



Military Transitions and Veteran Health and Wellness

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TATE Talk

University of North Carolina

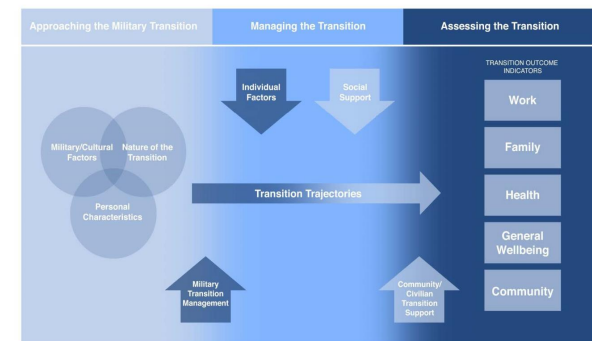
26 September 2019



Purpose of the Presentation

- Introduce some of the research activities that I have been conducting.
- Discuss military service and transition.
- Present a new theory of moral injury based (time permitting).
- Discuss other on-going and newly funded research.

MILITARY TRANSITION THEORY



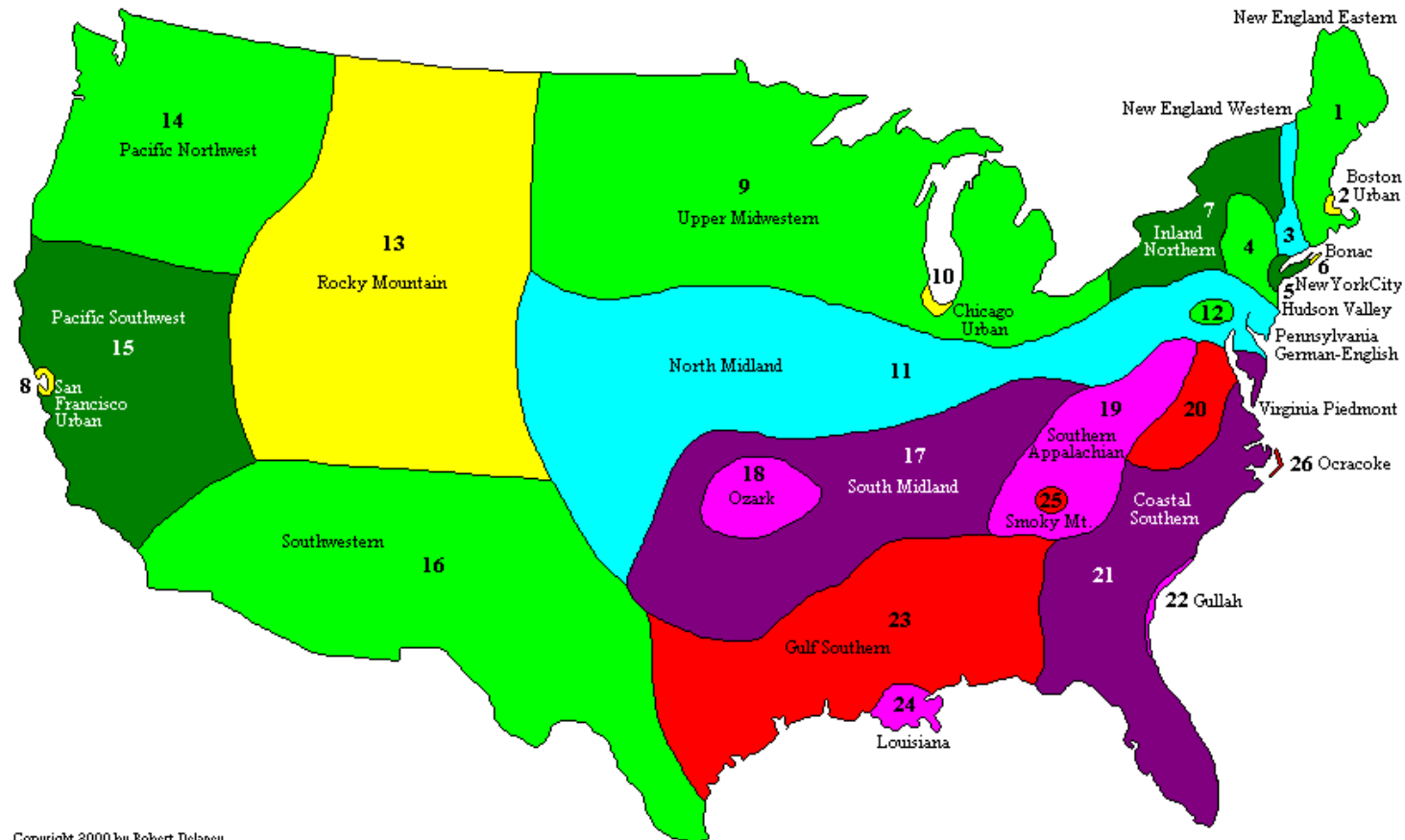


Outline

- Influences of Deployment and Combat
- Importance of Theory
- Military as a Unique Culture
- Veterans as Immigrants
- Importance of Transitions
- Veteran Health and Wellbeing
- Military Identity and Health
- Summary and Conclusions
- Point of Contact
- Back-up Slides: Moral Injury, Perpetrator Hypotheses (DoD LGBT study), Social Networks and Suicide, Veteran Radicalization & the Boys in the Barracks Trilogy



Dialects in America



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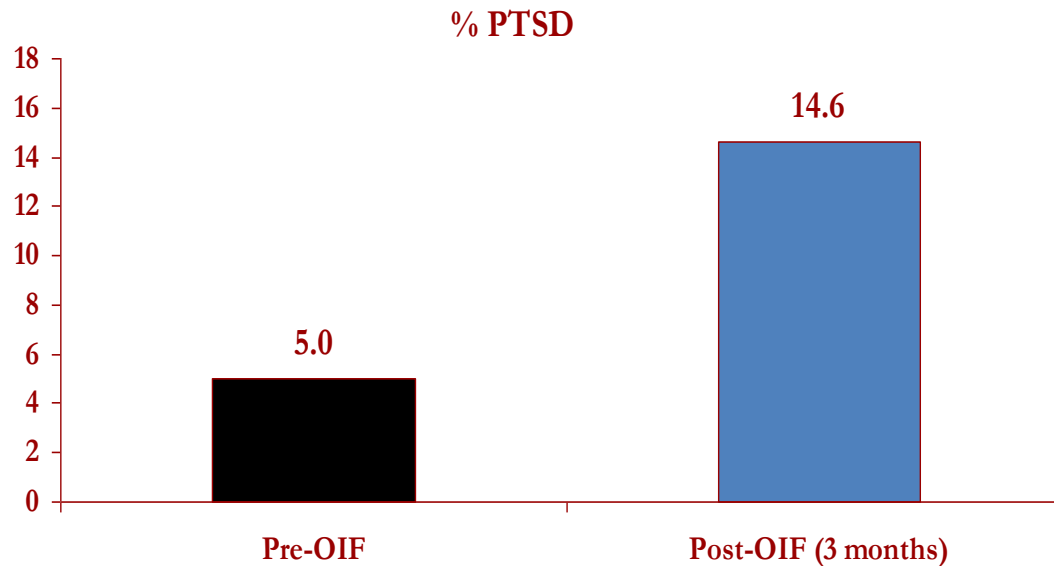
Influences of Deployment and Combat:

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

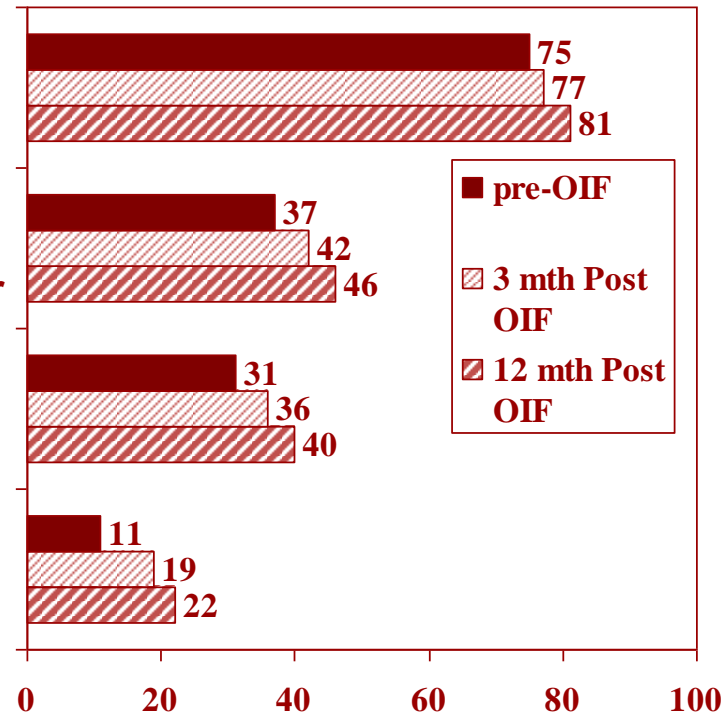


Got angry with someone and yelled or shouted at them

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

Threatened someone with physical violence

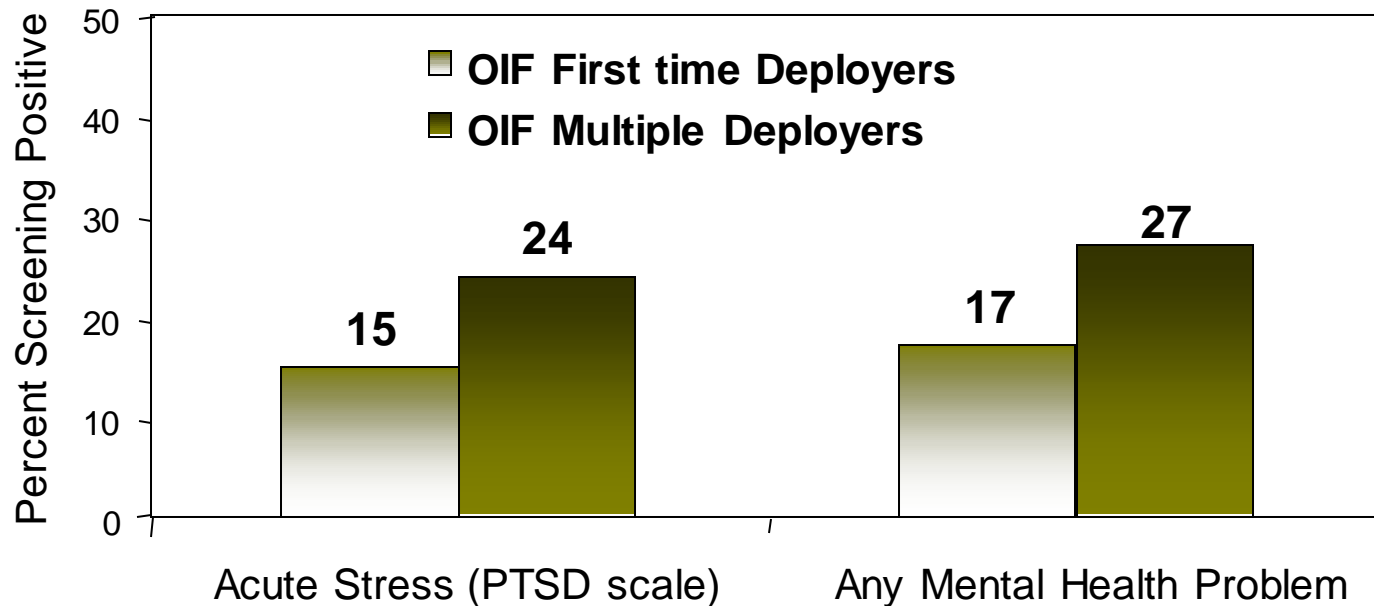
Got into a fight with someone and hit the person



Soldier Multiple Deployments



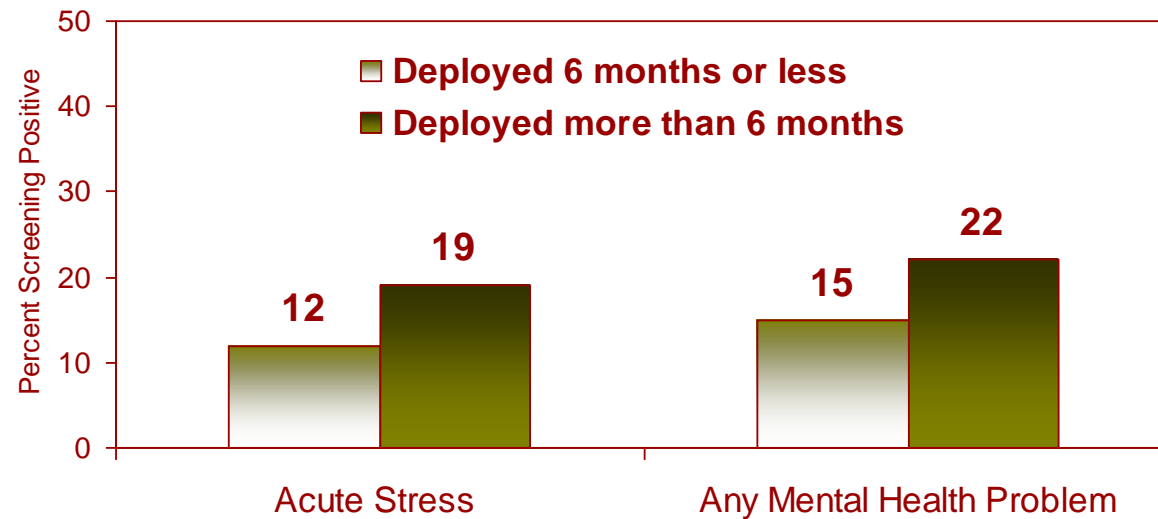
Soldiers deployed to Iraq more than once were more likely to screen positive for a mental health problem than first-time deployers.



Soldier Deployment Length



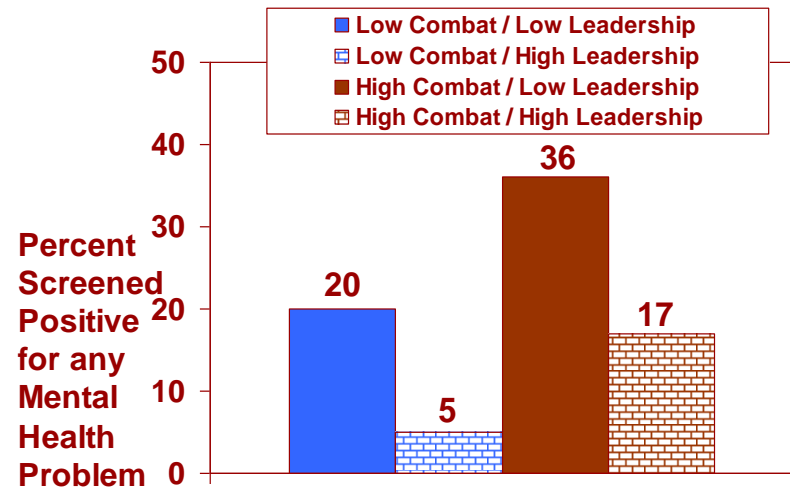
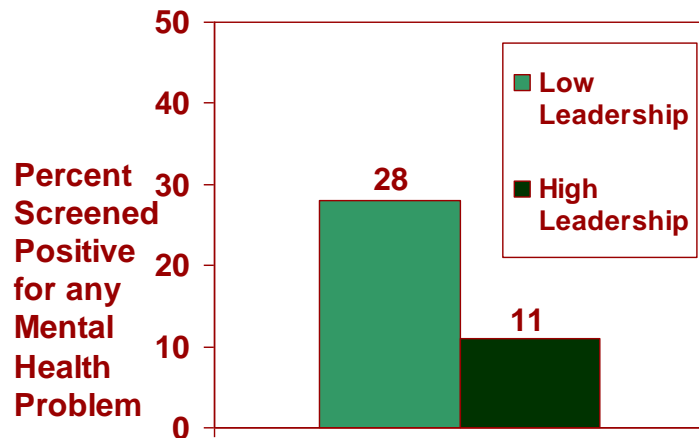
Soldiers deployed longer than 6 months were more likely to screen positive for a mental health problem than those deployed for 6 months or less.





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.



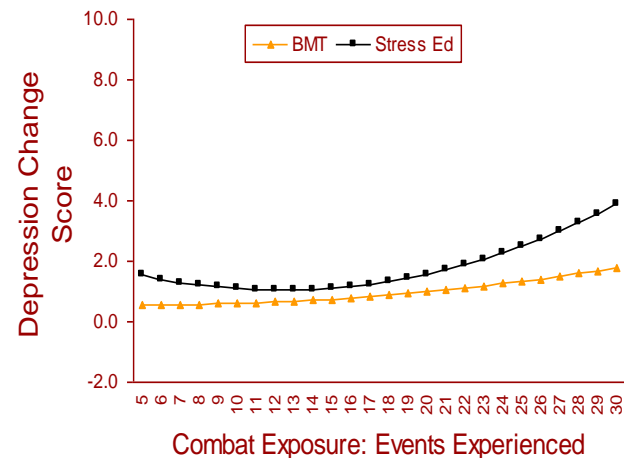
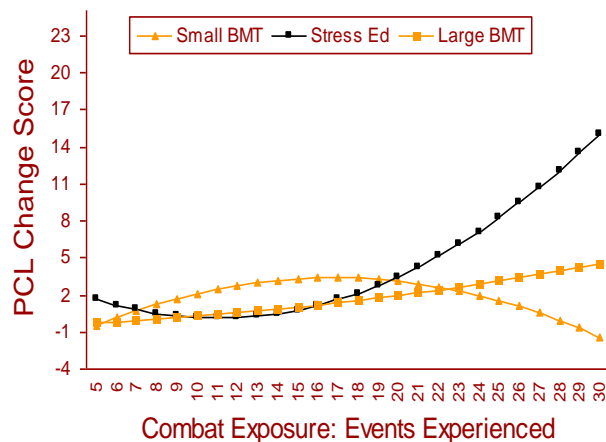
Adjusted R Square = .15 and the Chi Square is significant at the .01 level

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 ($p < .10$).





