Challenges of Military Veterans Transitioning Back to Their Civilian Communities

Professor Carl A. Castro, Colonel (U.S. Army, Retired)

CAIS Seminar Series
21 September 2022
Purpose

• Discuss the challenges that military service members experience when transitioning back to their civilian communities.

• Encourage the AI experts to assist in further understanding these challenges and solutions.

• We are currently leading the largest ever study of veterans in Southern California to assess the health and wellbeing of SoCal veterans. Let us know if you are interested being involved.
Outline

• Background and context of Military Service
• Influence of war and combat
• Things we think we know that ain’t so
• Paradoxes of Combat, Deployment and Military Service
• Military Transition Theory
• The State of the American Veteran: The LA Veterans Study and Beyond
• Summary and Conclusion
Background and Context

- U.S. has been at wars for over a decade
- Influx of Iraq and Afghanistan veterans
- 325,000 vets currently in Los Angeles
- 12,000 more per year estimated
- Communities, providers and leaders are increasingly taking ownership to better meet veterans’ needs
Some Basic (Positive) Facts

- First, most service members and veterans and their families are doing fine.
- Most service members and veterans don’t have PTSD.
- Most service members and veterans are not suicidal or homicidal.
- Most families are pretty resilient.
- Our Department of Veterans Affairs does a pretty good job of taking care of the veterans that use them.
- America supports the military.
- The military is a great organization to work for.
Key Characteristics of the Military Culture

• Unique Mission of the military is to fight and win our Nation’s wars, involving exposure to extreme traumas
• Value-based organization
• Hierarchical – chain of command, subordination
• Unique formal and informal rules and norms
• Team work, cohesion, leadership
• Unique and nuanced language
• Collective Socialism – full employment, housing, medical, dental, commissary, etc.
• Unique military identity
Influence of War and Combat:

Things We Need to Remember We Know
PTSD

There is a 3-fold increase for US Soldiers (Brigade Combat Team) screening positive for PTSD when assessed 3 months after returning from a year in Iraq.

% PTSD

Pre-OIF  Post-OIF (3 months)

5.0  14.6
Anger and Aggressive Behaviors

- Got angry with someone and yelled or shouted at them
  - pre-OIF: 75
  - 3 mth Post OIF: 77
  - 12 mth Post OIF: 81

- Got angry with someone and kicked or smashed something, slammed the door, punched the wall, etc.
  - pre-OIF: 37
  - 3 mth Post OIF: 42
  - 12 mth Post OIF: 46

- Threatened someone with physical violence
  - pre-OIF: 31
  - 3 mth Post OIF: 36
  - 12 mth Post OIF: 40

- Got into a fight with someone and hit the person
  - pre-OIF: 11
  - 3 mth Post OIF: 19
  - 12 mth Post OIF: 22
Soldiers deployed to Iraq more than once were more likely to screen positive for a mental health problem than first-time deployers.
Soldiers deployed longer than 6 months were more likely to screen positive for a mental health problem than those deployed for 6 months or less.
Leadership and Mental Health

Soldiers with High perceptions of Leadership were less likely to screen positive for a mental problem (PTSD, Depression or Anxiety) compared to those Soldiers with Low perceptions of Leadership.

<table>
<thead>
<tr>
<th>Percent Screened Positive for any Mental Health Problem</th>
<th>Low Leadership</th>
<th>High Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Combat / Low Leadership</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>Low Combat / High Leadership</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>High Combat / Low Leadership</td>
<td>36</td>
<td>17</td>
</tr>
</tbody>
</table>

Adjusted R Square = .15 and the Chi Square is significant at the .01 level.
Resilience Training is Effective

Soldiers who received Battlemind Training (BMT) \((p < .01)\) reported fewer PTSD symptoms at 3 months post-deployment compared to Soldiers who received the standard stress education training.

Depression symptoms for Soldiers who received BMT were only marginally significantly lower than for Soldiers who received stress education \((p < .10)\).
There are a lot of things we know that ain't so --- A selected sample

• Mental health screening is valid for identifying service members or veterans with mental health issues.
• Training programs to build resilience in the face of trauma reduce the risk for mental health issues.
• Third-location decompression (TLD) prevents PTSD or suicides or any behavioral health issue.
• mTBI screening is valid.
• The causes of suicides in the military are known.
• There are effective means to prevent sexual assaults.
• Hyperbaric Oxygen is an effective treatment for PTSD and mTBI.
The Combat Veteran Paradoxes: How Combat, Deployments and Military Service Impacts the Veteran

What is a Paradox?

