



# Challenges of Military Veterans Transitioning Back to Their Civilian Communities

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## 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 aint 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 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





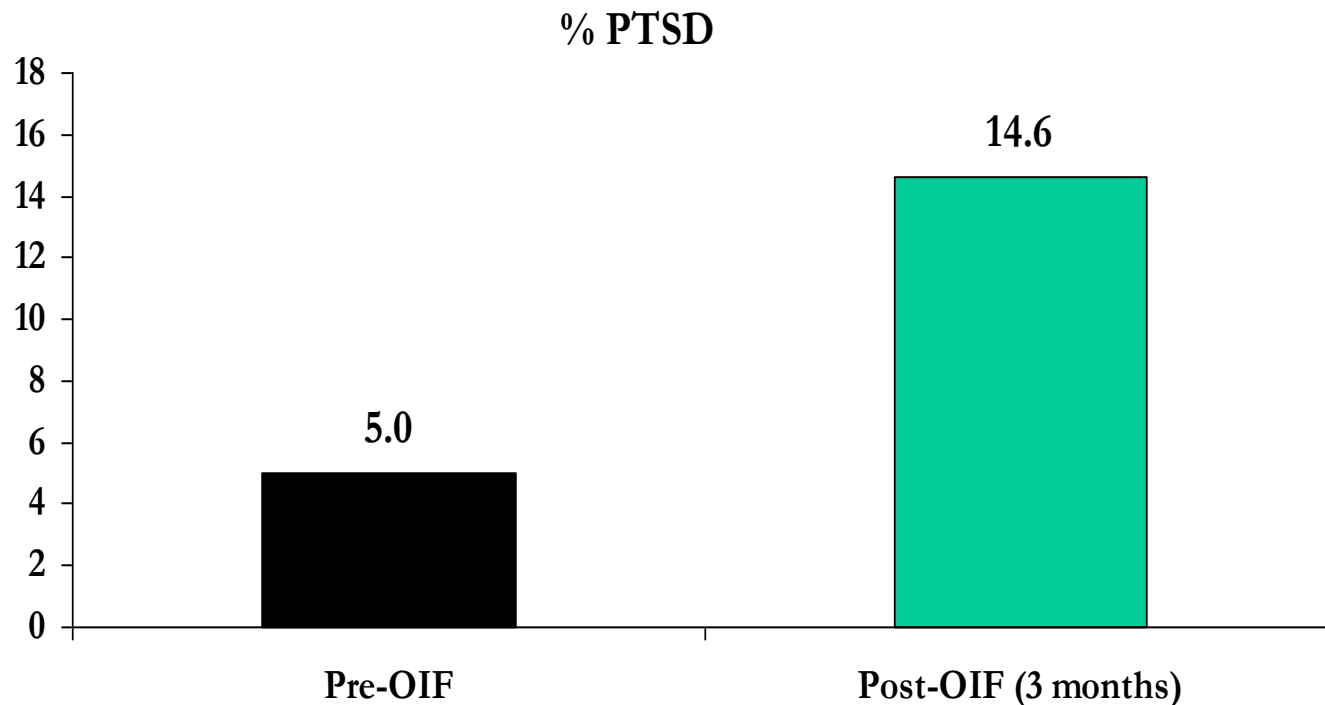
# **Influence of War and Combat:**

## **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.





# Anger and Aggressive Behaviors

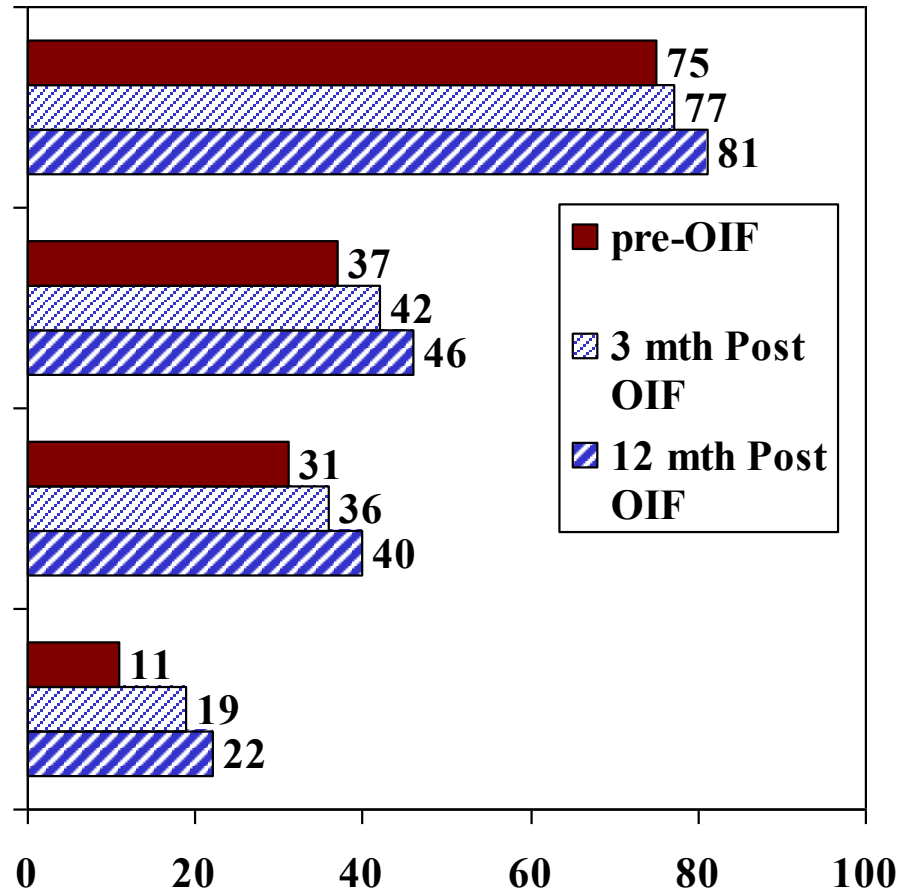


Got angry with someone and yelled or shouted at them

Got angry with someone and kicked or smashed something, slammed the door, punched the wall, etc.

Threatened someone with physical violence

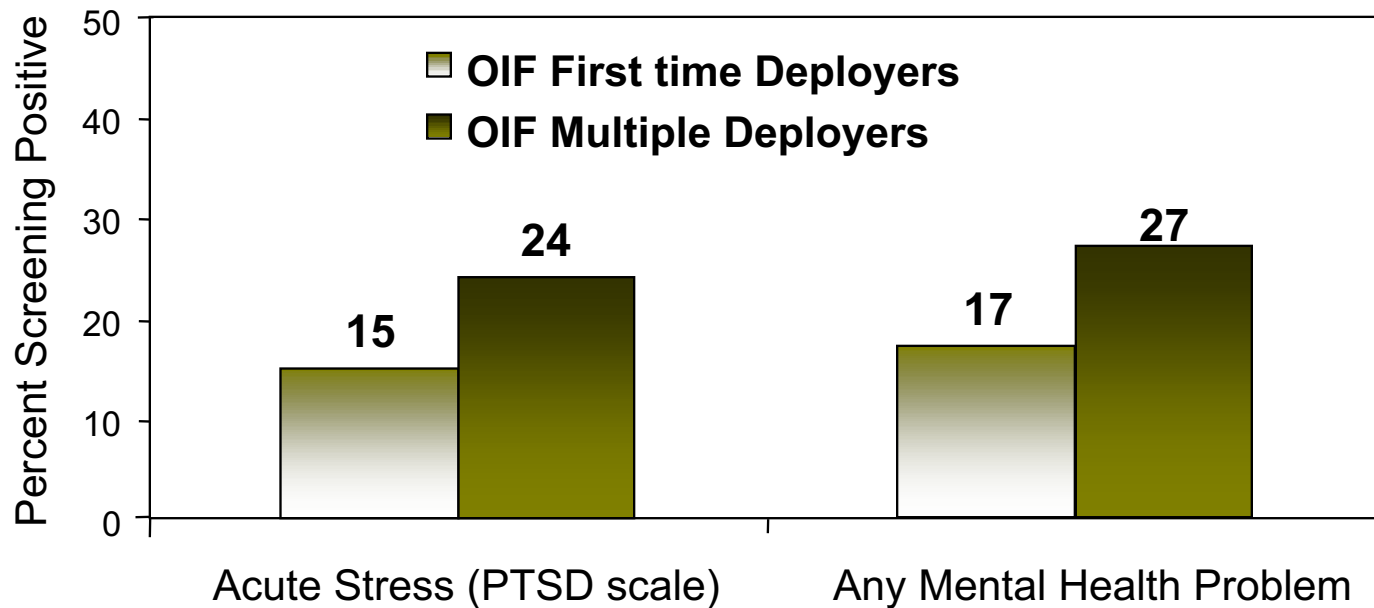
Got into a fight with someone and hit the person



