



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

# **A Review of Post-Deployment Reintegration: Evidence, Challenges, and Strategies for Program Development**

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## Executive Summary

An integral part of the mission of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is to support service members and their families across the full spectrum of deployment. DCoE provides resources in prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs for psychological health (PH) and traumatic brain injury (TBI). This report was written specifically to address the topic of reintegration and the issues service members and their families face as they navigate the post-deployment phase of the deployment cycle.

To date, there is no consensus on how to define or evaluate reintegration resources, particularly those that offer support across populations and across the services. This report describes the application of the Total Force Fitness (TFF) concept to reintegration and reintegration support resources. TFF is a concept designed to address the needs of a military that requires continuous performance, resilience and recovery. TFF's holistic mind-body view of fitness in the military unifies approaches and goals across services, making it an ideal structure through which to examine and evaluate the process of reintegration.

This paper reports the findings from a review of reintegration literature and existing resources for reintegration support. This review was conducted using the TFF paradigm as a conceptual framework. The information contained in this report was derived from focused literature searches, Internet searches of publicly available information, information provided by subject matter experts, and structured interviews with existing reintegration programs. The findings are divided into three sections: (1) Reintegration in the Context of TFF, (2) Reintegration Program Review, and (3) Conclusions and Recommendations.

**Reintegration in the Context of TFF:** To align more closely with the purpose and focus of the DCoE, this review focuses primarily on the four “mind” domains of TFF: (1) psychological, (2) behavioral, (3) social, and (4) spiritual fitness. Despite this emphasis, it is important to acknowledge the interrelationship and interdependence of the mind and body domains during and after deployments. This paper discusses each of the four mind domains and a section on the collective body domains as they relate to reintegration with an emphasis on the domain-specific challenges and resources for each.

- *Psychological Fitness:* In the context of reintegration, psychological fitness can be conceptualized as the general mental and psychological health of a service member across mental, emotional, and behavioral abilities and capacities. Reintegration challenges in this domain include a variety of stressors, mental health conditions like post-traumatic stress disorder (PTSD) and depression, and the stigma associated with mental health and seeking mental and behavioral support. TRICARE-covered mental health services and support programs such as Real Warriors, Afterdeployment.org, and Life Guard/Life pRESERVE are available to address challenges in this domain.
- *Behavioral Fitness:* Behavioral health and fitness refers to the relationship between one's behaviors and their positive or negative health outcomes. It may include the subcomponent of occupational fitness or one's occupational exposures and related health outcomes, as well as occupational performance. Reintegration challenges in this domain include substance abuse, family stress and relationship problems, high-risk behaviors, and unemployment and job performance problems. Resources such as TRICARE-covered substance abuse services, service-specific substance abuse treatment programs, the Warrior Adventure Quest (WAQ) program, Real Warriors, and employment programs for

veterans sponsored by the U.S. Government (Department of Labor) are available to address challenges in this domain.

- *Social and Family Fitness*: Social fitness refers to the existence of healthy social networks in the unit, family and society that support optimal performance and well-being. In the context of reintegration, the health and fitness of familial relationships is particularly important and was highlighted in this review. Reintegration challenges in this domain include a loss of unit cohesion and sense of purpose upon return from deployment, as well as family stress and relationship problems, including marital problems. Resources such as peer support programs like Vet2Vet and Vets4Warriors, National Center for PTSD publications, the Courage to Care program, and service-specific family support programs are available to address challenges in this domain.
- *Spiritual Fitness*: Spiritual fitness describes the process of developing positive beliefs, practices, and expressions of the human spirit that benefit one's overall fitness. Reintegration challenges in this domain include a loss of spirituality or faith and guilt stemming from combat experiences. Resources such as the Chaplains Religious Enrichment Development Operation (CREDO) and There and Back Again (TABA), as well as mind-body techniques such as mindfulness and meditation, are available to address challenges in this domain.
- *Combined Body Domains*: The body domains consist of medical fitness (a condition of mental and physical well-being), environmental fitness (the ability to perform mission-specific duties and withstand stressors in any environment), physical fitness (the physical ability to safely accomplish specific tasks while remaining healthy and without injury), and nutritional fitness (the consumption of the correct quantity and quality of foodstuffs). In these domains, service members may face challenges during reintegration that include deployment-related injuries such as amputations and TBI, residual effects of deployment exposures (environmental and combat), and poor fitness and nutrition. Resources such as the Defense and Veterans Brain Injury Center (DVBIC) Regional Care Coordination Network for brain injuries, the Wounded Warrior Project, and service-specific fitness and nutrition programs are available to address challenges in these domains.

**Reintegration Program Review:** Given the interrelationship and interdependence of the various fitness domains, it is likely that a service member experiencing problems in one domain also will struggle with other areas of fitness following a deployment. These individuals would benefit from a resource or program that offers support across several domains of the TFF model, allowing them to seek support from a single resource rather than multiple providers and programs. The Reintegration Program Review profiles a cross-section of resources and programs that address challenges of reintegration across multiple mind-fitness domains. The section includes a general description of each program, a more detailed discussion of the TFF domains it addresses, and key program insights and considerations. These programs include—

- Combat Operational Stress Control (COSC)
- Coming Home Project
- Joint Family Support Assistance Program (JFSAP)
- Operation BRAVE (Building Resilience and Valuing Empowered) Families (OBF)
- Red Cross Reconnection Workshops
- Returning Warrior Workshop
- Warrior Mind Training (WMT)
- Yellow Ribbon Reintegration Program (YRRP).

**Conclusions and Recommendations:** The final objective of this document is to provide recommendations for further development of service member and family reintegration resources following return from deployment. Suggested improvements to the reintegration process and related resources are identified and developed based on the extensive literature review and program interviews reported on in this paper:

- *Development of a Cross-Service, Cross-Agency Definition and Approach to Reintegration:* To standardize the development and evaluation of reintegration support services, reintegration should be defined consistently across the services and agencies. As evidenced by this review, the TFF concept is well-suited as a framework for this standardized definition and approach to reintegrating service members and veterans.
- *Improve Access to Care, Education and Resources:* Through initiatives such as enhanced reintegration support opportunities to geographically dispersed service members and increased efforts to promote the destigmatization of mental health conditions and treatment, the military can enrich existing support and develop new, beneficial programs and offerings for reintegrating service members and their families.
- *Apply a More Holistic Approach to Reintegration:* Building on the strengths of the TFF concept, the military should develop a more holistic approach to reintegration through the promotion of resilience training in all phases of the deployment cycle. Efforts should include the service member's family and community in the reintegration process and mechanisms to integrate the delivery of medical, mental and behavioral health care.
- *Development of Reintegration Assessment Procedures and Metrics:* Following the development of reliable and valid metrics to assess the requirements and effects of reintegration support programs and the service members who access them, programs should strive to enact policies mandating the use of these measures in an objective and evidence-based assessment of program needs and outcomes.

From these global recommendations, targeted recommendations and *actionable items* were designed for several levels of military leadership and service providers:

*Recommendations for Department of Defense (DoD)/Line Leaders:*

- Develop, publicize and enforce clear reintegration policies and directives that meet the diverse needs of the service members and their families.
- Undertake broad-based campaigns through military leadership to promote the destigmatization of mental health.
- Use validated metrics to guide program development and adaptation.
- Perform overlap and gap analysis on available programs to avoid duplicative efforts.
- Conduct training in the pre-deployment phase to help inoculate service members against the stressors they will likely encounter in combat.

*Recommendations for Directors of Psychological Health/Behavioral Health:*

- Conduct needs assessments to understand the specific situations and challenges each military occupational specialty (MOS) faces.
- Integrate clinical and non-clinical behavioral health services into a single system to decrease stigma and facilitate access.

*Recommendations for Directors and Program Managers of Reintegration Programs:*

- Conduct assessments of non-clinical needs (e.g., family support or counseling, financial assistance or counseling, etc.).

- Evaluate outcomes of current reintegration efforts using established metrics.
- Design programs to be relevant and adaptable to meet the needs of the populations they serve.
- Consider access to care from both a physical and a mental perspective.
- Provide adequate resources (building space, materials, staff continuity) for optimal program delivery.