A *paradox* is a statement that appears to contradict itself and yet might be true.
Combat Veteran Paradox

Combat veterans who are healthy can benefit from counseling.
Objections:

• “pathologizes” normal combat symptoms and reactions, thereby creating a veteran dependency
• interferes with the normal recovery process following combat
• enhances the perception that combat veterans are all “screwed up” and pose a danger to society or themselves
• diverts scarce mental health resources away from those veterans in greater need
• represents a self-serving attempt by mental health professionals to maintain job security by creating a problem that doesn’t exist
• it’s disingenuous not to call this counseling “treatment”
Combat Veteran Paradoxes

- Modesty Paradox
- Mixed-Emotions Paradox
- Back-There Paradox
- Kanji Paradox (guilt)
- Morpheus Paradox
- Courage Paradox
- Aschlasia Paradox
- Intimacy Paradox
- Safety Paradox
- Life-Meaning Paradox
- The Military Mental Health Dilemma
Modesty Paradox

Combat veterans want to be recognized and appreciated for their service, yet are embarrassed or become agitated when thanked for their service.
Mixed-Emotions Paradox

Combat veterans are often happy and angry at the same time.
Back-There Paradox

When combat veterans are at home, all they can think about is being back there; and when they're back there, all they can think about is being back home.
Kanji Paradox

Combat veterans are happy to be alive and uninjured, yet feel guilty that teammates might not have been so lucky.
Morpheus Paradox

Combat veterans are physically exhausted yet unable to sleep.
Combat veterans are strong and courageous, yet afraid of being viewed as weak or damaged.
Aschalasia Paradox

Combat veterans want to enjoy life, yet have forgotten how to relax.
Combat veterans formed intimate bonds with their teammates that will last a lifetime, yet struggle to reform/form intimate relationships with others.
Safety Paradox

Combat veterans no longer fear death, but feel the need to carry weapons for personal safety.
Combat veterans want to be understood, but they don't want to talk about their experiences or how they're feeling or what they're thinking.
Risk-taking Paradox

Combat veterans are experts at taking calculated risks in combat, yet engage in high risk-taking behaviors back home.
Life-Meaning Paradox

Combat veterans have learned to value the important things in life, yet have difficulty letting go of the little things.
The Military Mental Health Dilemma

The military mental health dilemma is a specific kind of triple bind dilemma.
First Bind (Spouse/Partner)

If you don’t go to mental health, I will leave you. If you lose your job, I will leave you.
If you have a mental health problem, you need to get help to ensure your military readiness. If you have a mental health problem, you will not be promoted or selected for tough leadership assignments and you will be treated differently by members of the unit.
If someone has a mental health problem, they should solve it themselves. If someone has a mental health problem, I am not sure how he or she should resolve it.
Why Paradoxes are Important

- Paradoxes are common amongst combat/deployed veterans, as well as those who served in the military.
- Misunderstood paradoxes can lead service members to think they are “loosing their minds.”
- Paradoxes are not intuitive, most require some explanation.
- Explaining paradoxes help to normalize “normal” thoughts, feelings and behaviors.
- Normalization of paradoxes prevents subsequent mental and behavioral health issues and aides in the transition process.
Importance of Theory

A useful theory does several important things:

- Identifies the important constructs (i.e., things) we should be paying attention to
- Makes predictions about the relationships of those constructs
- Identifies areas or points in which interventions may be useful
Types of Military Transitions

- Joining the military – Basic Training ("Boot Camp")
- First duty station
- Temporary duties for training
- Field exercises / sea duty
- Deployments: combat, peacekeeping, humanitarian missions, etc.
- Frequent duty relocations – every 2-3 years

**Leaving the military**
Cultural Comparisons
Rates of PTSD: US, UK, Canada

Crude Comparison Rates of PTSD: Telic “Teeth Arms” vs. Combat Infantry OIF

Possible Explanations Based Combat Trauma Theory

**Wessely’s Hypotheses**
- US service members are exaggerating their symptoms
- UK service members are better trained and/or have better leaders
- British character is superior to that of the US

**Castro’s Hypotheses**
- US service members deploy longer than UK service members
- US service members experience higher levels of combat
- US service members are younger than UK service members
Theory and Culture

Comparison of Rates of PTSD: US, UK

Properly Adjusted Comparisons Showed No Differences in PTSD Rates, and Higher UK Rates for Alcohol and Aggression

Good theory transcends culture, eras and national militaries.
Military Transition Theory states that the transition of entering the military, the transitions during military service and the transition of leaving the military creates opportunities for growth and susceptibilities to negative outcomes.
Military Transition Theory asserts that transitions are inherently stressful for a variety of reasons:

- Produce changes in relationships
- Alterations in work context
- Changes in social physical support networks
- Challenge personal and social identity

Important to appreciate that transitions can be either positive or negative.
Constructs of Military Transition Theory

- Military culture and experiences
- Transitions
- Health and well-being
Key Health and Wellbeing Outcomes

• Employment
• Health (physical and psychological)
• Housing
• Strong relationships with family, friends, and community
• Finances, legal
• General wellbeing and contentment
Transitioning Out of the Military

Today’s veteran reports greater difficulty transitioning from the military back to civilian life compared to previous veterans.