# Soldier Multiple Deployments



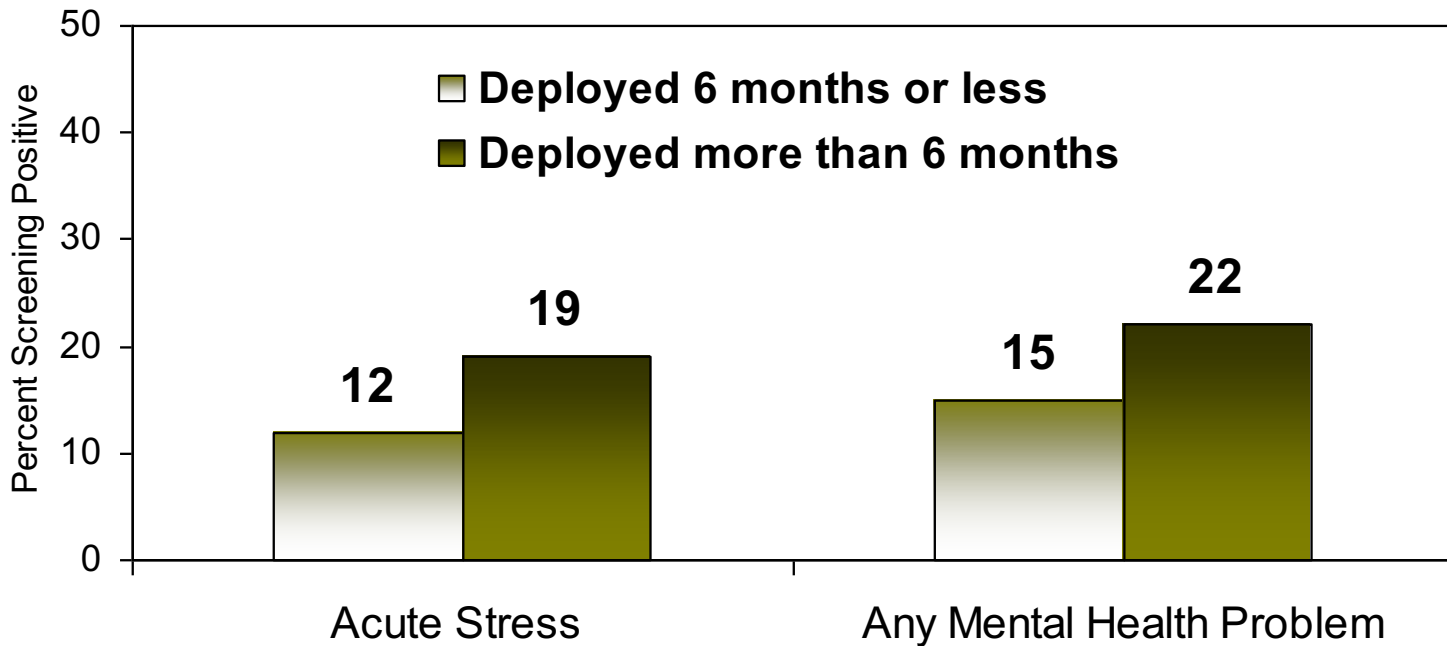
Soldiers deployed to Iraq more than once were more likely to screen positive for a mental health problem than first-time deployers.



# Soldier Deployment Length



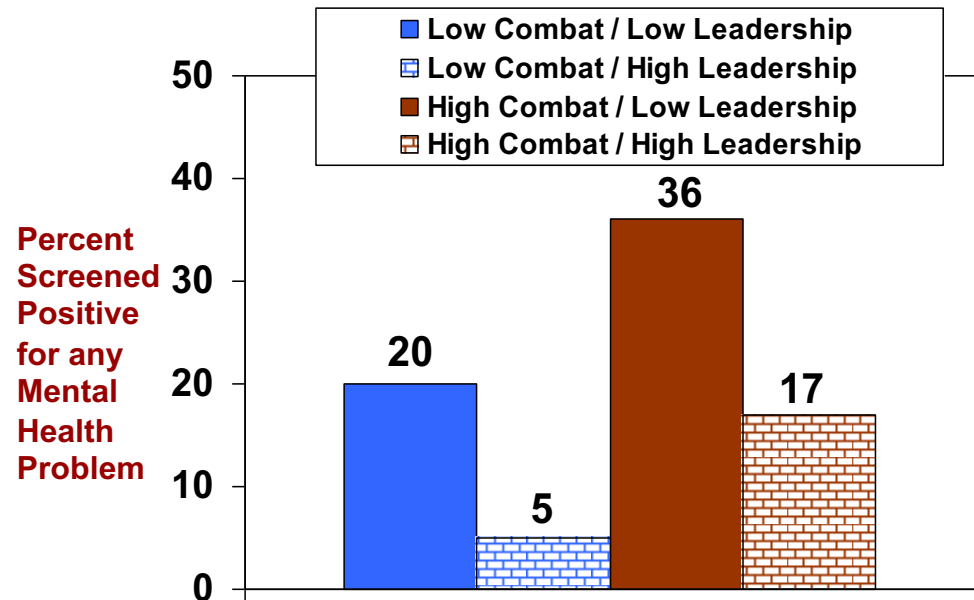
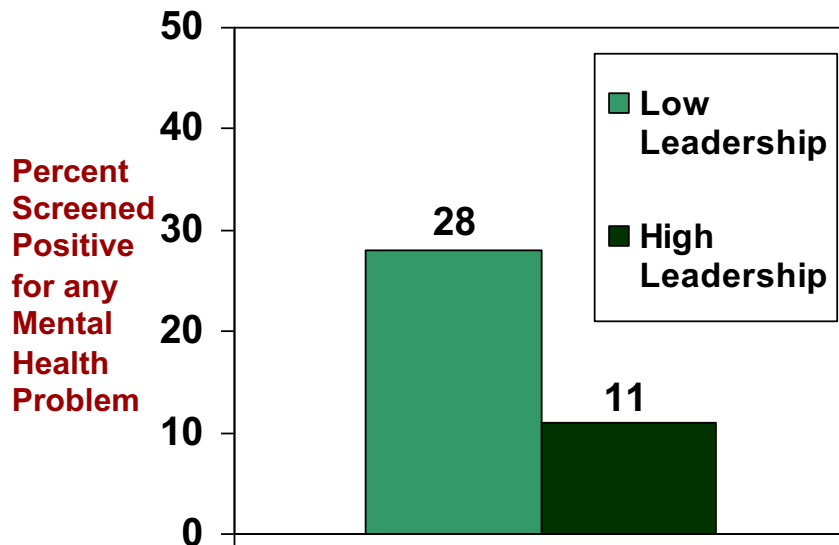
Soldiers deployed longer than 6 months were more likely to screen positive for a mental health problem than those deployed for 6 months or less.





# 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.



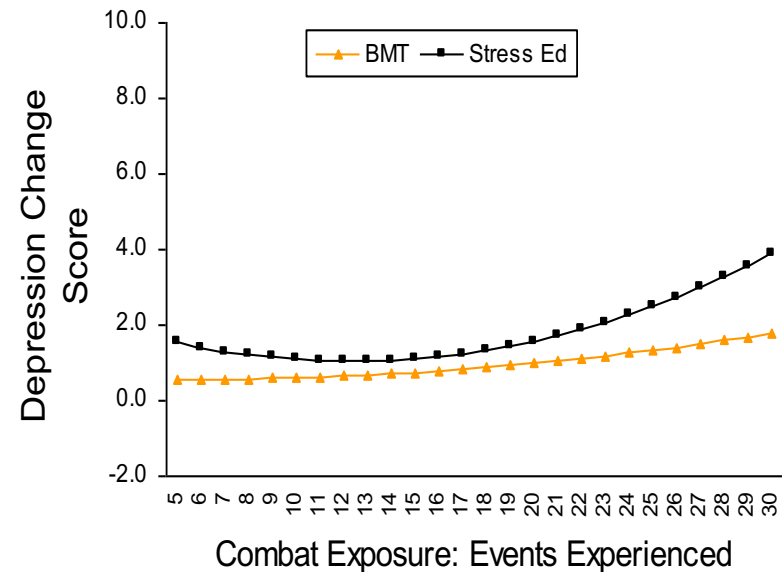
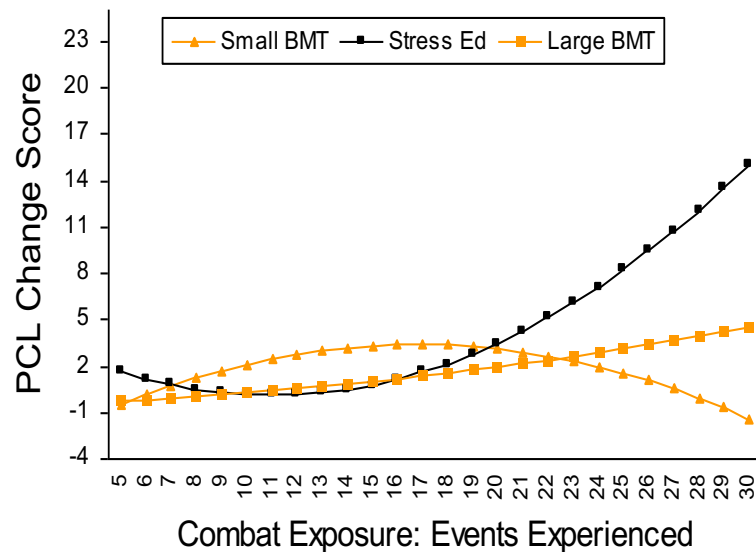
Adjusted R Square = .15 and the Chi Square is significant at the .01 level



# 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

Castro, C. A., Kintzle, S., & Hassan, A. M. (2015). The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them. *Traumatology*, 21(4), 299–310. <https://doi.org/10.1037/trm0000049>



# 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
- Aschaliasia 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 b when 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.