Importance of Theory



A useful theory does several important things:

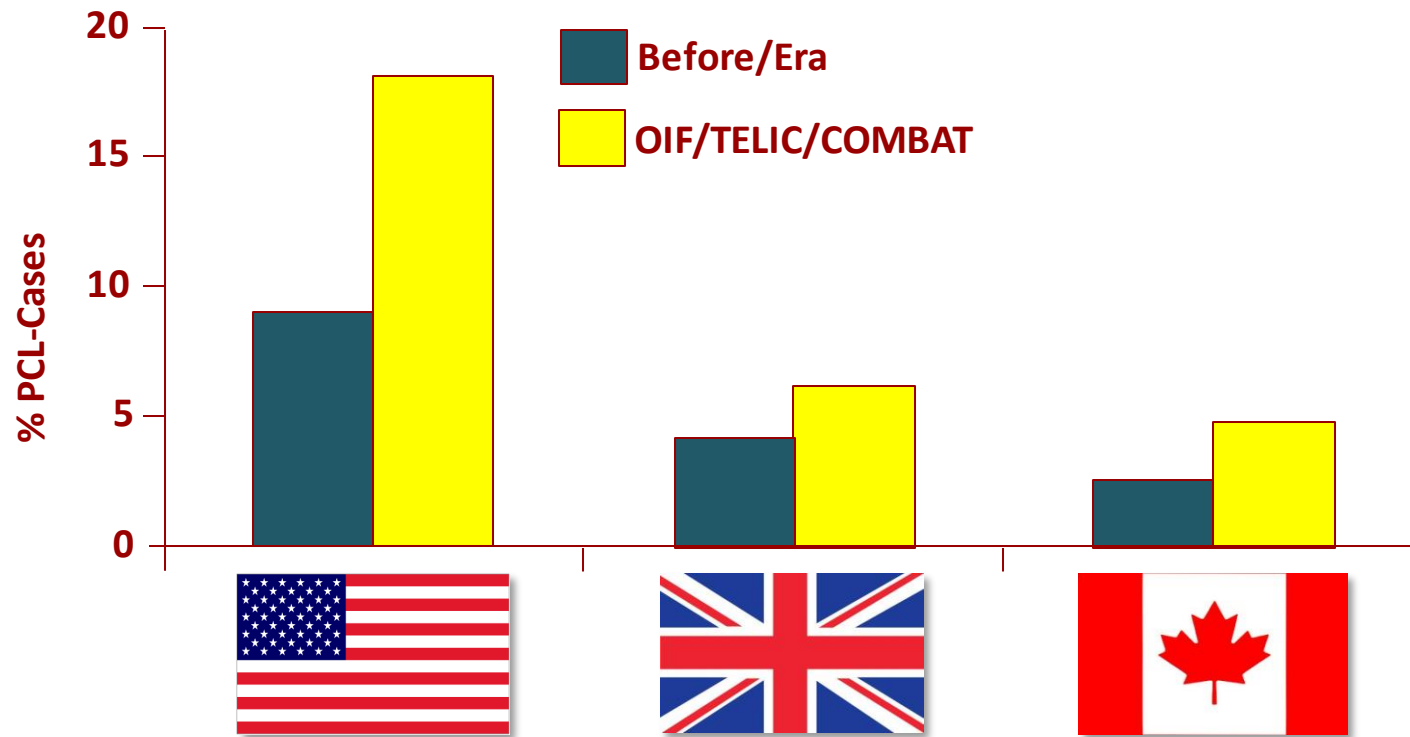
- Identifies the important constructs (i.e., things) we should be paying attention to
- Makes predictions about the relationships of those constructs
- Identifies areas or points in which interventions may be useful



Cultural Comparisons

Rates of PTSD: US, UK, Canada

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



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

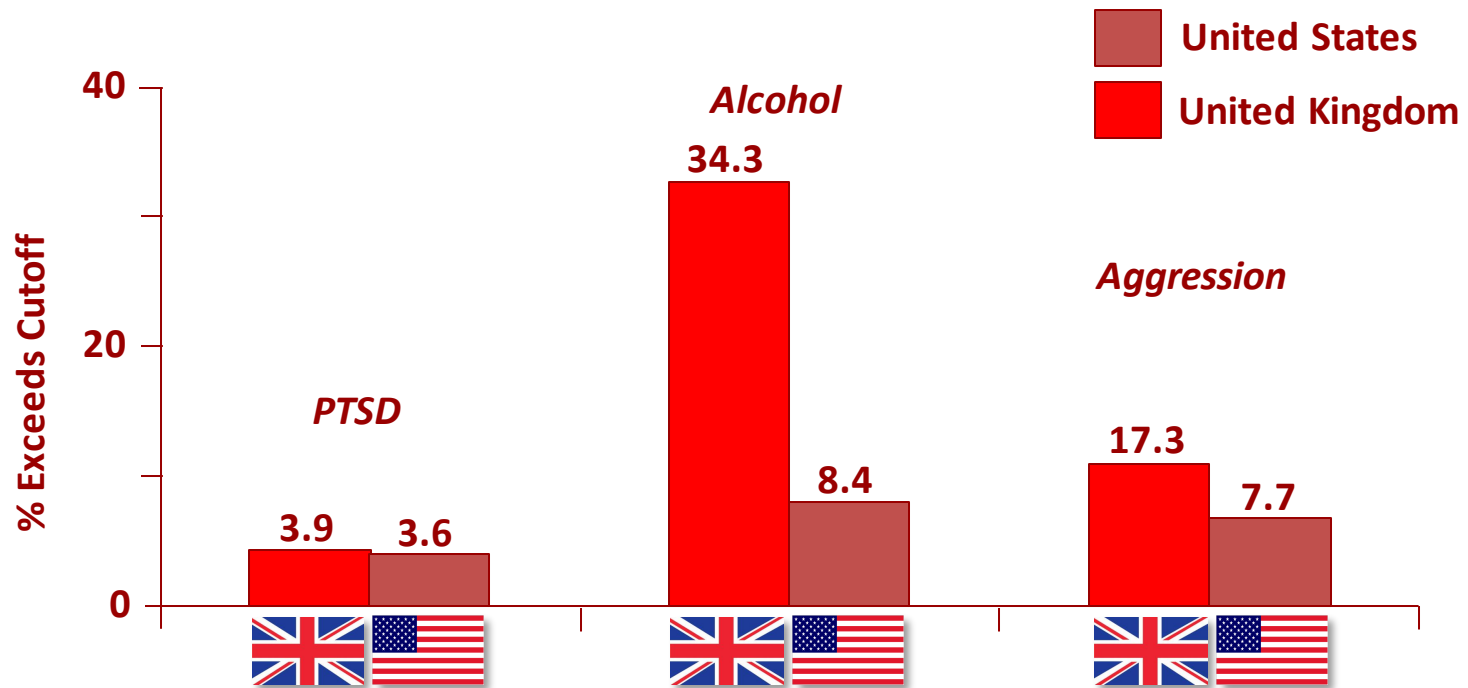
- US service members deploy longer than UK service members
- US service members experience higher levels of combat
- US service members are younger than UK service members



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.



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



Three Important Facts to Remember About Veterans



- Most veterans transition fine.
- The Department of Veterans Affairs (VA) does a good job taking care of veterans when veterans use their services.
- Veterans like the VA.





Who is a Veteran?

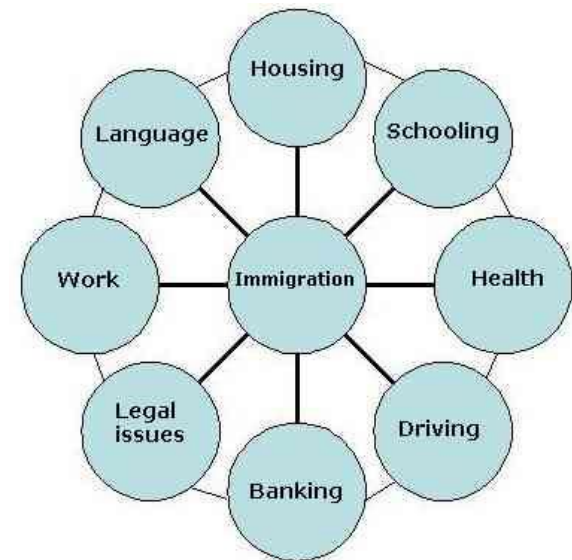
- A Sergeant Major who retired after serving 25 years in the National Guard?
- A Marine Corps staff sergeant who has served two combat tours in Afghanistan?
- A homeless woman who left the military after 20 months?



Immigration as a Metaphor



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





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**



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

Key Health and Wellbeing Outcomes



Biopsychosocial-spiritual-financial Health Model

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



A Successful Military Transition



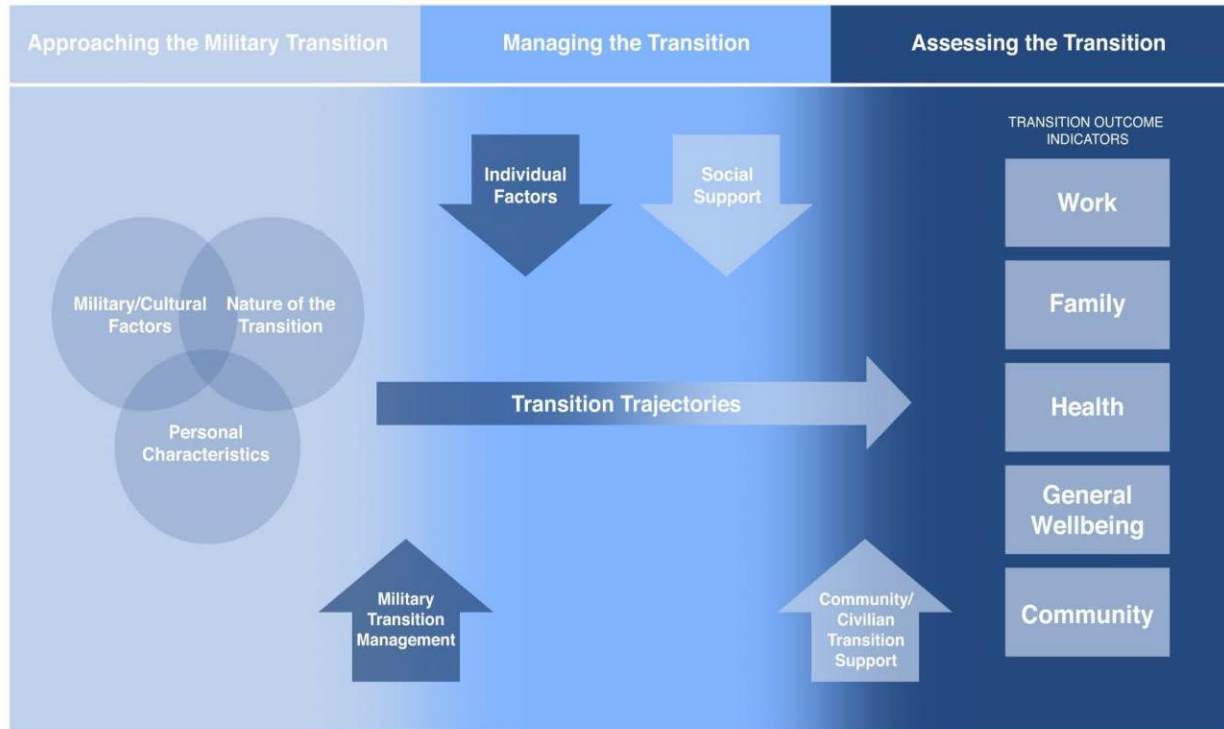
A successful military transition includes a meaningful, well-paying job, strong relationships with family, friends and community and a sense of wellbeing and contentment.





Military-to-Civilian Transition

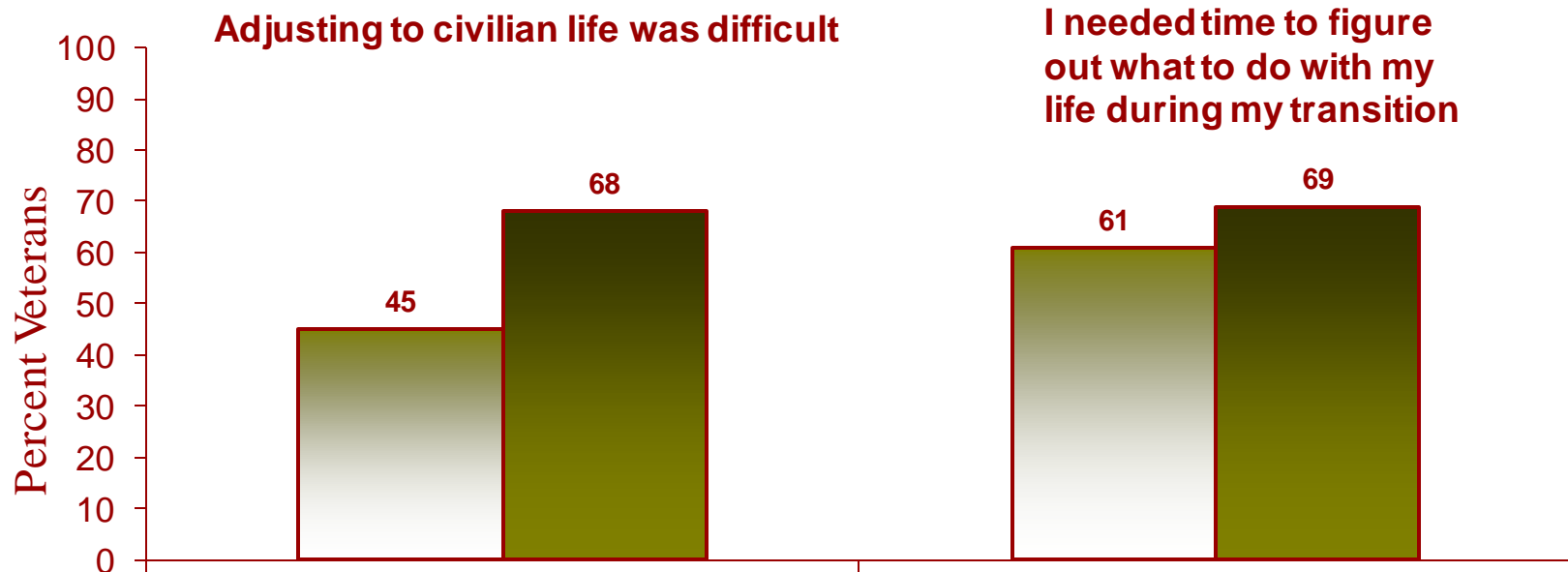
MILITARY TRANSITION THEORY



Transitioning Out of the Military



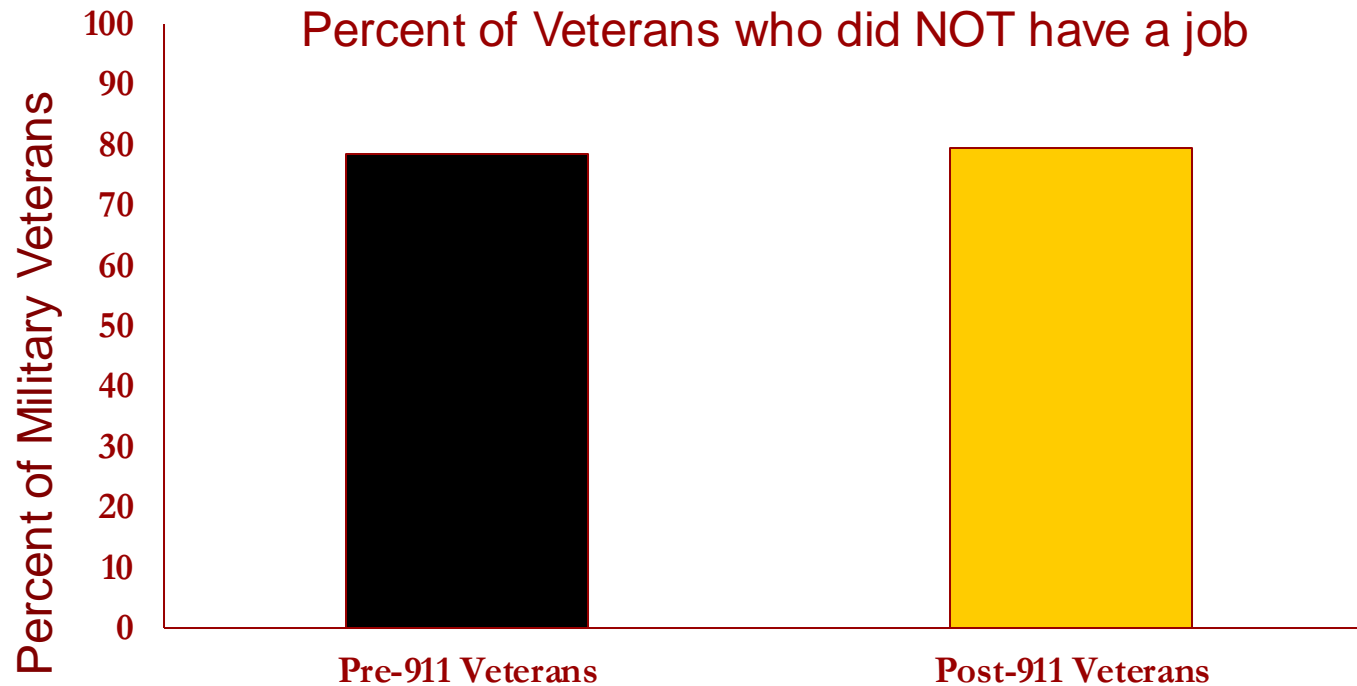
Today's veteran reports greater difficulty transitioning from the military back to civilian life compared to previous veterans.



Job Prospects



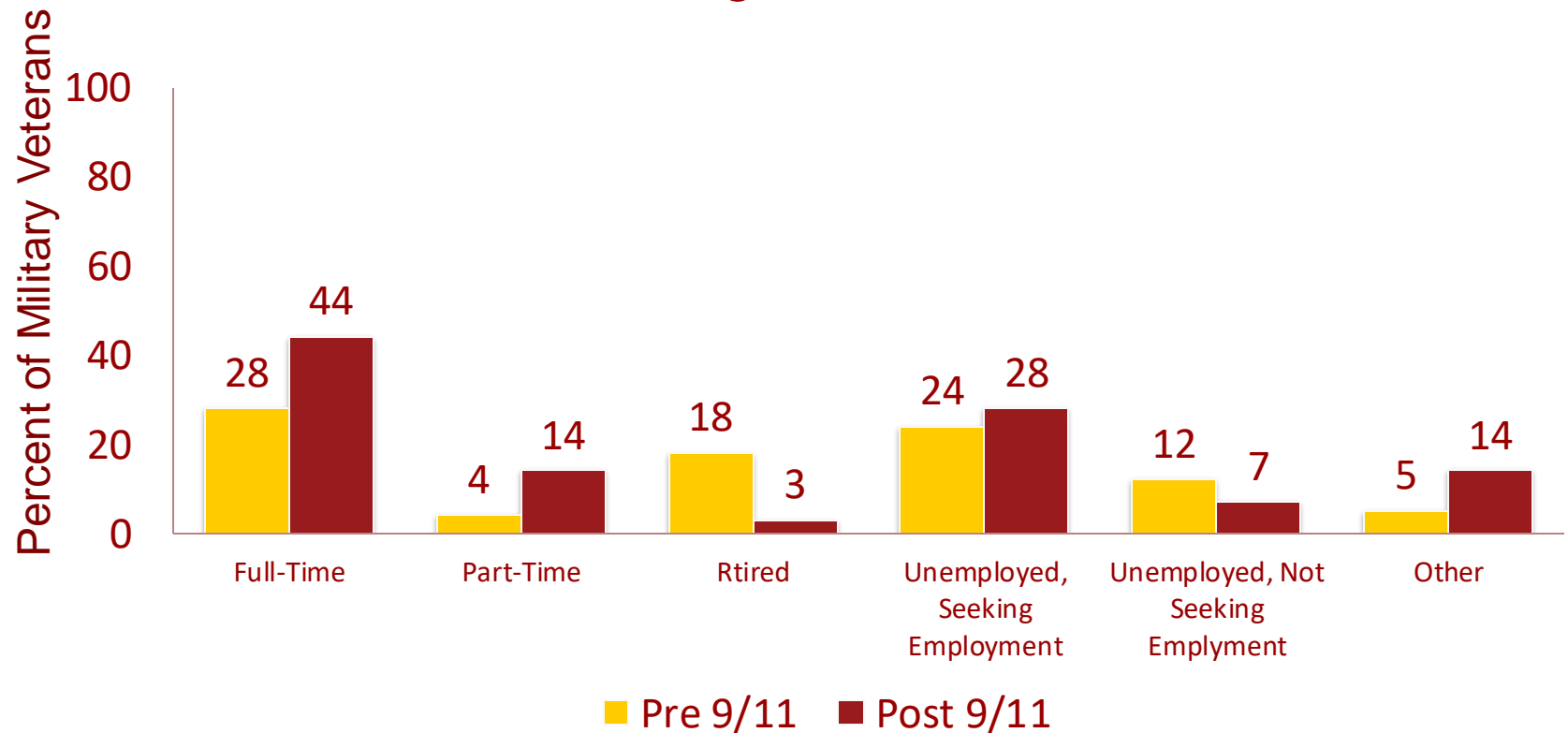
Most veterans did not have a job when they left military service.





