showed that 52% identified as Black, 35% White, 10% bi-racial, 3% Puerto Rican, 2% Asian/Asian American, and 3% "other races/ethnicities". Females comprised 85% of the sample and the mean age was 38 ($SD = 10.08$). The majority of participants had full employment (65%), followed by part-time employment (16%), unemployed (10%), or irregularly employed (5%). The factor structure was confirmed through a second sample consisting of 185 working adults. of the sample, 60% were female, and the majority were White (85%), followed by Black (4%), Asian/Asian American (2%), and "other race/ethnicity" (9%). The mean age for this sample was 46 ($SD = 11.03$) and 83% were employed full time, 9% were employed part time, 4% were employed irregularly, and 4% were unemployed.

Career Adaptability

Career adaptability was assessed using the Career Adaptability subscale on the Career Futures Inventory (CFI; Rottinghaus, Day, Borgen, 2005; see Appendix K). The CFI is a 25-item scale designed to assess positive career planning attitudes. The CFI utilizes a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The researchers conducted both an EFA and CFA to confirm the factor structure of the scale. Upon validation of the CFI, Rottinghaus and colleagues found the 25-item scale loaded onto three-factors. Items either fell onto: (a) career adaptability ($\alpha = .85$; e.g., “I am good at adapting to new work settings.”), (b) career optimism ($\alpha = .87$; e.g., “I get excited when I think about my career.”), or Perceived Knowledge ($\alpha = .73$; e.g., “I am good at understanding job market trends.”). Scores on the CFI range from 25 to 175 with higher scores indicating more career adaptability for participants. The researchers demonstrated construct validity by reporting correlations with related constructs such as: problem-solving confidence ($r = .54$) and dispositional optimism ($r = .60$). The career adaptabilities subscale is 11-items and is defined as, “The way an individual views his or her capacity to cope with and capitalize on change in the future, level of comfort with new work responsibilities, and ability to recover when unforeseen events alter career plans.” (p. 11; Rottinghaus, Day, & Borgen, 2005).

Validation of the scale was completed through two studies. All data was collected at one time point and randomly divided for each study's analysis. The entire study consisted of 663 participants all collected at a large university. Respondents consisted of 62.9% female, 36.3% male, and 0.8% chose to not respond. The students represented all university class levels with 43.3% being freshman, 31.1% sophomores, 11.2% juniors, and 1.3% seniors. of participants, most were White (82.2%) followed by Asian/Pacific Islander (6.2%), Black (4.7%), Latino/a/x (2.4%), American Indian (0.5%), and “other” (2.4%).

Decent Work

To assess for decent work, the Decent Work Scale was utilized (DWS; Duffy et al., 2017; see Appendix L). Duffy and colleagues developed the DWS as a 15-item measure designed to assess individual experiences of decent work. The scale was validated through two studies, both collecting participant responses on MTurk. Through the first study, the researchers completed an EFA narrowing down their items pool to 15-items and fell into a five-factor model; the second study completed a CFA which demonstrated the five-factor model to be the best fit for the data. Statements on the DWS are classified into the five factors that predict decent work: (a) physically and interpersonal safe working conditions ($\alpha = .79$; e.g., “I feel physically safe interacting with people at work.”), (b) access to healthcare ($\alpha = .97$; e.g., “My employer provides acceptable options for healthcare.”), (c) adequate compensation ($\alpha = .87$; e.g., “I am rewarded adequately for my work.”), (d) hours that allow for free and rest time ($\alpha = .87$; e.g., “I have free time during the work week.”), (e) organization values that complement family and social values ($\alpha = .95$; e.g., “The values of my organization match my family values.”) with an adequate total scale reliability ($\alpha = .86$). Participants rate the degree to which they agree with each statement on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 15 to 105; higher scores are indicative of higher experiences of decent work. The scale demonstrates convergent validity by showing correlations with job satisfaction ($r = .56$), work meaning ($r = .48$), and withdrawal intention ($r = -.51$).

The first study completed for the initial development sampled 275 participants with a mean age of 33.84 ($SD = 10.32$). Respondents consisted of 44.1% female, 54.8% male, 0.7% transgender, and 0.4% “other”. The majority of respondents identified as White (68.5%) followed by Black (10.5%), Latino/a/x (7.1%), Asian/Asian American (6.1%) Native American

(3.1%), Asian Indian (0.3%), Arab American (0.3%), Pacific Islander (0.7%), and “other” (0.3%). The majority of respondents were employed full time (77.7%), followed by employed part-time (14.3%), self-employed part-time (5.7%), self-employed full time (1.5%), or chose to not respond (0.8%). The second study sampled 589 participants with a mean age of 35.29 ($SD = 11.72$). Respondents consisted of 54.8% female, 44.3%, male, 0.3% transgender, and 0.7% “other” or chose to not respond. The majority of respondents identified as White (83.7%) followed by Black (5.1%), Hispanic (6.3%), Asian/Asian American (5.8%) Native American (2.2%), Asian Indian (0.7%), Arab American (0.5%), Pacific Islander (0.7%), and “other” (0.7%). The majority of respondents were employed full time (74.4%), followed by employed part-time (17.1%), self-employed full time (4.1%), self-employed part time (4.2%), or chose to not respond (0.17%).

Chapter IV: Results

Upon successful completion of data collection, data cleaning was completed followed by the generation of descriptive statistics. A path analysis was completed to examine the relationship between theorized predictors of decent work, as discussed in the Psychology of Working Theory (Duffy et al., 2016) with the addition of mental health stigma as a form of marginalization. Duffy and colleagues' (2019) model were used to determining empirically supported paths, this model was based upon their original 2016 publication discussed in pervious chapters.

Data Cleaning

Listwise deletion was utilized for all survey criteria, as the missing data was considered nonrandom (e.g., all missing data was found at the end of the survey). A total of 1,143 participants began the study and 376 participants were used in the final analysis; 767 did not meet inclusion criteria and excluded for these reasons. A total of 31 did not consent to the study. Four hundred and twenty-three participants did not endorse being a veteran or endorsed being a veteran while currently serving in the military. Seventeen more participants were removed for endorsing no mental health distress across the three screeners for anxiety, depression, or trauma. Additionally, 221 veterans did not complete the survey. After removing the participants for the preceding criterion, the average time for completion was calculated to be 14:43; responses which look less than five minutes (28) were then removed. Finally, 47 cases were removed using listwise deletion due to inconsistent responding. No other missing values were present in the data, resulting in 376 usable cases for which complete data were available. Cases were screened for univariate outliers using z-scores greater than 3.35. This analysis resulted with no removed cases thus the final count of 376 was used in the forthcoming analysis.

Descriptive Statistics, Correlations, And Tests of the Measures

Descriptive statistics and reliability estimates for this sample were obtained utilizing SPSS Statistics for Windows (v. 26) and are reported in Table 3. Cronbach's alpha is a common measure of internal consistency and is used to determine how closely scale items are measuring the same underlying dimensions. General guidance suggests values greater than 0.7 indicate good reliability (Kline, 2005). For this sample, all measures obtained adequate internal consistency; measures ranged from a Cronbach's alpha of 0.96 (PCL-5) to 0.77 (WVS). The means and standard deviations of the sample measures were similar to those reported in their original publications and are also reported in Table 3. Normality estimates are reported in Table 4. Skewness and kurtosis values of zero indicate the patterns of responses are considered normal. A general guideline indicates that skewness greater than +1 or lower than -1 is an indication that the pattern of responses is substantially skewed. Similarly, kurtosis values of less than -1 indicate the distribution is too flat. Distributions which exhibit skewness and kurtosis values exceeding these guidelines are considered nonnormal (Hair, Hult, Ringle, & Sarstedt, 2017). All scales within the sample exhibited both normal skewness and kurtosis values.

Correlation analysis was derived using SPSS Statistics for Windows (v. 26) and used to examine the relationship among the main variables in this study. Correlations among variables were partially in the expected direction with the original theoretical model. Detailed correlations are presented in Table 5.

Relationship Between Mental Health Symptoms and Mental Health Stigma

With regards to hypothesis 1, examining the relationship between mental health symptoms and mental health stigma, the three measures of mental health each had a strong, positive correlation with mental health stigma, PHQ-9, $r(366) = .56, p < .001$; GAD-7, $r(366) =$

.51, $p < .001$, and PCL-5, $r(366) = .56, p < .001$. There were statistically significant relationships between mental health and stigmatized beliefs of mental health, therefore, we can reject the null hypothesis and accept the alternative hypothesis; this result indicates that hypothesis one was supported. Furthermore, the measure of depression had a strong positive correlation with both the measure of anxiety, $r(366) = .79, p < .001$, and the measure for trauma symptoms, $r(366) = .80, p < .001$; the measures of anxiety and trauma symptoms also had a strong, positive correlation, $r(366) = .79, p < .001$. Additionally, results indicated a significant correlation among all three measures of mental health (PHQ-9, GAD-7, PCL-5) and all factors in the PWT model. Meanwhile, the measures of mental health maintained a moderate, positive correlation with the ECS and low, positive correlation between both CFI and DWS. Finally, all three measures of mental health had a moderate, negative correlation with WVS, PHQ-9, $r(366) = -.18, p < .001$; GAD-7, $r(366) = -.19, p < .001$, and PCL-5, $r(366) = -.21, p < .001$.

Furthermore, a confirmatory fit analysis was reviewed to ensure the MSS held its structure with a new population. The fit indices indicated a good model fit, $\chi^2(1) = 543.02, p = .082$, RMSEA = .051, 90% CI [.04, .05], CFI = 0.91, and SRMR = .05. The nonsignificant chi square signifies an inability to reject the null hypothesis and indicates the observed data is not significantly different from the model data. The RMSEA of .051, which is below .08 indicates a good fit of the model compared to a perfectly fit model. Similarly, the high CFI of 0.91 and low SRMR of .05 each indicate a good model fit (Byrne, 1998; Hu and Bentler, 1999; Hair et al., 2013). A good model fit indicates that not only did scores on the MSS correlate with measures of mental health distress; the MSS held its factor structure when applied with this sample data.

Relationship Between Stigmatized Beliefs of Mental Health and Experiences of Decent Work

When examining the factors that comprise the PWT, significant correlations can be found amongst all factors. of note is hypothesis two, examining the relationship between stigmatized beliefs of mental health and experiences of decent work. There was a low, positive correlation between the two factors (MSS and DWS), $r(366) = .23, p < .001$. The statistically significant relationships between mental health and stigmatized beliefs of mental health, indicates that we can reject the null hypothesis and accept the alternative hypothesis; indicating that hypothesis two was supported. Furthermore, ECS had a low, positive correlation with DWS, $r(366) = .22, p < .001$; WVS and DWS has a moderate, positive relationship, $r(366) = .33, p < .001$; lastly CFI and DWS had a strong, positive relationship, $r(366) = .70, p < .001$. A full listing of correlations can be found in Table 5.