# *Courage Paradox*

Combat veterans are strong and courageous, yet afraid of being viewed as weak or damaged.



# *Aschaliasia Paradox*

Combat veterans want to enjoy life, yet have forgotten how to relax.



# *Intimacy Paradox*

Combat veterans formed intimate bonds with their teammates that will last a life time, 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.



# *Silence Paradox*

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.



# *Second Bind (Military Culture)*

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.



# *Third Bind (Combat Veteran)*

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

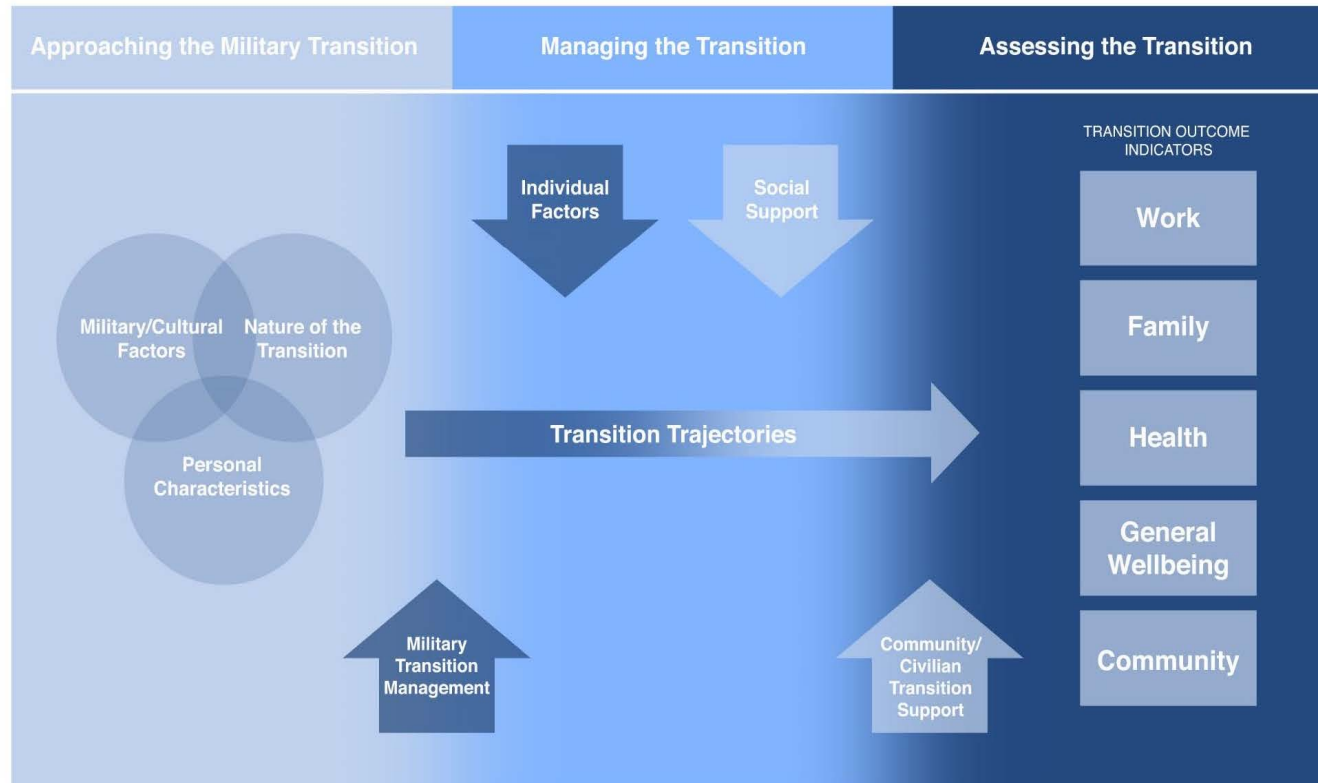


A useful theory does several important things:

- 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



# MILITARY TRANSITION THEORY





# Types of Military Transitions

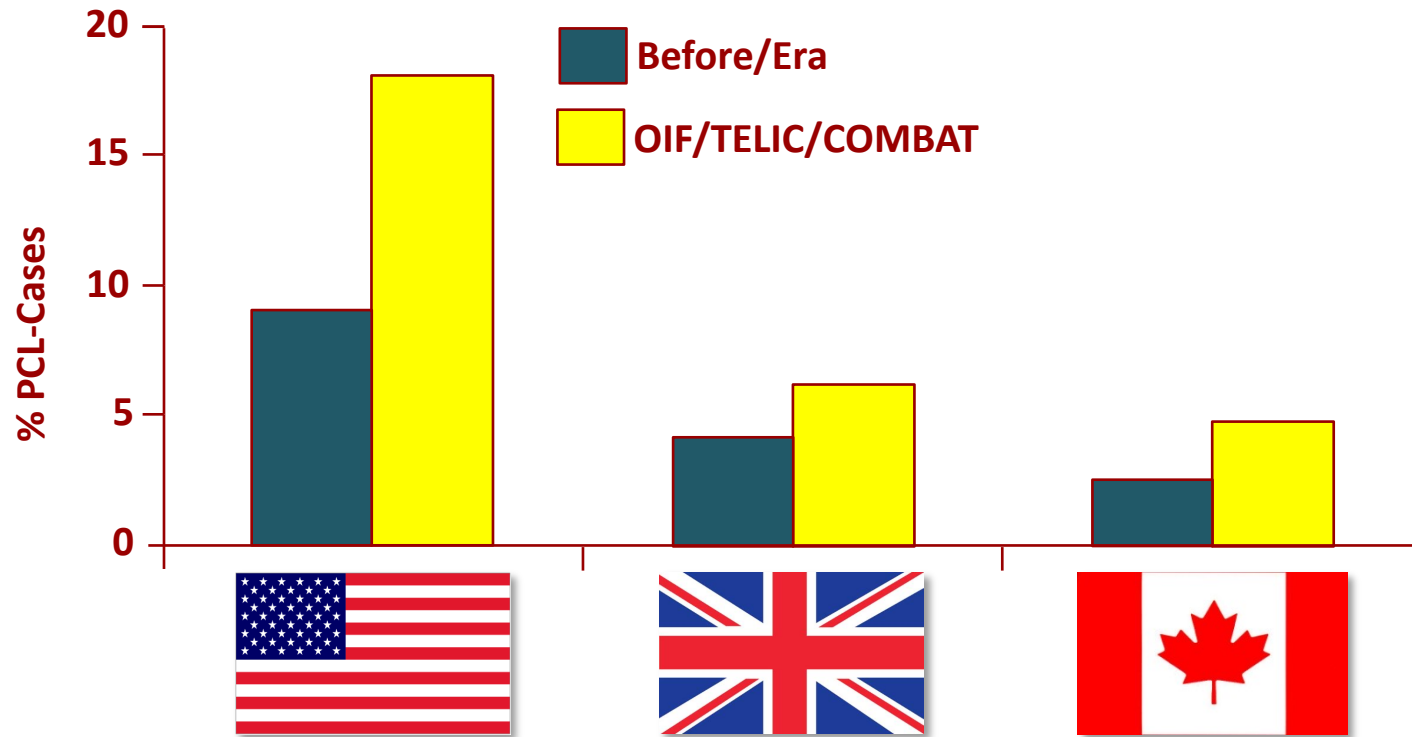
- Joining the military – Basic Training (“Boot Camp”)
- First duty station
- Temporary duties for training
- Field exercises / sea duty
- Deployments: combat, peacekeeping, humanitarian missions, etc.
- Frequent duty relocations – every 2-3 years
- **Leaving the military**



# Cultural Comparisons

## Rates of PTSD: US, UK, Canada

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



Source: US: Hoge et al, NEJM 2004; UK: Hotopf et al, The Lancet 2006; CA: Sareen et al, Archives 2007