Employment Status

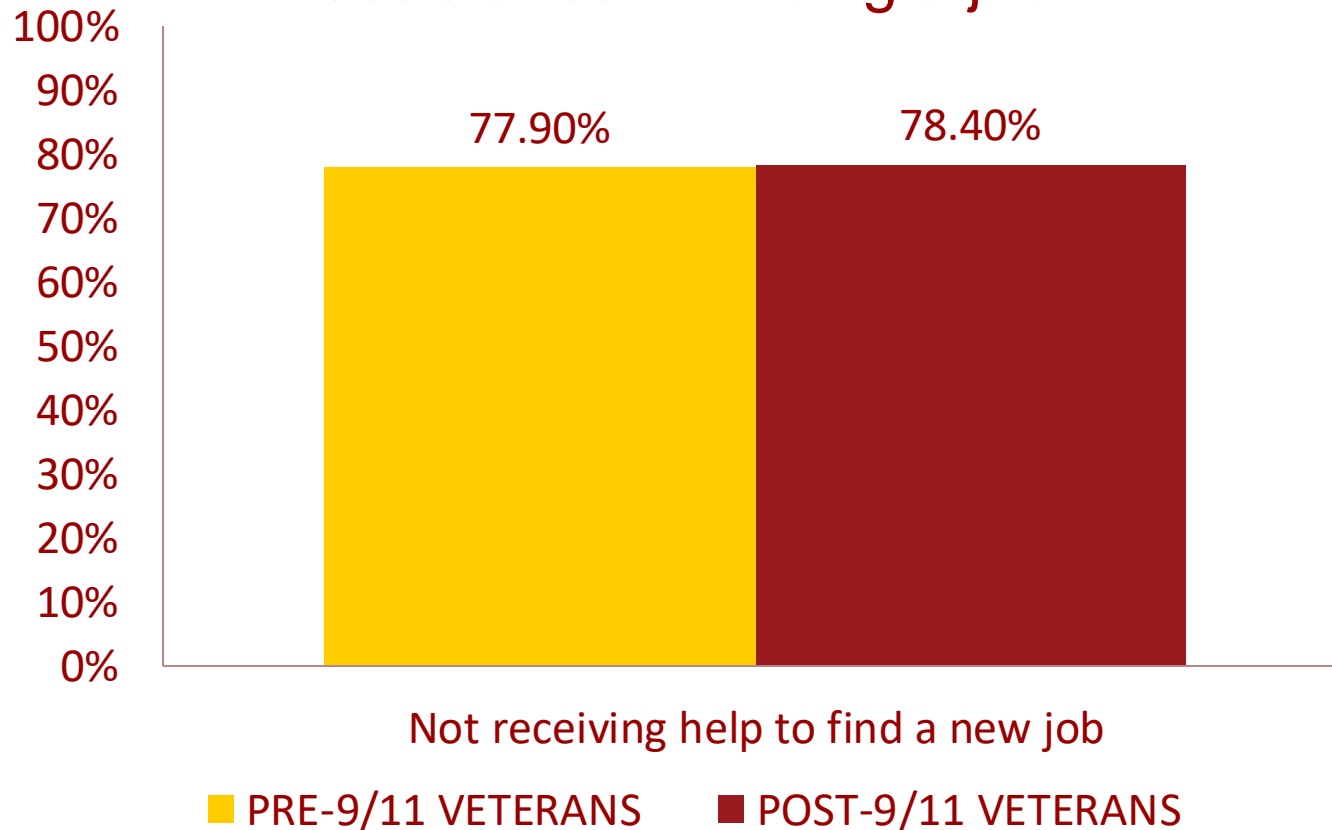
28% of post-911 veterans are unemployed and looking for work.





Job Assistance

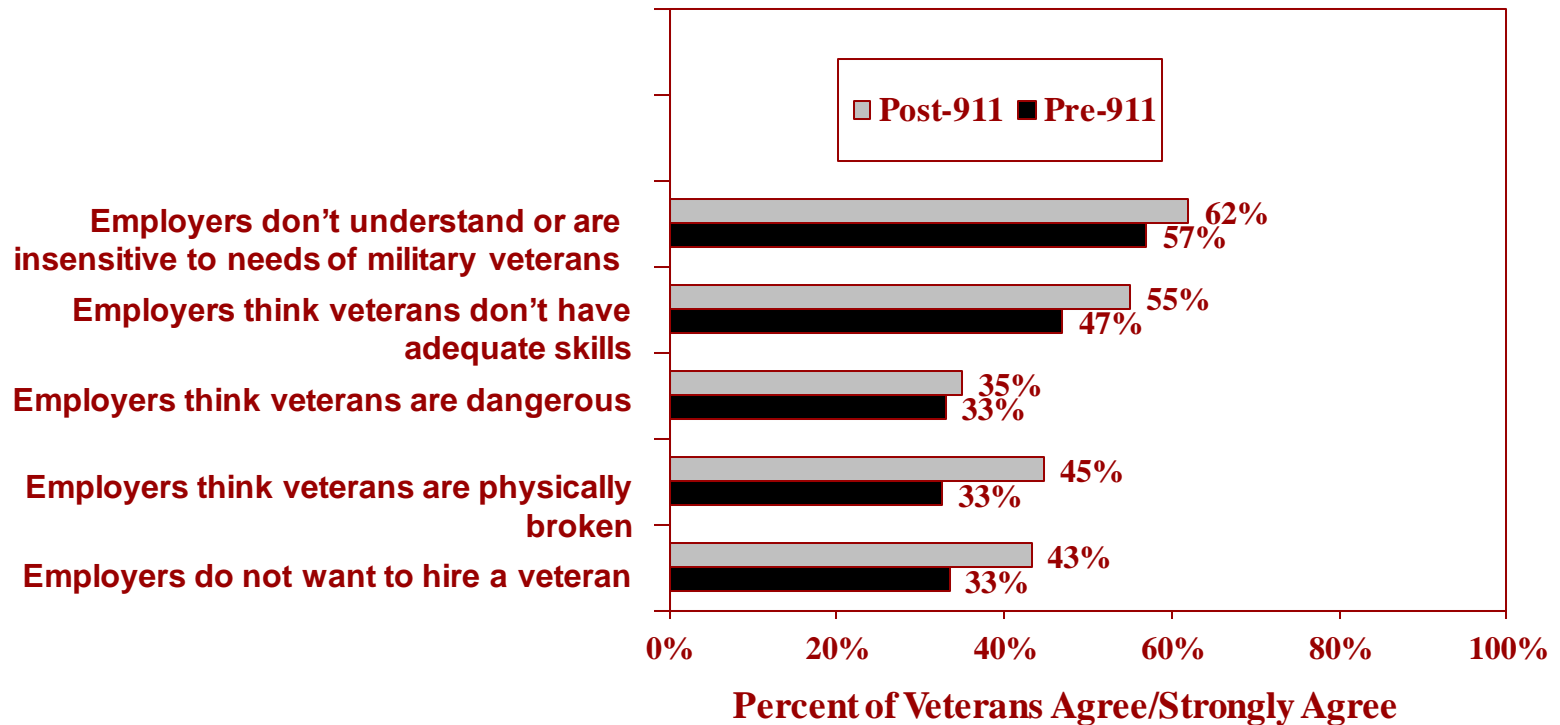
Most veterans who are unemployed report no assistance in finding a job.



Veteran Perceptions of Civilian Employers



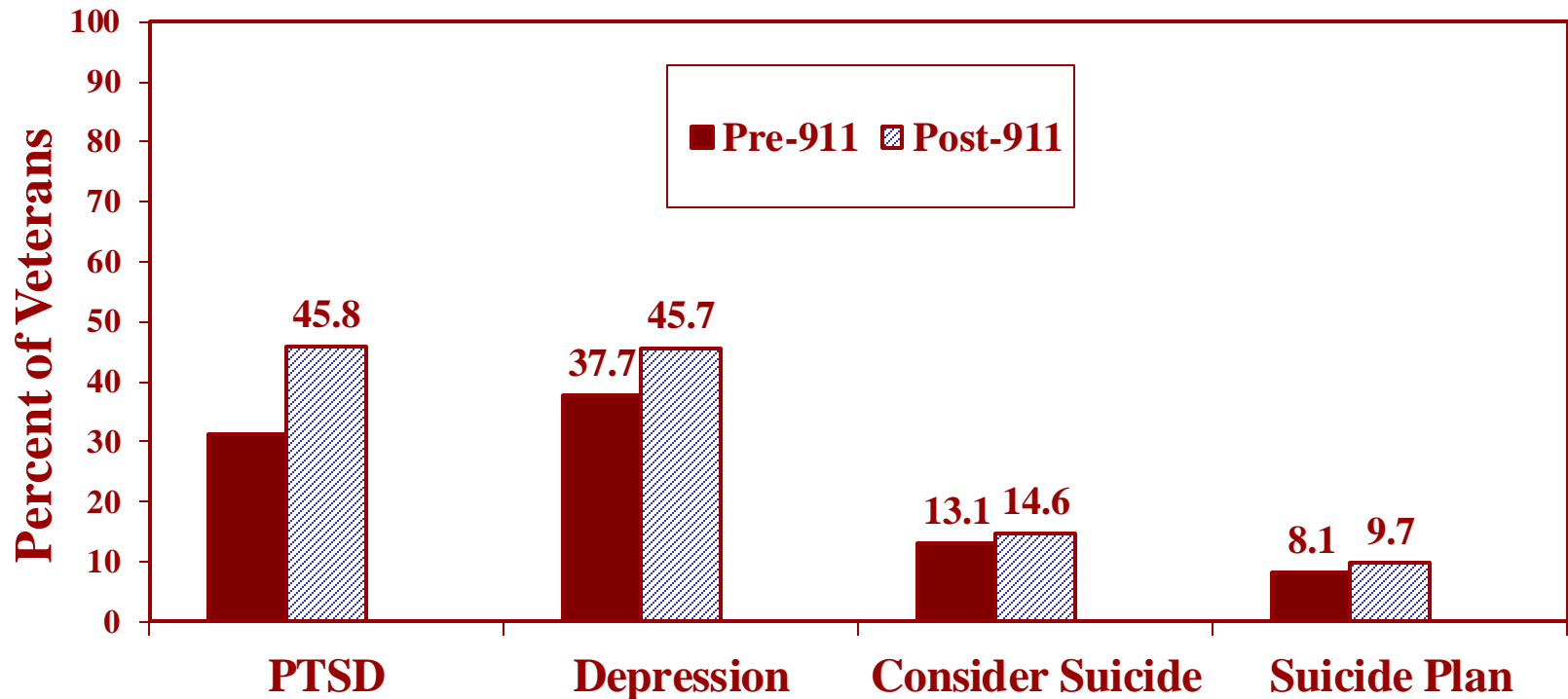
Veterans have negative perceptions of civilian employers, which is especially true for post-911 veterans.



Psychological Health of Veterans



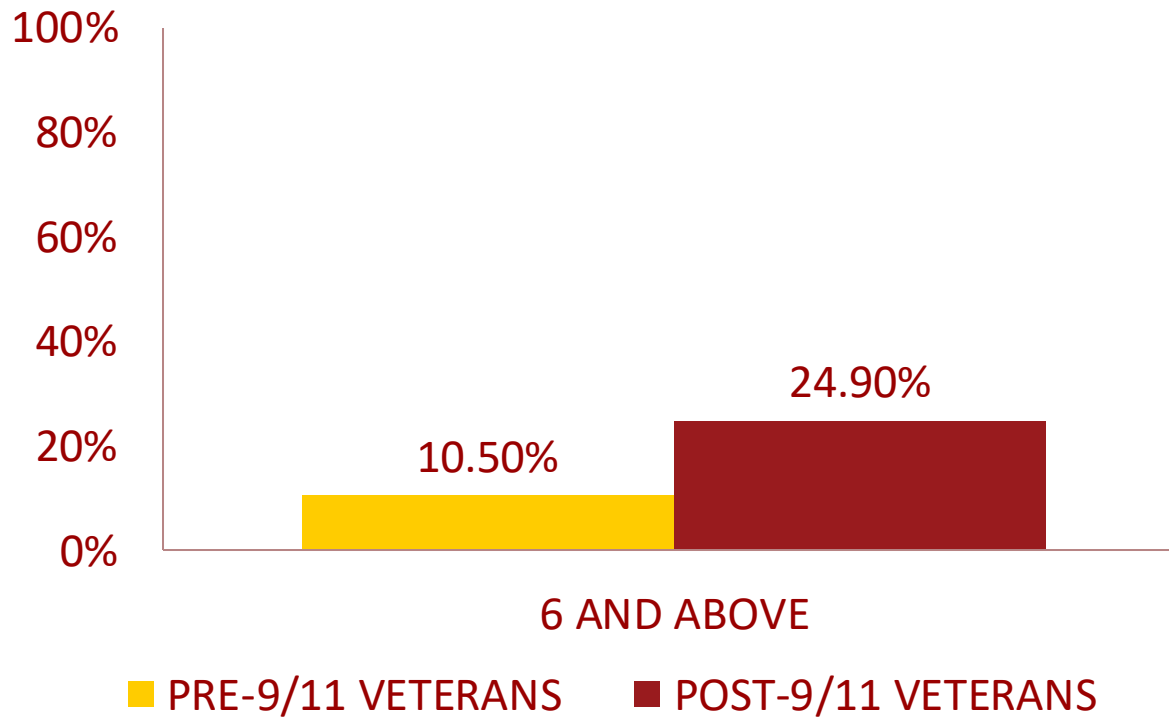
Veterans have significant psychological health issues, including PTSD and suicidal ideation.





Veterans with Alcohol Concerns

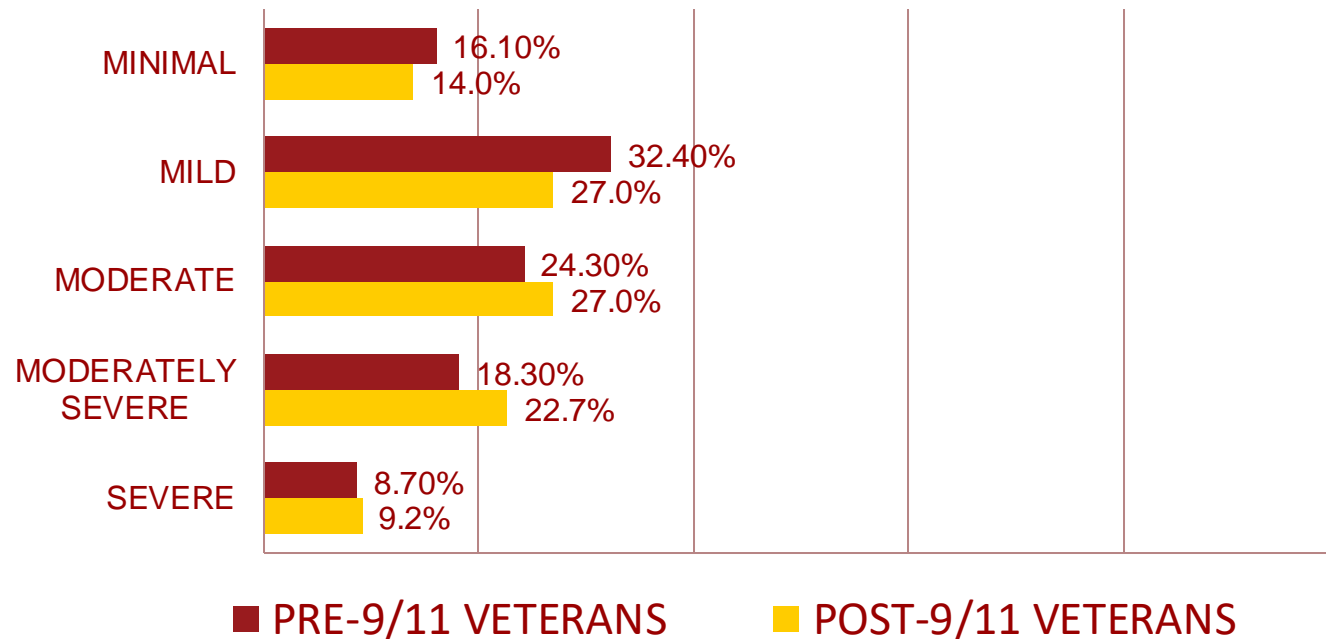
Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale.





WHODAS Ratings

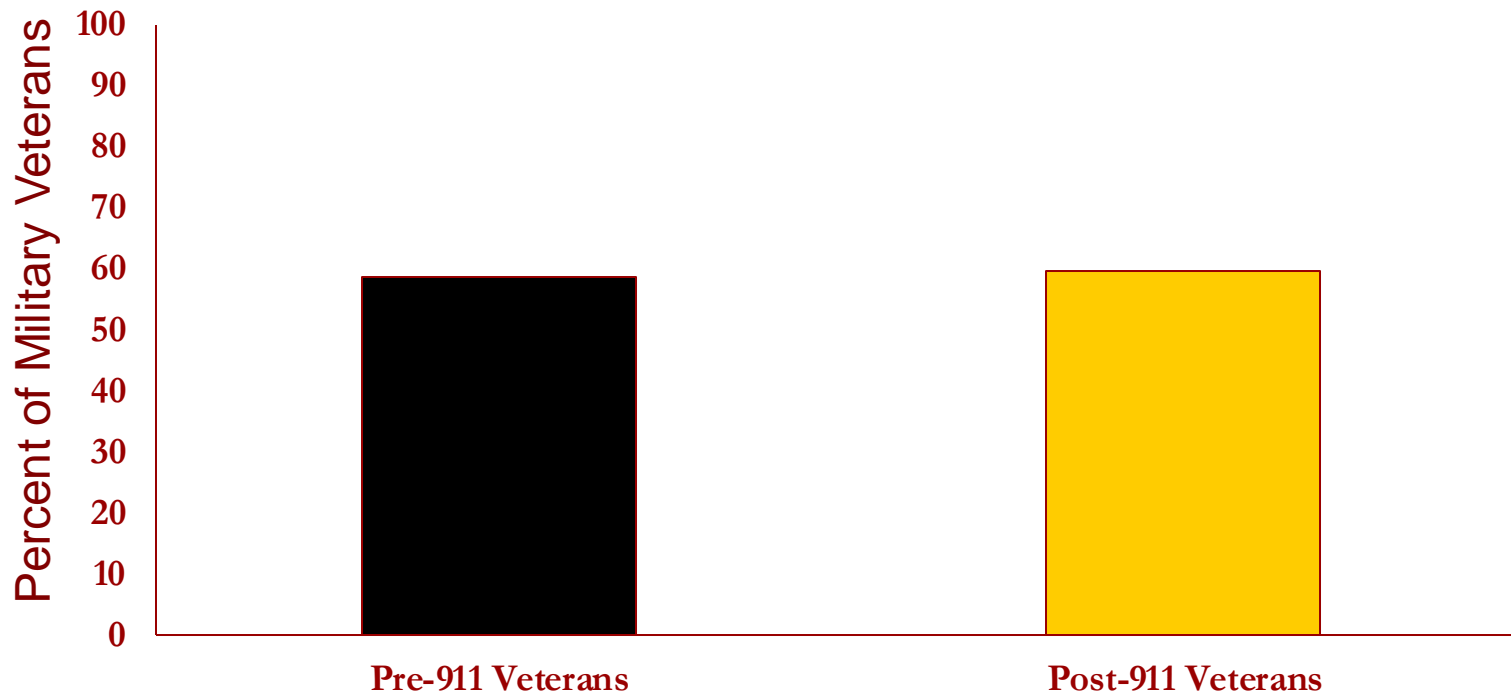
One-third of veterans report impaired functioning in the moderately severe to severe range.