## Introduction

An increased number of deployments, prolonged absences, and shorter dwell times between deployments are standard experiences for service members in today's military (Medical Surveillance Monthly Report, July 2011). More than 2.2 million service members have served at least one tour in Iraq, Afghanistan, or both since 2002, with an estimated 800,000 having been deployed multiple times (Department of Defense, 2009). These service members are participants in what is commonly referred to as the "deployment cycle" or the recurring phases of preparation for deployment, time spent in theater, return to garrison, and preparation for another potential deployment. This document reviews current reintegration processes, programs, and resources in relation to the Total Force Fitness (TFF) concept of military readiness. Based on the findings of an extensive literature review and interviews with reintegration programs, this paper provides recommendations for the further development of a comprehensive reintegration system in the context of TFF. Minimal information is available regarding existing reintegration programs and practices. As a result, key knowledge gaps exist about the range of reintegration programs and the needs they address, the evidence supporting them, and the key practices and principles across them.

## Background

As the presence of U.S. troops in Iraq and Afghanistan continues to decrease, the issue of successfully reintegrating service members following a deployment has never been more important. Although each service uses different terminology to describe the phases of the deployment cycle, they are all in agreement that each phase of the cycle has a distinct set of goals and objectives yet serves as part of the collective effort toward a successful deployment experience. In addition, each service recognizes the importance of providing support throughout the deployment cycle for service members and their families through a variety of initiatives and programs. These programs generally address one of three time periods to align with the major phases of the deployment cycle: pre-deployment, mid-deployment (or simply deployment), and post-deployment (Department of the Navy, 2000), as depicted in Figure 1. With increased deployments and shorter dwell times, the distinction between the pre- and post-deployment phases can become less defined, with preparation for the next deployment often occurring concurrently with the reintegration process.

Initially, many deployment support programs focused primarily on the needs of service members in the pre-deployment phase as they trained and prepared for deployment. As the understanding of deployment-related challenges for service members and their families became more advanced, the importance of the deployment and post-deployment phases became more apparent. The recurring nature of the deployment cycle makes each of the phases, and the service members' success during those phases, dependent on performance and preparation during the preceding and subsequent periods. In addition, the increased frequency of multiple deployments and the decreased dwell time between deployments highlights the overlap between the segments of the

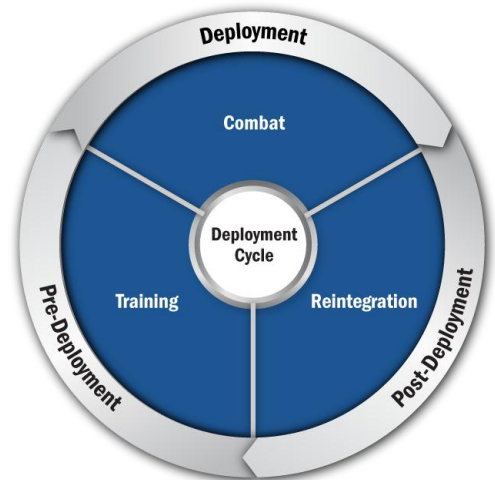


Figure 1: The Deployment Cycle

deployment cycle. In a briefing to the Brookings Institute in 2007, General George William Casey Jr., Chief of Staff of the U.S. Army, reported that there was inadequate time between deployments for service members to adequately recover and to conduct the necessary training to prepare for their next tour.

In response to these concerns, contemporary programs have expanded their emphasis to include more support for service members and their families during all of the phases, including the deployment phase and the period of homecoming and reunification following their return. One example of an inclusive model is the Army Force Generation, or ARFORGEN, model. ARFORGEN describes a structured progression to build unit readiness for deployment. It includes three distinct phases, or “force pools,” through which troops move during the deployment cycle: train/ready, available, and reset. It has been recognized not only for its acknowledgement of the needs of soldiers during periods of training and deployment but also for its emphasis on the reset phase (Campbell, 2009). This reset phase encompasses the time immediately following a deployment during which the service members return to garrison, rejoin their home unit and family, and readjust to life outside of the deployment zone. This process is often termed reintegration and has been recognized by the services and the DoD as a critical period for the success of the overall deployment cycle.

### REINTEGRATION

Reintegration has been formally defined as the process of transitioning back into personal and organizational roles after deployment (Currie, Day, & Kelloway, 2011). Although reintegration is often conceptualized as a positive series of events, including reunions with family and friends and a return to one’s pre-deployment life, it also may be a time of personal struggle for service members. A review of the literature suggests that the period following a return from deployment may be associated with increased tension at the personal, family and work levels and exacerbation of deployment-related stress conditions (Bolton et al., 2008). Reports from service members have corroborated these findings. Interviews with service members regarding the recent announcements of significant troop withdrawals from Iraq and Afghanistan have determined that many service members have expressed regret and even fear in anticipation of their return to the relatively uneventful and mundane life that they feel awaits them in garrison (Wood, 2011). Once they arrive home, many report experiencing difficulties readjusting to their stateside roles. Although a significant amount of research has highlighted important issues that service members may face following a deployment (*i.e.*, mental and behavioral issues like PTSD, depression and substance use) and the fact that these issues may complicate reintegration, there is little information in the literature assessing or discussing specific experiences or needs of service members during reintegration. A survey of service members seeking care from the Department of Veterans Affairs (VA) following deployment to Iraq or Afghanistan found that 40 percent of the respondents reported perceiving some to extreme difficulty reintegrating into civilian life (Sayer et al., 2010). The importance of successful reintegration has consistently been recognized as vital to individual and unit success in the deployment cycle (Doyle & Peterson, 2005), highlighting the need for a greater understanding of the factors that promote positive reintegration experiences and the importance of support resources during this process. Nearly all of those questioned (96 percent) in the 2010 VA survey expressed an interest in services to help service members readjust to the civilian lifestyle upon their return from deployment.

In addition to its role as an important component of the post-deployment phase, reintegration is closely related to other vital processes in military preparation and deployment—most notably the

concept of resilience. Resilience refers to actions and attitudes that prepare individuals and groups to adapt to challenging situations. While the process of reintegration does not presume resilience, it strives to return service members to their previous levels of function and well-being, often after prolonged stressful conditions of separation from family and combat situations. As such, resilience and reintegration are closely related in their goals and processes, and each potentially informs and shapes outcomes for the other. A disruption of either process can impede the success of the other.

While resilience is a concept that potentially affects all phases of the deployment cycle, reintegration is generally conceptualized as a process primarily limited to the period following a deployment. The length and nature of the reintegration period may differ based on the service member in question and their military status. Active duty service members may have a more finite and time delimited reintegration period before, or concurrent with, preparations for a new mission or deployment. Veterans who transition out of active duty status and members of the National Guard and reserve components may experience a more extended reintegration period as they experience many significant changes and transitions back into a more permanent civilian life. Particularly in active duty personnel, the relatively defined timeframe for reintegration lends itself to specific interventions and programs targeted at facilitating the process. Although the significance of successful reintegration is often acknowledged and discussed in the literature, there has been little research into the elements and programs that facilitate positive reintegration of service members. A significant gap remains in our understanding of the methods and approaches to promote successful reintegration of returning service members. A recent study examining a model of reintegration experiences in troops returning from deployment in Afghanistan reiterated this idea. The authors concluded that, although the process and importance of reintegration are often discussed in relation to the deployment cycle, our current understanding of reintegration is extremely limited and should be expanded upon with significant research (Currie et al., 2011).