# 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

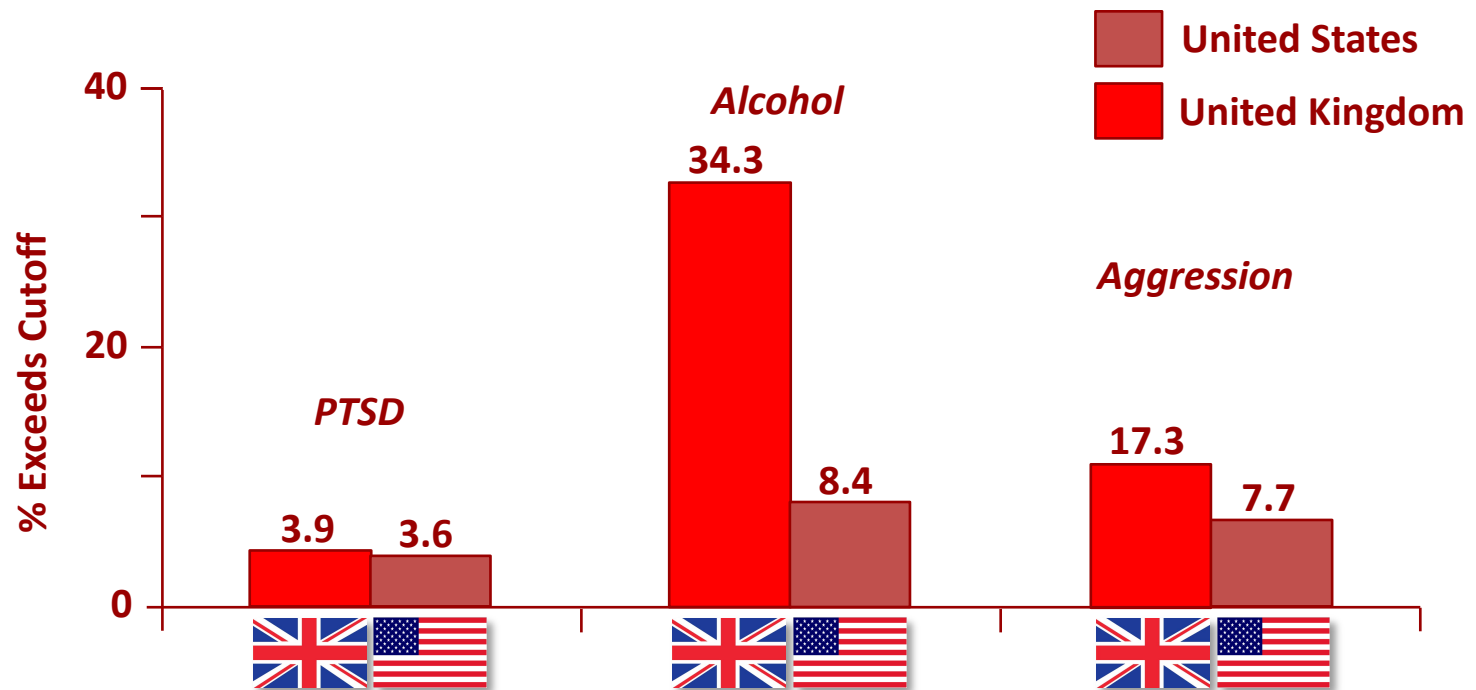
- US service members deploy longer than UK service members
- US service members experience higher levels of combat
- US service members are younger than UK service members



# 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



Source: Sudin, Herrell, Hoge, Fear, Adler, Greenberg, Riviere, Thomas, Wessely & Bliese, Brit J Psychiatry, 2014



## Theory and Culture

Good theory transcends culture,  
eras and national militaries.