Housing Upon Military Departure

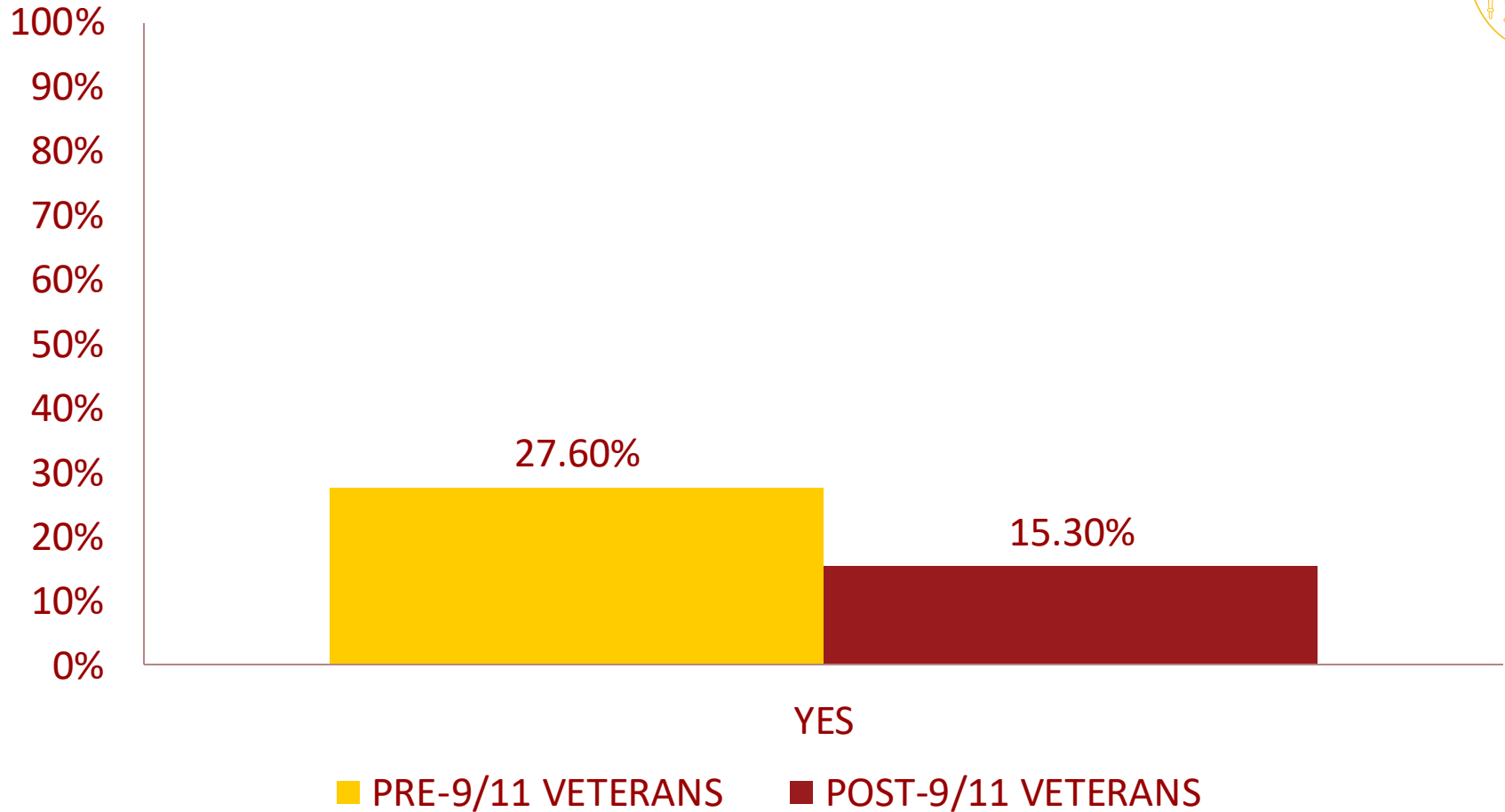


Many veterans did not have a place to live when they left military service.



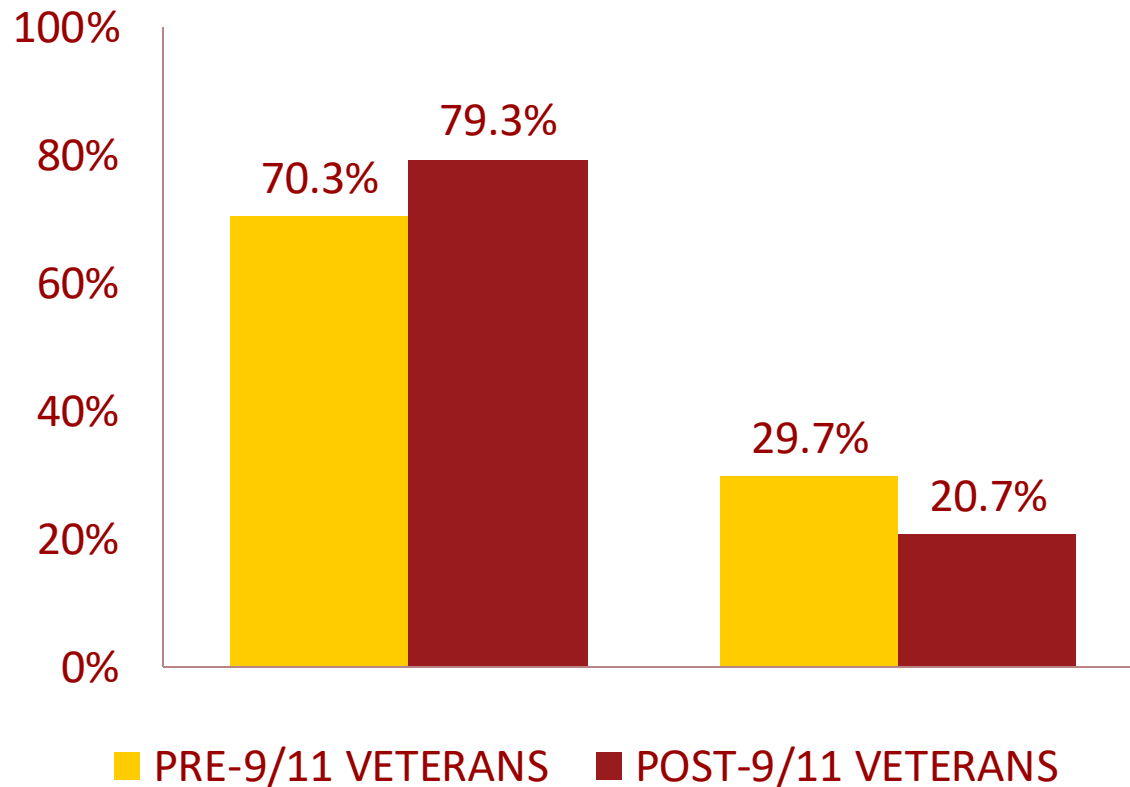


Homeless in Past Year

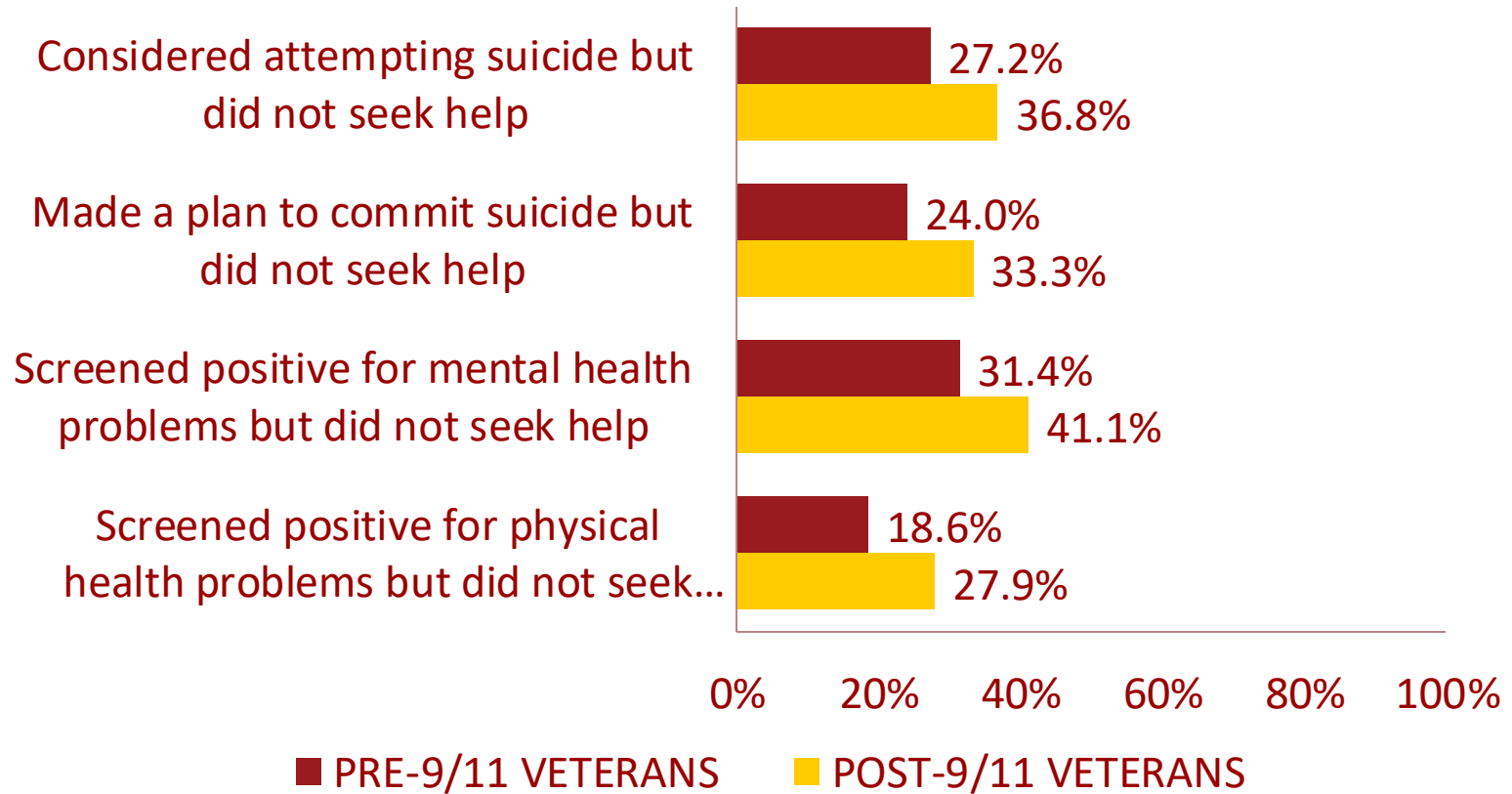




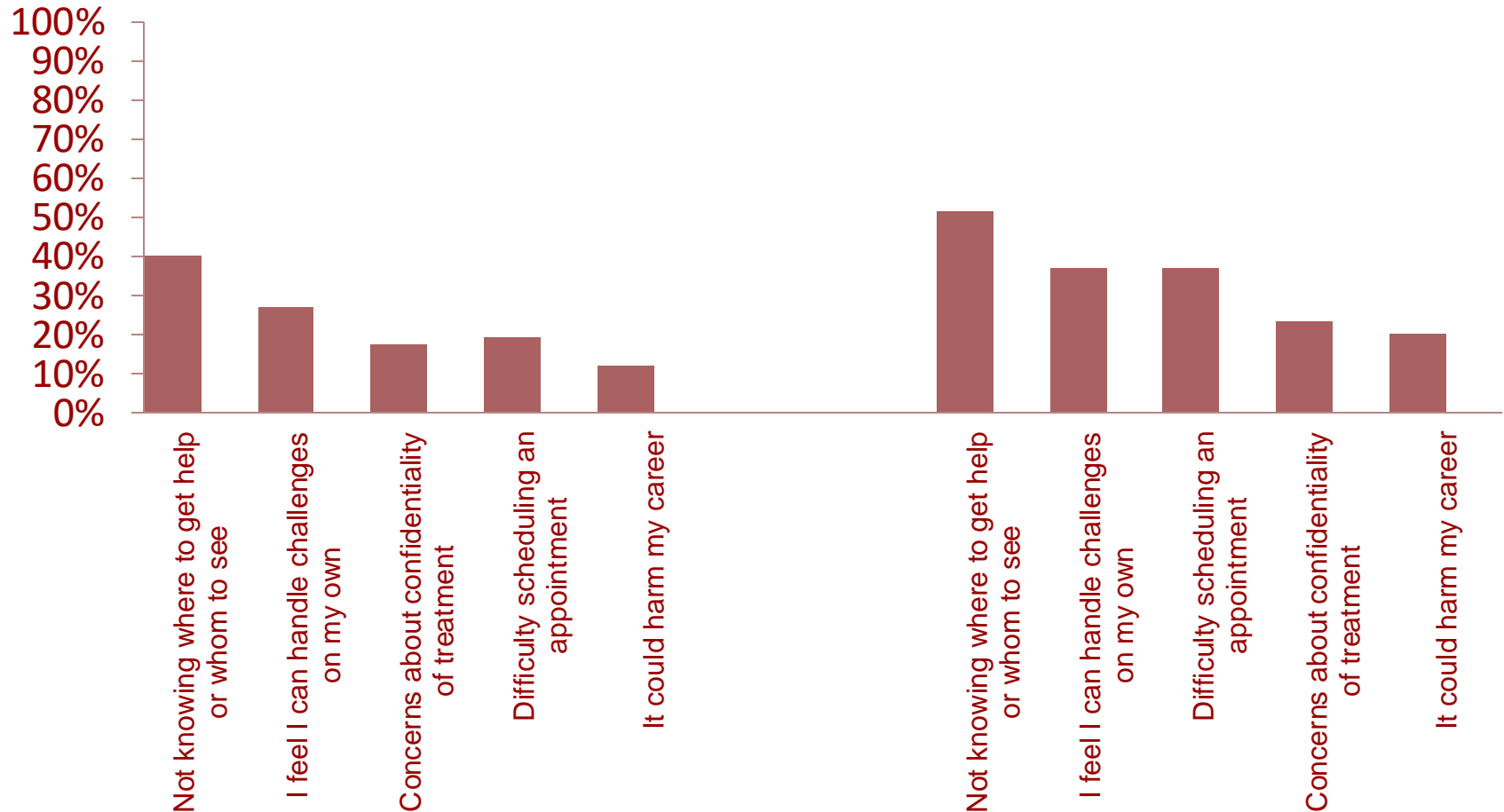
Veteran Housing Stability



Veterans Unmet Health Care Needs



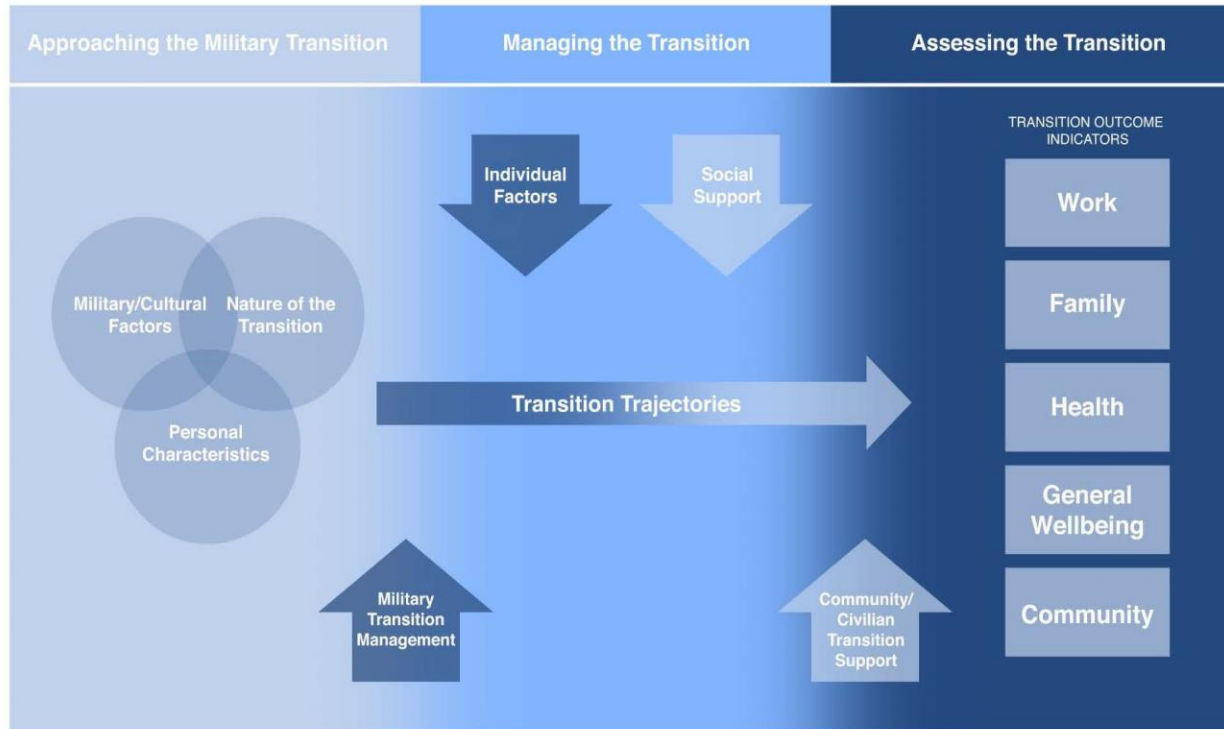
Veterans Barriers to Care





Military-to-Civilian Transition

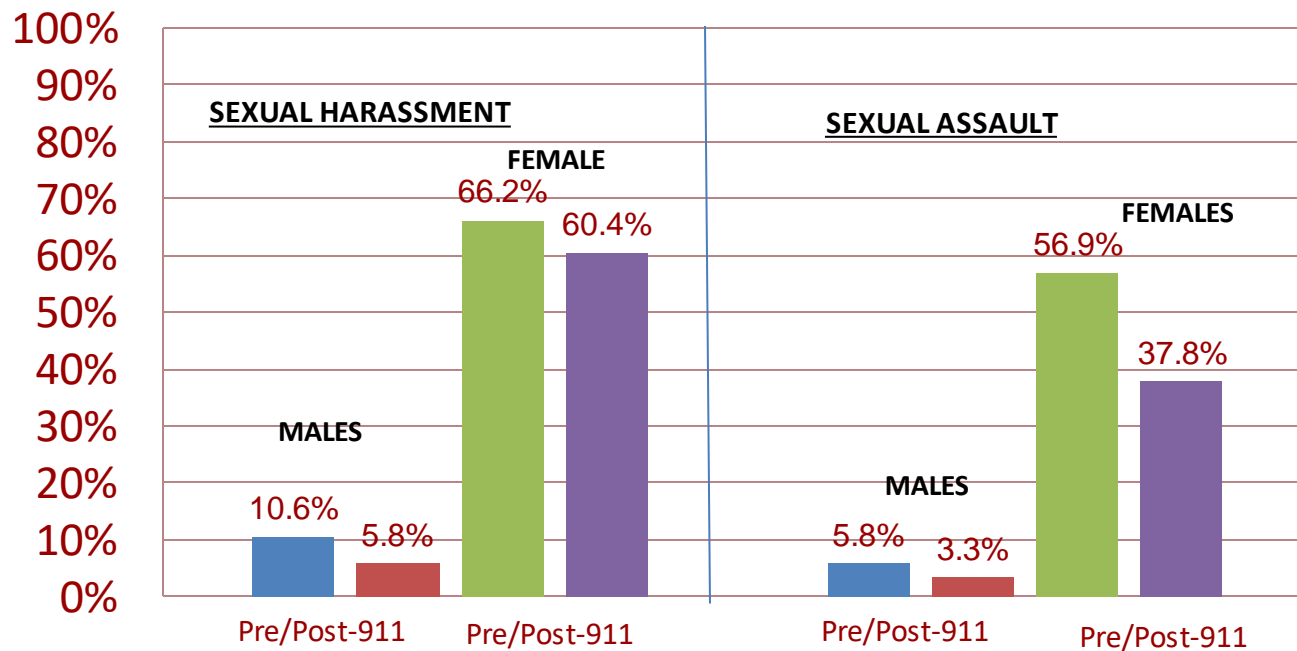
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Sexual Harassment and Sexual Assault

Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service



Empirical Findings

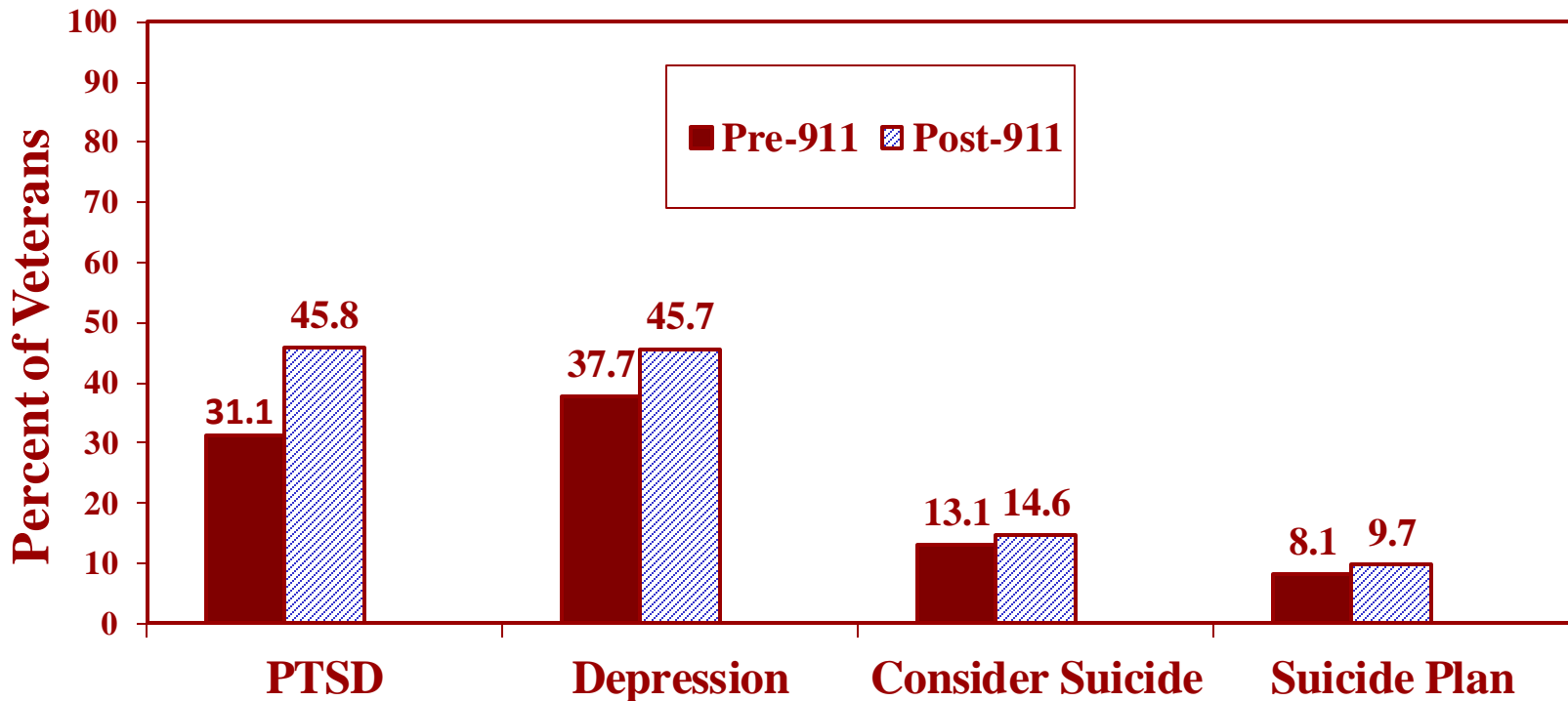


- Approximately 85% of sexual assaults among female service members occur within the first two years of military service.
- The trauma of sexual assaults that occurred while the service member was in the military interferes with a successful transition back to civilian life.

Psychological Health of Veterans



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





Empirical Findings

- 25% of all suicides in the military occur during the first two years of active service.
- One half of all suicides in the Army occur within 6 months of returning home from a deployment.
- The highest rates of suicide among military veterans occurs within two years of leaving the military.



Transition and Interventions

- Key transitions are optimal times for interventions.
- Interventions should be evidence-based and take a holistic approach.
- A transition approach to intervention moves us away from a “one size fits all” by focusing on the specific needs of each service member and veteran.
- Leverage what others are already doing.





Summary of Military Transition Theory

- Military Transition, Health and Well-being:
 - Recognize that the military is a unique culture.
 - Changing cultures can be challenging and rewarding.
 - Challenges in the military to civilian transition are related to the health and wellbeing veterans.
- Military Transition Theory provides a useful model for understanding the health and wellbeing of service members.





Military Veteran Reintegration -- Approach, Management, and Assessment of Military Veterans Transitioning to Civilian Life

Editors:

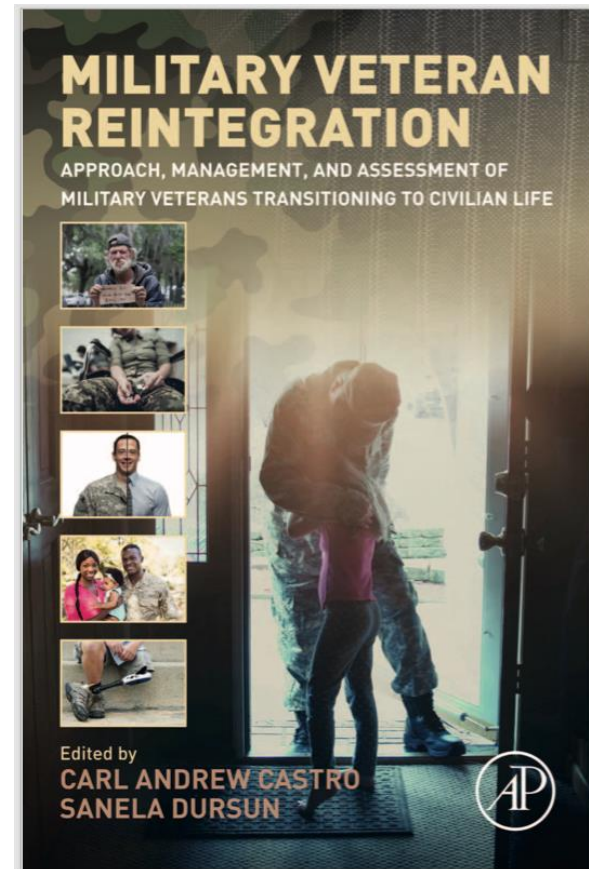
Carl Castro and Sanela Dursun

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American Military Life in the 21st Century



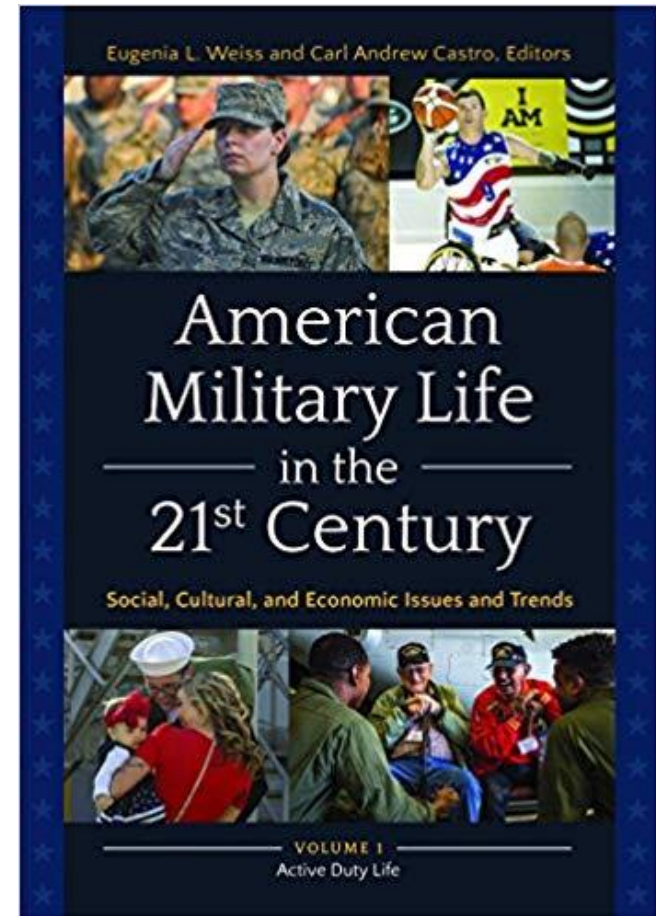
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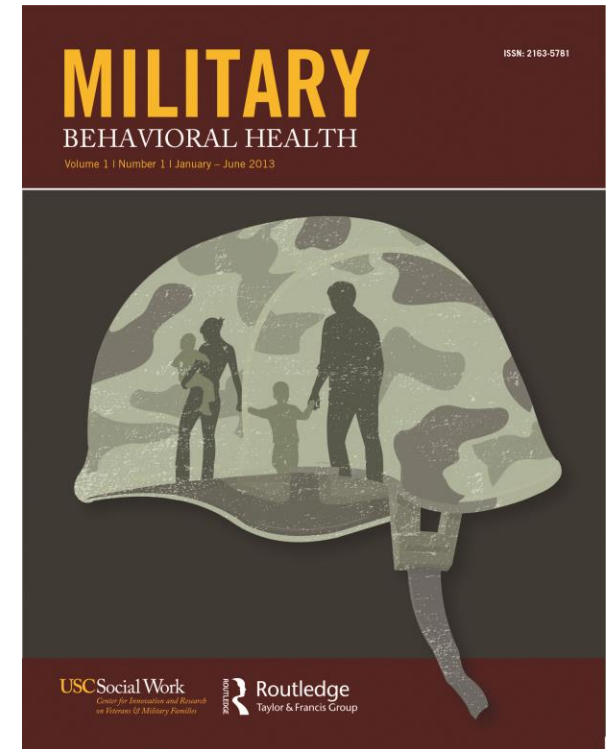
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NATO HFM RTG-263, “The Transition of Military Veterans from Active Service to Civilian Life” members.

Point of Contact



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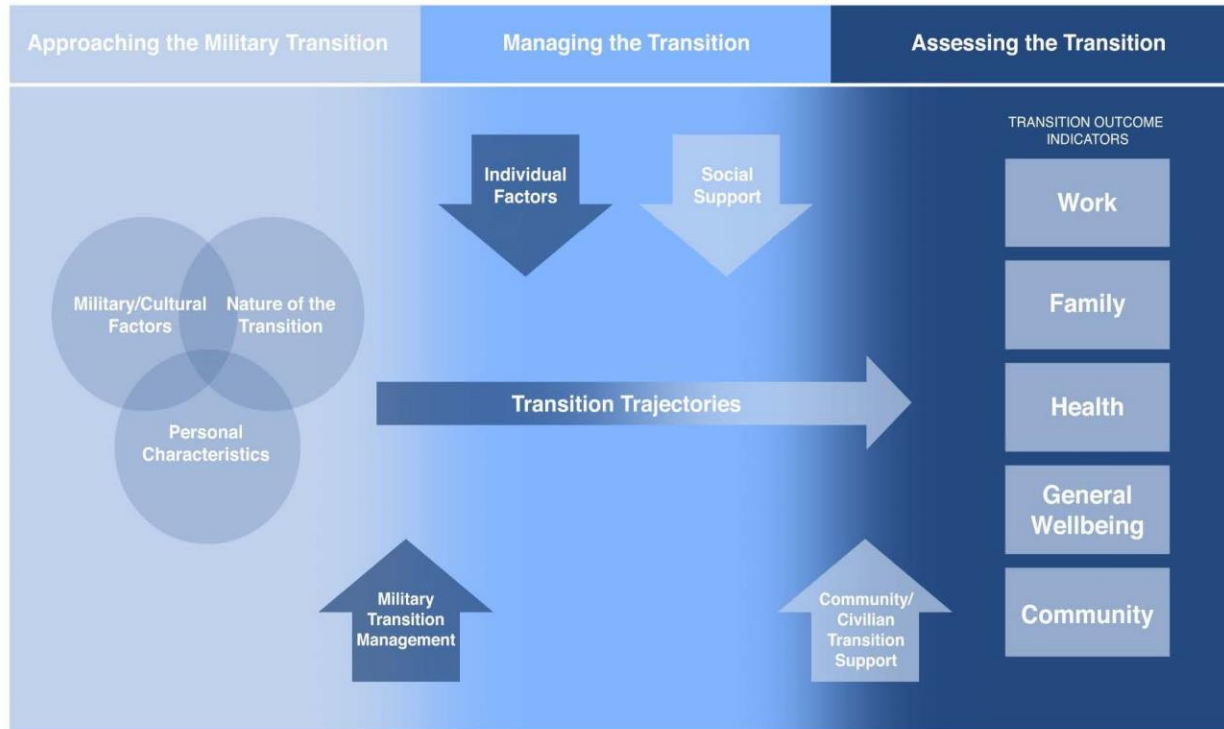


Moral Injury



Military-to-Civilian Transition

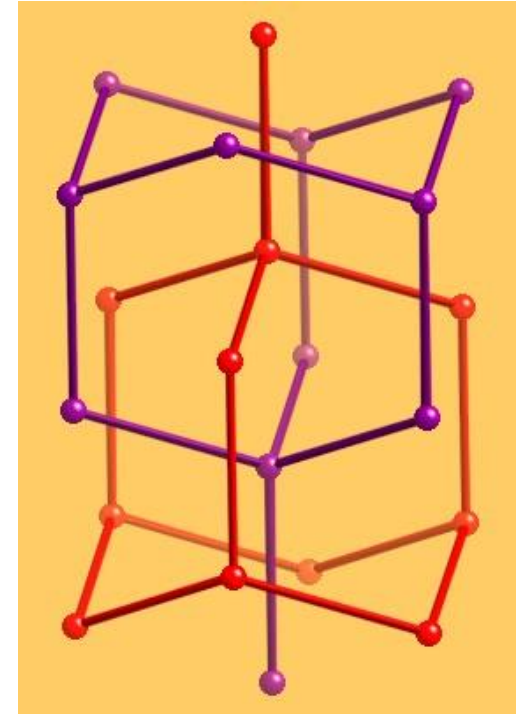
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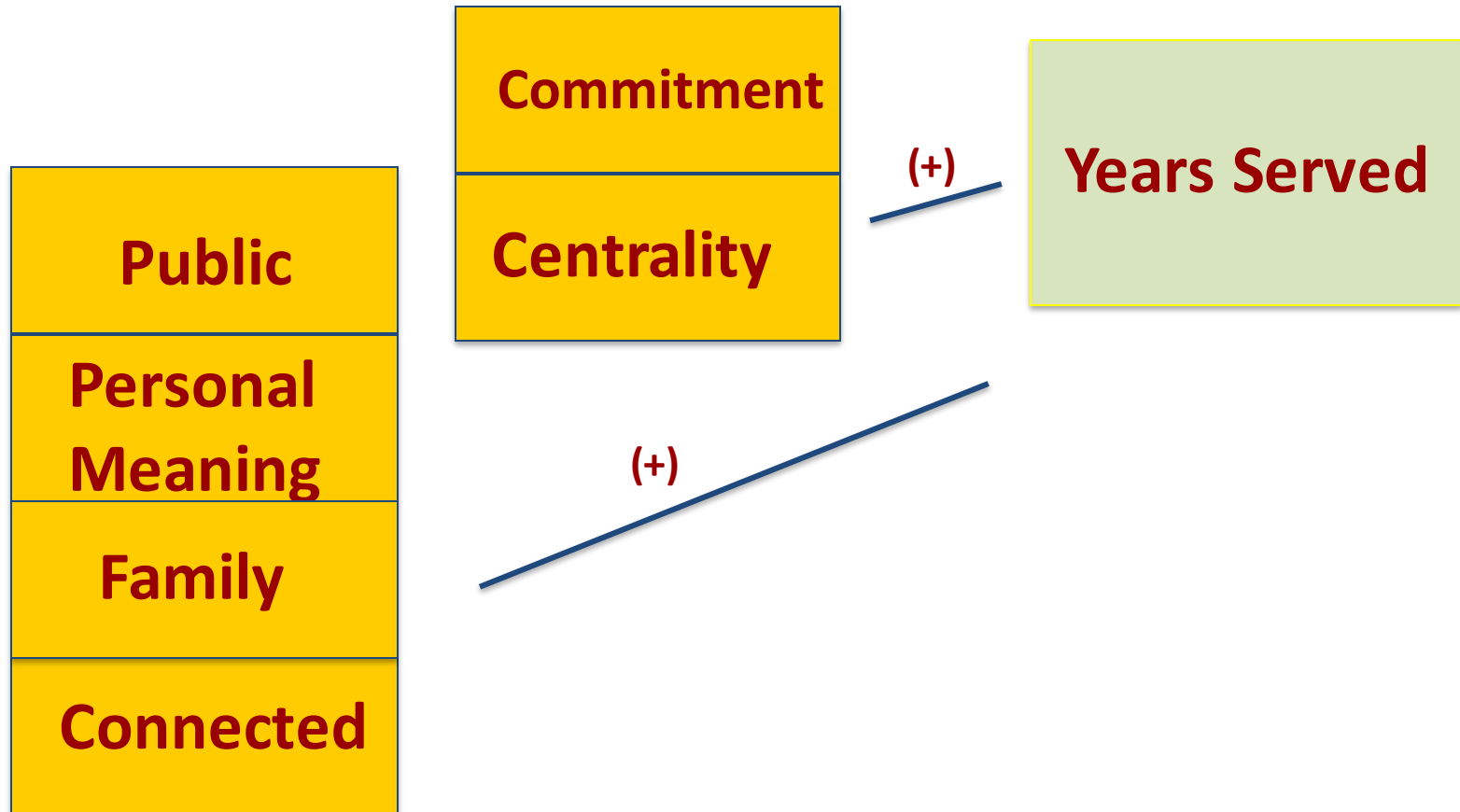
Dimensions of Military Identity

- Military identity is multidimensional
- Seven dimensions of military identity
 - Exploration
 - Commitment
 - Public
 - Personal Meaning
 - Centrality
 - Family
 - Connected