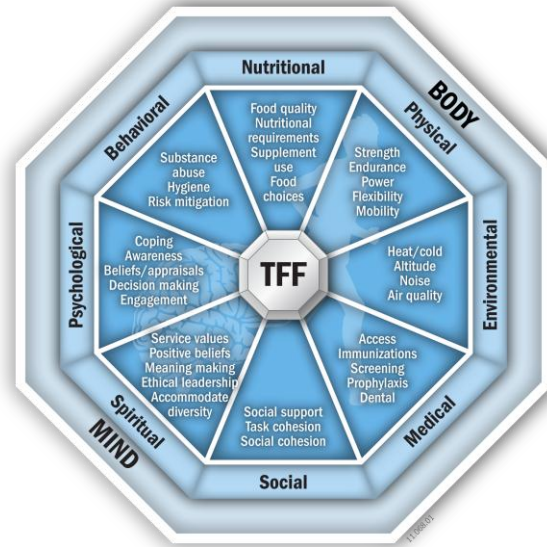
A significant difficulty in studying reintegration programs and interventions is the absence of a widely accepted standard or framework specifically tailored to examining the reintegration process. TFF, a concept designed to address the needs of a military that requires continuous performance, resilience, and rapid recovery (Jonas et al., 2010), provides not only a promising structure for examining reintegration following deployment but also a starting point for developing appropriate metrics for measuring the success of reintegration—a notable deficit in the current reintegration literature. Several aspects of TFF, notably its successful application to resilience building and other phases of the deployment cycle and its emphasis on the holistic wellness of service members, suggest that it is well-suited to examine and address the needs of service members during reintegration.

### THE TFF CONCEPT

In 2009, at the request of the Chairman of the Joint Chiefs of Staff, DoD experts with diverse backgrounds in operations, education, and science came together to identify a structure for evaluating and addressing the current needs of service members. Under the title “Total Force Fitness for the 21st Century,” their goal was to identify the conditions for optimum performance, human resilience, and flourishing in the context of military service (Jonas et al., 2010). The resulting recommendations are known collectively as Total Force Fitness. TFF comprises multiple components of both mind and body fitness. As depicted in Figure 2, the TFF model includes eight fitness domains essential to the health and well-being of a service member. These include four “mind” domains: (1) psychological, (2) behavioral, (3) social, and (4) spiritual

fitness; and four “body” domains: (1) physical, (2) environmental, (3) medical and (4) nutritional fitness (Rounds, 2010).

The TFF paradigm, in addition to being an established and well-defined model within the DoD, has several other characteristics and strengths that make it an ideal candidate for application to reintegration. TFF creates a more holistic mind-body view of fitness and unifies approaches and goals across the services to create a joint military culture. It is consistent with the consensus among the services that a comprehensive reintegration program, including various aspects of wellness and a strong family component, should be developed (Pisano, 2010). In addition, potential metrics have been identified to measure outcomes in each of the fitness domains. Although these metrics have not yet been evaluated empirically for use in the domains, they offer a potential mechanism for reintegration assessment and evaluation. The development of an overall TFF metric has been acknowledged as a priority for current and future research (Jonas, et al., 2010). Finally, the holistic approach of TFF has been applied to portions of the deployment cycle and to resilience—as both concepts are closely associated with the process of reintegration. These factors make the TFF concept an ideal framework for examining reintegration needs and associated reintegration support programs.



**Figure 2: The TFF Model (adapted from Military Medicine Vol. 175, No. 8, August 2010)**

## OBJECTIVES AND OVERVIEW OF THIS PAPER

The objectives of this paper are to—

1. Inform the reader with regard to the information available on the reintegration process by applying the TFF framework to reintegration
2. Inform the reader of a cross-section of available resources to address reintegration issues within and across TFF domains
3. Identify strengths and weaknesses of existing reintegration resources and provide recommendations for further resource development for service members and their families following the return from deployment.

To address these objectives, this paper presents findings from a survey of information about the reintegration process and about programs designed to facilitate successful reintegration following deployment. This information was gathered from two primary resources: (1) an extensive search of the current literature about reintegration and (2) structured interviews with representatives from a selection of existing reintegration support programs. Information from both sources was examined to identify the concerns facing reintegrating service members and the methods currently in use to facilitate successful reintegration following deployment.

This paper presents the findings from the literature search in the framework of the TFF model fitness domains. This paper emphasizes the mind domains of psychological fitness, behavioral fitness, social fitness and spiritual fitness. It defines and describes each of the TFF domains, discusses reintegration barriers specific to the domains, and describes a sampling of available resources that address these domain-specific challenges.

This paper presents the information from the support program interviews separately yet also with an emphasis on program connections to the TFF concept. The programs selected for interviews represent a cross-section of reintegration support programs that address multiple TFF domains. Thus, the selected programs address barriers not only to individual domains but also to overall fitness in reintegrating service members. This paper presents a general description of each program, a discussion of the TFF domains each program addresses, and key program insights and considerations for each.

Finally, this paper provides recommendations for the future direction of reintegration support development and evaluation. Global recommendations provide general, broad suggestions for improving reintegration programs across the DoD. The targeted recommendations are actionable and are divided according to the intended audience. Information is provided for DoD/line leaders, directors of psychological health/behavioral health programs, and directors and program managers of reintegration programs.

## Methodology

The information contained in this review was compiled using the following primary sources of data and information:

- Focused literature searches
- Internet searches of publicly available information
- Structured interviews with representatives from reintegration support programs.

DCoE provided the research topic and list of programs to be interviewed, as well as subject matter expertise. DCoE also acted as the main point of contact for all communications with the program representatives. Literature searches were conducted for English-language articles published within the past 10 years (since 2000). Additional literature and reintegration program materials were searched for on publicly available websites. General Internet searches were performed using Google, specific military-branch websites, and related organizational websites.

## STRUCTURED INTERVIEWS WITH REINTEGRATION PROGRAMS

Structured interviews of personnel from predetermined reintegration programs were conducted to obtain additional information not available via public sources. The Office of the Assistant Secretary of Defense for Health Affairs/TRICARE Management Activity (OASD HA/TMA) Human Subjects in Research Protection Office reviewed and approved the interview protocol.

Programs considered for interview were judged against the inclusion criteria shown in Table 1. The programs were selected to present a cross-section of existing reintegration programs. The list of selected programs is not intended to be a comprehensive representation of available programs.

**Table 1: Inclusion Criteria for Reintegration Programs**

Programs MUST:
Be developed for service members who have been deployed, unaccompanied by family, for mission purposes
Not provide services exclusively to service members who are terminating their relationship with the military
Not require a diagnosis of psychological health conditions to qualify for services or be designed solely for individuals who are identified as psychologically unhealthy
Be available within the first 90 days following return from deployment
Offer services facilitated by trained professionals
Not exclusively offer resources to be delivered outside the context of a reintegration program, such as family counseling

The structured interviews were conducted using open-ended questions organized into four major topic areas to provide a consistent structure across programs:

- *Demographics:* Questions designed to delineate program delivery factors, such as venue, staffing, audience, duration, and location
- *Program Content:* Questions focused on the programmatic structure and main components of each program, such as marital/family relationships, communication skills, anger/stress management, and financial management support
- *Program Outcomes:* Questions developed to identify measures of success or benefit relative to the specific program’s outlined goals, objectives, and mission
- *Program Development and Evaluation:* Questions tailored to expose individual program development strategies of both delivery and content, including perceived program successes and challenges, feedback mechanisms and strategies, and program changes or performance improvements over time.

Interviews were conducted with a single representative, preferably the program manager, from each identified reintegration program. If other program staff members were needed to obtain data specific to the areas noted above, the identified program representative acted as the liaison and communicated the information to the interviewer. All interviews were audio recorded with the consent of the interview participants, who were given the opportunity to opt out of having their interview audio recorded.