# Military Transition Theory

**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.





# Disruption Points and Opportunities for Growth

**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

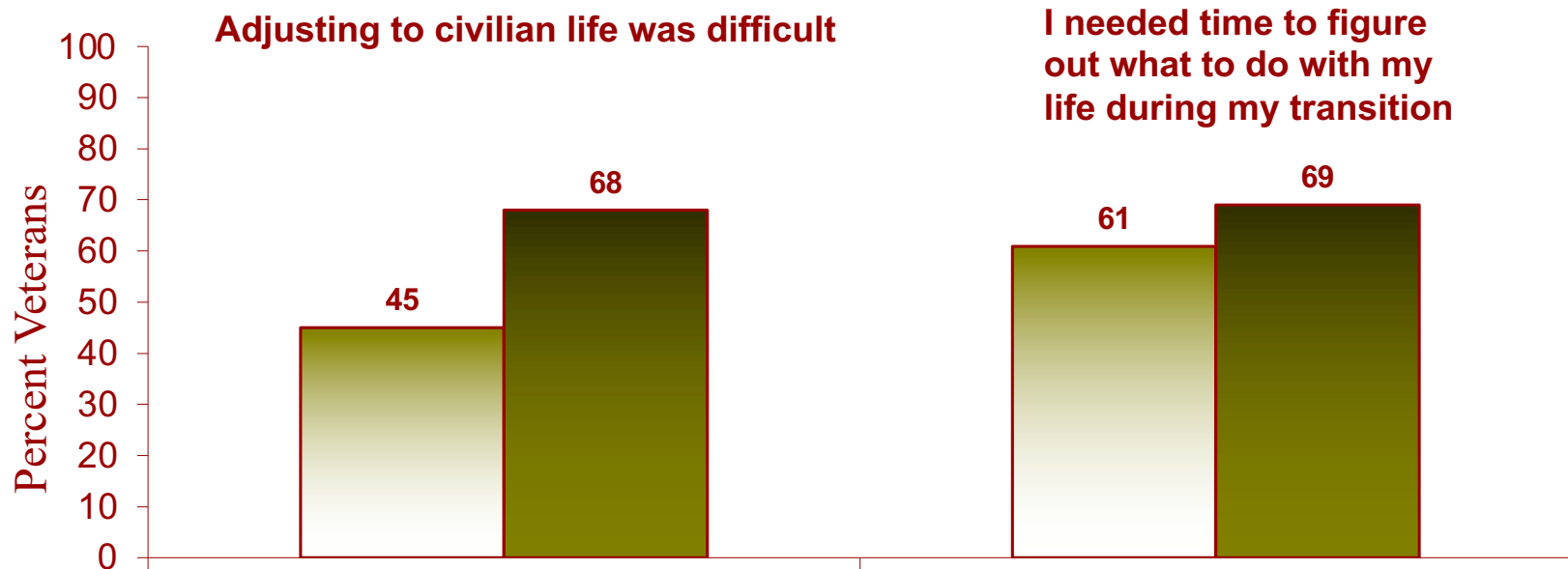




# Transitioning Out of the Military



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

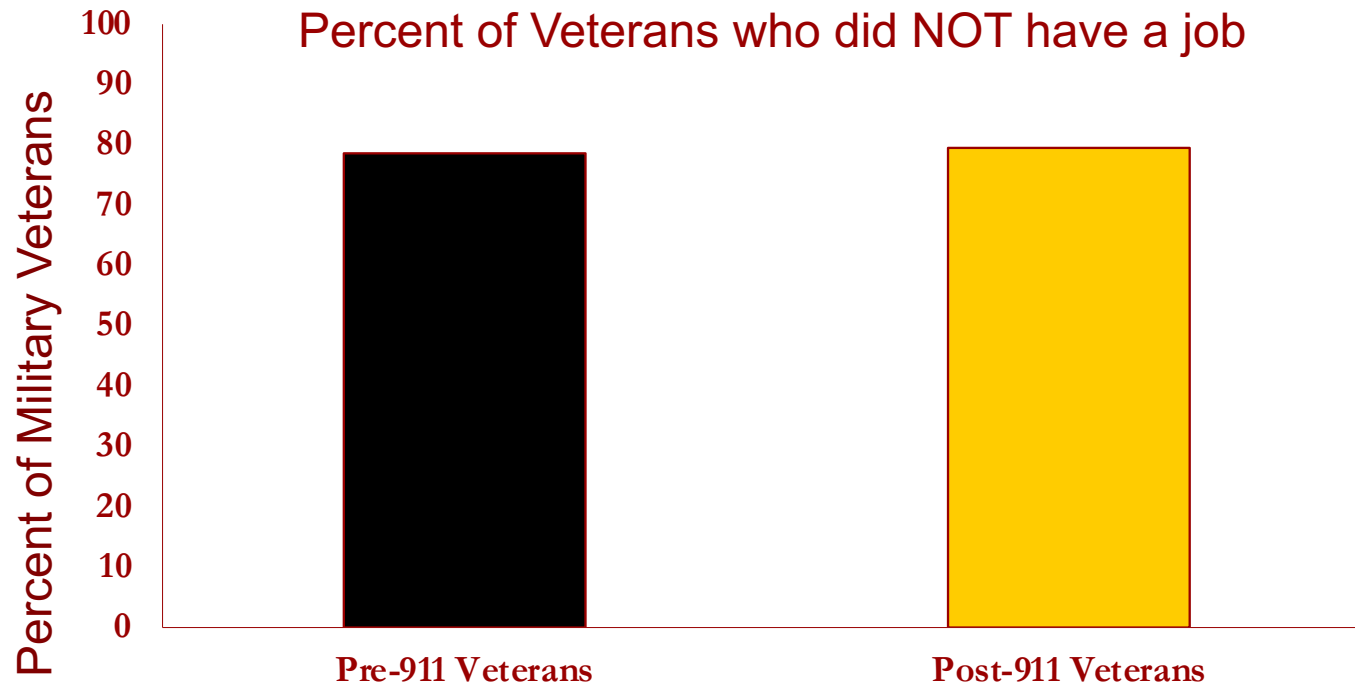




# Job Prospects



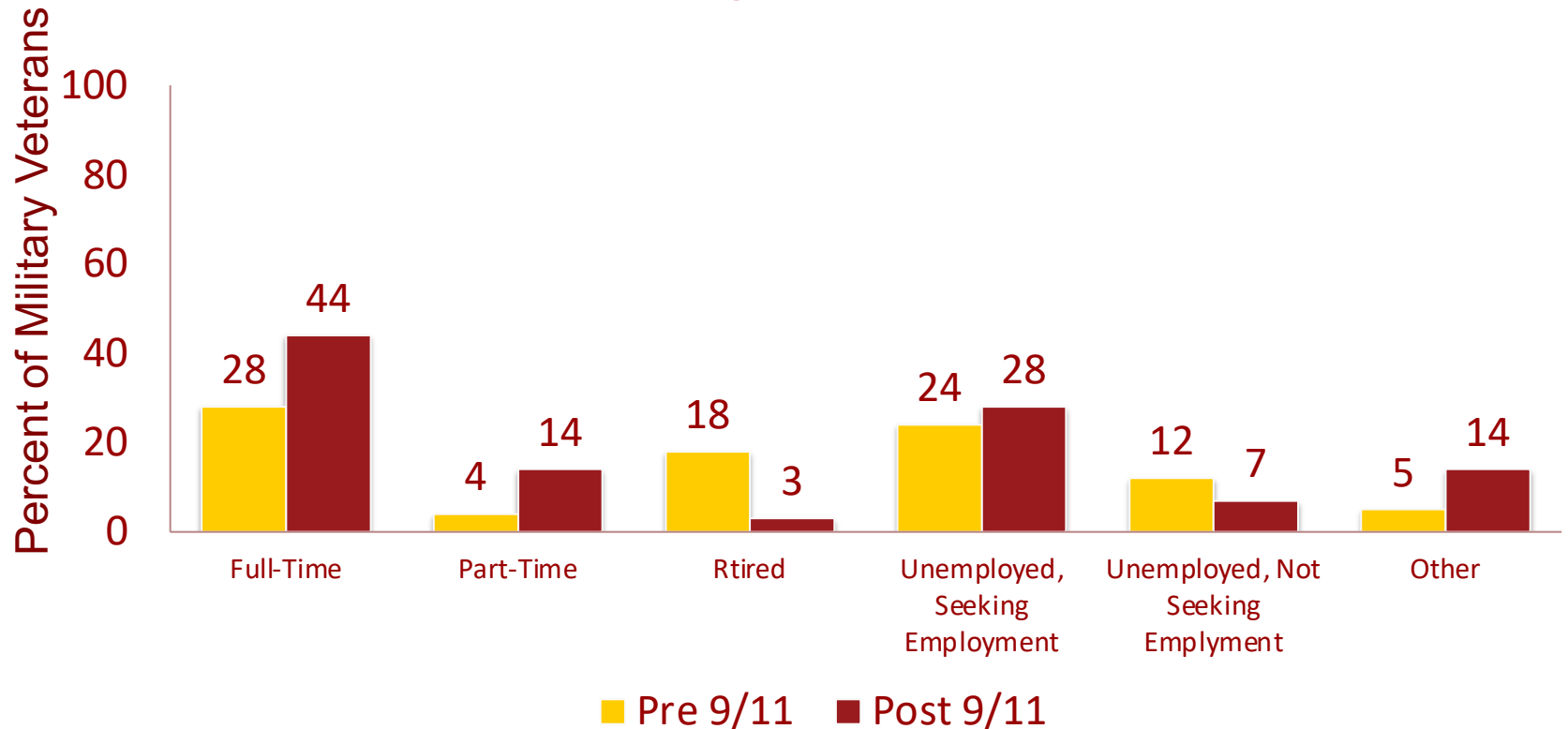
Most veterans did not have a job when they left military service.





# Employment Status

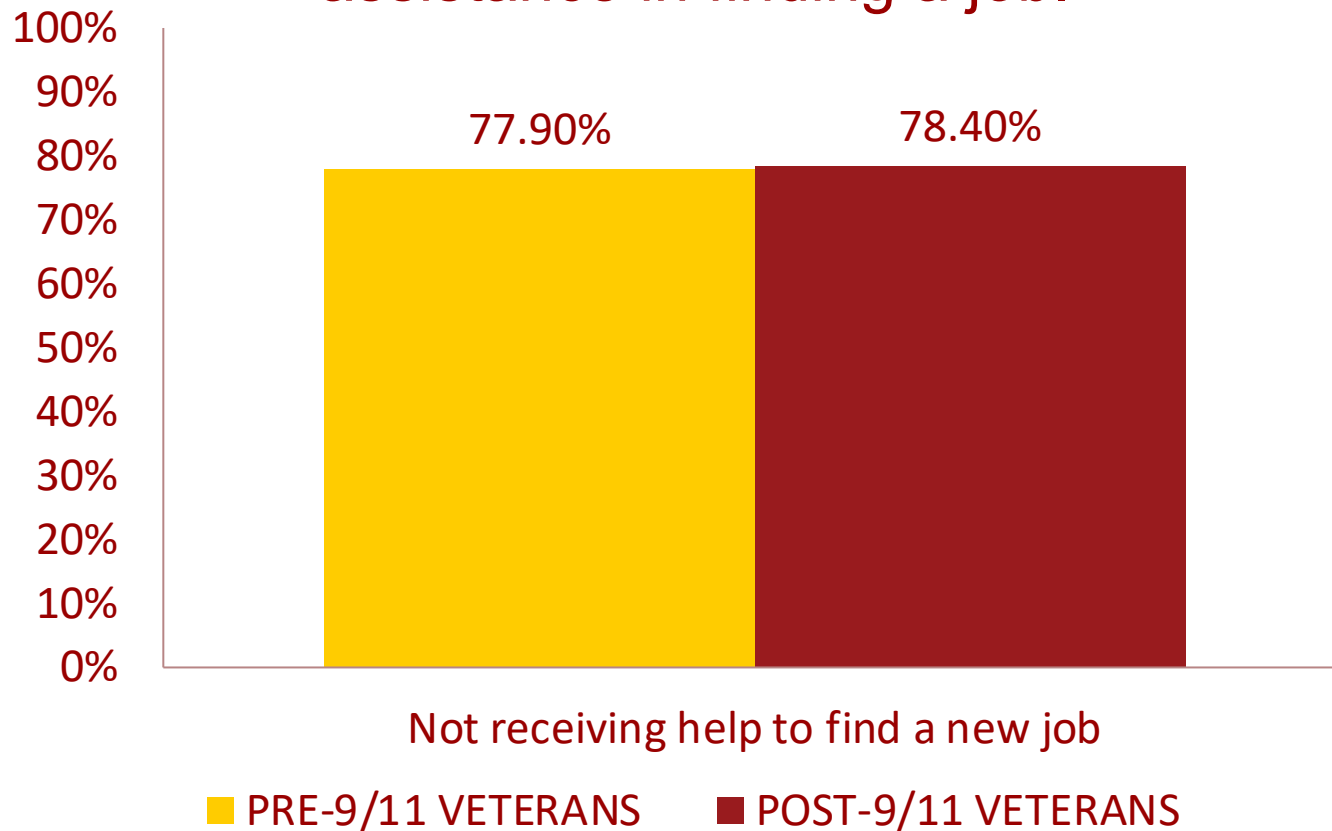
28% of post-911 veterans are unemployed and looking for work.





# Job Assistance

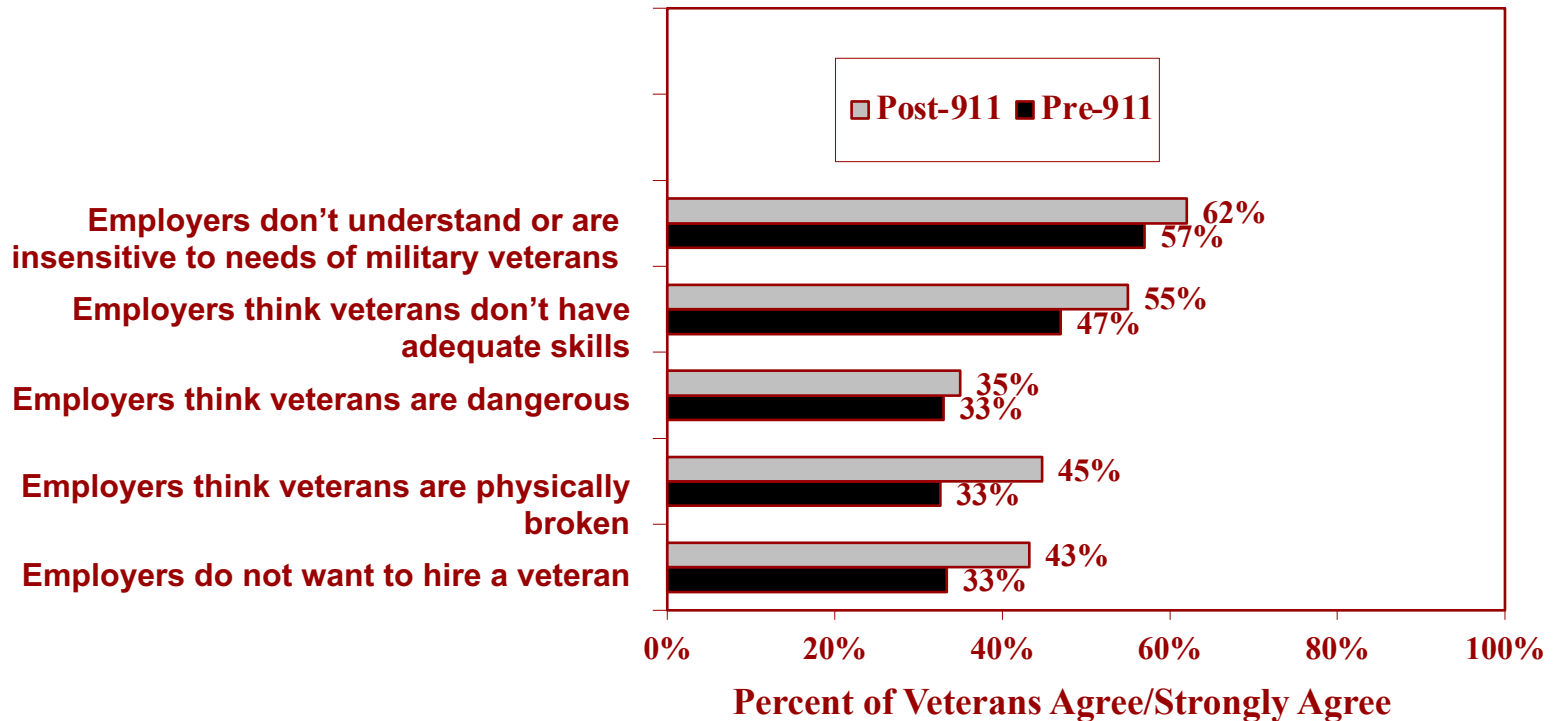
Most veterans who are unemployed report no assistance in finding a job.