Full Model of the Psychology of Working Theory

An analysis of the path analysis was completed using Mplus 8.6 (Muthén & Muthén, 2020) to examine the fit of the PWT model with MSS as the marginalization factor. Economic constraints and marginalization were considered exogenous variables for this model, whereas career adaptability, work volition, and decent work were endogenous variables. No latent variables were utilized for this model and therefore each factor was represented as a manifest variable. Duffy et al. 2016 hypothesized the relationship between work volition and career adaptability as being bidirectional, however the requirements of testing a nonrecursive model in structural equation modeling were beyond the scope of the current cross-sectional study. Given that an individual's career adaptability is theoretically influenced by the degree of work volition (e.g., curiosity about work opportunities or concern regarding too many options are maybe influenced by the degree of work volition), this single direction was selected for the present analysis.

Predicting Experiences of Decent Work for Veterans With Mental Health Concerns

Fit indices for this model indicated a good model fit, $\chi^2(1) = 2.93, p = .087$, RMSEA = .078, 90% CI [.00, .19], CFI = 0.99, and SRMR = .03. The nonsignificant chi square signifies an inability to reject the null hypothesis and indicates the observed data is not significantly different from the model data. The RMSEA of .078, which is below .08 indicates an okay fit of the model compared to a perfectly fit model. Similarly, the high CFI of 0.99 and low SRMR of .03 each indicate a good model fit (Byrne, 1998; Hu and Bentler, 1999; Hair et al., 2013). In this model not all direct paths were significant; the significant direct paths are discussed in more detail below.

Military Stigma Scale Effects.

Military Stigma Scale had a direct effect on Economic Constraint Scale as can be seen by the solid line between MSS and ECS in Figure 3 (path 1 in Figure 2). The standardized beta coefficient for this path was ($\beta = 0.34, p = .001$). The significant standardized beta weight indicates that one standard deviation (*SD*) in Military Stigma Scale score predicts .34 *SD* difference on Economic Constraint Scale scores (Cohen, 1992). The relationship between these variables was in the hypothesized (positive) direction.

Although there was no direct effect on decent work by mental health, the third hypothesis, which posited that mental health would influence decent work, is confirmed through an indirect effect. The significant path from Military Stigma Scale to the Decent Work Scale ran through the Economic Constraints Scale (path 1 in Figure 2) than Career Futures Inventory (path 6 in Figure 2); hence the path goes from MSS \rightarrow ECS \rightarrow CFI \rightarrow DWS. The standardized beta coefficient for this indirect effect was ($\beta = 0.12, p = .001$). The relationship of this direct effect is not in the hypothesized (negative) direction but is a positive relationship. Correlations shown

in Table 5 show that the relationship between MSS and ECS is in the hypothesized (positive) directions, although the relationship between ECS and CFI is not in the hypothesized (negative) direction opposed to being positive, finally, the relationship between CFI and DWS is in the hypothesized (positive) direction.

Economic Constraint Scale Effects.

The Economic Constraint Scale had a direct effect on Career Futures Inventory as is seen by the solid line between ECS and CFI in Figure 3 (path 6 in Figure 2). The standardized beta coefficient for this path was ($\beta = 0.44, p = .001$). The significant standardized beta weight indicates that one standard deviation (*SD*) in Economic Constraint Scale score predicts .44 *SD* difference on Career Futures Inventory scores (Cohen, 1992). The relationship between these variables was not in the hypothesized (negative) direction, the relationship was in a positive direction.

Work Volition Scale Effects.

Work Volition Scale had a direct effect on both Career Futures Inventory (path 4 in Figure 2) and Decent Work Scale (path 5 in Figure 2), these relationships are represented by a solid line between WVS and CFI and WVS and DWS in Figure 3. The standardized beta coefficient for WVS and CFI was ($\beta = 0.34, p = .001$) and ($\beta = 0.24, p = .001$) for WVS and DWS. Each significant standardized beta weight indicates that one standard deviation (*SD*) in Work Volition Scale score predicts .34 *SD* difference on Career Futures Inventory and .24 *SD* difference on Decent Work Scale scores (Cohen, 1992). The relationship between these variables was all in the hypothesized (positive) direction.

Career Future Inventory Scale Effects. The Career Futures Inventory also had a direct effect on the Decent Work Scale, again represented by the solid line between CFI and DWS in Figure 3

(path 8 in Figure 2). The standardized beta coefficient for this path was ($\beta = 0.68, p = .001$). The significant standardized beta weight indicates that one standard deviation (*SD*) in Career Futures Inventory score predicts .68 *SD* difference on Decent Work Scale scores (Cohen, 1992). The relationship between these variables was also in the hypothesized (positive) direction.

Summary

After recalling the three hypotheses below in conjunction with the results, all three hypotheses are supported. First, when reviewing the relationship between mental health and its associated stigma, we see a significant positive correlation meaning there is a relationship between the two. As a veteran's scores on the PHQ-9, GAD-7, or PCL-5 increase, scores on the MSS also increase. Likewise, there is a significant positive correlation between MSS and DWS; the relationship suggests that hypothesis two is supported and as scores related to stigmatized values of on the MSS increase, scores also increase on the DWS. Finally, hypothesis three is somewhat supported. When applying the empirically supported model of PWT to veterans with experiences of mental health distress, utilizing stigmatized beliefs of mental health as a variable of marginalization; significant direct and indirect paths can be found. There are significant direct paths between DWS and WVS as well as CFI; CFI and WVS and ECS; and ECS and MSS. Additionally, there is a single significant direct path between DWS and MSS which runs through ECS and CFI.

1. Does the Military Stigma Scale correlate with mental health distress and maintain its factor structure for veterans with mental health concerns?

H₀: Mental health distress does not correlate and maintain its factor structure with mental health stigma within the veteran population.

H₁: Mental health distress does correlate and maintain its factor structure with

mental health stigma within the veteran population.

2. What is the relationship between stigma and decent work for veterans with mental health distress?

H₀: Stigmatized beliefs regarding mental health are not correlated with experiences of decent work.

H₁: Stigmatized beliefs of mental health are correlated with experiences of decent work.

3. Does the test of the Psychology of Working model, utilizing mental health stigma as a form of marginalization, predict experiences of decent work for veterans with mental health concerns?

H₀: The PWT's empirical model does not predict experiences of decent work for veterans with mental health distress.

H₁: The PWT's empirical model does predict experiences of decent work for veterans with mental health distress.

Chapter V: Discussion

The results of the present study represent a major contribution in providing further support to propositions of the Psychology of Working Theory (PWT) (Duffy et. al., 2016); this is a contribution to existing literature by increasing the understanding of the complexity of decent work within the PWT. Additionally, to this author's knowledge, this is the first-time veteran experiences of mental health and their related stigmatized values were applied to the model. Results indicated a mixed support of the hypotheses. Hypothesis one focusing on the relationship between mental health concerns and the Military Stigma Scale was supported. Additionally, preliminary analysis of the Military Stigma Scale showed support of it retaining its factor structure with an entirely veteran population. The second hypothesis, looking at the relationship between the Military Stigma Scale also was supported, although in the opposite direction of what was theorized. Finally, although hypothesis three was also supported, significance was not seen between all variables when the model of the PWT was analyzed utilizing a path analysis.

The path analysis indicates the need for additional investigation into aspects of the PWT model such as, the precursors of the work volition scale and the relationship between the contextual variables and their indirect effects on decent work. The present study may help vocational researchers understand the experiences of veterans and the factors which influence their experiences of decent work. The participants recruited for this study were veterans who endorsed mental health distress. This sample was selected, given the rates of mental health amongst United States veterans and their relatively high job training received through the military. The present study therefore emphasizes the importance of a societal shift towards increased opportunity of decent work for veterans and suggests ways in which both clinicians

and researchers may intervene. An in-depth review of the aforementioned results, implications, limitations, and a summary are to follow.

Application of the Military Stigma Scale to Veterans

Hypothesis one (does the Military Stigma Scale correlate with mental health stigma and maintain its factor structure for veterans with mental health concerns?), sought to understand the relationship between the Military Stigma Scale (Skopp et al., 2012) and mental health distress experienced by veterans. To do this, both a correlation analysis between the MSS and screeners of mental health distress (i.e., PHQ-9, GAD-7, and PCL-5) and confirmatory factor analysis of the MSS were completed. The initial development of the MSS scale was done with active-duty soldiers returning from a deployment (Skopp et al., 2012). Researchers sought to best understand soldiers' perceptions of mental health. In doing so, researchers believed they and policy makers would be best equipped to introduce efforts to decrease stigma towards mental health. This would allow more opportunity for service members to seek mental health treatment, as necessary. Recent research has demonstrated the effectiveness of anti-stigma efforts within the military (e.g., Jordan, 2020; Ben-Zeev, Corrigan, Britt, & Langford, 2012). However, the application of the MSS to a strictly veteran population does not exist. Better understanding how the MSS may apply to veterans and active-duty service members may contribute to antistigma efforts for veterans. The analyses found that MSS both correlated with screeners of mental health distress and retained its original factor structure in preliminary analysis, when applied to veterans with mental health distress.

The current study advances the literature surrounding the use of the MSS in two ways. First, the current study contributes to the understanding of how individuals experiencing mental health distress view stigma. Based upon the results, the relationships between MSS and

measures of anxiety (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006), depression (PHQ-9; Kroenke & Spitzer, 2002), and trauma symptoms (PCL-5; Blevins, Weathers, Davis, Witte, & Domino, 2015) are all strong. The results indicate that as an individual experiences an increase in mental health distress they are likely to also experience an increase in mental health stigma, or vice versa. Many scale items on the MSS are related to scale items seen on screeners for mental health distress. For example, items on the MSS such as “my view of myself would change...” and “feeling bad about yourself – or that you are a failure...” on the PHQ-9 seek to assess negative self-perceptions. Although item five on the MSS “I would worry about my personal problems...” and item three on the GAD-7 “Worrying too much about different things” both address a form of mental preoccupation that inhibits the ability to feel relaxed with one-self. Finally, aspects of trauma responses such as item 13 on the PCL-5 “feeling distant or cut off from other people” which is related feelings of isolation is similar to items that seek to understand public stigma and social isolation on the MSS, such as item 17 “my peers would think less of me...”

The logic behind these findings is quite understandable from a mental health context. As individuals experience an increase in mental health stigma, they are less likely to endorse a desire to seek mental health support (Skopp et al., 2012). Those who are less likely to engage in help seeking behaviors tend to experience heightened mental health distress (Oliver, Pearson, Coe, & Gunnell, 2005). And finally, as seen in the present study, an increase in mental health distress is correlated with an increase in mental health stigma, for veterans. This cycle can be one that is difficult for veterans to break and should be the focus of continued research and intervention efforts with a goal of aiding those who could most benefit from mental health services.

For the second contribution, the current study is one of the initial applications of the MSS to a strictly veteran population. Based upon primary analysis, when completing a confirmatory factor analysis there appears to be a good model fit of the MSS to veterans with mental health distress. Although the initial validation study of the MSS (Skopp et al., 2012) was predicated on the experience of active-duty service members returning from a recent deployment, the application of the survey appears valid with veterans, who are removed from military service and who have both deployed and not deployed. This result is consistent with much of the previously discussed research on military culture and its enduring effect on individuals (Redmond, 2015; Kukla et al., 2015; King, 2012). The MSS asks specifically about the impact of seeking mental health on both your internal (self) and external (public) values and its related stigma; this stigma may impact perceptions of your ability to accomplish goals or tasks as well as how you perceive others' will think of you. Thoughts regarding both social standing and ability to accomplish the tasks are often in the minds of service members and likely were crystallized in the experiences of veterans. However, this study was not an in-depth review of the factor structure of the MSS and its application to veterans in the context of their civilian lives. Thus, the current work should be thought as merely "cracking the door" to a potentially new application of the MSS and an understanding of veterans' experiences; an area that may be ripe for additional research.