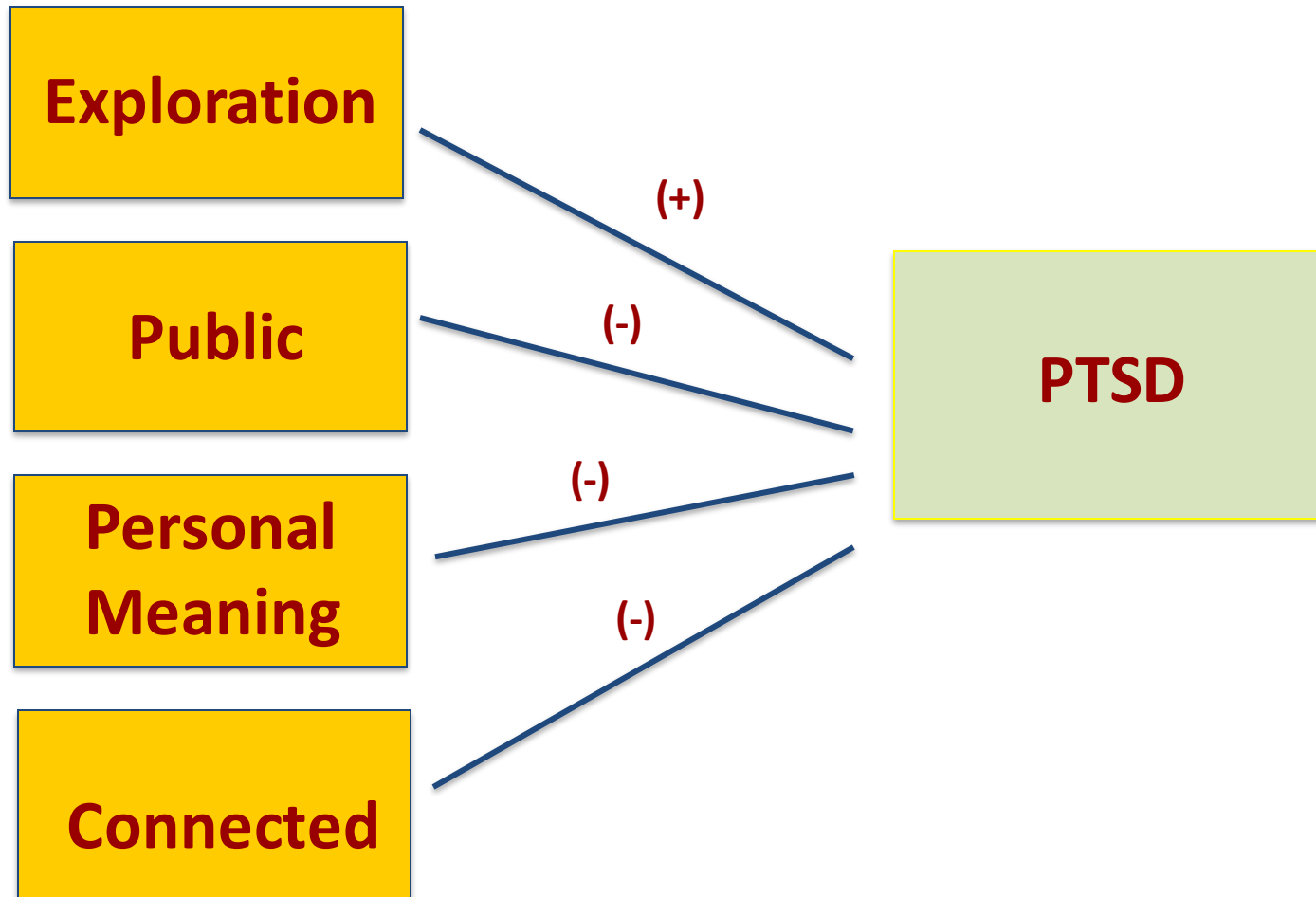


Military Identity and Years Served



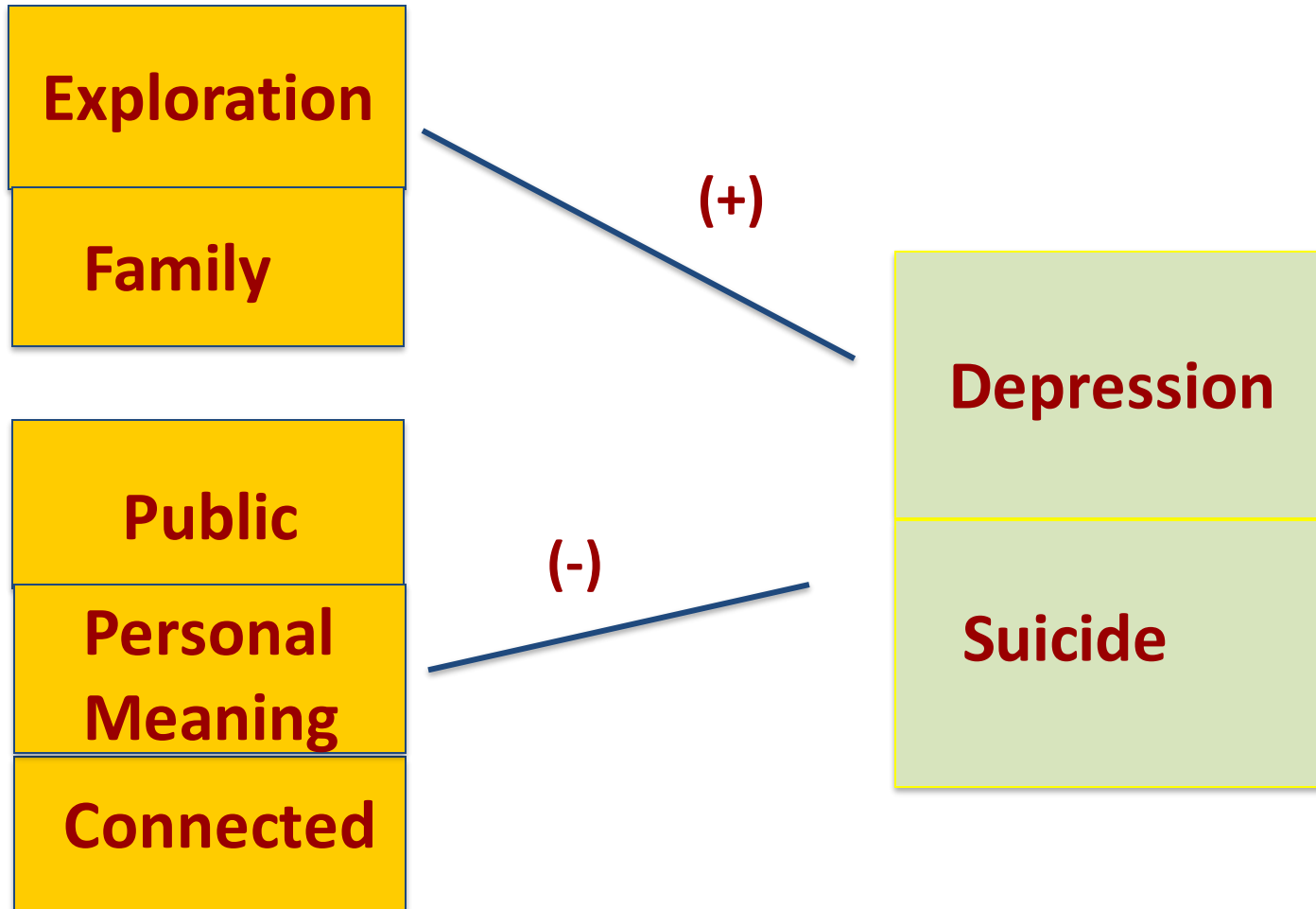


Military Identity and PTSD



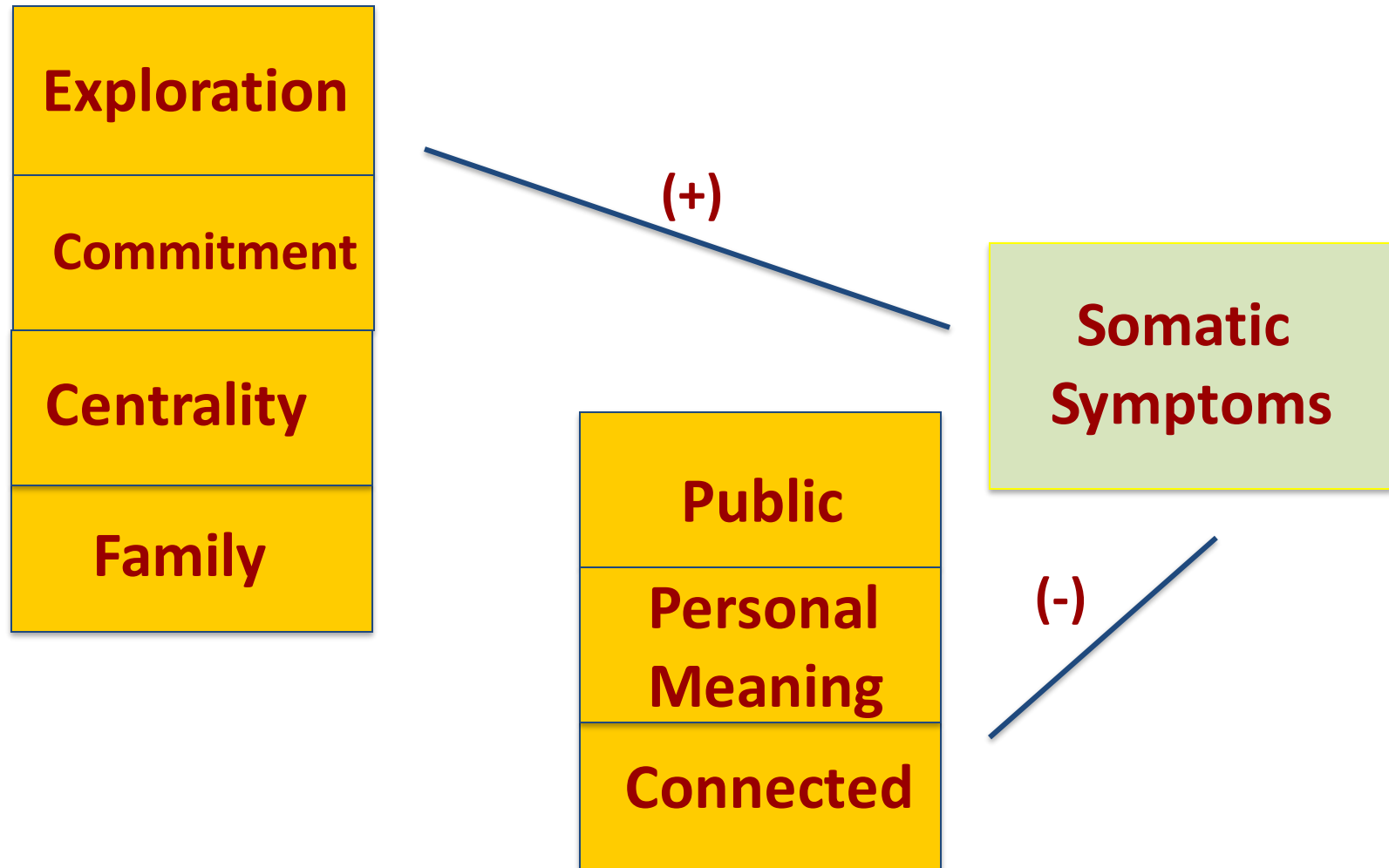


Military Identity and Depression & Suicide





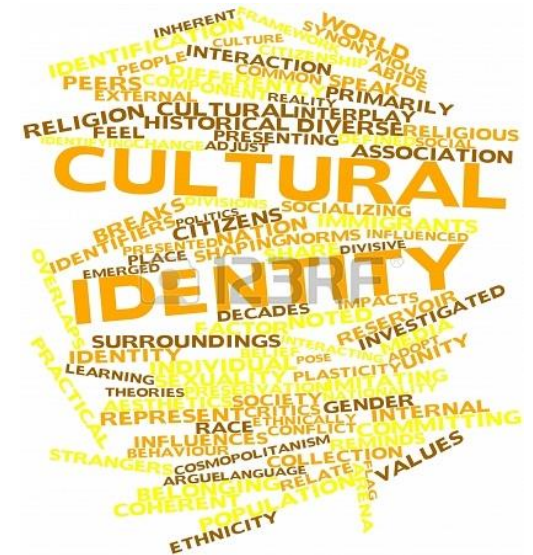
Military Identity and Somatic Symptoms





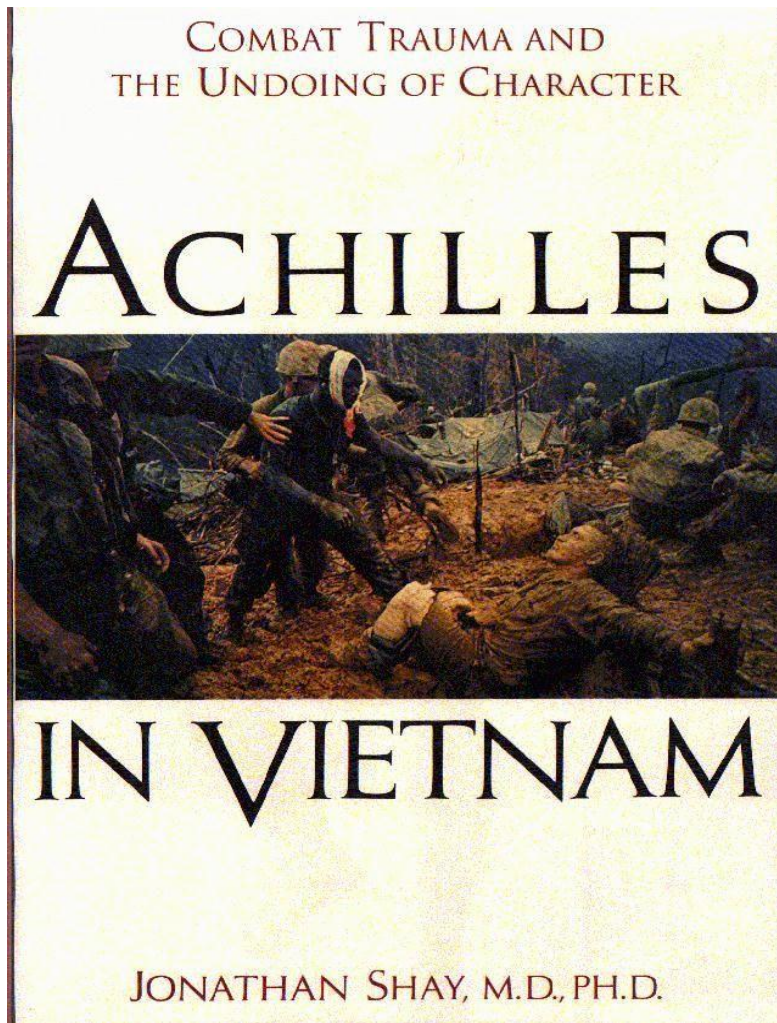
Summary of Military Identity

- 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.





A New Model of Moral Injury



“War changes you...strips you of all your beliefs, your religion, takes your dignity away...” (p. xx).

“I look back today, and I’m horrified at what I turned into.” (p. xx).



DEFINITIONS OF MORAL INJURY

Shay (2002)

“...a betrayal of what’s right, by someone who holds legitimate authority, in a high stakes situation” (p. 240).

Litz et al. (2009)

“...the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 695)

Brock and Lettini (2011)

“...a wound in the soul, an inner conflict based on moral evaluations of having inflicted or witnessed harm....moral injury can result not only from active behavior, such as torturing or killing, but also from passive behavior, such as failing to prevent harm or witnessing a close friend be slain...it can (also) involve feeling betrayed by persons in authority” (p. 1).

Moral injury is defined from a bio-psycho-social-spiritual perspective

INTERVENTIONS USED FOR MORAL INJURY



Traditional Psychotherapies for PTSD

- Cognitive Processing Therapy (CPT; Resick, Monson, & Chard, 2016)
- Prolonged Exposure Therapy (PE; Foa, Hembree, & Rothbaum, 2007)
- Eye Movements Desensitization and Reprocessing (EMDR)

Clinical Add-ons to PTSD Treatment

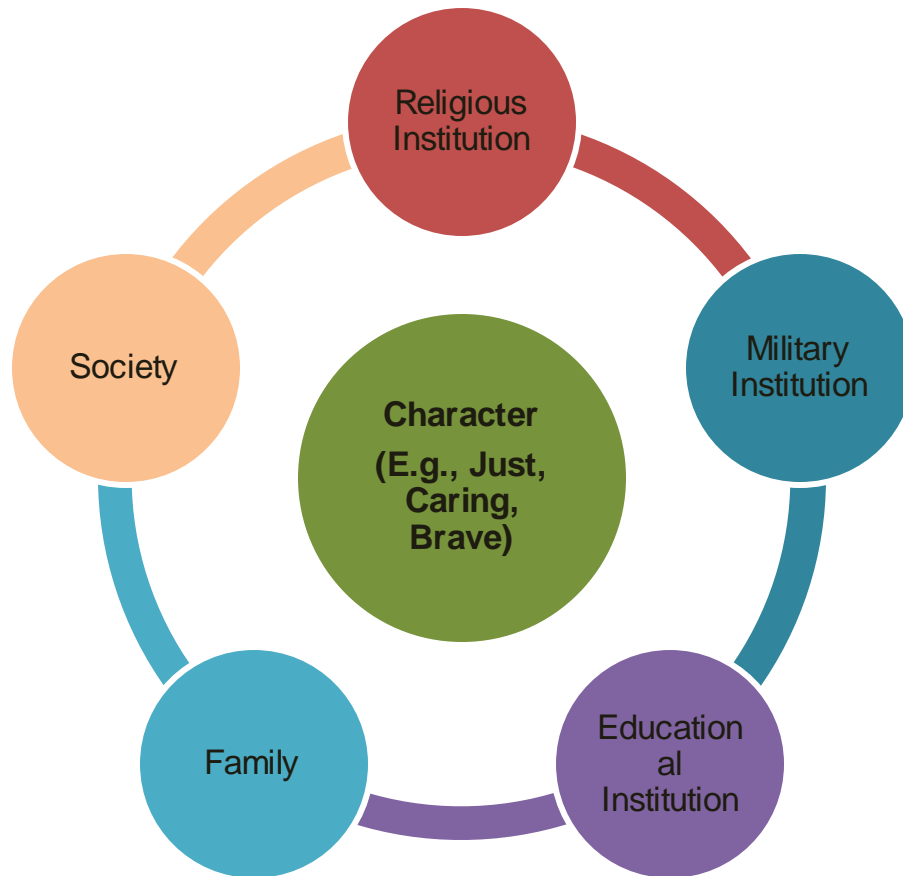
- Adaptive Disclosure Therapy (ADT; Litz, Lebowitz, Gray, & Nash, 2015)
- Letter Writing (Keenan, Lumley, & Schenider, 2014)

Spiritual Counseling and Retreats

- Soul Repair Center (in partnership with local churches)
- Soldier's Heart Retreats (e.g., Vietnam healing and reconciliation journeys)

**Generally, PTSD is the gateway for clinical treatments,
while soul wounds for spiritual counseling.**

Virtues: The Building Blocks of Character



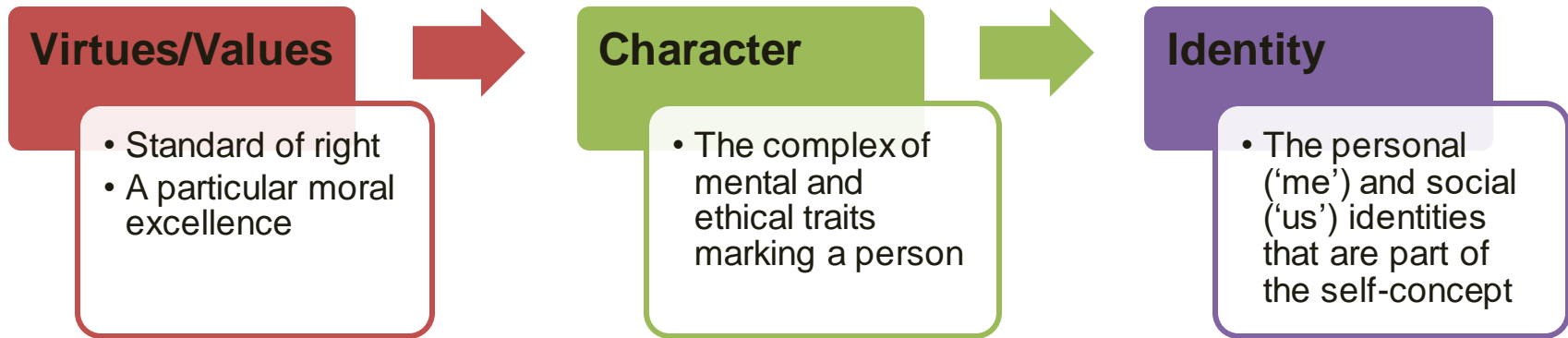
Military Virtues

- Individual: courage, intellect, and subordination
- Leader: Trust, fairness and responsibility
- Organizational: Victory, leadership and accountability

(Castro, 1999)



VIRTUES, CHARACTER, IDENTITY





Literature on Virtues and Character*

(*Fowers, B.J., Richardson, F.C., & Slife, B.D. (2017). *Frailty, suffering and vice: Flourishing in the face of human limitations*. Washington, DC: American Psychological Association.)

Character	Description
Virtuous Character	"...the virtuous individual [is] someone who can act consistently in a way that is both noble and appropriate to the circumstances. Virtuous character is guided by a clear understanding of what is good and by consistent, spontaneous action in the service of those goods" (p.62).
Continent Character	" <i>Continent</i> individuals generally act well because they know what is best and usually decide to act accordingly, even though their desires are inconsistent with this decision. Typically, continent individuals have to struggle between what seems best and what they want to do. Their knowledge of what is best generally trumps their desire, but some effort is necessary to act in the best way" (p. 63).
Incontinent Character	"...the incontinent individual knows what he should do but frequently cannot bring himself to act accordingly...they are unable to do what they know to be for the best" (p. 64).
Vicious Character	"The vicious are people who consistently act ignobly. The vicious are people who characteristically act in greedy, deceitful, exploitative, self-indulgent, or other ignoble ways" (p. 65).
Beastly Character	"The <i>beastly</i> character describes people who have become enslaved to desires, emotions, or habits that overwhelm their capacities for reasoning, making good choices, and participating in good relationships....A defining feature is the loss of key elements of one's humanity" (p. 66-67).