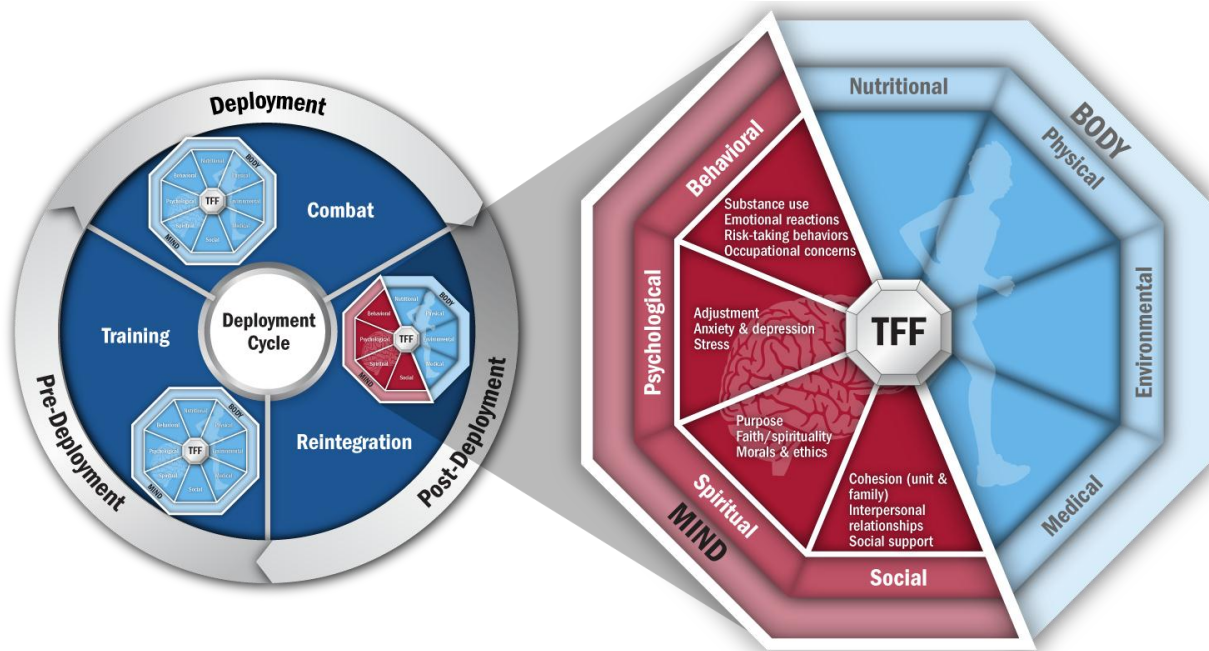
The following programs were interviewed as a sample of existing reintegration programs:

- Combat Operational Stress Control (COSC)
- Coming Home Project
- Joint Family Support Assistance Program (JFSAP)
- Operation BRAVE (Building Resilience and Valuing Empowered) Families (OBF)
- Red Cross Reconnection Workshops
- Returning Warrior Workshop
- Warrior Mind Training (WMT)
- Yellow Ribbon Reintegration Program (YRRP).

### Findings: Reintegration in the Context of TFF

This paper focuses primarily on the four mind domains of TFF in support of DCoE's mission to assess, validate, oversee, and facilitate prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs for psychological health and traumatic brain injury (TBI). The mind domains also tend to be particularly important during the process of reintegration. Despite this emphasis, it is important to acknowledge the interrelationship and interdependence of the mind and body domains during and after deployments. The paper includes separate sections for each of the four mind domains and combines the four body domains into a single section at the end.

In reviewing the literature on reintegration, it became apparent that many of the TFF domains shift in relative emphasis during the different phases of the deployment cycle. For example, the nature of a service member's social relationships change throughout the deployment cycle, with the significance of family and unit changing as the member transitions through the phases of the cycle. Therefore, the relative importance of domain-specific features varies when discussing TFF in the context of pre-deployment, deployment, and post-deployment applications. Depending on where a service member is in the deployment cycle, the barriers to achieving and maintaining TFF are different. As such, TFF may need to be approached slightly differently in each phase. For example, within the social fitness domain, service members' social support needs and resources may differ depending on their current phase of the deployment cycle. During the pre-deployment and deployment phases service members may benefit from an emphasis on unit cohesion. Social fitness in these phases may focus on building and strengthening relationships with fellow service members who will provide the majority of social support during deployment and separation from family and friends. Upon return from deployment and during the reintegration process, service members regain access to the support of family and friends but may need support if they experience difficulty resuming and adapting to their in-garrison roles and relationships. In applying the TFF approach to reintegration, a selection of the features identified as most pertinent to the post-deployment reintegration process in each of the TFF mind domains were identified. Examples of these features are presented in Figure 3.



**Figure 3: Reintegration in the context of TFF**

Aspects of the Military Demand Resource Model (MDR), a framework developed to better understand and assess the relationship between the demands of and the resources available to service members have been applied to examine each of the TFF domains. The MDR emphasizes the need for a balance between the demands or challenges service members face in each TFF domain and the internal and external resources available to address these demands (Bates et al., 2010). The general principles of the MDR as it applies to reintegration are applied in the following sections. In these sections, the analysis of each fitness domain includes (1) a brief definition and description of the domain(s) and the relevance to the reintegration process, (2) a survey of potential reintegration barriers or challenges specific to the domain(s), and (3) examples of current reintegration programs or resources to address the needs of service members in the domain(s). The included programs were selected to present a cross-section of reintegration programs that offer support specific to each domain. Their inclusion is not intended as an endorsement of the programs but as a series of examples of existing resources.



## PSYCHOLOGICAL FITNESS DOMAIN



Psychological fitness is defined as “the integration and optimization of mental, emotional, and behavioral abilities and capacities to optimize performance and strengthen resilience in warfighters” (Bates, et al., 2010, p. 21). In the context of post-deployment situations, psychological fitness also can be conceptualized as the general mental and psychological health of a service member, particularly as it may relate to issues of reintegration. In this definitional framework, five main capabilities or components make up a service member’s psychological fitness: (1) attention and awareness, (2) beliefs and appraisals, (3) coping ability, (4) decision-making, and (5) engagement (Bates et al., 2010). These five indicators are recognized for their unique association with high levels of performance on the battlefield and overall ability to maintain a constant state of readiness. They also have the potential to facilitate a positive reintegration experience when applied appropriately in the post-deployment context.

*Attention and awareness* indicate the service member’s ability to recognize both internal and external elements that are significant factors in determining how to properly respond to a situation on the battlefield (Bates & Bowles, 2011). Attention and awareness also are applicable to a service member’s ability to reintegrate post-deployment. They drive an individual’s ability to recognize psychological vulnerabilities and acute stressors, as well as to develop appropriate coping strategies and seek out relevant therapeutic remedies if needed post-deployment. An individual’s *beliefs and appraisals* encompass a basic judgment of what is believed to be true and the application of that belief to evaluate a situation (Bates et al., 2010). Beliefs and appraisals are integral to how a service member will view his or her post-deployment situation and respond during reintegration. Ultimately, beliefs and appraisals will play a significant role in the success of the reintegration process. One’s *coping ability* refers to the tools an individual uses to deal with the demands of stress while maintaining the capacity and energy to accomplish given tasks (Bates & Bowles, 2011). Coping strategies proven to enhance performance in a military context are also applicable during the period of reintegration and include problem-focused coping, emotion-focused coping, “recharging,” and cognitive load management (Bates et al., 2010). *Decision-making*, or the way service members make choices about how to respond to adversity, can be conceptualized as a confluence of both rational problem-solving abilities and more subjective intuition (Bates & Bowles, 2011). Decision-making is important to many processes applicable to both deployment and reintegration, such as adapting to changing situations, assessing and choosing optimal responses, and managing stressors associated with that course of action (Bates & Bowles, 2011). Finally, *engagement* refers to one’s level of intellectual and emotional connection with the unit in the context of a deployment (Bates & Bowles, 2011) and can easily be applied to intellectual and emotional connections to family, friends, etc., during the reintegration process.