Mental Health Stigma and Decent Work

Hypothesis two (what is the relationship between stigma and decent work for veterans with mental health distress?), sought to understand the relationship between mental health stigma and decent work. Results indicated the two variables held a small positive correlation. This hypothesis was supported in that the two held a relationship however, contrary to Duffy et al.

(2016) in which the relationship was theorized to be negative, the relationship found was in a positive direction.

Several studies have reviewed the relationship between access to work and greater mental health outcomes (e.g., Paul & Moser, 2009; Diette, Goldsmith, Hamilton, & Darity, 2012; Swanson, 2012). These studies typically have focused on, and advocate for, increased access to work to improve quality of life and sense of meaning or purpose. There exists both a theoretical and empirically supported relationship between the two variables (i.e., access to work decreases mental health distress, or vice versa). In fact, as Duffy et al. (2019b) found, if we look beyond the predictive portion of the PWT model and at outcomes, the DWS was found again to be correlated with mental health. These examples all point to the relationship between mental health and decent work.

Results of this study follow Swanson's (2012) message indicating that there are still large gaps of knowledge regarding the relationship between mental health and work. of interest is the positive correlation between stigmatized values of mental health and decent work, within the veteran population. As stigmatized values increase, so do global scores on decent work. Although this relationship is peculiar at first glance, might it make sense when reviewing the cultural expectations veterans often adopt? Military members are expected to persist in the face of adversity for the "mission." Nicholson (2016) discussed the phrase "embrace the suck" as a widely experienced form of military colloquialism. Often our members of the military are being asked to complete a wide number of tasks that span a far-reaching spectrum all within the context of their job duties. Experiences heard by from veterans such as:

"I remember having to go beyond the wire [outside of a military compound] to collect the body parts of those who had attacked us the night before in order to identify them, you

would find obliterated bodies scattered about. But the mission had to be done, we were in it together, and I signed up for this!”

And:

“I remember when I was young and deployed to an undisclosed location, we experienced countless attacks, but I was happy I was making money and able to provide for my family back home!”

These messages demonstrate the “embrace the suck” mentality discussed by Nicholson (2016). Veterans who have adopted this mentality and carry it forward are likely to report a wide variety of work experiences as being positive despite their own internal struggles. Hence an explanation as to why the relationship between MSS and DWS was positively correlated, however a more in-depth study may be indicated to further explain this relationship.

Test of the Psychology of Working Theory

Finally, hypothesis 3, which tested the relationships between the contextual variables, based on Duffy et al., 2016’s PWT model (e.g., MSS, ECS, WVS, CFI), and experiences of decent work for veterans with mental health distress when utilizing stigma as a variable of marginalization. This analysis yielded mixed results (see Figure 3) specifically when reviewing which variables explain the variance of decent work. Although not all proposed predictors were able to independently explain some variance in decent work, all were able to when taking into account indirect paths and the joint relationships between variables. A review of the data indicated that both career adaptability and work volition were positively related to decent work. Thus, the present study increases current evidence that as an individual feels they have increased choice within their career, they are able to engage in positive career behaviors and attain working experiences that met a standard of decency. The relationships found through the present study

partially align with those found by Duffy and colleagues (2019a) who found that in addition to career adaptability and work volition, marginalization was also found to predict experiences of decent work. Given the importance of decent work as the crux of the PWT, successful prediction by two variables suggest that they are important sources of information regarding how individuals come to experience decent work and other aspects of life seen in the latter part of the PWT model.

However, economic constraints and marginalization, which have been theorized to have a negative relationship with decent work, were found to be nonsignificant in the present study. Therefore, the current work fails to support the assertions laid out by Duffy and colleagues (2016 & 2019a) by providing evidence that individuals' experiences of marginalization and economic constraints directly inhibit their ability to obtain decent work.

Despite marginalization not directly predicting decent work, an indirect relationship was found to exist. Marginalization represented by mental health stigma predicts decent work through economic constraints and career adaptability. Results suggest that as individuals experience higher levels of marginalization their economic constraints will also increase. Recalling the foundation of economic constraints as being both economic resources but also social capital, the relationship is understandable in that beliefs about one's mental health are likely to decrease one's social understanding of themselves in addition to potential economic resources. Next, marginalization's indirect effect follows the direct effect economic constraints has on career adaptability. This relationship was found to be positive despite the original theory proposing it to be negative. Thus, taking into account career adaptability's definition as:

“The readiness to cope with the predictable tasks of preparing for and participating in the work role and with the unpredictable adjustments prompted by changes in work and working conditions” (Savickas, 1997)

and the unpredictable nature of military work, it is understandable that despite higher experiences of marginalization and economic constraints, veterans may be more likely to adopt a mindset related to career adaptability. Veterans being faced with adversity and unpredictability experiences potentially feel this as a status quo. Finally, in turn as veterans adapt this sense of career adaptability and readiness, they are likely to engage in positive career behaviors and experience healthy and decent work.

Methodological Implications

The present study increases the growing literature which has successfully utilized path analysis with the Psychology of Working Theory. This study contributes by providing a new view of how the PWT variables independently function. Specifically, the current work provides a unique view of the complexity of work for veterans with mental health concerns. For instance, the inability of both economic constraints and marginalization to have a direct effect on decent work, whereas marginalization has an indirect effect, indicates the complex nature of work for veterans. This study further demonstrates the importance for researchers to use increasingly complex methodologies such as SEM and latent modeling to correctly fit models to this complex nature of decent work and working experiences.

Additionally, this study was one of the first to utilize a form of marginalization which often goes unseen. The use of mental health and its related stigma has yet to be tested in the PWT model. Thus, this study offers additional insight into the potential relationship between more invisible marginalized identities and their hypothetical relationship with decent work. A

number of studies have pointed to the importance of understanding the Decent Work Agenda (ILO, 2008) and how decent work came to fruition and its psychological impact on an individual (e.g., Blustein, 2014; Duffy et al., 2016; Blustein et al., 2016; and Duffy et al., 2019b). This study furthers that agenda by contributing one of the first views at how invisible forms of marginalized may influence access to decent work for veterans.

Clinical Implications

Provided the theorized importance of decent work on outcomes such as work fulfillment and well-being (Duffy et al., 2016) and more recently mental health (Duffy et al., 2019b), this study may provide an interesting look into the lives of veterans who may be struggling with mental health. Career counselors, therapists, and others who may be working with veterans as they traverse life after the military may find these results helpful in providing interventions to veterans. Providers work with real veterans facing real problems and find themselves often struggling in the field, through both unemployment and underemployment; therefore, providers continually need tangible research grounded in real experiences to best design interventions.

The empirical relationships established between PWT variable in the current study offers merit for providers seeking to better understand the unique experiences of veterans, despite the inability to infer a causal relationship between the variables. of particular prominence is the importance of both career choice and perceived ability to adapt to career difficulties for veterans with mental health distress. Practitioners should work with individuals to understand their freedom of career choice, seek to understand how economic resources might play a role in their ability to cope with unpredictable career difficulties, and finally conceptualize the veterans' experiences in relationship to their perceived level of marginalization. This empirical study

offers a deeper look into veterans' experiences and demonstrates that PWT as proposed by Duffy et al., (2019b) can be helpful in guiding conversations about experiences of decent work.

The present research also provides evidence that barriers experienced in the form of marginalization related to decent work, through an indirect path from economic constraints and career adaptability. Given research has demonstrated that discrimination and perceptions of barriers significantly influence perceptions work and an individual's ability to adapt with career difficulties (Meyer, 2003; Walton and Cohen, 2011; Buyukgoze-Kavas, Duffy, and Douglass, 2015; Duffy, Bott, Allan, and Torrey; 2013;), Fouad and Kantamneni (2013) noted that there is still disappointingly minimal research focused on understanding these phenomena. Furthermore, Fouad and Kantamneni (2013) suggest that providers explicitly attend to their clients' experiences of marginalization to better fold their individual experiences into therapy. The present study supports this suggestion and offers empirical evidence to suggest that in the context of working with veterans, providers should pay explicit attention to experiences of mental health in access to decent work.

Given the importance of work to individuals and the existing theoretical underpinning of the PWT which has been backed by empirical support, clinicians should continue to review and interweave PWT into their work. Choice often plays a central role in career interventions (i.e., Lent and Brown, 2013; Chartrand and Rose, 1996) and given that career choice and ability adapt to career concerns in the face of adversity are seen to be predictors of decent work within the present study, it would behoove those implementing career interventions to focus these areas. Additionally, as seen through the current work, clinicians should also pay critical attention to concepts such as marginalization and economic resources and their related impact on career adaptability and career choice. Empirical research involving pretests and posttests of

interventions utilizing the central concepts of PWT would most accurately determine if interventions reduce barriers poised by marginalization and economic constraints whereas increasing work volition and career adaptability, in turn enhancing clients' ability to obtain a decent work life.

Implications for Future Research

The present study offers an exciting look at the application of the PWT with veterans who are experiencing mental health distress. Although this serves as a launching point for future works, additional studies are needed to further examine and more fully understand the relationships between the PWT variables and experiences of work for individuals. The current study did not find support for all the propositions of PWT as proposed by Duffy and colleagues (2016). Further research should continue to refine and seek the most parsimonious models possible. Developing models which might eliminate unnecessary paths will better capture the lived experiences of those researchers and clinicians who they seek to understand and help. This process might start by engaging targeted audiences in qualitative research using frameworks such as social construction which was advocated for by Richardson (1993). Seeking to understand work outside of our current notion of career will likely shed light on decency of work. In fact, Richardson (1993) was one of the original spurs for Blustein's 2001 work. Seeking to understand the abstract variables which are important to those we seek to help may continue to ground us understanding the world we hope to fit models to (Richardson, 1993). Understanding the information individuals use to develop their unique experiences of work is an important step towards developing additionally parsimonious models of the PWT.

Furthermore, the current study only tested roughly one-third of the PWT model proposed by Duffy and colleagues (2016). Future work should seek to empirically test the moderators of

the PWT to aid in the development of additional parsimonious models. Theoretical support suggests the moderators as psychological buffers against adverse structural barriers (e.g., marginalization and economic constraints). Again, reviewing their impact or not on those we seek to help will allow clinicians to develop additionally efficacious interventions. The current study also does not review the outcomes portion of the PWT. Future research should seek to understand how unseen marginalized identities impact decent work and in turn influence concepts such as survival needs, social connection, and self-determination, which are believed to predict concepts such as work fulfillment, well-being, and mental health (Duffy et al., 2016; Duffy et al., 2019b). Additionally, the use of latent variables to account for additional measurement error might be an avenue for future research to continue the in-depth look at the nature of decent work.