# Veteran Perceptions of Civilian Employers



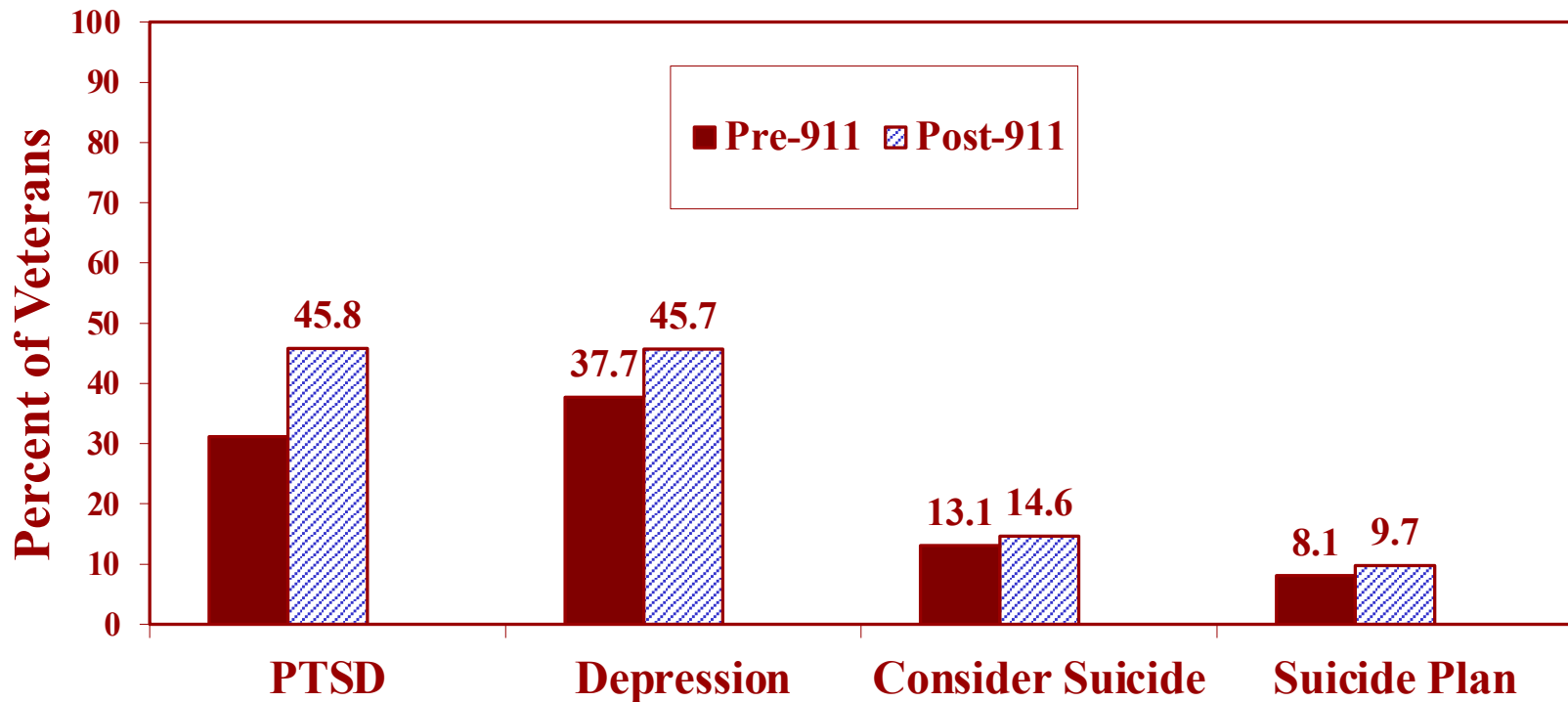
Veterans have negative perceptions of civilian employers, which is especially true for post-911 veterans.





# Psychological Health of Veterans

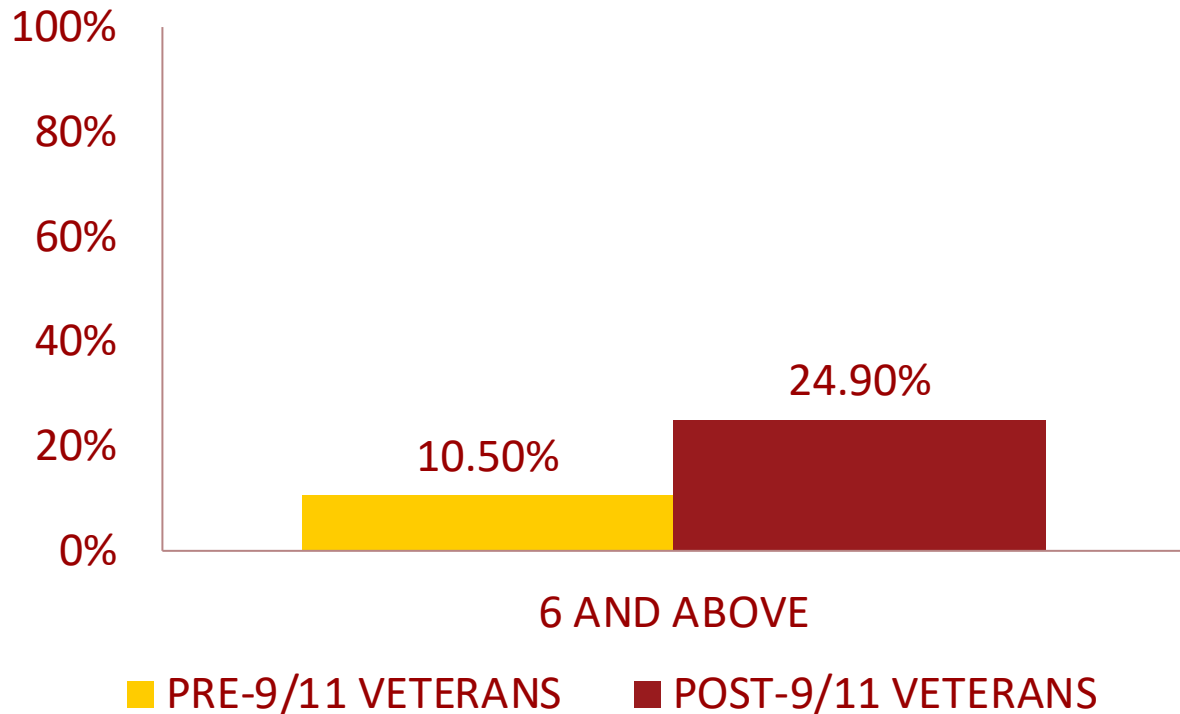
Veterans have significant psychological health issues, including PTSD and suicidal ideation.





# Veterans with Alcohol Concerns

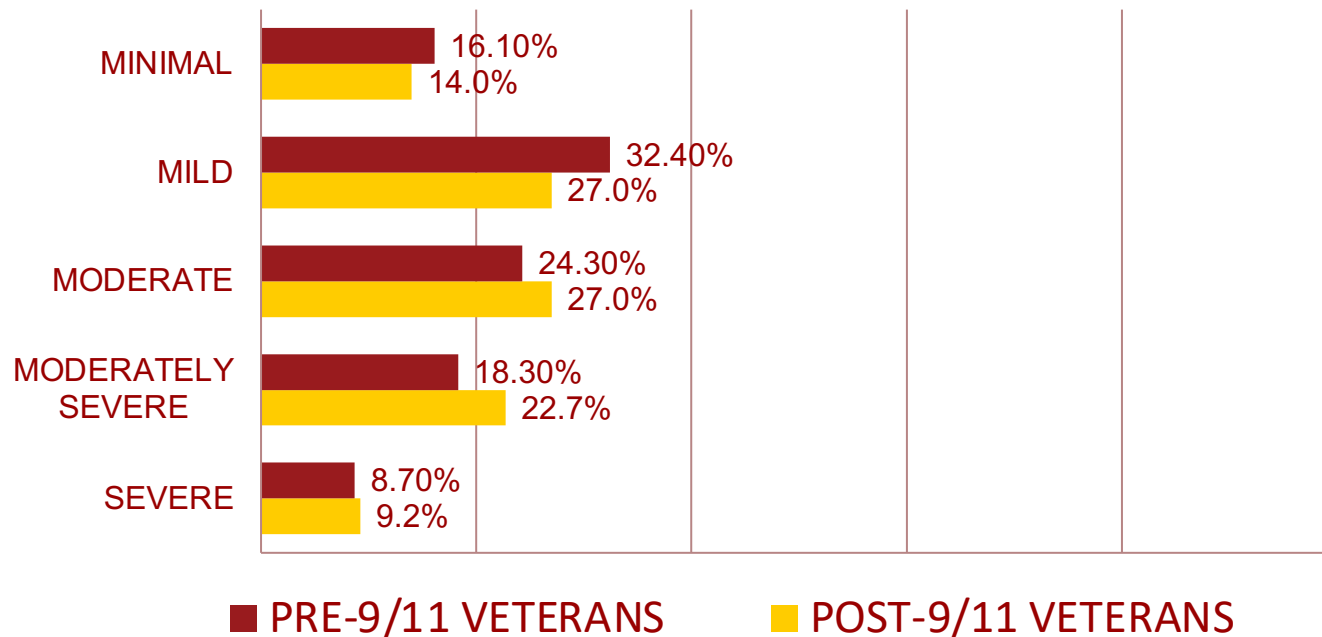
Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale.