- Adjusting to civilian life was difficult
  - Percent Veterans: 45, 68

- I needed time to figure out what to do with my life during my transition
  - Percent Veterans: 61, 69
Most veterans did not have a job when they left military service.
Employment Status

28% of post-911 veterans are unemployed and looking for work.

![Chart showing employment status](chart.png)
Most veterans who are unemployed report no assistance in finding a job.

- 77.90% of PRE-9/11 veterans
- 78.40% of POST-9/11 veterans

Not receiving help to find a new job:
- PRE-9/11 VETERANS
- POST-9/11 VETERANS
Veterans have negative perceptions of civilian employers, which is especially true for post-911 veterans.

- Employers don’t understand or are insensitive to needs of military veterans: 62% Post-911, 57% Pre-911
- Employers think veterans don’t have adequate skills: 55% Post-911, 47% Pre-911
- Employers think veterans are dangerous: 35% Post-911, 33% Pre-911
- Employers think veterans are physically broken: 45% Post-911, 43% Pre-911
- Employers do not want to hire a veteran: 33% Post-911, 43% Pre-911
Veterans have significant psychological health issues, including PTSD and suicidal ideation.

### Psychological Health of Veterans

- **PTSD**
  - Pre-911: 45.8%
  - Post-911: 45.7%

- **Depression**
  - Pre-911: 37.7%
  - Post-911: 45.7%

- **Consider Suicide**
  - Pre-911: 13.1%
  - Post-911: 14.6%

- **Suicide Plan**
  - Pre-911: 8.1%
  - Post-911: 9.7%
Veterans with Alcohol Concerns

Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale.

- Pre-9/11 Veterans: 10.50%
- Post-9/11 Veterans: 24.90%
One-third of veterans report impaired functioning in the moderately severe to severe range.

- **Minimal**: 16.10% PRE-9/11, 14.0% POST-9/11
- **Mild**: 32.40% PRE-9/11, 27.0% POST-9/11
- **Moderate**: 24.30% PRE-9/11, 27.0% POST-9/11
- **Moderately Severe**: 18.30% PRE-9/11, 22.7% POST-9/11
- **Severe**: 8.70% PRE-9/11, 9.2% POST-9/11
Many veterans did not have a place to live when they left military service.
Homeless in Past Year

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-9/11 VETERANS</td>
<td>27.60%</td>
</tr>
<tr>
<td>POST-9/11 VETERANS</td>
<td>15.30%</td>
</tr>
</tbody>
</table>
Veteran Housing Stability

- PRE-9/11 VETERANS: 70.3%
- POST-9/11 VETERANS: 79.3%

Graph showing percentage of housing stability for pre-9/11 and post-9/11 veterans.
Veterans Unmet Health Care Needs

- Considered attempting suicide but did not seek help
  - PRE-9/11 VETERANS: 27.2%
  - POST-9/11 VETERANS: 36.8%

- Made a plan to commit suicide but did not seek help
  - PRE-9/11 VETERANS: 24.0%
  - POST-9/11 VETERANS: 33.3%

- Screened positive for mental health problems but did not seek help
  - PRE-9/11 VETERANS: 31.4%
  - POST-9/11 VETERANS: 41.1%

- Screened positive for physical health problems but did not seek help
  - PRE-9/11 VETERANS: 18.6%
  - POST-9/11 VETERANS: 27.9%
Veterans Barriers to Care

- Not knowing where to get help or whom to see
- I feel I can handle challenges on my own
- Concerns about confidentiality of treatment
- Difficulty scheduling an appointment
- It could harm my career

---
Conclusion

• Military service can lead to a wide variety of emotional and behavioral changes that influence the service members military transition.

• Combat/deployment duty can lead to a wide-range of paradoxes.

• Many of the efforts undertaken by the military to ameliorate these influences have not been validated or been shown to be effective.

• Many veterans leave the military ill prepared to have a successful transition back to civilian life.

• The military transition theory provides one way to look at transitions.

• The military, the VA and the civilian communities need to continue efforts to identify and provide proven effective interventions to improve the mental, physical and behavioral health of its service members, especially at transition points.
Cor·ro·sive /kə’rōsiv, kə’rōziv/ adjective. Having the equality of corroding or eating away; harmful or destructive; deleterious.

The Five Corrosives

• Military Suicides
• Military Sexual Assault
• Racism in the Military
• Radicalization of Service Members and Veterans
• LGBT Discrimination in the Military
Point of Contact

Dr. Carl A. Castro
carl.castro@usc.edu