Finally, the current study establishes empirical associations between the PWT variables for veterans with mental health distress. The use of PWT in a longitudinal approach would help to understand the dynamic nature of these variables and help establish temporal precedence. In establishing temporal precedence in addition to the current empirical support is necessary to establish a causal relationship between variables (Chambliss and Schutt, 2012). This contribution to the theory would be of major benefit as the establishment of a truly causal relationship through the use of research manipulation is limited to the unethical nature of such a study utilizing the PWT model. However, if a causal relationship were to be supported through the use of longitudinal research it would enhance researchers' understanding of variables which cause decent work. In addition, such information would inform practitioners by providing additional guidance for the creation of interventions and ultimately, would inform the International Labour Organization's 2008 Decent Work Agenda.

Limitations

The present study has exhibited a number of important implications for multiple areas of interest, both within research and clinical practice. However, there are also several considerations to be made with regards to limitation of the current study. The first limitation of note is the sampling method. Although Buhrmester et al. (2011) demonstrated that Amazon MTurk is a reliable sample source, and it has been used by a number of current studies (e.g., Duffy et al., 2017; Duffy et al., 2019a; Duffy et al., 2019b; Duffy, Jadidian et al., 2015), online sampling methods are subject to potential sources of bias, such as response (e.g., extreme responding or acquiescence bias) and nonresponse bias. Thus, the current sample is subject to the same issues. Additionally, although additional screening criteria was utilized to ensure participants were veterans and not currently serving with the U.S. Military, there is no way of validating these reports beyond self-report. Another limitation with online sampling is that inherently access to both computers and internet assumes something about access to resources. To truly access those who may be experiencing economic constraints, future research may wish to attempt to access community samples when possible, bearing in mind the potential impact to generalizability. Finally, veterans who utilize services such as Amazon MTurk and have an online presence may also visit veteran centric forums on sites like Facebook and Reddit where the survey was also posted. Although methods were employed to prevent anyone taking the survey more than once from one platform, there was no way to identify and avoid individuals accessing and completing the survey twice, once from each platform. Another limitation for the present study is found in the demographics of the sample, this sample was overwhelmingly White males. The representation of females (23.4%) compared to the actual military (16%) (Pew Research Center, 2011) in this sample is actually higher, the representation of White individuals

in the sample (70.2%) is higher than the profile of the military (57%) (Pew Research Center, 2011).

Another limitation of this study, which has already been mentioned, is the potential multicollinearity between variables. This is not a unique concern to this study and in fact is a common concern among PWT studies which uses the PWT model. The issue of multicollinearity stems from the relationships between predictors (e.g., marginalization and work volition predicting career adaptability, despite marginalization theorized to predict work volition). The concern of multicollinearity according to Kalnins (2018) is that it may create false positives and coefficients switching signs. A suggestion to mitigate this limitation in future research according to Kalnins (2018) is to combine variables or test multiple models with and without collinear variables. Although not easily completed, in doing so researchers will be able to more fully understand the relationship between the variables of PWT.

Additional limitations of the study come as a result of the measurement scales used. Specifically, the use of the Military Stigma Scale (Skopp et al., 2012). This study demonstrates, as far as this author is aware, the initial use of MSS scale with a strictly veteran population. Preliminary analysis demonstrated the scale as being reliable and maintaining a two-factor structure however, further analysis should be completed reviewing this scale with a veteran population. Additionally, the PWT has historically drawn on research about marginalization in the form of gender, race/ethnicity, and sexual identity (Velez, Cox, Polihronakis, & Moradi, 2018; Meyer, 2003; Dimer and Blustein, 2007). The application of unseen marginalized identities (e.g., mental health stigma) to the PWT model has yet to be completed. Therefore, additional studies are needed to further support a more internal, invisible form of marginalization as applicable to PWT.

Summary and Conclusions

The present study is the first to utilize an invisible form of marginalization with veterans with mental health distress within the Psychology of Working Theory framework (Duffy et al., 2016). Additionally, this is one of the initial works to successfully utilize a path analysis with PWT and demonstrate an empirical relationship between variables which predict decent work. There are several conclusions to draw from the present study. First, this study contributed to the limited research construct validity of the Military Stigma Scale (Skopp et al., 2012), first by correlating measures screening for anxiety (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006), depression (PHQ-9; Kroenke & Spitzer, 2002) and trauma (PCL-5; Blevins, Weathers, Davis, Witte, & Domino, 2015), suggesting a positive relationship between mental health symptoms and stigma and vice versa. Additionally, study results offer a preliminary analysis of the use of the MSS, which was historically validated and used with active-duty military members however, this is its first use with a strictly veteran population. As has been mentioned before these results are both exciting and promising and should be grounds for future research.

Second, the relationship between decent work and a form of unseen identity (i.e., mental health stigma). This study, interestingly, found that greater experiences of mental health stigma was both correlated with increased decent work and indirectly predicted decent work. Discussion of this relationship suggests that military members often adopt a military identity contributing to an “embrace the suck” mentality, which may become more crystallized as time progresses contributing a sense that despite adversity individuals still find ways to persist. Thus, members are likely to interpret the things such as economic constraints as manageable and feel able to cope with career difficulties, lessening their impact on their perceived notion of decent work. These results provide valuable data suggesting that decent work, as proposed by Blustein

(2014) and the International Labour Organization's Decent Work Agenda (2008), is complex, as Richardson (1998) predicted. This study echoes Fouad and Kantamneni (2013) in their call for additional research pertaining to the complex nature of identity work.

A third conclusion is that the relationships between the PWT variables are not as simple and straightforward as hypothesized. Despite the sound theoretical underpinning of economic constraints, marginalization, work volition, and career adaptability and their individual influence on decent work, when employing these concepts within the specialized population results are mixed with regards to their individual influence. In addition to the previous discussion on the complexity of marginalization on decent work, in this study economic constraints positively predicted career adaptability. This relationship provides additional backing for the call to more fully investigate how the PWT works with specialized populations thus clinicians might be best suited to help veterans.

In summary, the state of research pertaining to veterans and their mental health continues to grow as war winds on and more people continue to transition out of the military. We continue to see rises in mental health distress within veterans (Department of Veterans Affairs, 2015). Despite continued research that healthy employment leads to better mental health outcomes (Paul & Moser, 2009; Goldsmith & Diette, 2012; Swanson, 2012; Hester, 2017; Duffy et al., 2019b) we see veterans continued to experience both unemployment and underemployment (Carter, Schafer, Kidder, & Fagan, 2017; Maury, Stone, & Roseman, 2014). This complex problem results in a complicated result, when utilizing the PWT to assess for access to decent work. Results indicate veterans may embody the identity of a military member and rely on this cultural identity to overcome hardship and persevere in the face of adversity. Despite these conclusions, this study serves as a strong advocate for continued research reviewing these relationships. A

more complex understanding of work for veterans with mental health distress is needed thus clinicians can continue to design and provide the best and most successful interventions. This call to action is needed to not only progress the PWT and the field of vocational psychology but is needed to provide the most effective and efficient services to a population who have given so much to the United States, providing the best care back is the simplest “thank you” we can provide.

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Table 1

Participant Characteristics

Demographic Variable	<i>n</i>	%
Age		
18-24	41	10.9
25-34	159	42.3
35-44	103	27.4
45-54	55	14.6
55-64	16	4.3
65-74	2	0.5
Gender		
Male	285	75.8
Female	88	23.4
Transgender	3	0.8
Race		
African American/Black	66	17.6
American Indian/Alaska Native	19	5.1
Asian American	17	4.5
Caucasian/White	264	70.2
Latino/a/x	7	1.9
Other/biracial	3	0.8
Ethnicity		
Hispanic	80	21.3
Not Hispanic	296	78.7

(continued)

Demographic Variable	<i>n</i>	%
Sexual Orientation Reported		
Bisexual	46	12.2
Gay/Lesbian	16	4.3
Heterosexual	311	82.7
Other	1	0.3
Prefer not to say	5	0.5
Marital Status		
Never married	87	23.1
Married	238	63.3
Separated	21	5.6
Divorced	27	7.2
Widowed	3	0.8
Employment Status		
Employed: full time	293	77.9
Employed: part-time	50	13.3
Unemployed: looking	13	3.5
Unemployed: not looking	3	0.8
Retired	10	2.7
Student	3	0.8
Disabled	4	1.1
		(continued)

Demographic Variable	<i>n</i>	%
Income		
Less than \$10,000 per year	11	2.9
\$10,000 - \$20, 000 per year	21	5.6
\$20,000 - \$30, 000 per year	39	10.4
\$30,000 - \$40, 000 per year	42	11.2
\$40,000 - \$50, 000 per year	77	20.5
\$50,000 - \$60, 000 per year	67	17.8
\$60,000 - \$70, 000 per year	35	9.3
\$70,000 - \$80, 000 per year	31	8.2
\$80,000 - \$90, 000 per year	18	4.8
\$90,000 - \$100, 000 per year	13	3.5
\$100,000 - \$150, 000 per year	15	4.0
More than \$150, 000 per year	7	1.9
Education		
Less than a high school degree	7	1.9
High school graduate	51	13.6
Some college	86	22.9
2-Year degree (e.g., associate degree)	58	15.4
4-Year degree (e.g., bachelor's degree)	131	34.8
Master's degree	43	11.4

Table 2

Participant Military Characteristics

Military Demographic Variable	<i>n</i>	%
Military Branch		
U.S. Air Force	77	20.5
U.S. Army	187	49.7
U.S. Navy	69	18.4
U.S. Marine Corps	24	6.4
U.S. Coast Guard	19	5.1
Service Component		
Active duty	197	52.4
Reserve	133	35.4
National Guard	46	12.2
Duration of Service		
0-5 Years	147	39.1
6-10 Years	83	22.1
11-15 Years	60	16.0
16-20 Years	51	13.6
21+ Years	35	9.3
Deployment		
Yes	165	43.9
No	211	56.1

(continued)

Military Demographic Variable	<i>n</i>	%
Deployed Operation		
Operation New Dawn	25	16.1
Operation Iraqi Freedom	58	37.4
Operation Enduring Freedom	41	26.5
Gulf War	26	16.8
Vietnam War	3	1.9
Other	2	1.3
Combat Exposure		
Yes	127	77.4
No	37	22.6

Table 3

Means, Standard Deviations, and Cronbach's Alpha for Primary Measures

Scale	Mean	Standard Deviation	Cronbach's Alpha
PHQ-9	16.86	7.29	.89
GAD-7	11.79	5.14	.86
PCL-5	44.15	18.09	.96
MSS	68.70	12.90	.91
ECS	22.50	6.82	.89
WVS	49.38	10.58	.77
CFI - Adaptability	50.39	10.78	.86
DWS	65.30	12.47	.83

Note: $N = 376$. PHQ-9 = Patient Health Questionnaire; GAD-7 = Generalized Anxiety Disorder; PCL-5 = PTSD Checklist for DSM-5; MSS = Military Stigma Scale; ECS = Economic Constraints Scale; WVS = Work Volition Scale; CFI = Career Futures Inventory; DWS = Decent Work Scale.

Table 4

Skewness and Kurtosis Values for All Scale Scores

Scale	Skewness	Standard Error of Skewness	Kurtosis	Standard Error of Kurtosis
PHQ-9	.149	.126	-.242	.251
GAD-7	.109	.126	.165	.251
PCL-5	.048	.126	.097	.251
MSS	-.222	.126	.160	.251
ECS	-.488	.126	.619	.251
WVS	.538	.126	.305	.251
CFI - Adaptability	-.630	.126	.759	.251
DWS	-.533	.126	.907	.251

Note: $N=376$. PHQ-9 = Patient Health Questionnaire; GAD-7 = Generalized Anxiety Disorder; PCL-5 = PTSD Checklist for DSM-5; MSS = Military Stigma Scale; ECS = Economic Constraints Scale; WVS = Work Volition Scale; CFI = Career Futures Inventory; DWS = Decent Work Scale.