# WHODAS Ratings

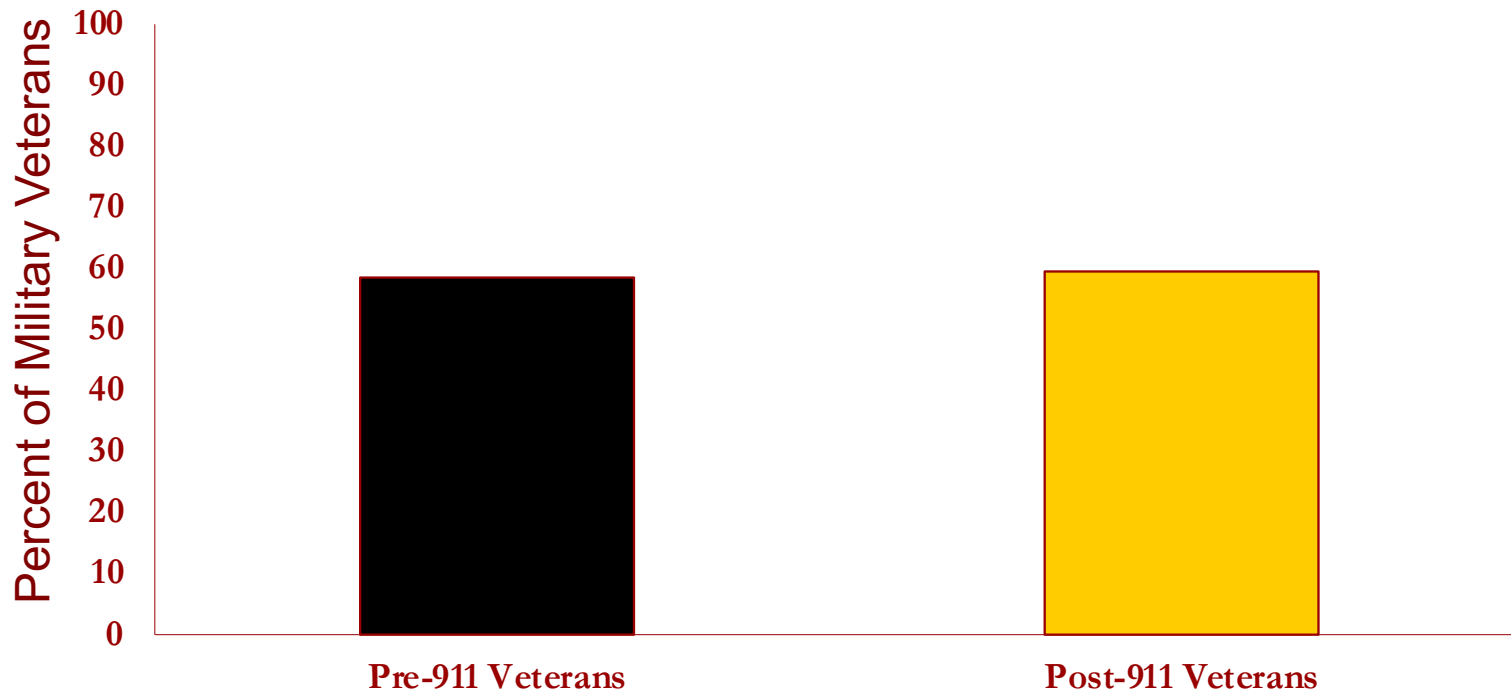
One-third of veterans report impaired functioning in the moderately severe to severe range.



# Housing Upon Military Departure

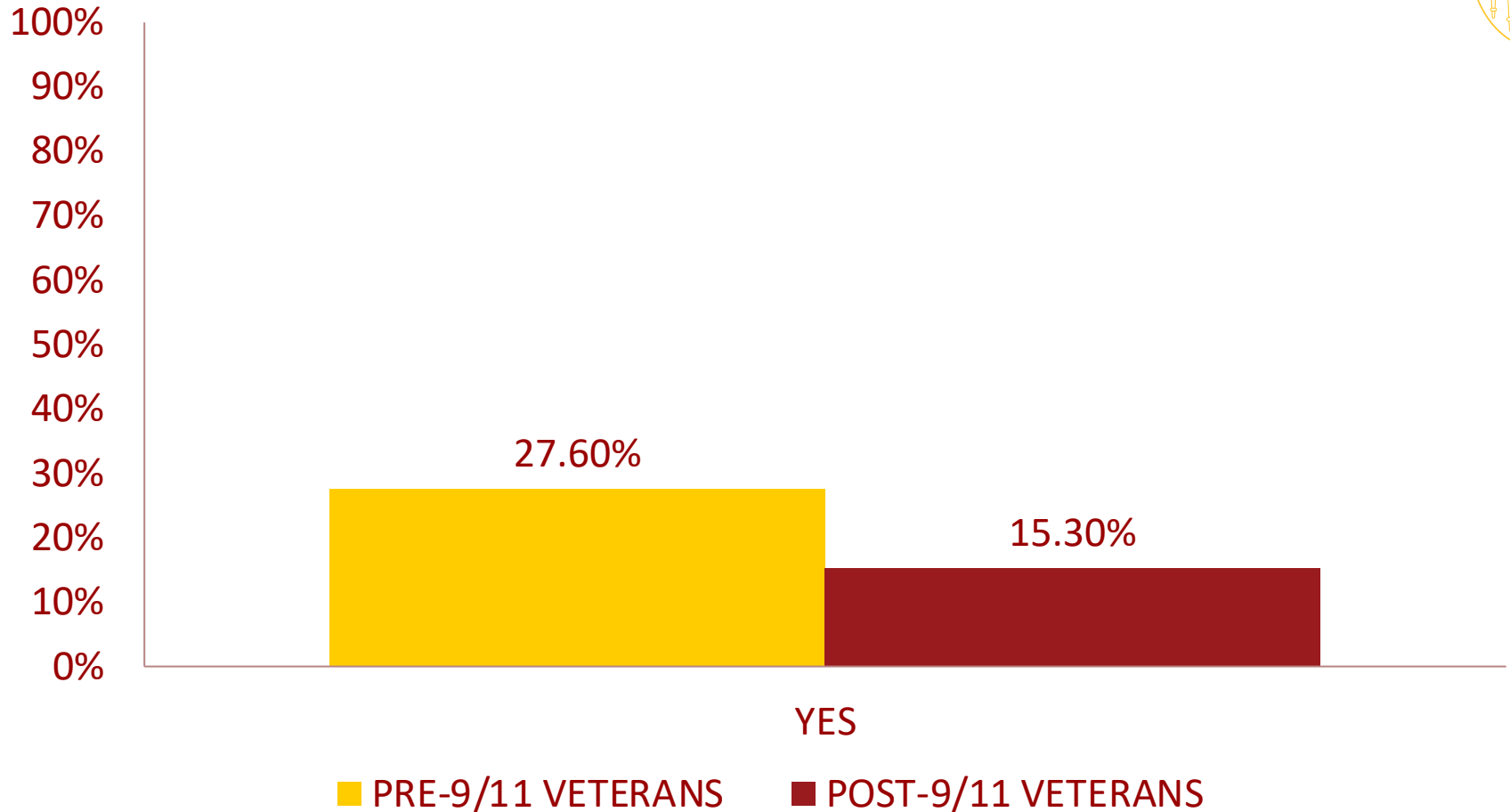


Many veterans did not have a place to live when they left military service.