What happens to character and identity when we fail to uphold virtues/values?



Continuum of Moral Failure

Behavior	Moral Meaning	Character	Identity	What is affected?
White lies	Moral Slip	Compromised Character	Speckled Identity	Character
Embezzlement	Moral Stain	Character Flaw	Spoiled Identity*	Character <u>and</u> <u>possibly</u> Clinical
War trauma; Sexual assault	Moral Injury	Character Breakdown	Disgraced or Broken Identity	Character <u>and</u> Clinical
Continuous acts of moral failure	Moral Decay	Altered Character	Distorted Identity	Deep Character

(*Borrowed from Goffman, 1963)

DEFINING AND DIFFERENTIATING BETWEEN PTSD AND MORAL INJURY



PTSD (Illness Domain)

- PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event like combat, a natural disaster, a car accident or sexual assault.

Moral Injury (Character Domain)

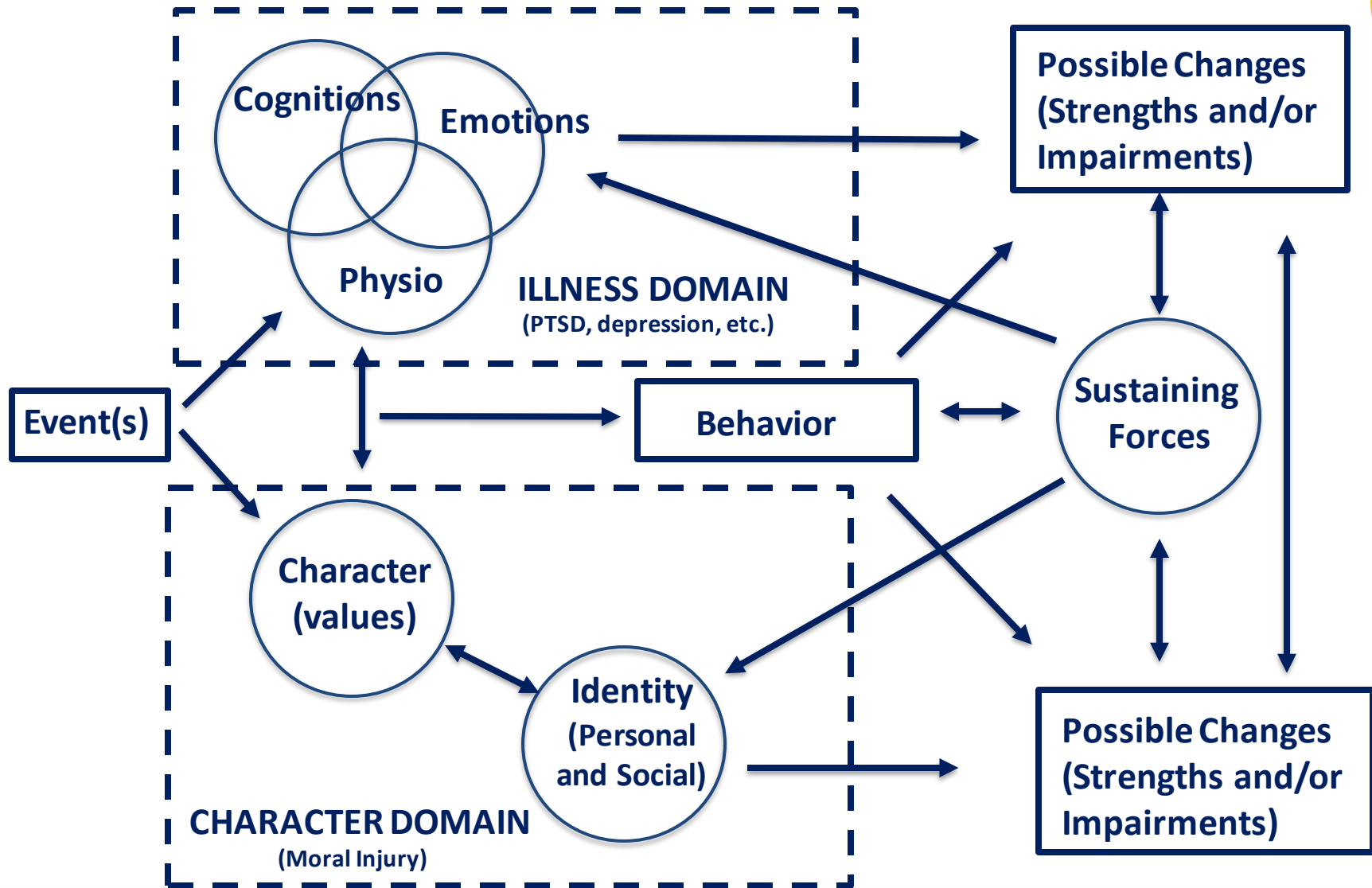
- Moral Injury is a failure to adhere to a virtue or value that results in needless suffering or death that threatens one's character and identity.

WAYS A MORAL INJURY MAY ARISE



- When a person becomes aware of aspects of themselves, which they had not considered or thought possible. This may include the capacity to do nasty things, or to observe nasty things without feeling a need to intervene.
- Feeling such pressure from a hierarchical organization that they do or observe things they know to be wrong.
- Belief that the world has changed or been revealed in such a way that the person no longer feels at home in society, so having an identity that longer fits.

A NEW MORAL INJURY MODEL



IMPLICATIONS FOR ASSESSMENT



- One can suffer from a moral injury without having a mental illness, and vice versa. One can suffer from a mental illness without having a moral injury.
- The time course for onset differs between a mental illness and a moral injury. An illness onset will be quicker than a character change onset, i.e., a moral injury.
- Strong character ensures ethical behaviors, thus protecting against moral injury.

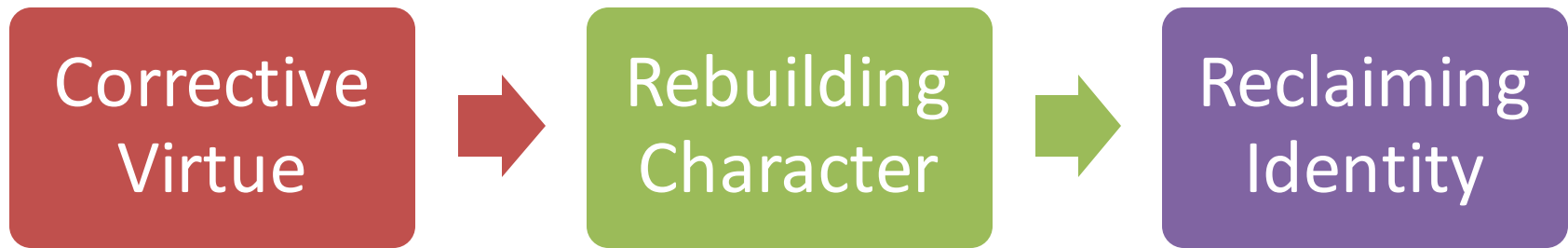


IMPLICATIONS FOR INTERVENTIONS

- Interventions designed to target disruptions in the Illness Domain will only be effective for treating symptoms and impairment that arise from disruptions in the Illness Domain.
- Interventions designed to target disruptions in the Character Domain will only be effective for treating symptoms and impairments that arise from disruptions in the Character Domain.
- Traditional psychotherapies such as PE, CPT, EMDR, etc. will not effectively treat disruptions in the Character Domain, even though the symptoms might be similar to those that arise from the Illness Domain.
- Interventions targeted for addressing symptoms and impairments from the Character Domain will need to be highly specific for the individual and focus on strengthening virtues/values that comprise one's character.



REBUILDING CHARACTER AND RECLAIMING IDENTITY





NEEDED RESEARCH

- Validation of key components of the new Framework.
- Understand how the Illness Domain and Character Domain interact.
- Elucidate the symptoms and impairments that may result from disruptions in the Character Domain.
- Develop Character Domain measures.
- Develop prevention and intervention strategies that will strengthen the Character Domain.



The Perpetrator Hypotheses



Bullying and Hazing Among Active Duty LGBT and Non-LGBT Service Members

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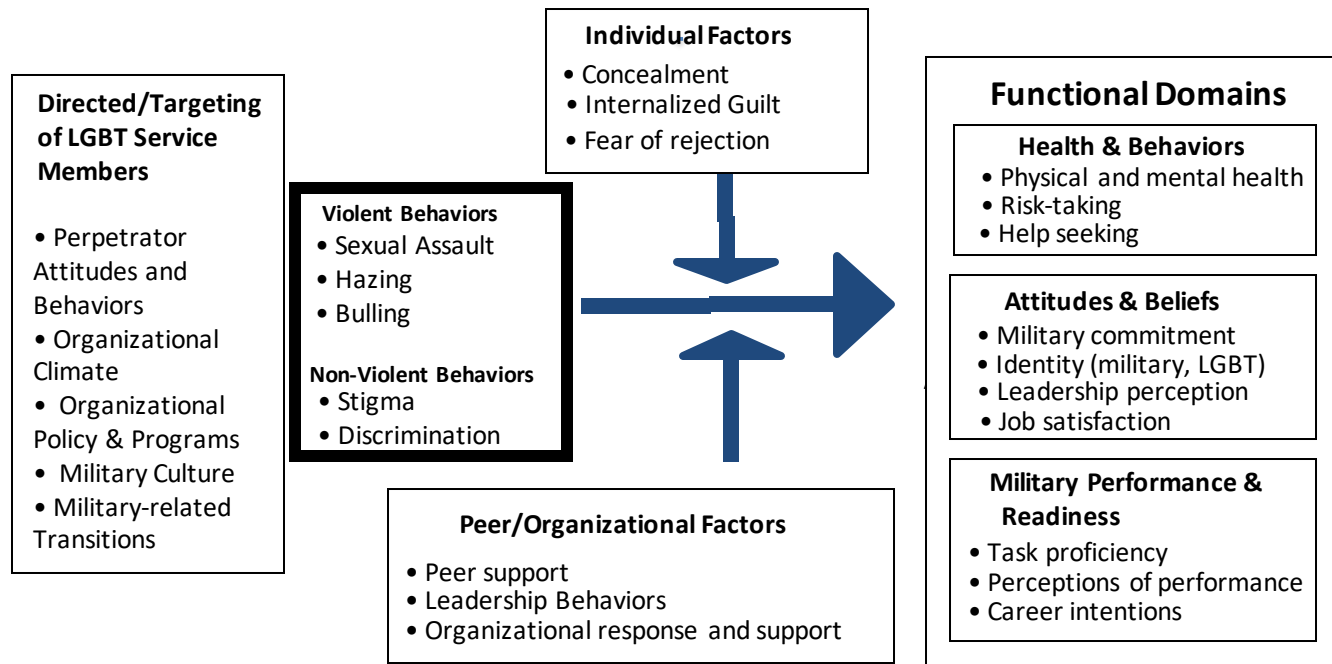


Outline

- Perpetrator Hypotheses
- Definition and Characteristics of Bullying
- Definition and Characteristics of Hazing
- Bullying and Hazing Measures
- Bullying Findings
- Hazing Findings
- Conclusion and Implications
- Point of Contact



Perpetrator Hypothesis



Castro, C.A & Goldbach, J. (2018). The perpetrator hypotheses: Victimization involving LGBT service members. In Roberts, I. & Warner, C. (Eds), Military and Veteran Health, Springer, New York, NY.



Definition: Bullying

- The military defines bullying as “any conduct whereby a service member or members, regardless of service, rank or position intends to exclude or reject another service member through cruel, abusive, humiliating, oppressive, demeaning, or harmful behavior, which results in diminishing the other service member’s dignity, position or status (US Army, AR 600-20).”



Characteristics of Bullying

- May include an abuse of authority
- Usually happens more than once
- Will likely to continue without outside intervention
- No identifiable endpoint
- Usually only ends when either the bully or service member moves to another location
- Bullying tactics include: making threats, spreading rumors, social isolation or attacking someone physically, verbally or through electronic means (cyberbullying)



Definition: Hazing

- The military defines hazing as “any conduct whereby a service member or members, regardless of service, rank or position, and without proper authority, recklessly or intentionally causes a service member to suffer or be exposed to any activity that is cruel, abusive, humiliating, oppressive, demeaning or harmful (US Army, AR 600-20).”



Characteristics of Hazing

- Typically occurs during graduation or promotion ceremonies as a “rite of passage”
- Typically limited to key transition points
- May include soliciting or coercing another to participate in such activities
- Need not involve physical contact, can be verbal or psychological
- Actual or implied consent doesn’t excuse the perpetrator
- Some actions may appear to be hazing which are not if authorized by the chain-of-command and necessary for operations
- Hazing tactics include: physically striking, piercing of skin, forced consumption of alcohol, food, drugs, etc.



Bullying Measures (22 items)

- Stem question: “Please indicate how often you had the following experiences at work in the last 6 months:”
- Response: “Never,” “Now and Then,” “Monthly,” “Weekly,” “Daily” or “Decline to Answer”
- Sample items:
 - “Being humiliated or ridiculed in connection with your work”
 - “Spreading gossip or rumors about you”
 - “Persistent criticism of your errors or mistakes”
 - “Practical jokes carried out by people you don’t get along with”
 - “Being given tasks with unreasonable deadlines”
 - “Being the subject of excessive teasing or sarcasm”
 - “Threats of violence or physical abuse, or actual abuse”



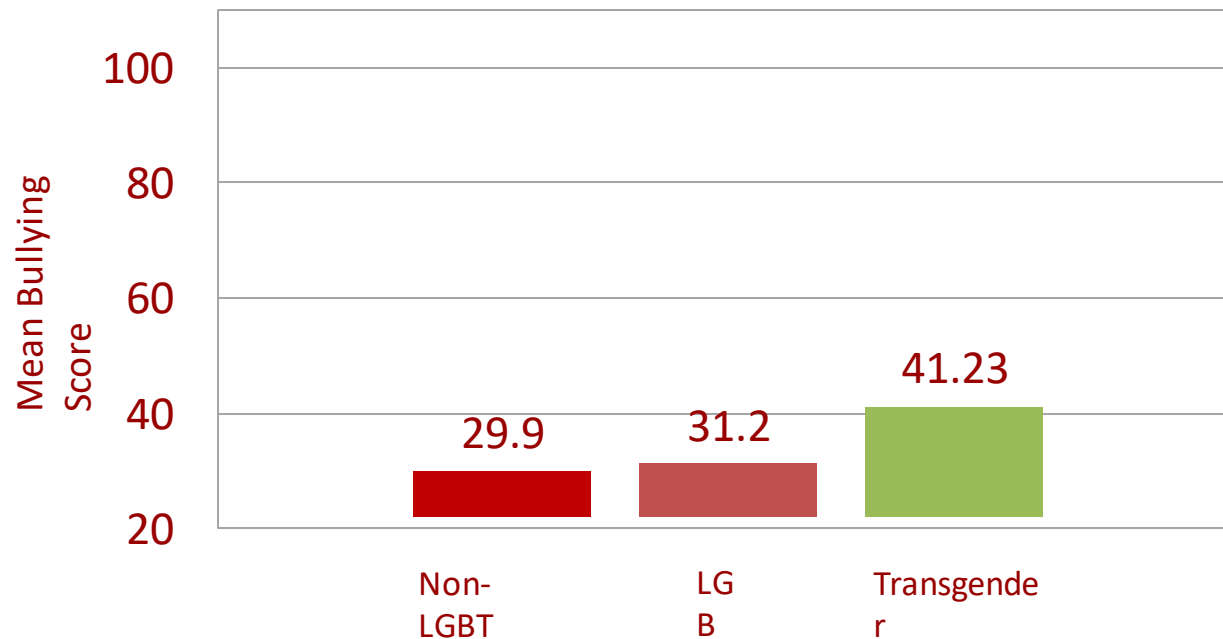
Hazing Measures (5 items)

- Stem question: “During your time in the military, do you feel you have experienced cruel, abusive or humiliating behaviors from your peers? These can include (but are not limited to) things like:
- Response: “Yes,” “No,” “Not Sure” or “Decline to Answer”
- Sample items:
 - “Playing abusive tricks on you”
 - “Giving you ‘blood wings’ or ‘tacking on’”
 - “Forcing you to consume food, alcohol, drugs or another substance”



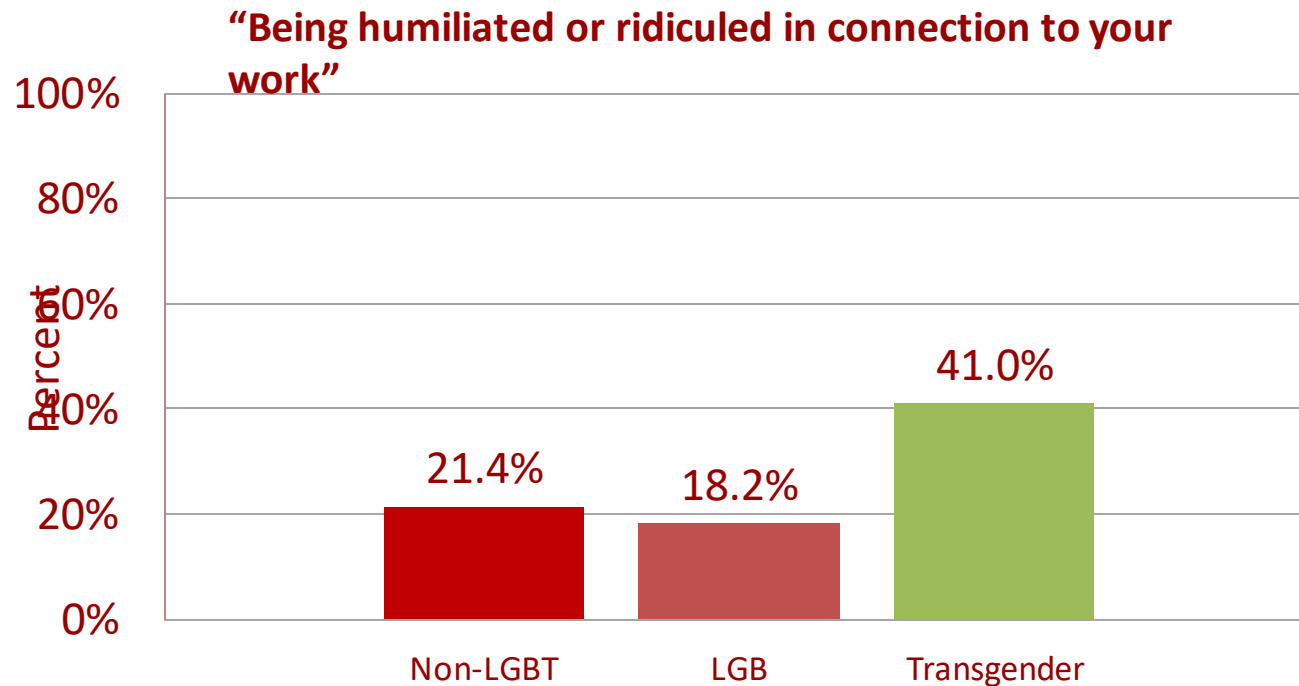
Bullying Scores (range 22-110)

Transgender service member reported experiencing higher rates of bullying compared to non-LGBT and LGB service members ($F = 16.9$, $p < .001$, Tukey's post hoc).