Table 5

Correlations Among Variables of Analysis

Variable	1	2	3	4	5	6	7	8
1. PHQ-9	1.00							
2. GAD-7	.79**	1.00						
3. PCL-5	.80**	.79**	1.00					
4. MSS	.56**	.51**	.56**	1.00				
5. ECS	.44**	.36**	.43**	.51**	1.00			
6. WVS	-.18**	-.19**	-.21**	-.20**	-.18**	1.00		
7. CFI – Adaptability	.16**	.11*	.16**	.27**	.35**	.29**	1.00	
8. DWS	.21**	.17**	.19**	.23**	.22**	.33**	.70**	1.00

Note: ** $p < 0.01$, two-tailed, * $p < 0.05$, two-tailed. $N = 376$. PHQ-9 = Patient Health Questionnaire; GAD-7 = Generalized Anxiety Disorder; PCL-5 = PTSD Checklist for DSM-5; MSS = Military Stigma Scale; ECS = Economic Constraints Scale; WVS = Work Volition Scale; CFI = Career Futures Inventory; DWS = Decent Work Scale.

THE PSYCHOLOGY OF WORKING THEORY

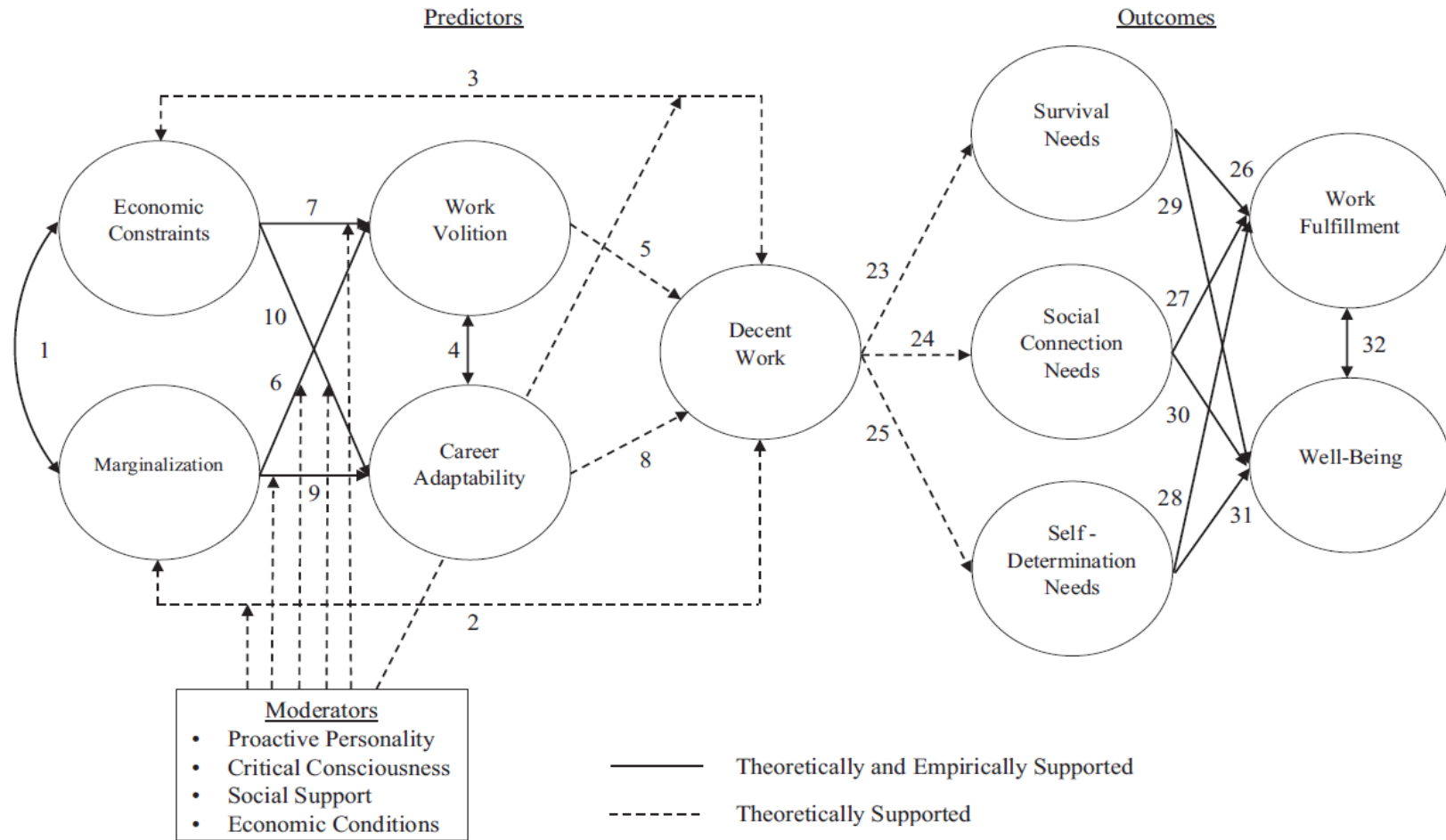


Figure 1. The Psychology of Working Model proposed by Duffy, Bluestein, Diemer, and Autin 2016.

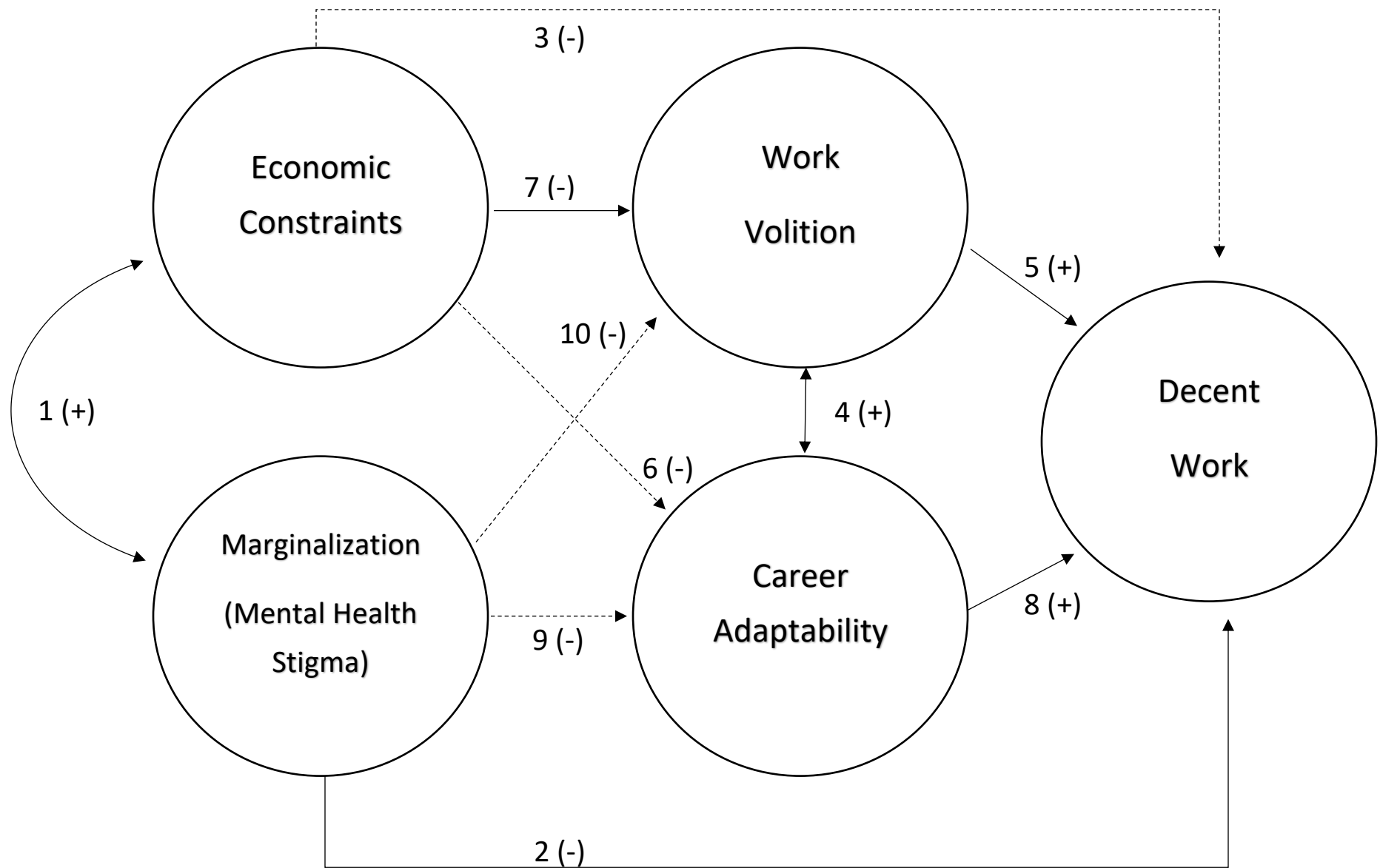


Figure 2. The Psychology of Working theoretical model with propositions 1-10. The numbers represent the associated paths while either a (+) or (-) sign representing the is the proposed path are thought to have a positive or negative association. Model based upon the proposed model found in Duffy, Bluestein, Diemer, and Autin 2019.