### Psychological Fitness

#### **Definition:**

The integration and optimization of mental, emotional, and behavioral abilities and capacities to optimize performance and strengthen resilience in warfighters (Bates et al., 2010)

#### **Psychological Fitness-Related Barriers to Reintegration:**

- Stressors
- Mental health symptoms and conditions (post-traumatic stress disorder [PTSD], depression, etc.)
- Stigma (related to mental health)

#### **Examples of Psychological Fitness Resources for Reintegration:**

- TRICARE-covered mental health services
- Mind-body skills
- Real Warriors Campaign
- Warriors Prevail
- Afterdeployment.org
- Life Guard/Life pRESERVE

### Barriers Related to Psychological Fitness

Stress during and after deployment can challenge psychological fitness and may exceed a service member's psychological resources resulting in impaired attention, coping skills, and decision-making abilities. Post-deployment psychological stressors often include the emotional anxiety of rebuilding relationships with loved ones, management of the lingering effects of disengaging from a fast-paced combat environment, and the increased possibility of PTSD (Johnson & Sherman, 2007). Stress also is a significant contributor to the development of a variety of mental health problems, including depression and anxiety disorders such as generalized anxiety disorder (GAD) and PTSD. A study of mental health in troops returning from deployment indicated that more than 19 percent of individuals serving in Operation Iraqi Freedom (OIF) and 12 percent of members serving in Operation Enduring Freedom (OEF) reported significant psychological problems within four months of returning home (Hoge, Auchterlonie, & Milliken, 2006). A subsequent study suggested those numbers were likely an underestimate (Milliken, Auchterlonie, & Hoge, 2007).

Mental health problems, particularly PTSD, consistently have been associated with a variety of reintegration problems in service members following deployment. Historically, research on Vietnam War veterans reported that veterans with PTSD may experience significant disruptions in the engagement component of psychological fitness. These veterans reported a higher prevalence of marital problems, family violence, and partner distress—all situations that can inhibit reintegration. The researchers found that greater PTSD symptomatology was associated with greater familial dysfunction in this population (Kulka et al., 1990). Similar findings have been reported for service members following deployments to Iraq and Afghanistan. In a study of combat veterans referred for mental health evaluation, 75 percent of respondents who were married or cohabitating reported at least one family adjustment problem, including difficulty getting along with partners or other relatives, in the week preceding the study. Symptoms of depression or PTSD were both associated with higher rates of family reintegration problems in this sample as well (Sayers, Farrow, Ross, & Oslin, 2009). A larger study of OIF and OEF veterans reported that those who met the screening criteria for PTSD were significantly more likely than those who did not meet the criteria to report having difficulty with a variety of issues relevant to reintegration, including getting along with friends and relatives, finding or keeping a job, using alcohol and other substances, and controlling anger (Sayer et al., 2010).

The high prevalence of mental health conditions in post-deployment service members and the associated reintegration problems would suggest that a significant proportion of service members could benefit from mental health support or counseling during the reintegration period. In fact, researchers have reported that only 23 to 40 percent of OIF and OEF veterans with a positive screen for a mental health disorder sought care or treatment (Hoge et al., 2006, 2004). However, these numbers may not accurately capture the number of OIF and OEF veterans seeking care or treatment because many seek counseling without a referral and do not report doing so. The most common reason given for avoiding mental health care and treatment was the stigma associated with that type of care. Specifically, service members reported concerns about being perceived as weak, being treated differently by the members and leaders of their unit, harming their career, and feeling general embarrassment (Hoge, et al., 2004). This reluctance to seek care prevents service members from receiving treatment for the mental health conditions that cause or exacerbate reintegration difficulties such as those described above. This issue also raises an important concern regarding the association of psychological fitness with reintegration. As described in the preceding paragraphs, problems with mental health are not specific to the domain of psychological fitness but are associated with concerns in multiple areas of the TFF model, including social fitness (e.g., increased difficulties with family

and friends) and behavioral fitness (e.g., job issues, alcohol and drug use). Reluctance to seek care for mental health symptoms thus has a negative effect on reintegration across several domains of the TFF model.

Physical injuries, particularly TBI of all severities and concussions may affect or compound problems in the psychological fitness domain related to reintegration. Such injuries are diagnosed in almost one quarter of returning OEF and OIF service members and may exacerbate mental distress and the associated barriers to reintegration (Okie, 2005). Additional barriers related to medical fitness are discussed in a later section of this paper, but it is important to note their relationship to psychological fitness.

### **Examples of Psychological Fitness Resources for Reintegration**

Support for the reintegration process, including support in the psychological fitness domain, generally begins during the end of the deployment or immediately following return home. Active duty service members returning from deployment typically have structured reintegration processes facilitated by their home base upon their return. Family members of active duty service members participate in base-sponsored reintegration events and educational sessions to prepare for stressors the service member may face during the reintegration (Doyle & Peterson, 2005). The availability of such resources may be more limited for members and families of the National Guard and reserves, who face a variety of obstacles to support and care. Specifically, they may not live in close proximity to military-specific services, and local providers may not have the tools, education, or understanding of military culture and demands to provide needed care in areas geographically separated from military treatment. National Guard members and reservists do have access to many of the same remote programs (phone-based, Internet-based, etc.) available to active duty members, but a greater emphasis on educating these service members about accessing such resources is needed (Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, 2010a).

The Defense Department, VA, and individual military services offer a variety of programs and mechanisms for mental health care and treatment, many of which can be accessed anonymously. To identify individuals who may be suffering from psychological or physical conditions requiring treatment, all service members returning from a deployment undergo a Post-Deployment Health Assessment (PDHA) during out-processing in theater or within 30 days of returning home, as well as a Post-Deployment Health Re-Assessment (PDHRA) 90–180 days later. Both screening instruments include items assessing physical and psychological symptoms, as well as deployment exposures (Wright, Adler, Bliese, & Eckford, 2008). Multiple studies have noted that the presence of psychological symptoms and conditions increases in the months following a return from deployment (Bliese et al., 2008; Milliken et al., 2007), making the multi-time-point assessment process critical.

Individuals who are identified as reporting symptoms of a psychological disorder following completion of the PDHA or the PDHRA may be referred for further screening and care, but this decision is at the discretion of the medical personnel reviewing the results of the screen. One study reported that only 20 percent of individuals reporting psychological symptoms on the PDHA were referred for further evaluation or care; however, the authors suggested that this may be because their symptoms were considered sufficiently mild that they did not require specific care or could be addressed in a primary care setting (Hoge, Auchterlonie, & Milliken, 2006). In the same study, approximately half of OIF, OEF, and other deployment veterans who did receive a referral for mental health care were subsequently documented to have received a mental health evaluation from a primary care or specialty mental health provider. The authors of

this study note that this is slightly higher than the rate reported in civilian research, possibly because service members can access care through a variety of non-clinical resources, such as chaplains, family assistance programs, and routine primary care visits (Hoge, Auchterlonie, & Milliken, 2006). These diverse sources of care are an especially useful source of support during reintegration, particularly for individuals with mental health symptoms or disorders. However, it is important to note that service members who endorse psychological or behavioral health symptoms on screenings are the ones most likely to be referred for care at this point in the reintegration process. The potential for service members to underreport symptoms following a deployment to speed their return and ensure their leave time may decrease the likelihood of being referred for help.

During the deployment cycle and particularly during the reintegration process, service members may seek mental health treatment or counseling from a variety of sources. TRICARE offers coverage for a variety of behavioral health treatment options, including psychotherapy, inpatient and outpatient psychological care, psychological testing, rehabilitation for substance abuse problems, and a telemental health program for individuals who cannot otherwise easily access care. Providers, including psychiatrists, psychologists, and social workers, are available from both military and civilian sources. DCoE also offers the DCoE Outreach Center, a resource that helps service members and their families navigate the system of care for psychological health issues. The center can be reached at 866-966-1020 or online at <http://www.dcoe.health.mil/24-7help.aspx>.

In addition to more traditional providers and treatments available in a medical or clinical setting, several innovative programs are available to reintegrating service members in need of mental health care or counseling. Consistent with the holistic approach presented by the TFF paradigm, a systems perspective on health, resilience and reintegration attempts to maximize function and balance across all body systems, mental, behavioral and physical. This is achieved through the integration of beneficial health and mind-body practices. The clinical literature on the treatment of PTSD and other stress and anxiety disorders consistently suggests that being able to regulate affective arousal is critical to coping with the traumatizing experience. Although still in the early stages of efficacy testing in clinical populations, mind-body techniques such as breathing exercises, posture and tension modulation, mindfulness, meditation, and guided imagery may provide a means to regulate arousal-related symptoms and conditions experienced by service members following the return from deployment.