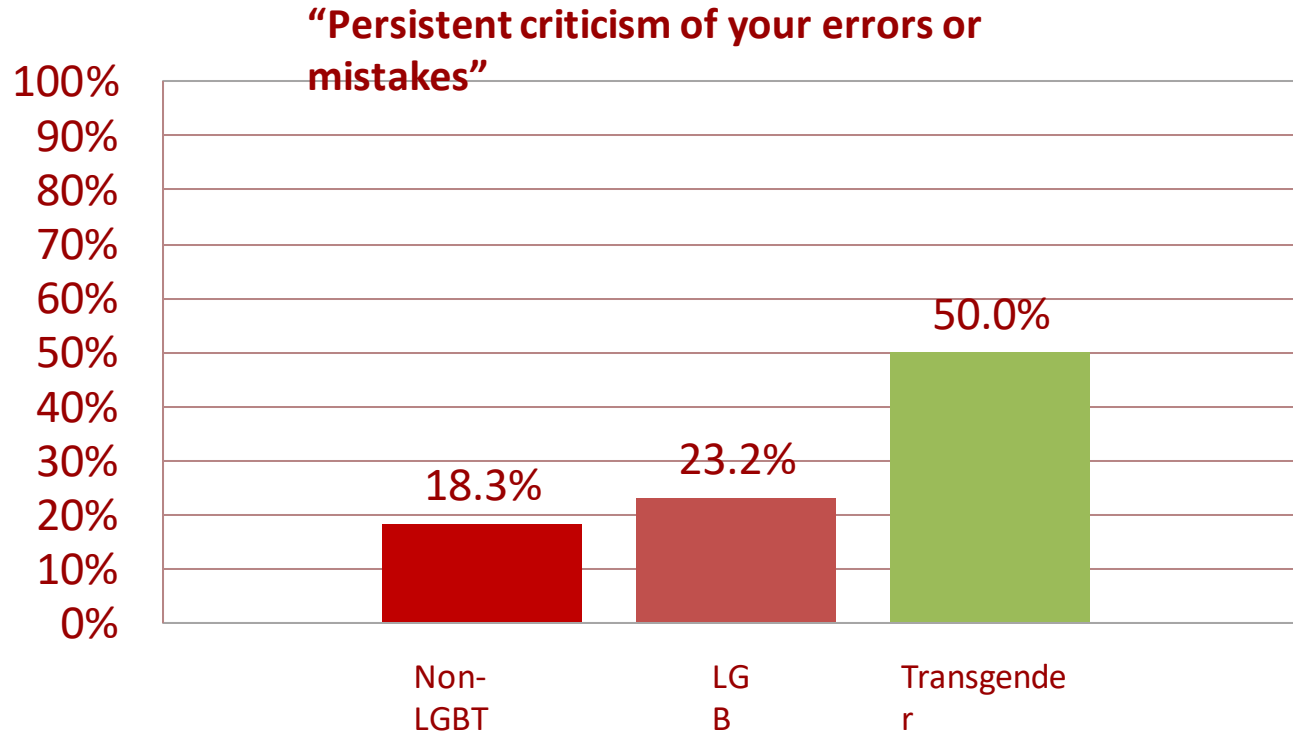


Bullying Behaviors Example (1 of 3)



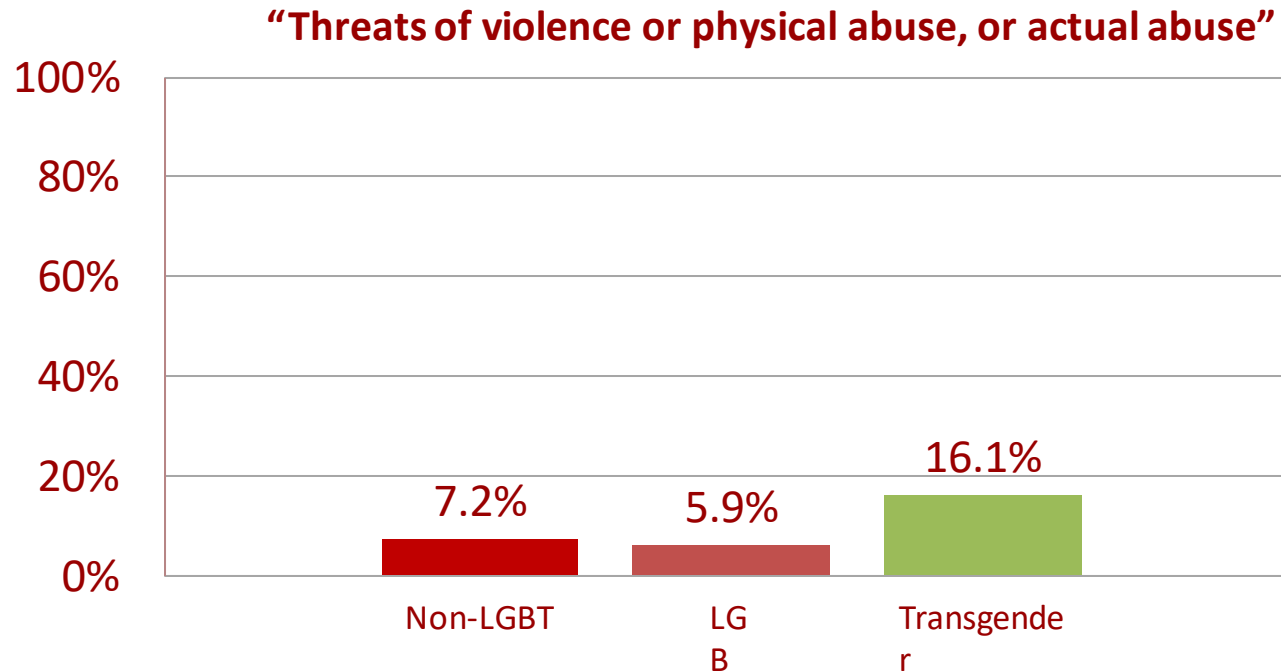


Bullying Behaviors Example (2 of 3)





Bullying Behaviors Example (3 of 3)





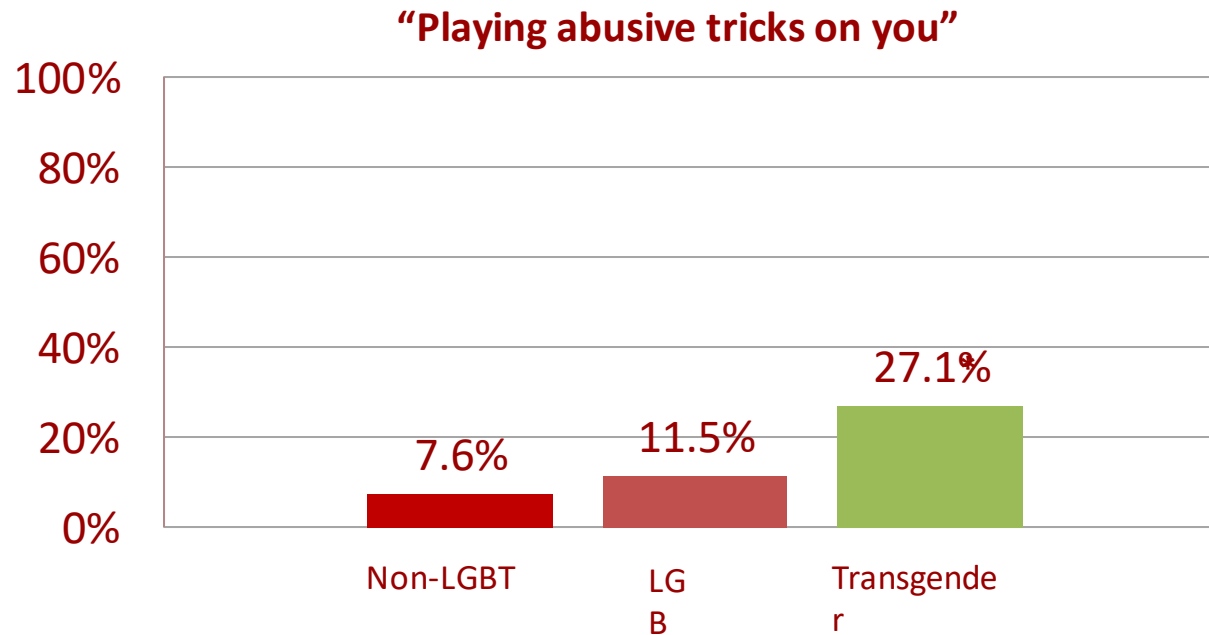
Key Findings: Hazing

- Transgender service members reported higher incidences hazing on two of the five hazing behaviors compared to non-LGBT and LGB service members.
- Non-LGBT service members reported higher incidences on two other hazing behaviors compared to LGB service members.



Hazing Behaviors Example (1 of 4)

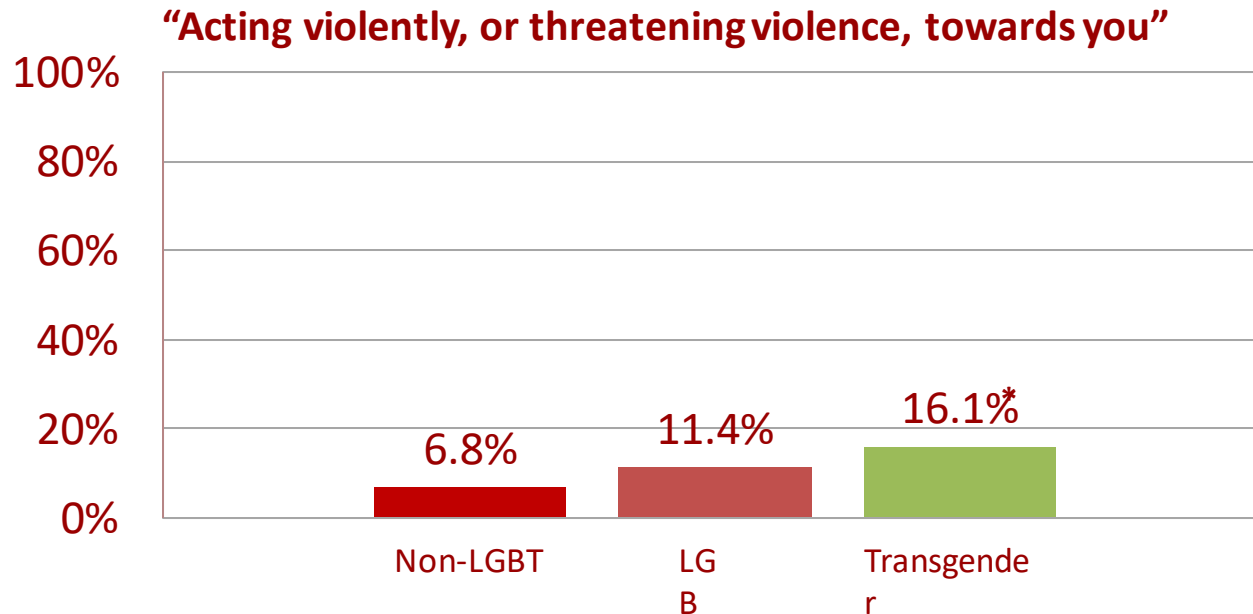
Transgender service members reported experiencing abusive tricks at higher rates than did non-LGBT and LGB service members ($p < .01$).





Hazing Behaviors Example (2 of 4)

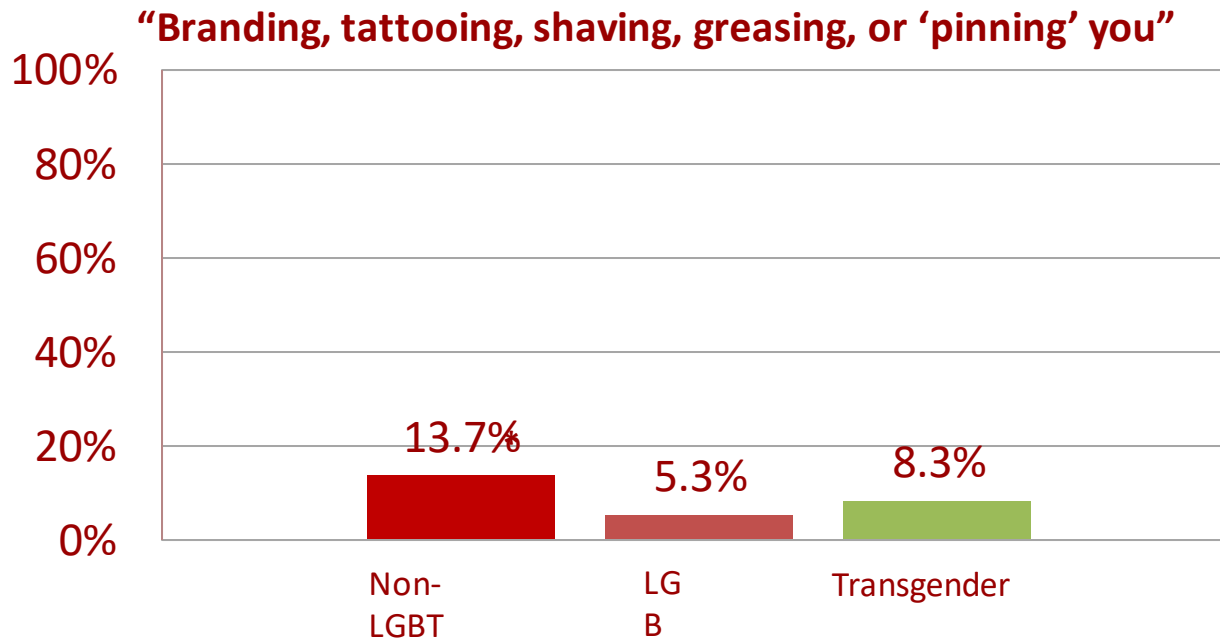
Transgender service members reported experiencing threats of violence or acts of violence directed at them at higher rates than did non-LGBT and LGB service members ($p < .01$).





Hazing Behaviors Example (3 of 4)

Non-LGBT service members reported experiencing branding, tattooing, shaving greasing or pinning at higher rates than did LGB and transgender service members ($p < .01$).

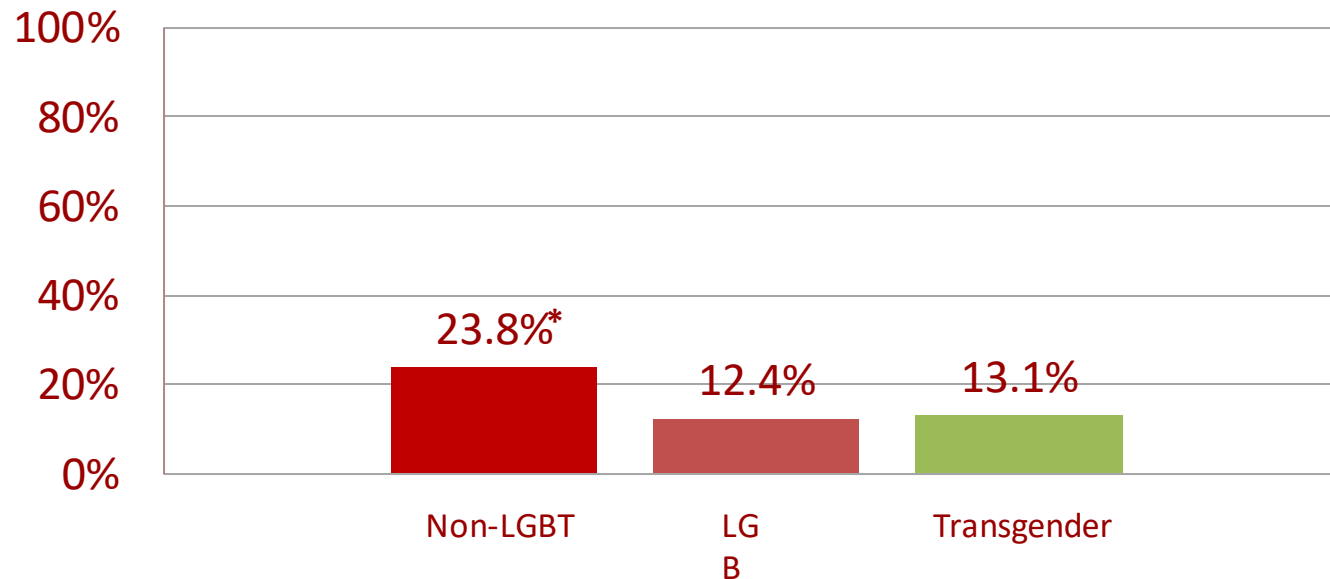




Hazing Behaviors Example (4 of 4)

Non-LGBT service members reported experiencing being forced to consume food or other substances at higher rates than did LGB and transgender service members ($p < .01$).

“Forcing you to consume food, alcohol, drugs or another substance”





Conclusion and Implications

- Hazing and bullying are prevalent within the military, with over one third of all participants reported being bullied or hazed during their military service.
- Transgender service members are more likely to experience bullying behaviors compared to non-LGBT and LGB service members.
- Transgender and non-LGBT service members more likely to experience hazing than LGB service members, yet in different forms.
- Collectively, hazing and bullying are wide spread within the DoD that requires immediate attention, especially for transgender service members.



Social Networks and Transitions

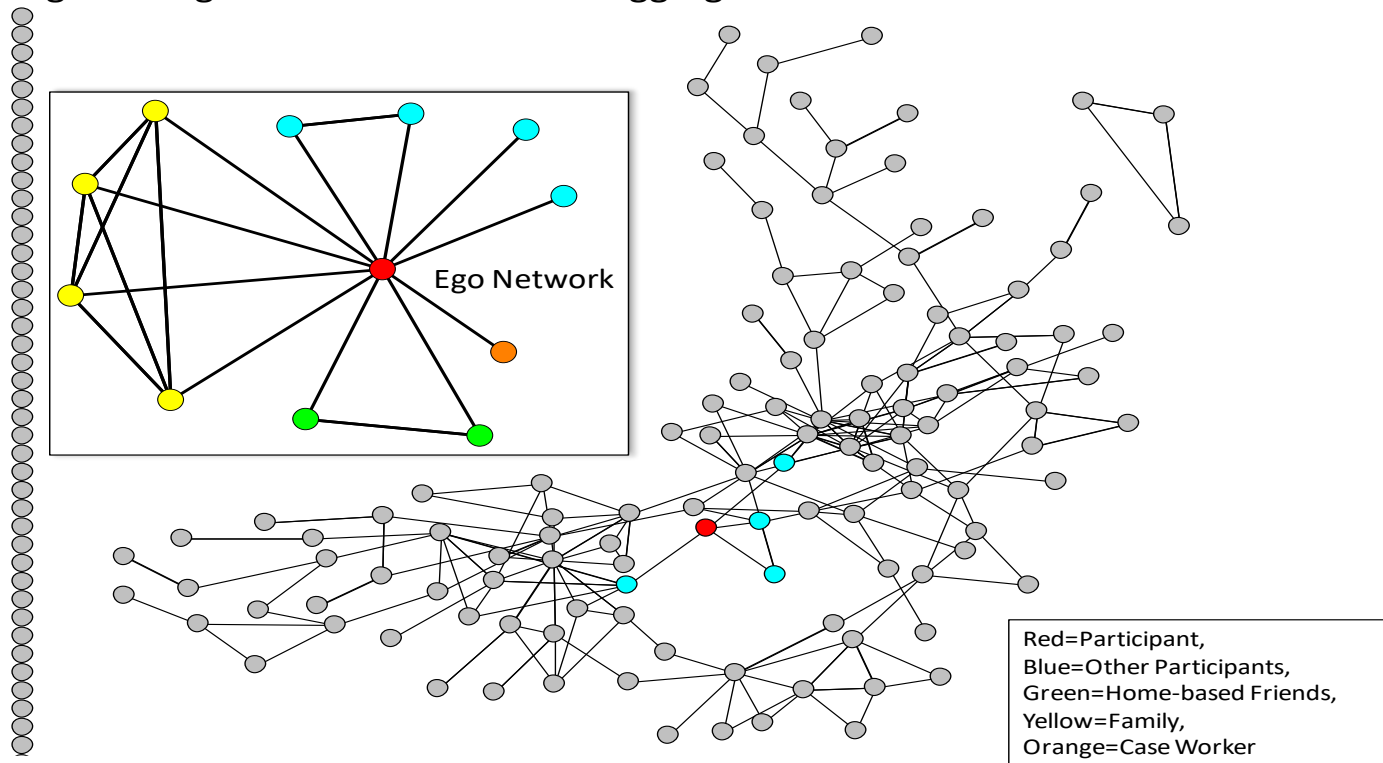


Suicidal Ideation and Network Ties



Network Data Construction

Figure 3: Ego-centric data which is aggregated to create “whole” network data





The Boys in the Barracks Trilogy



Veteran Radicalization