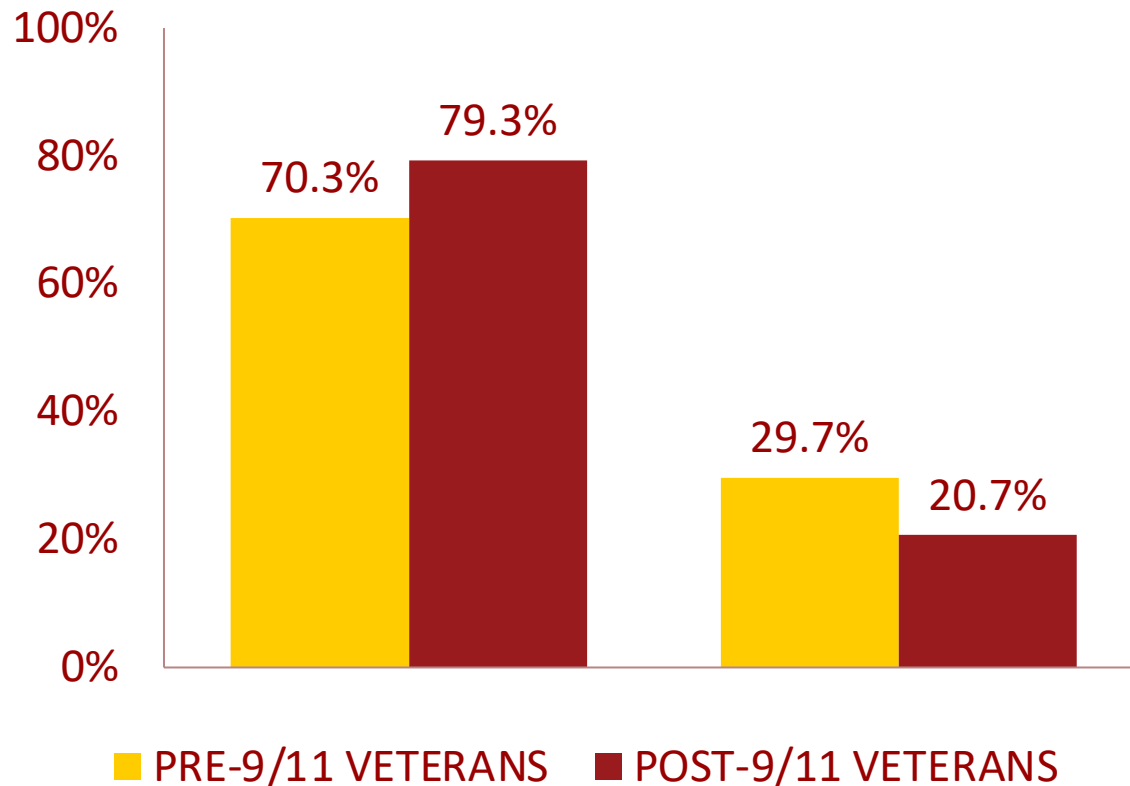


# Homeless in Past Year

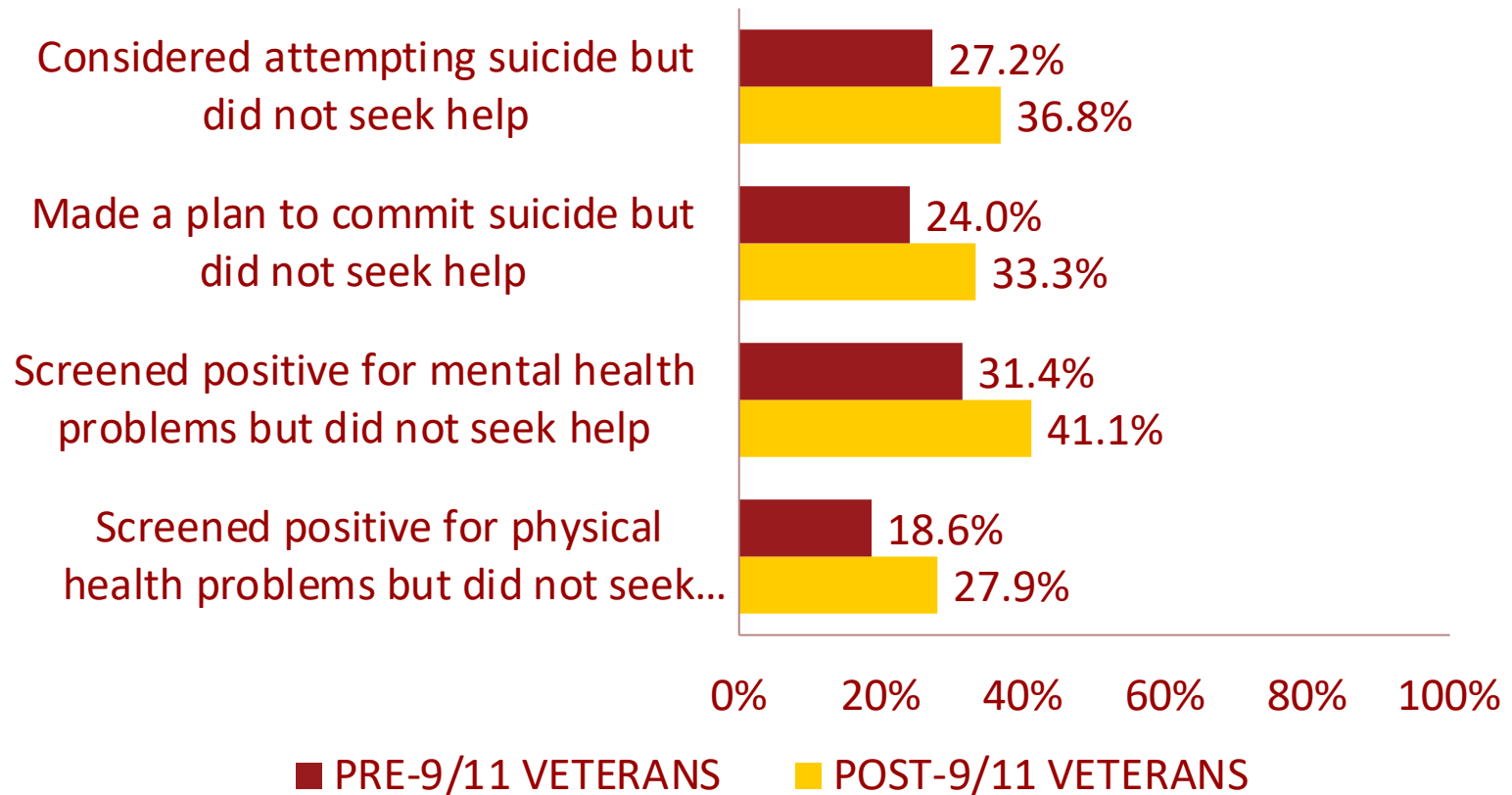




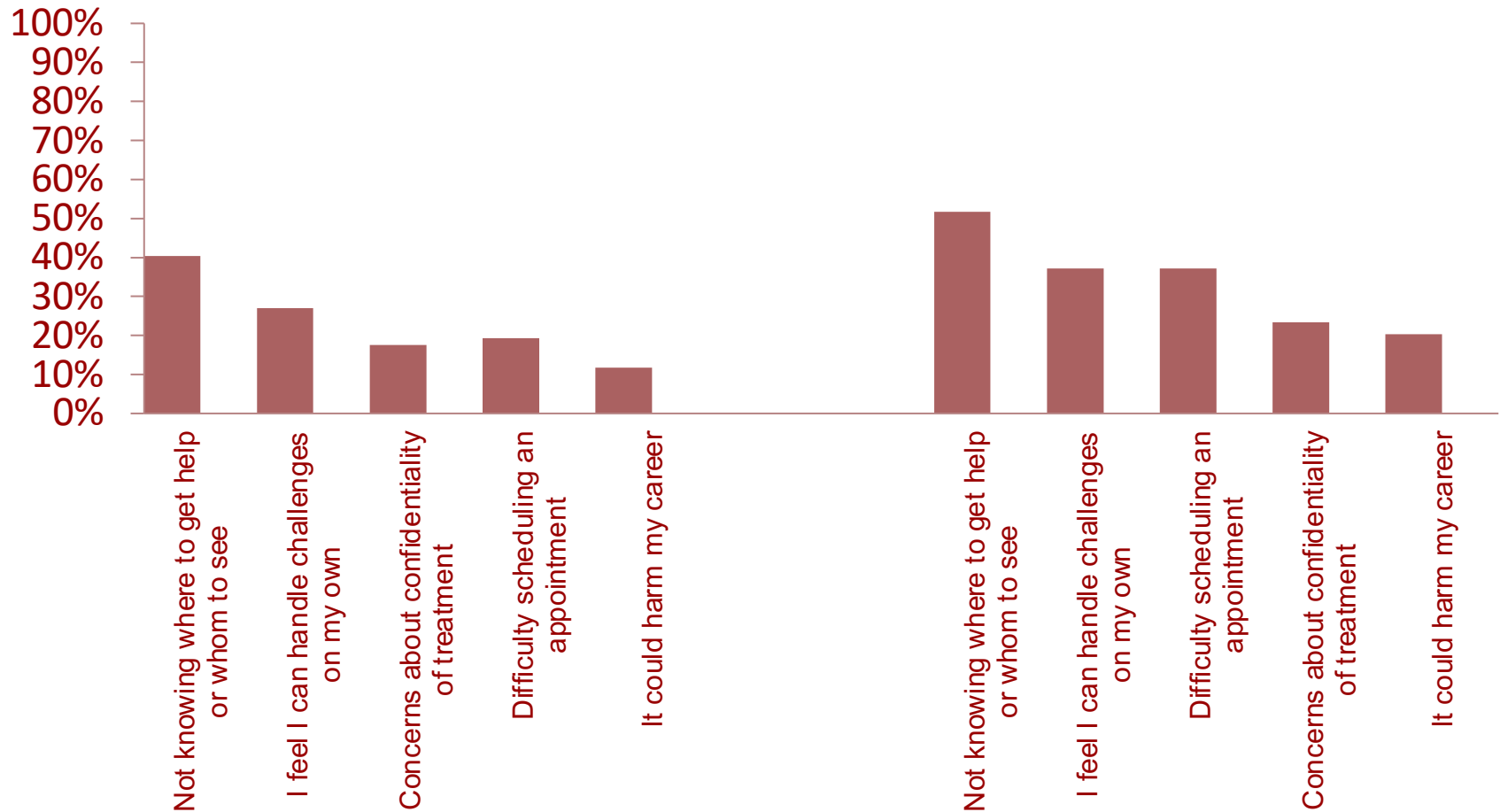
# Veteran Housing Stability



# Veterans Unmet Health Care Needs



# Veterans Barriers to Care



# 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.



## Future Webinars

**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



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