To combat the stigma associated with seeking psychological health care and treatment and to increase awareness and use of these resources, the DCoE developed the Real Warriors Campaign ([www.realwarriors.net](http://www.realwarriors.net)). Information for active duty service members, veterans, National Guard members, reservists, families, and health professionals is provided through a variety of communication and social networking tools, including radio and television public service announcements, posters, flyers, and a highly interactive website. Real Warriors also provides information on effective treatments for psychological health concerns and TBI and educates service members and their families about the range of resources and support available.

A review by the DCoE of current and future technologies developed to support and treat psychological health and TBI highlighted the benefits of using media such as the Internet, telehealth capabilities, mobile communication devices, and other emerging technologies. These resources and initiatives are supported by The National Center for Telehealth and Technology (T2), a component center of DCoE that researches and develops innovative technology for

military psychological health and TBI. T2, in partnership with organizations including the Veterans Administration and the VA's National Center for the Study of Traumatic Stress, launched the <http://afterdeployment.org> initiative in 2008 to provide interactive, media-rich, self-paced solutions addressing commonly experienced post-deployment adjustment challenges with an emphasis on post-deployment psychological health. Through <http://afterdeployment.org>, service members and veterans can access educational libraries and self-assessments for mental health conditions and topics; interactive exercises and self-management strategies; resource lists of providers, crisis call centers, and hotlines; and networking opportunities with other members who share similar concerns. As an Internet-based resource, <http://afterdeployment.org> avoids the problems of stigma by providing an anonymous means of seeking mental health care. It also is available to anyone with an Internet connection regardless of location, making it accessible to many of the resource-challenged members of the reserves and National Guard.

Also designed to aid psychological fitness and reintegration in members of the reserves and National Guard are the Life Guard and Life pRESERVE programs. Initially developed as a collaboration between the Central Arkansas Veterans Healthcare System and the Arkansas National Guard (Blevins, Roca, & Spencer, 2011), these programs sponsor workshops within the normal drill weekend schedule to support returning service members and their families by offering education on self-help skills. The workshops, presented by a nurse, social worker, psychologist and recreational therapist over a two-hour period, are based on a specific type of CBT called Acceptance and Commitment Therapy (ACT). The sessions promote awareness of the individual's private experiences, acceptance of these experiences, and value-based living and goal-oriented decision-making. In addition to providing resources to facilitate the process of reintegration, Life Guard also serves as a means for National Guard members to avoid the stigma associated with seeking mental health care by proactively addressing issues and concerns before they meet a clinical threshold (Blevins, Roca, & Spencer, 2011). A study of the effectiveness of the Life Guard program in a sample of OIF and OEF veterans stated that Life Guard participants reported significant declines in symptoms of depression and significant increases in relationship satisfaction relative to control subjects (Blevins, Roca, & Spencer, 2011).

## BEHAVIORAL FITNESS DOMAIN



Behavioral fitness refers to the relationship between one's behaviors and their positive or negative health outcomes. There is significant overlap between behavioral fitness and psychological fitness, but the emphasis of the behavioral domain is on the health-related behaviors engaged in by a service member rather than the underlying psychological causes or factors (Bray et al., 2010). Given the fast-paced, rigorous, and often ambiguous stressors of the deployment and reintegration cycle, it is essential for military leaders to recognize potential pressures that could exacerbate existing behavioral health risks. Within behavioral fitness, occupational health is recognized as a related area of fitness that describes the relationship between stresses experienced on the job and related health outcomes, as well as occupational performance (Bray, Spira, Olmstead, & Hout, 2010).

Although behavior can be broadly interpreted to cover a wide range of activities, reactions, or tendencies, three major categories of behavior are most closely linked to a service member's health, resilience, and readiness: substance abuse, high-risk behaviors, and psychophysical hygiene (Bray, Spira, Olmstead, & Hout, 2010). Substance abuse, although generally in decline in the military through the end of the twentieth century, remains one of the first indicators of poor behavioral health in service members (Bray, Pemberton, Lane, Hourani, Mattiko, & Babeu, 2010). Results from the 2008 DoD Survey of Health-Related Behaviors Among Active Duty Personnel (HRB Survey) reported that approximately 20 percent of active duty service members were heavy drinkers of alcohol, 30 percent used at least one form of tobacco, and 12 percent used illicit drugs (Bray, Pemberton, Lane, Hourani, Mattiko, & Babeu, 2010). Substance use disorders, particularly alcohol use, can be a significant impediment to the reintegration process alone but also as it relates to other behaviors that may interfere with successful reintegration.

For example, substance abuse is often related to the second category of behavior relevant to behavioral fitness: engagement in high-risk behaviors. A high-risk behavior is defined as a behavior that places the individual or others in danger or harm's way (Chiarelli, 2010). Risky behaviors may include negligence of precautionary protections from accidental injury or illness, such as wearing a seatbelt or helmet while operating a car or motorcycle; or engaging in unprotected sex or sex with several partners. In addition to general use of substances, driving while intoxicated or under the influence of a drug is also considered a high-risk behavior putting a service member at greater risk for injury or death. A more contemporary and relevant example of a high-risk behavior is texting or using a cell phone while driving (Chiarelli, 2010).

The final indicator of behavioral fitness is psychophysical hygiene, which can be gauged by a service member's ability to maintain a healthy weight and sleep habits. These behaviors

### Behavioral Fitness

#### **Definition:**

The relationship between one's behaviors and their positive or negative health outcomes. Occupational fitness, or the relationship between one's occupational exposures and related health outcomes, as well as occupational performance, is a component of behavioral fitness (Bray, Spira, Olmsted, & Hout, 2010).

#### **Behavioral Fitness-Related Barriers to Reintegration:**

- Substance abuse
- Family stress and relationship problems
- Engaging in high-risk behaviors
- Sleep problems
- Job performance problems

#### **Examples of Behavioral Fitness Resources for Reintegration:**

- TRICARE-covered substance abuse services
- Service-specific substance abuse treatment programs (Army Center for Substance Abuse Programs [ACSAP], Alcohol and Drug Abuse Prevention and Treatment [ADAPT], etc.)
- Warrior Adventure Quest (WAQ)

exemplify the interrelationship of many of the fitness domains and factors. Given the physical demands of the military, maintaining a healthy weight and combating fatigue are priorities for keeping service members in prime condition, particularly during deployment. Despite the emphasis on physical fitness, the prevalence of overweight or obese service members in the force is estimated to be approximately 60 percent of the force, with prevalence rates increasing as service members age (Bray, Pemberton, Lane, Hourani, Mattiko, & Babeu, 2010). A review of the stress and obesity literature by Bose, Oliven, and Laferrere (2008) reported that there is significant evidence to support a relationship between obesity and chronic stress. The prolonged periods of stress that are experienced by service members, particularly as they move through the deployment cycle, may predispose them to weight gain and difficulties with weight loss.

Adequate quantity and quality of sleep are also common concerns for service members. Because of the varied and often unpredictable sleeping conditions and inherent stress of combat environments, many deployed service members experience difficulty maintaining healthy sleep habits while in theater (Peterson, Goodie, Saaterfield, & Brim, 2008). In a recent large-scale study of service members before, during, and after deployment to Iraq or Afghanistan, the average length of nightly sleep was approximately 6.5 hours (Seelig et al., 2010), significantly less than the recommended eight to nine hours of sleep for healthy adolescents and adults (U.S. Department of Health and Human Services, 2005). Lack of sleep is a particular concern in the military because fatigue can greatly reduce work effectiveness and increase the likelihood of accidents, which is especially significant in combat and dangerous situations.