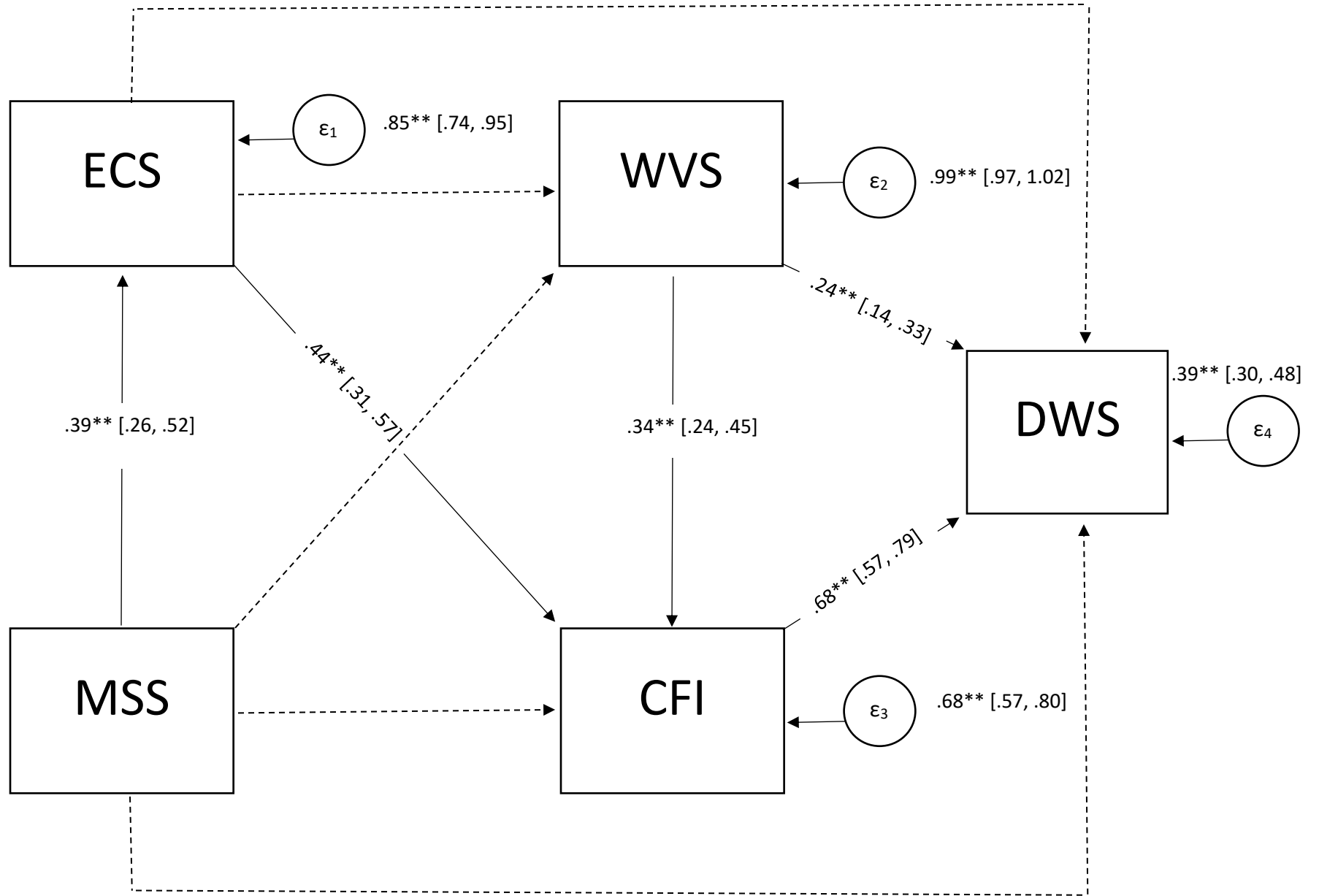


Figure 3. The proposed Psychology of Working model with mental health stigma as the factor for marginalization.

Appendix A: IRB Approval Letter



Melody Harries
IRB Administrator
Institutional Review Board
Engelmann 270
P. O. Box 413
Milwaukee, WI 53201-0413
(414) 229-3182 phone
(414) 229-6729 fax

New Study - Notice of IRB Expedited Approval

uwm.edu/irb
harries@uwm.edu

Date: February 25, 2020

To: Nadya Fouad
Dept: Educational Psychology

CC: Matthew Kessler

IRB #: 20.111

Title: Mental Health Stigma and The Impact on Veteran Experiences of Decent Work

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has been approved as minimal risk Expedited under **Category 7** as governed by 45 CFR 46.110. Your protocol has also been granted approval to waive documentation of informed consent for the survey portion of the research, as governed by 45 CFR 46.117 (c).

This protocol has been approved on **February 25, 2020** for one year. IRB approval will expire on **February 24, 2021**. Before the expiration date, you will receive an email explaining how to either keep the study open or close it.

This study may be selected for a post-approval review by the IRB. The review will include an in-person meeting with members of the IRB to verify that study activities are consistent with the approved protocol and to review signed consent forms and other study-related records.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. It is the principal investigator's responsibility to adhere to the policies and guidelines set forth by the UWM IRB, maintain proper documentation of study records and promptly report to the IRB any adverse events which require reporting. The principal investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., [FERPA](#), [Radiation Safety](#), [UWM Data Security](#), [UW System policy on Prizes, Awards and Gifts](#), state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project.

Respectfully,

Melody Harries
IRB Administrator

Appendix B: Consent Forms

General

University of Wisconsin-Milwaukee Informed Consent to Participate in Research

Study title: Mental Health Stigma and The Impact on Veteran Experiences of Decent Work

Researcher[s]: Nadya Fouad, PhD. (PI) and Matthew Kessler, LPC-IT

We are inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate, you can always change your mind and withdraw. Whatever you decide, there are no negative consequences.

What is the purpose of this study?

The purpose of this research study is to investigate the impact of mental health and its related stigma has on Veteran access to decent work.

What will I do?

This study will assess the potential relationship between experiences of mental health concern (e.g., depression, anxiety, or trauma), mental health stigma, and access to decent work for Veterans. You will be asked a series of screener questions to assess for Veteran status and any experience of mental health concern. Upon completion of the screening, you will be asked questions related to areas of your identity, your ideas on mental health and people's perceptions of mental health, and various questions related to work (e.g., your ideas about work and how you adapt to work).

Individuals who do not meet eligibility criteria will not be compensated for their completion of the screening questions.

** Some of the questions ask you to report any experiences of mental health concern in your life. If at any time during the survey you feel distress please contact either of the following:

- National Suicide Prevention Lifeline at 1-800-273-8255
 - Press 1 for Veterans
- The Veteran Crisis Text Line at 838255 by texting HOME
- The Veteran Crisis Online Chat by following:
 - <https://www.veteranscrisisline.net/get-help/chat>
- Or local emergency services by dialing 9-1-1
- If at some point you feel distress or would like to learn more about symptoms of mental health, please contact the following:
 - Locator.apa.org to find a psychologist in your area specializing in your specific mental health concern (e.g., depression, anxiety, or trauma).
 - Psychologytoday.com/us.therapists to find a psychotherapist specializing in your specific mental health concern in your area
 - The National Center on Domestic Violence, Trauma, & Mental health at nationalcenterdvtraumamh.org

- To file an anonymous report or to learn more about sexual assault, please visit: <https://www.rainn.org/about-national-sexual-assault-online-hotline>
- To file an anonymous report or to learn more about child abuse, please visit: <http://www.thehotline.org/>

Compensation:

All participants who complete the survey will be compensated with a \$5.00 Amazon gift card.

Risks:

- Some questions may be personal or upsetting. You can skip any questions you do not want to answer or stop the survey.
- Online data being hacked or intercepted: This is a risk you experience any time you provide information online. We are using a secure system to collect this data, but we cannot completely eliminate this risk.
- Breach of confidentiality: There is a chance your data could be seen by someone who should not have access to it. We're minimizing this risk in the following ways:
 - **Data is confidential.**
 - We store all electronic data on password-protected, encrypted computers.

Possible benefits:

Through this study, researchers and policy makers will be better informed as to the impact that mental health stigma has on Veterans' access to decent and sustainable work. In turn, policies can be made that may help decrease the rates of under/unemployment of Veterans.

Estimated number of participants:

We plan on recruiting approximately 400 research participants.

How long will it take?

This survey should take you approximately 15 minutes to complete.

Costs:

None

Future research:

Your data will not be used or shared for any future research studies.

Where will data be stored?

The data will be stored on secure and encrypted computers at the University of Wisconsin – Milwaukee **and digital copies will be securely located on Qualtrics websites.**

How long will it be kept?

The data will be kept for no longer than five years and deleted on January 1st, 2024.

Who can see my data?

- We (the researchers) will have access to the information gathered through this survey, which does not include any personally identifiable information. This is so we can analyze the data and conduct the study.

- The Institutional Review Board (IRB) at UWM, the Office for Human Research Protections (OHRP), or other federal agencies may review all the study data. This is to ensure we are following laws and ethical guidelines.
- We may share our findings in publications or presentations. If we do, the results will be anonymous as we are not collecting any personally identifiable information except your zip code.

Contact information:

For questions about the research, complaints, or problems:

Contact Matthew Kessler at Kessle25@uwm.edu

For questions about your rights as a research participant, complaints, or problems:

Contact the UWM IRB (Institutional Review Board; provides ethics oversight) at 414-229-3173 / irbinfo@uwm.edu.

Please print or save this screen if you want to be able to access the information later.

IRB #: 20.111

IRB Approval Date: 25 February 2020

Agreement to Participate:

If you meet the eligibility criteria below and would like to participate in this study, click the button below to begin the survey. Remember, your participation is entirely voluntary, and you are free to withdraw at any time.

I am at least 18 years old, have served in the United States Armed Forces, and feel I have experienced depression, anxiety and/or at least one traumatic event.

MTurk

**University of Wisconsin-Milwaukee
Informed Consent to Participate in Research**

Study title: Mental Health Stigma and The Impact on Veteran Experiences of Decent Work
Researcher[s]: Nadya Fouad, PhD. (PI) and Matthew Kessler, LPC-IT

We are inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate, you can always change your mind and withdraw. Whatever you decide, there are no negative consequences.

What is the purpose of this study?

The purpose of this research study is to investigate the impact of mental health and the related stigma it has on Veteran access to decent work.

What will I do?

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 - Press 1 for Veterans
- The Veteran Crisis Text Line at 838255 by texting HOME
- The Veteran Crisis Online Chat by following:
 - <https://www.veteranscrisisline.net/get-help/chat>
- Or local emergency services by dialing 9-1-1
- If at some point you feel distress or would like to learn more about symptoms of mental health, please contact the following:
 - Locator.apa.org to find a psychologist in your area specializing in your specific mental health concern (e.g., depression, anxiety, or trauma).
 - Psychologytoday.com/us.therapists to find a psychotherapist specializing in your specific mental health concern in your area
 - The National Center on Domestic Violence, Trauma, & Mental health at nationalcenterdvtraumamh.org
- To file an anonymous report or to learn more about sexual assault, please visit: <https://www.rainn.org/about-national-sexual-assault-online-hotline>
- To file an anonymous report or to learn more about child abuse, please visit: <http://www.thehotline.org/>

Compensation:

All participants who complete the survey will be compensated with \$1.

Risks:

- Some questions may be personal or upsetting. You can skip any questions you do not want to answer or stop the survey. .
- Online data being hacked or intercepted: This is a risk you experience any time you provide information online. We are using a secure system to collect this data, but we cannot completely eliminate this risk.
- Amazon could link your worker ID (and associated personal information) with your survey responses. Make sure you have read Amazon's MTurk participant and privacy agreements to understand how your personal information may be used or disclosed.
- Breach of confidentiality: There is a chance your data could be seen by someone who should not have access to it. We're minimizing this risk in the following ways:
 - **Data is confidential.**
 - We store all electronic data on password-protected, encrypted computers.

Possible benefits:

Through this study, researchers and policy makers will be better informed as to the impact that mental health stigma has on Veterans' access to decent and sustainable work. In turn, policies can be made that may help decrease the rates of under/unemployment of Veterans.

Estimated number of participants:

We plan on recruiting approximately 400 research participants.

How long will it take?

This survey should take you approximately 15 minutes to complete.

Costs:

None

Future research:

Your data will not be used or shared for any future research studies.

Where will data be stored?

The data will be stored on secure and encrypted computers at the University of Wisconsin – Milwaukee **and digital copies will be securely located on Qualtrics websites.**

How long will it be kept?

The data will be kept for no longer than five years and deleted on January 1, 2024.

Who can see my data?

- We (the researchers) will have access to the information gathered through this survey, which does not include any personally identifiable information. This is so we can analyze the data and conduct the study.

