Military Transitions: Resilience and Risk Post-Deployment

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Purpose of the Presentation

- Discuss risk and resilience behaviors following deployment, with a focus on combat and high stress deployments.

- Describe a new theory called Military Transition Theory and provide examples that support the Military Transition Theory.
Outline

• Military Transition Theory
• Influences of Deployment and Combat
• Transitioning Back to Civilian Life
• Military Identity and Health and Wellbeing
• Transitions and Interventions
• Summary and Conclusions
• Point of Contact
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
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
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 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
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
Key Health and Wellbeing Outcomes

- Employment
- Health (physical and psychological)
- Housing
- Strong relationships with family, friends, and community
- Finances, legal
- General wellbeing and contentment
Influences of Deployment and Combat:

Things We Need to Remember We Know
Post-traumatic Stress Disorder (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
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.

![Bar chart showing the percent screening positive for acute stress and any mental health problem among soldiers deployed 6 months or less and those deployed more than 6 months.](image)

- **Acute Stress**: 12% (6 mos or less) vs. 19% (more than 6 mos)
- **Any Mental Health Problem**: 15% (6 mos or less) vs. 22% (more than 6 mos)
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 aint 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.
Positive Aspects of Military Service

• Full employment, good pay and benefits, retirement
• Education, new job skills
• Health and dental care
• Safe environment to raise a family
• Strong organizational values
• Meaningful, real world mission
• Team-focused
• Opportunities for self development, leadership, physical fitness, self-confidence
• Serve country, continue family tradition, patriotism
• Travel, experience new cultures
Military Transition Theory

MILITARY TRANSITION THEORY
A successful military transition includes a meaningful, well-paying job, strong relationships with family, friends and community and a sense of wellbeing and contentment.
Immigration as a Metaphor

- Employment
- Housing
- Health care
- School/Education
- Sense of belonging
- Legal issues
- Financial issues
- Community connection
- Sense of purpose
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

I needed time to figure out what to do with my life during my transition

Percent Veterans

0 10 20 30 40 50 60 70 80 90 100

45 68

61 69
Most veterans did not have a job when they left military service.
28% of post-911 veterans are unemployed and looking for work.
Most veterans who are unemployed report no assistance in finding a job. 77.90% of PRE-9/11 veterans and 78.40% of POST-9/11 veterans have not received help to find a new job.
Veteran Perceptions of Civilian Employers

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:
  - Post-911: 62%
  - Pre-911: 57%

- Employers think veterans don’t have adequate skills:
  - Post-911: 47%
  - Pre-911: 55%

- Employers think veterans are dangerous:
  - Post-911: 35%
  - Pre-911: 33%

- Employers think veterans are physically broken:
  - Post-911: 33%
  - Pre-911: 45%

- Employers do not want to hire a veteran:
  - Post-911: 43%
  - Pre-911: 33%

Percent of Veterans Agree/Strongly Agree

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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.

- **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.

<table>
<thead>
<tr>
<th>Functioning Level</th>
<th>Pre-9/11 Veterans</th>
<th>Post-9/11 Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>16.10%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Mild</td>
<td></td>
<td>27.0%</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>24.30%</td>
</tr>
<tr>
<td>Moderately Severe</td>
<td></td>
<td>18.30%</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td>9.2%</td>
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</tbody>
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**WHODAS Ratings**
Many veterans did not have a place to live when they left military service.
Homeless in Past Year

- 27.60% for PRE-9/11 VETERANS
- 15.30% for POST-9/11 VETERANS

Legend:
- PRE-9/11 VETERANS
- POST-9/11 VETERANS
Veterans Unmet Health Care Needs

- Considered attempting suicide but did not seek help: 27.2% (Pre-9/11) 36.8% (Post-9/11)
- Made a plan to commit suicide but did not seek help: 24.0% (Pre-9/11) 33.3% (Post-9/11)
- Screened positive for mental health problems but did not seek help: 31.4% (Pre-9/11) 41.1% (Post-9/11)
- Screened positive for physical health problems but did not seek help: 18.6% (Pre-9/11) 27.9% (Post-9/11)

PRE-9/11 VETERANS
POST-9/11 VETERANS
Veterans Barriers to Care

- Not knowing where to get help or whom to see: 30%
- I feel I can handle challenges on my own: 10%
- Concerns about confidentiality of treatment: 20%
- Difficulty scheduling an appointment: 40%
- It could harm my career: 50%

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- It could harm my career: 50%
Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service.

**Sexual Harassment and Sexual Assault**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre/Post-911</td>
<td>10.6%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Pre/Post-911</td>
<td>5.8%</td>
<td>60.4%</td>
</tr>
<tr>
<td>Pre/Post-911</td>
<td>5.8%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Pre/Post-911</td>
<td>3.3%</td>
<td>56.9%</td>
</tr>
</tbody>
</table>

Sexual Harassment and Sexual Assault Pre/Post-911
Military Identity

• Fostered and developed within most militaries around the world.

• Increasingly recognized as an important contributor to wellbeing.

• Especially important for when one moves from one culture to another.
Dimensions of Military Identity

- Military identity is multidimensional
- Seven dimensions of military identity
  - Exploration
  - Commitment
  - Public
  - Private
  - Centrality
  - Family
  - Connected
Military Identity and Years Served

- Public
- Private
- Family
- Connected

Commitment
Centrality

Years Served

(+)

(+)

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Military Identity and Number of Deployments

Commitment

Family

Number of Deployments

(+)
Military Identity and PTSD

Exploration (+)

Public (-)

Private (-)

Connected (-)

PTSD
Military Identity and Depression & Suicide

Exploration

Family

Public

Private

Connected

Depression

Suicide

(+)

(-)
Military Identity and Somatic Symptoms

- Exploration
- Commitment
- Centrality
- Family

(+)

Somatic Symptoms

(-)

- Public
- Private
- Connected
Military Identity and Difficulty Adjustment

- Exploration
- Commitment
- Centrality
- Family

Difficulty Adjustment

Public
Private

(+)
(-)
Transition and Interventions

• Key transitions are optimal times for interventions.

• Interventions should be evidence-based.

• A transition approach to intervention moves us away from a “one size fits all.”

• Transition theory recognizes that not everyone is equally vulnerable all of the time.
Summary and Conclusions

- **Military Transition, Health and Well-being:**
  - Combat and high stress deployments can cause behavioral health problems.
  - Clinical interventions can be useful, yet they are not cures.
  - Interventions that have been shown to be useful are mental health training and leadership.

- The impact of deployments/military experiences can carrying over to the transition of service members back to civilian life.

- Military identity is emerging as a key construct in understanding risk and resilience as it relates to transition.
Point of Contact

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