Within behavioral fitness, occupational health encompasses psychosocial factors, including stress and social influences; and environmental factors, such as physical, chemical, and biological stressors (Bray, Spira, Olmstead, & Hout, 2010). Within the category of internal or psychosocial factors, service members often cite job stress and family-related stress as detrimental to their overall occupational fitness. Approximately 27 percent of service members who completed the 2008 DoD Health Behaviors Survey reported experiencing high levels of stress while performing their job, and an additional 30 percent cited at least some stress associated with their occupation. More than half of the respondents reported that job stress interfered with their job performance, and 37 percent cited family stress as an impediment to executing their job duties (Bray, Pemberton, Lane, Hourani, Mattiko, & Babeu, 2010). Other occupationally relevant sources of stress reported on the survey included a recent deployment, problems with supervisors or coworkers, increases in workload, and conflicts between military and family responsibilities (Bray, Spira, Olmstead, & Hout, 2010). The sudden change in circumstance associated with returning from a deployment has the potential to exacerbate the job and family stress, making it difficult for a service member to successfully reintegrate post-deployment.

External factors and stressors affecting occupational fitness include physical exposure to extreme climates, chemical exposure to toxins, and biological exposure to disease-causing bacteria. These exposures jeopardize occupational fitness and overall readiness because of illness onset and the associated time to recover—whether from hypothermia caused by the cold, hypoxia from inhaling carbon dioxide fumes, or diarrhea from ingesting non-potable water (Bray, Spira, Olmstead, & Hout, 2010). Although many of these extreme conditions are more common during a deployment, individuals returning to garrison and reintegrating also may face significant challenges in the form of intense conditions in working and home environments.

### Barriers Related to Behavioral Fitness

Substance use disorders, other high-risk behaviors (e.g., violence toward self and others) and disruptions in sleep and exercise are significant impediments to achieving behavioral fitness and successfully reintegrating following deployment. In a survey of service members recently returned from a deployment to Iraq or Afghanistan, 35 percent of respondents screened positive for a possible substance use problem or disorder, and 31 percent self-reported drinking alcohol or using drugs more often after deployment (Sayer, et al., 2010). Individuals with symptoms or diagnoses of PTSD or depression following a deployment are significantly more likely to report increases in alcohol and substance use and are more likely to be diagnosed with alcohol or drug use disorders during reintegration (Sayer et al., 2010; Seal et al., 2011). Alcohol and substance use may interfere with reintegration because they have the potential to significantly impede job performance, social functioning, and relationships with family and friends. Therefore, it is an important target for reintegration efforts. In addition, the use of drugs and alcohol including prescription medications increases the risk for both accidental overdose and deaths, as well as death by suicide, according to research from the Veterans Administration and University of Michigan (Bohnert, Roeder, & Ilgen, 2010).

Substance abuse has been associated with other behavioral problems in military populations, including the incidence of domestic violence (Martin, et al., 2010) and increased risk for suicide (Ilgen, Conner, Valenstein, Austin, & Blow, 2010). Family stress is a common complaint during reintegration and, particularly when coupled with alcohol and substance use, can result in dangerous situations for service members and their family members. A study of more than 7,000 soldier spouse abuse reports found that 25 percent of all offenders used substances during abusive incidents and that substance use was associated with a greater likelihood of physical spousal abuse and more severe abuse (Martin et al., 2010). Service members diagnosed with alcohol and substance use problems also are at an increased risk for suicidal ideation and death by suicide (Ilgen, Conner, et al., 2010; Pietrzak et al., 2010). In a study of the relationship between psychiatric diagnoses and risk for suicide, women were found to be at a particularly elevated risk of death by suicide when diagnosed with a substance use disorder (Ilgen, Bohnert, et al., 2010).

Substance use and aggression may be related to issues with decision-making and impulse control—two factors that also play a role in service members' likelihood of engaging in high-risk behaviors. The propensity to engage in high-risk behaviors appears to increase during the period following deployments. It also jeopardizes a service member's ability to reintegrate and one's general well-being and health. Multiple accounts of increased risk-taking behavior and feelings of "invincibility" have been reported among service members returning from combat (Killgore et al., 2008). Although the reasons for this trend towards more risky behaviors are not clear, one study reported a significant relationship between specific combat exposures and traumatic experiences and higher rates of risk-taking behaviors in service members after returning home. The authors concluded that certain combat experiences might alter feelings of invincibility in service members and cause a slight increase in their likelihood of engaging in potentially dangerous behaviors such as alcohol and substance use and interpersonal aggression or violence (Killgore et al., 2008).

An increased propensity to engage in risky behaviors likely puts service members at a greater risk for illness, injury, and even death during reintegration. Return from a recent deployment was reportedly a significant primary predictor of accidental deaths in a study of active duty male Army personnel between 1990 and 1998, with motorcycle riding and alcohol use contributing significantly to the causes of death (Garvey Wilson, Lange, Brundage, & Frommelt, 2003).



Similar findings have been reported following deployment in support of OIF and OEF. According to the U.S. Army Combat Readiness/Safety Center, 287 soldiers died as a result of motor vehicle and personal injury accidents within one year of returning from deployment between 2001 and 2009. About two-thirds of these accidents occurred within 180 days of their return from deployment (Mahoney, 2010). Given the significant potential for harm in returning service members, further research and a better understanding of the relationship between deployments and increased propensity for engaging in risk-taking behaviors is critical.

Problems with the psychophysical hygiene component of behavioral fitness—healthy sleep habits and fitness—also are common during the post-deployment and reintegration phases of the deployment cycle. Sleep disorders such as insomnia, nightmares, and sleep apnea are commonly reported among service members during deployment, but these conditions are increasingly experienced in post-deployment settings as well. A longitudinal study tracking sleep patterns in service members before, during, and after deployment reported significant reductions in the amount of sleep during and after deployment relative to periods of non-deployment (Seelig et al., 2010). Quality of sleep may also be affected after a deployment. A 2007 study from the Walter Reed Army Medical Center (WRAMC) found that 41 percent of OEF and OIF service members reported having sleep problems soon after returning from deployment within one year after deployment (Hoge et al., 2004). Multiple studies have reported that these ongoing sleep issues are associated with the development and symptomatology of psychological conditions, such as depression and PTSD. These conditions share sleep disturbances as a common symptom (Capaldi, Guerrero, & Killgore, 2011; Hoge, et al., 2004) and are, themselves, impediments to successful reintegration. Prolonged or chronic sleep disturbances can also translate into stress-related health disorders, such as hypertension and cardiovascular disease (Schmitz, Browning, & Webb-Murphy, 2009). These disorders also are associated with obesity and weight management problems.

### **Examples of Behavioral Fitness Resources for Reintegration**

Significant resources are available to service members during the post-deployment phase that can help address the aforementioned behavioral fitness barriers to reintegration. As with psychological fitness, service members may be identified as needing care for behavioral problems based on their responses to the PDHA and PDHRA screenings following their return from theater. Information from service members about substance and alcohol use, relationship problems, and sleep problems and disturbances is collected at both time points following deployment (Wright et al., 2008). Individuals who are flagged as potentially meeting the criteria for problems associated with any of these behavioral fitness domains can be referred for treatment or directed to the appropriate resources for support. Issues related to risk-taking behaviors and indices of occupational fitness may be more difficult to assess because they are not included on the standard PDHA and PDHRA forms. However, these issues may be discovered through other means, such as family, friends, coworkers, or primary care physicians.

The military offers a significant number of options for care and treatment to individuals identified as being at risk or meeting the criteria for an alcohol or substance abuse disorder following a deployment. Under the heading of behavioral health care, TRICARE offers coverage for detoxification, rehabilitation, and outpatient care, including family therapy, for substance abuse problems. For those service members who have separated from the military and have veteran status, the VA maintains a significant number of treatment options for individuals struggling with alcohol and substance abuse, including individual and group therapy and medications to help veterans reduce their use of alcohol, tobacco, and other drugs.

The individual military services also offer a variety of service-specific prevention and treatment programs to address substance use and abuse in their ranks. One example of a service-specific program is Army Center for Substance Abuse Programs (ACSAP). Its mission is to strengthen the overall fitness and effectiveness of the Army's workforce by providing education and prevention strategies to soldiers and their families, as well as to restore to duty those substance-impaired soldiers who have the potential for continued military service. The Air Force program has a similar set of objectives for its substance abuse program, the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program. The primary objectives of the ADAPT program are to promote readiness, health, and wellness through the prevention and treatment of substance misuse and abuse; to minimize the negative consequences of substance misuse and abuse to the individual, family, and organization; to provide comprehensive education and treatment to individuals who experience problems attributed to substance misuse or abuse; and to restore function and return identified substance abusers to unrestricted duty status or to assist them in their transition to civilian life, as appropriate. The Navy, Marine Corps, and other services provide similar programs for service members in their ranks who require education and treatment about alcohol and substance use.