- The Institutional Review Board (IRB) at UWM, the Office for Human Research Protections (OHRP), or other federal agencies, may review all the study data. This is to ensure we are following laws and ethical guidelines.
- We may share our findings in publications or presentations. If we do, the results will be anonymous as we are not collecting any personally identifiable information except your zip code.
- Amazon: because they own the MTurk internal software, and to issue payment, Amazon will have access to your MTurk worker ID. There is a possibility Amazon could link your worker ID (and associated personal information) with your survey responses.

Contact information:

For questions about the research, complaints, or problems:

Contact Matthew Kessler at Kessle25@uwm.edu

For questions about your rights as a research participant, complaints, or problems:

Contact the UWM IRB (Institutional Review Board; provides ethics oversight) at 414-229-3173 / irbinfo@uwm.edu.

Please print or save this screen if you want to be able to access the information later.

IRB #: 20.111

IRB Approval Date: 25 February 2020

Agreement to Participate:

If you meet the eligibility criteria below and would like to participate in this study, click the button below to begin the survey. Remember, your participation is entirely voluntary, and you are free to withdraw at any time.

I am at least 18 years old, have served in the United States Armed Forces, and feel I have experienced depression, anxiety and/or at least one traumatic event.

Appendix C: Mental Health Resources

- National Suicide Prevention Lifeline at 1-800-273-8255
 - Press 1 for Veterans
- The Veteran Crisis Text Line at 838255 by texting HOME
- The Veteran Crisis Online Chat by following:
 - <https://www.veteranscrisisline.net/get-help/chat>
- Or local emergency services by dialing 9-1-1
- If at some point you feel distress or would like to learn more about symptoms of mental health, please contact the following:
 - [Locator.apa.org](http://locator.apa.org) to find a psychologist in your area specializing in your specific mental health concern (e.g., depression, anxiety, or trauma).
 - [Psychologytoday.com/us.therapists](http://psychologytoday.com/us.therapists) to find a psychotherapist specializing in your specific mental health concern in your area
 - The National Center on Domestic Violence, Trauma, & Mental health at nationalcenterdvtraumamh.org
- To file an anonymous report or to learn more about sexual assault, please visit: <https://www.rainn.org/about-national-sexual-assault-online-hotline>
- To file an anonymous report or to learn more about child abuse, please visit: <http://www.thehotline.org/>

Appendix D: Demographic Questions

Are you a Veteran of the United States Military?

1. Yes
2. No

What gender do you identify as?

1. Male
2. Female
3. Transgender
4. Other (please specify)

What sexual orientation do you identify with?

1. Heterosexual
2. Gay/Lesbian
3. Bisexual
4. Other (please specify)
5. Prefer not to say

Please type your age:

What race do you identify with? Please check all that apply.

1. American Indian/Alaska Native
2. Asian American
3. Black/African American
4. Latino/a/x
5. White/Caucasian
6. Other (please specify)
7. Prefer not to say

What is your ethnic identity?

1. Hispanic
2. Non-Hispanic

What is your marital status?

1. Never married
2. Married
3. Living together
4. Divorced
5. Separated
6. Widowed

What is your employment status?

1. Full-time employed
2. Part-time employed
3. Not currently employed but looking for work
4. Not currently employed
5. Retired

How would you describe your yearly household income?

1. \$22,999 or less per year
2. \$23,000 - \$31,999 per year
3. \$32,000 - \$59,999 per year
4. \$60,000 - \$99,999 per year
5. \$100,000 - \$119,999 per year
6. \$120,000 or more per year

What is your highest level of education?

1. Elementary School
2. Middle School
3. High School
4. Some College
5. Associate's Degree
6. Bachelor's Degree
7. Master's Degree
8. Doctorate or Professional Degree

What branch of the military did you serve? Please check all that apply.

1. Air Force
2. Army
3. Marines
4. Navy
5. Coast Guard

What service component were you a part of? Please check all that apply.

1. Active Duty
2. Reservist
3. National Guard

Did you ever deploy?

1. Yes
2. No

Where were you deployed? Please check all that apply.

1. Operation New Dawn
2. Operation Iraqi Freedom
3. Operation Enduring Freedom
4. Gulf War
5. Vietnam War
6. Korean War
7. Other (please specify)

Did you see combat while deployed?

1. Yes
2. No

Appendix E: Patient Health Questionnaire (PHQ-9)

INSTRUCTIONS: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Appendix F: General Anxiety Disorder-7 (GAD-7)

INSTRUCTIONS: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen

Appendix G: PTSD Checklist for DSM-5 (PCL-5)

INSTRUCTIONS: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
8. Trouble remembering important parts of the stressful experience?
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
12. Loss of interest in activities that you used to enjoy?
13. Feeling distant or cut off from other people?

14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being “superalert” or watchful or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?

Appendix H: Military Stigma Scale (MSS)

INSTRUCTIONS: Please choose the response that best matches how much you agree or disagree with each statement. There are no right or wrong answers. Circle the number that is right for you. This questionnaire is anonymous so do not make any identifiable marks. Although some of the items may look alike, it is important to us that you answer all of them.

DEFINITION: A mental health provider is a licensed professional who deals with psychological problems or issues that people sometimes have (e.g. psychologist, psychiatrist, licensed counselor, social worker). Psychological problems are reasons a person would go to a mental health provider. Similar terms include mental health issues, psychological issues, mental troubles, mental health concerns, and emotional problems.

Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
0	1	2	3

1. My self-confidence would be harmed if I got help from a mental health provider.
2. I would be given less responsibility, if chain of command knew I was seeing a mental health provider.
3. If my chain of command discovered I was seeing a mental health provider, I would NOT lose their respect. [R]
4. People would judge me poorly if they knew that I received mental health services.
5. I would worry about my personal problems being part of my military records.
6. People I respect would think less of me if they knew I had mental health problems.
7. My view of myself would change if I made the choice to see a therapist.
8. My chances of promotion would be harmed if I sought mental health services.
9. I would feel okay about myself if I made the choice to seek professional help. [R]
10. I am open to seeking services, but I worry about how it could hurt my career.
11. My reputation in my community would be harmed if people knew that I had seen a mental health provider.

12. I would be afraid that my peers will find out what I tell my mental health provider.
13. I would feel worse about myself if I could not solve my own problems.
14. It would make my problems worse if my peers knew I was seeing a mental health provider.
15. I would feel inadequate if I went to a therapist for psychological help.
16. Seeking psychological help would make me feel less intelligent.
17. My peers would think less of me if they knew I was getting help from a mental health provider.
18. If I went to a therapist, I would be less satisfied with myself.
19. I'd lose the respect of my subordinates if they found out I was receiving mental help.
20. There are things I am afraid to talk about because of what others will think.
21. A person seeking mental health treatment is seen as weak.
22. It would make me feel inferior to ask a therapist for help
23. I am afraid that my chain of command would find out what I told a mental health provider.
24. My peers would think I was unreliable if they knew I was receiving mental health treatment.
25. My self-confidence would NOT be threatened if I sought professional help [R]
26. My self-esteem would increase if I talked to a therapist. [R]

Public Stigma Items: 2, 3, 4, 5, 6, 8, 10, 11, 12, 14, 17, 19, 20, 21, 23, 24

Self-Stigma Items: 1, 7, 9, 13, 15, 16, 18, 22, 25, 26

Appendix I: Economic Constraints Scale (ECS)

INSTRUCTIONS: Please indicate one answer to each of the following statements:

Strongly Disagree 1	Moderately Disagree 2	Slightly Disagree 3	Neutral 4	Slightly Agree 5	Moderately Agree 6	Strongly Agree 7
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1. For as long as I can remember, I have had very limited economic or financial resources.
2. Throughout most of my life, I have struggles financially.
3. For as long as I can remember, I have had difficulties making ends meet.
4. I have considered myself poor or very close to poor most of my life
5. For most of my life, I have not felt financially stable.

Appendix J: Work Volition Scale (WVS)

INSTRUCTIONS: Please indicate one answer to each of the following statements:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

1. I've been able to choose the jobs I have wanted.
2. I can do the kind of work I want, despite external barriers.
3. The current state of the economy prevents me from working in the job I want. [R]
4. The jobs I would like to pursue don't exist in my area. [R]
5. Due to my financial situation, I need to take any job I can find. [R]
6. When looking for work, I'll take whatever I can get. [R]
7. In order to provide for my family, I often have to take jobs I do not enjoy. [R]
8. I don't like my job, but it would be impossible for me to find a new one. [R]
9. I feel able to change jobs if I want to.
10. The only thing that matters in choosing a job is to make ends meet. [R]
11. I feel that outside forces have really limited my work and career options. [R]
12. I feel total control over my job choices. [R]
13. Negative factors outside my personal control had a large impact on my current career choice.
[R]

Volition subscale: 1, 2, 9, 12

Financial constraints subscale: 5, 6, 7, 8, 10

Structural constraints subscale: 3, 4, 11, 13

Appendix K: Career Futures Inventory – Career Adaptability Subscale (CFI)

INSTRUCTIONS: Please indicate one answer to each of the following statements:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

1. I am good at adapting to new work settings.
2. I can adapt to change in my career plans.
3. I can overcome potential barriers that may exist in my career.
4. I enjoy trying new work-related tasks.
5. I can adapt to change in the world of work.
6. I will adjust easily to shifting demands at work.
7. Others would say that I am adaptable to change in my career plans.
8. My career success will be determined by my efforts.
9. I tend to bounce back when my career plans don't work out quite right.
10. I am rarely in control of my career. [R]
11. I am not in control of my career success. [R]

Appendix L: Decent Work Scale (DWS)

INSTRUCTIONS: Please indicate one answer to each of the following statements:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

1. I feel emotionally safe interacting with people at work
2. At work, I feel safe from emotional or verbal abuse of any kind
3. I feel physically safe interacting with people at work.
4. I get good healthcare benefits from my job.
5. I have a good healthcare plan at work.
6. My employer provides acceptable options for healthcare.
7. I **am not** properly paid for my work. [R]
8. I **do not** feel I am paid enough based on my qualifications and experience. [R]
9. I am rewarded adequately for my work
10. I **do not** have enough time for non-work activities. [R]
11. I have **no time** to rest during the work week. [R]
12. I have free time during the work week
13. The values of my organization match my family values.
14. My organization's values align with my family values.
15. The values of my organization match the values within my community.

Physically and Interpersonally Safe Working Conditions: 1, 2, 3

Access to Healthcare: 4, 5, 6

Adequate Compensation: 7, 8, 9

Hours that Allow for Free Time and Rest: 10, 11, 12

Organizational Values Complement Family and Social Values: 13, 14, 15

Curriculum Vitae

MATTHEW JAMES KESSLER

FORMAL EDUCATION

UNIVERSITY OF WISCONSIN-MILWAUKEE (UWM)

Doctor of Philosophy (Ph.D.)

August 2021

Specialization: Counseling Psychology

Dissertation Title: Mental Health Stigma and its Impact on
Experiences of Decent Work for Veterans

Advisor: Nadya A. Fouad, Ph.D.

UNIVERSITY OF NORTHERN IOWA (UNI)

Bachelor of Arts (B.A.)

May 2015

Major: Psychology and Anthropology

Minor: Communication Studies

Certificate: Conflict Resolution

LICENSURE

Licensed Professional Counselor – in Training (LPC-IT)

License Number: 4036

Granted: August 2018

Expiration: August 2022

PROFESSIONAL EXPERIENCE

UNITED STATES AIR FORCE – 357TH MEDICAL OPERATIONS GROUP, SCOTT AFB

Psychologist (42PX)

August 2021 – Present

Rank: Captain

Population: Military Service Members

Supervisor: Adam Buffington, PsyD

Services provided: Evidence-based trauma treatment (e.g., CPT & PE), mood disorders, anxiety disorders, alcohol/substance abuse, health psychology (e.g., insomnia, weight loss, chronic pain), among other presenting concerns

Participate in multiple weekly interdisciplinary meetings regarding patient care

UNITED STATES AIR FORCE – 59TH MEDICAL OPERATIONS GROUP, LACKLAND AFB

Psychologist (42PX)

August 2020 – August 2021

Pre-Doctoral Internship – Wilford Hall Ambulatory Surgical Center

Rank: Captain

Population: Military Service Members
Supervisors: Dawn Kessler-Walker, Ph.D., Jennifer Coleman, Ph.D., Callie Cooper, Ph.D., Jillian Bailie, PsyD, Abby Diehl, Ph.D., Darlene Wright, Ph.D.
Rotations completed: Primary Care Behavioral Health, Behavioral Analysis Services, Assessment, Clinical Health Psychology, Mental Health Clinic

UNITED STATES AIR FORCE – IOWA AIR NATIONAL GUARD

Command and Control Battle Management Operator (1C5X1) April 2012 – June 2020

Rank: Technical Sergeant

Radar Specialist; determine origin and identification of aircraft

Collaborate with internal and external agencies to ensure timely cross service interactions ensuring proper air support

Participate in testing of new Command and Control Systems ensuring errors are detected, reported and fixed prior to implication of systems in the field

Coordinate with Wing Director of Psychological health to ensure proper suicide awareness training, mentorship programs, and overall mental health of members are being met

PRACTICUM EXPERIENCE

MILWAUKEE VA MEDICAL CENTER (ZABLOCKI)

Supervisors: Jessica Brundage, Ph.D.

September 2019 – May 2020

Roger Williams, Ph.D.

Population: Veterans

Rotation: Spinal Cord Injury (SCI/D)

Caseload: 8-13 weekly patients; 3-5 assessments weekly

Services provided: Health psychology, mood disorders, anxiety disorders, alcohol/substance abuse, transitional and interpersonal concern, among other presenting concerns

Supervisor: Nina Sathasivam-Rueckert, Ph.D.

January 2019 – May 2020

Population: Veterans

Rotation: Comprehensive Assessment Unit (CAU)

Caseload: One assessment bi-weekly

Services Provided: Complete psychodiagnostic, compensation and pension (C&P), transplant surgery, and bariatric surgery assessments and reports

Supervisor: Sadie Larsen, Ph.D.

September 2018 – July 2019

Population: Veterans

Rotation: General Outpatient Mental Health

Caseload: 8-13 weekly patients; co-facilitate weekly DBT Skills Group

Services Provided: Evidence-based trauma treatment (e.g., CPT & PE), mood disorders, anxiety disorders, alcohol/substance abuse, transitional and interpersonal concern, among other presenting concerns

Participated in multiple weekly interdisciplinary meetings regarding patient care

MARQUETTE UNIVERSITY COLLEGE COUNSELING CENTER

Supervisor: Nina Sathasivam-Rueckert, Ph.D.

September 2017 – May 2018

Population: Undergraduate/graduate students

Caseload: 8-17 weekly patients; co-facilitated weekly Mindful Living Group

Services Provided: Mood disorders, anxiety disorders, career concerns, eating/body image concern, alcohol/substance abuse, transitional and interpersonal concern, among other presenting concerns

Staffed crises on call program weekly for eight hours

Participate in weekly psychiatric case conferences

APPLIED THERAPIES AND WELLNESS CENTER

Supervisor: Michelle Iyamah, PsyD.

January 2016 – May 2017

Population: Community mental health ages 3 - 65+

Caseload: 8-17 weekly patients; co-facilitated Child and Adolescent Social Skills Groups

Services Provided: Mood disorders, anxiety disorders, eating/body image concern, evidence-based trauma treatment (CPT & PE), ADHD, alcohol/substance abuse, transitional and interpersonal concern

Responsible for contacting insurance companies to ensure reimbursement

Assisted in administration, scoring, and reviewing of psychological assessments

MILITARY AND VETERAN RESOURCE CENTER (MAVRC)

Supervisor: Sarah Terry, M.S.

January 2016 – May 2016

Population: Undergraduate/graduate student veterans

Caseload: 3-7 weekly patients

Services Provided: career concerns, transitional and interpersonal concern, resume and scholarship writing

Organized and hosted New Student (NSO) and Transfer and Adult Student Orientations (TASO)

Developed three-part workshop focusing on transferring military skills to civilian employment

DRYHOOTCH OF AMERICA

Supervisor: Marty Sapp, Ph.D.

January 2016 – March 2016

Population: Veterans

Caseload: Co-facilitated weekly Any Addiction Anonymous (AAA) and Peer Support groups

Services Provided: Alcohol/substance abuse, career concerns, transitional and interpersonal concern

Established and promoted Deployment to Employment (D2E) program

Worked with community businesses to establish job opportunities for veterans

TEACHING EXPERIENCE

UNIVERSITY OF WISCONSIN-MILWAUKEE

Adjunct Instructor

January 2018 – May 2019

Foundations of Career Development (*COUNS 711*) course

Provide lectures on vocational psychological theories and multicultural career counseling

Deliver a comprehensive understanding of career counseling
Responsible for weekly lecture, grading, and hosting office hours

Teaching Assistant

September 2016 – May 2018

Planning Your Major – Career (*EDPSYCH 110*) course
Provide lectures on campus resources and decision-making skills
Aim to increase self-efficacy in choosing a college major
Responsible for weekly lecture, grading, and hosting office hours

RESEARCH/RELATED EXPERIENCE

UNIVERSITY OF WISCONSIN-MILWAUKEE

Research Assistant

April 2018 – August 2020

Project Title: The Influence of Gender and Race in Fostering Innovation in Engineering Teams
Principle Investigators: Nadya A. Fouad, Ph.D., Romila Singh, Ph.D., and Edward Levitas, Ph.D.
Funding Source: National Science Foundation, Grant 1761249
Perform project management (i.e., coordination with external agencies and manage project timeline)
Responsible for survey design and recruitment
Assist with data cleaning and analysis

VOCATIONAL PSYCHOLOGY – RESEARCH TEAM

Researcher

September 2015 – August 2020

Exploring a multitude of projects focusing on:
Veteran difficulties transitioning into college from the military
Promotion of undergraduate self-efficacy and outcome expectations in picking a major
Moral Injury and its effects on vocational satisfaction
Research is being performed in collaboration with Nadya A. Fouad, Ph.D., UWM

PROJECT 22 – HOPE IS EVERYWHERE

Co-chair

September 2016

Organized event bringing awareness to military suicide
Coordinated 30+ veteran and military serving organizations for resource fair
Administered surveys and analyzed data, findings indicated the event successfully educated 350+ individuals
Event hosted with the University of Wisconsin – Milwaukee MAVRC in collaboration with the Charles E. Kubley Foundation

BIOLOGICAL MOTION AND MOTION VS. FORM IN EMOTION IDENTIFICATION

Researcher

January 2014 – May 2015

Investigated the effects of motion and form when identifying emotion in point light displays
Research was performed in collaboration with Eric Hiris, Ph.D.

SOCIAL MEDIA AND POLITICAL ORIENTATION EFFECT ON RACIAL AND MENTAL ILLNESS DISCRIMINATION

Researcher**August 2014 – May 2015**

Examined discrimination towards disadvantaged groups and the effects of social media and political orientation

Research was performed in collaboration with Helen C. Harton, Ph.D.

SCHOLARLY AND PROFESSIONAL WORKS

Kessler, M. J. (2021) Mental Health Stigma and its Impact on Experiences of Decent Work for Veterans. ProQuest Thesis and Dissertation.

Ghosh, A., **Kessler, M. J.**, Heyrman, K. E., Carbonelli, M. M., Opelt, B. L., Fouad, N. A., (2019). Student Veteran Career Transition Readiness, Career Adaptability, and Academic and Life Satisfaction. *Career Development Quarterly*.

Carbonelli, M. M., **Kessler M. J.**, Reiland, M. E., (2019, August). Traumatic Life Experiences and Access to Decent Work: A Psychology of Working Theory Perspective. Poster Accepted to the American Psychological Association Annual Conference, Chicago, IL.

Kessler M. J., Carbonelli, M. M., Reiland, M. E., (2019, April). How Traumatic Life Experience Affect Assess to Decent Work. Poster Accepted to the Midwestern Psychological Association Annual Conference, Chicago, IL.

Kozlowski, M., Linneman, N., **Kessler, M. J.**, & Fouad, N. (2019, April). Validation of the career decision making outcome expectations scale. Poster Accepted to the Midwestern Psychological Association Annual Conference, Chicago, IL.

Kozlowski, M., Moore, J., Fouad, N.A., Heyrman, K.E., & **Kessler, M. J.** (2018). Assessing outcome expectations in a major exploration course. Manuscript submitted for publication.

Kozlowski, M., Moore, J., Fouad, N.A., Heyrman, K.E., & **Kessler, M. J.** (2017, August). Efficacy of an outcome expectations-based intervention on college major choice. Poster presented at the 125th American Psychological Association Convention, Washington, D.C.

Hiris, E., **Kessler, M. J.**, Kibby, S. L., (2015, May). *Variations in Using Motion and Form Information in Biological Motion Perception Across Tasks and Facing*. Poster session presented at University of Northern Iowa's College of Social and Behavioral Annual Sciences Conference, Cedar Falls, IA.

Hiris, E., **Kessler, M. J.**, Kibby, S. L., (2015, May). *The Effects of Inversion on Biological Motion Perception Tasks*. Poster session presented at University of Northern Iowa's College of Social and Behavioral Annual Sciences Conference, Cedar Falls, IA.

Kessler, M. J., Harton, H. C., (2015, April). *Understanding Mental Health Stigma: Effects of Race and Criminal Activity*. Poster session presented at the Midwestern Psychological Association Annual Conference, Chicago, IL.

Hiris, E., **Kessler, M. J.,** Kibby, S. L., (2014, May). *Biological Motion: Form vs. Motion in Sex and Emotion Identification*. Poster session presented at University of Northern Iowa's College of Social and Behavioral Annual Sciences Conference, Cedar Falls, IA.

AWARDS

Mike Reed Scholarship Recipient	September 2017 – May 2018
Mike Reed Scholarship Recipient	September 2016 – May 2017
Chester A. and Mildred H. Raasch '45 Scholarship Recipient	September 2016 – May 2017
Mike Reed Scholarship Recipient	September 2015 – May 2016
Mike Reed Scholarship Recipient	August 2014 – May 2015

MEMBERSHIPS/CERTIFICATIONS

Society of Air Force Psychology Association	2020 – Present
American Psychological Association	2014 – Present
Institutional Review Board Certified	2013 – Present
Student Researchers in Educational Psychology	2018 – 2020
Counseling Psychology Student Association	2015 – 2020
American Counseling Association	2014 – 2016