Service members who are identified as at risk for, or suffering from, sleep disturbance have a significant number of options for care as well. Sleep disturbances often are a symptom of mental health conditions, such as depression and PTSD. Treatment for sleep problems may provide a non-traditional access point for mental health services among service members who fear accessing mental health treatment because of the associated stigma. Given that sleep disturbances may be treated with drug therapies which are also effective in treating some PTSD symptoms, service members may feel more comfortable seeking treatment for their sleep disorders while simultaneously being treated for PTSD or other psychological conditions (Schmitz et al., 2009). Non-pharmacologic therapies like cognitive processing therapy and exposure therapy have demonstrated some effectiveness in managing sleep disturbances among those whose sleep disruptions are connected with a diagnosis of PTSD or depression (Schmitz et al., 2009). Care and treatment for sleep problems can be accessed through military and civilian providers.

Concerns about the increased interest in high-risk behaviors displayed by service members post-deployment prompted the U.S. Army's Morale Welfare and Recreation arm to establish WAQ in September 2008 (Bradner, 2008). WAQ represents an effort to provide constructive outlets for returning service members to channel their thrill-seeking tendencies in a team environment. Since its inception, nearly 40,000 returning service members have participated in this high-adventure outdoor recreation program. It is coupled with a debrief presentation based on the resilience techniques espoused in the Army's Battlemind program (Hipps, 2011). The Battlemind program is a resilience-building program that helps service members identify and respond to combat stressors (Bradner, 2008). WAQ participants can choose from activities such as rock climbing, kayaking, and paintball battles to help recreate the fast-paced environment that they became accustomed to in combat situations (Mahoney, 2010). In a follow-up survey of 10,454 service members who participated in a WAQ program, statistics indicate that they had been involved in 50.4 percent fewer accidents that had resulted in a fatality or disability compared to a like-sized cross-section of service members who had not participated in the program (Hipps, 2011). These findings indicate that the program, while still in its infancy, is making a positive difference in a significant number of soldiers' lives as they attempt to reintegrate back into garrison following deployment.

## SOCIAL AND FAMILY FITNESS DOMAIN



Social fitness is exemplified by the existence of healthy social networks in the unit, family, and society that support optimal performance and well-being (Institute for Alternative Futures, 2009). It comprises two components based on the general concept of cohesion: task cohesion and social cohesion. Task cohesion refers to the commitment to a goal shared by members of a unit or group. Achieving the goal requires a collective effort by the group and requires elements such as clearly stated goals, sense of purpose, reaffirmation, feedback, and synchronization of effort (MacCoun, Kier, & Belkin, 2006). Social cohesion incorporates emotional elements such as morale, interpersonal attraction, and community connection and describes the nature and quality of the emotional bonds of friendship, liking, caring, and closeness among group members (IAF, 2009).

The importance of cohesion in the armed services is well-established. Unit cohesion is recognized as fundamental to mission success and the morale of the military. High levels of unit cohesion have been associated with enhanced well-being, more job satisfaction, improved unit performance, and a lower rate of disciplinary problems (Dickstein et al., 2010). The importance of unit cohesion does not end when the service member returns home from a deployment. Members of an individual's unit with whom an individual has built both unit and social cohesion during deployment may serve as resources and sources of support during the often stressful period of reintegration.

The importance of cohesion is not limited to a service member's military unit. Cohesion also extends to family and friends. During the development of the TFF concept, experts affirmed the need to recognize families and communities as important components of social fitness (IAF, 2009), leading to the inclusion of family fitness as a sub-domain of social fitness. Families that exemplify healthy family fitness are characterized as resilient—physically, psychologically, socially and spiritually—in the context of a military lifestyle (R. J. Westphal & Woodward, 2010). The post-deployment period represents a stage during which family fitness is especially important as the service member experiences the positive and negative stress associated with reintegration.

### Barriers Related to Social and Family Fitness

The sudden changes in unit and social structure that accompany a return from deployment may present a significant challenge to the success of reintegration. Service members must address changes in both task and social cohesion as they transition from the regimented life of deployment back into less structured civilian and family lives. Nearly one-half of all service members surveyed following a deployment to Iraq reported experiencing difficulty with activities following their return home, including dealing with strangers and making new friends. One-quarter of the respondents reported difficulty in maintaining their military friendships post-

#### **Social and Family Fitness**

##### **Definition:**

*Social:* The existence of healthy social networks in the unit, family, and society that support optimal performance and well-being (IAF, 2009)

*Family:* A component of social fitness that focuses on the role and function of the family

##### **Social and Family Fitness-Related Barriers to Reintegration:**

- Loss of unit cohesion and sense of purpose
- Family stress and relationship problems
- Marital problems

##### **Examples of Social and Family Fitness Resources for Reintegration:**

- Vet2Vet and Vets4Warriors
- Buddy-to-Buddy
- National Center for PTSD publications
- Courage to Care
- Service-specific family support programs (Naval Services Family Line, National Guard Family program, FOCUS, etc.)

deployment (Sayer, et al., 2010), suggesting a significant portion of returning service members experience a sudden loss of deployment support levels. Multiple studies have noted a relationship between low unit cohesion and an increased rate of mental or psychological health issues, including PTSD, in individuals during deployment (Mulligan et al., 2010)(Iversen et al., 2008). This finding suggests that the loss of cohesion within a military unit experienced after deployment may also put a service member at risk for psychological distress, potentially hindering the reintegration process.

Issues that compromise family fitness may cause or exacerbate problems for service members returning from a deployment. Although the reunion of a service member with his or her family after a deployment can be a happy event, it also means significant changes and adjustments to the roles and routines for all family members. These changes often are distressing and difficult for both the service member and his or her family. Additional stressors, including combat-related mental health problems, injuries, and disabilities, can present significant challenges for everyone to overcome during the reintegration process (Park, 2011).

The families of National Guard and reserve personnel may be at even greater risk for post-deployment upheaval. Findings from recent research on reserve families reported that children of reserve component families identified more difficulties with parent readjustment following a deployment (Chandra, Burns, Tanielian, Jaycox, & Scott, 2008). Research on families of reserve service members also suggests that the service member is not the only entity at risk for reintegration problems resulting from a lack of cohesion or support. Children of reserve service members reported experiencing a lack of understanding and support from both their peers and their teachers more often than children from active duty families during and after a parent's deployment (Park, 2011).

Difficulties between a returning service member and his or her partner or spouse are common during the period following a deployment, and they present significant challenges to the reintegration process. Nearly half (42 percent) of the service members surveyed following a deployment reported difficulties getting along with a partner or spouse during their first 30 days back home while 35 percent reported a separation or divorce in the same time period (Sayer, et al., 2008). The negative effects of deployment on relationships appear to extend beyond the first month of reintegration; preliminary data from a study of marital satisfaction in service members before, during, and after deployment suggests that the stress accompanying the post-deployment period is associated with lower rates of marital satisfaction for several months after returning home (McLeland, Sutton, & Schumm, 2008)

Although a study of active duty Army couples did not find a significant difference between recently deployed and non-deployed couples on any measures of relationship strength, researchers did report significantly higher symptoms of PTSD in husbands who had recently deployed (Allen, Rhoades, Stanley, & Markman, 2010). These PTSD symptoms were negatively related to virtually all aspects of marital functioning for both husbands and wives, including overall marital satisfaction, confidence, and dedication to the relationship (DCoE, 2009). This evidence once again highlights the interaction between the various fitness domains during the reintegration process.

The gravity of these difficulties is highlighted by the fact that co-occurring family problems have the potential to limit positive responses to treatment and, in some cases, may exacerbate conditions such as depression (Sayers, Farrow, Ross, & Oslin, 2009). Specifically, there is evidence that psychological and physical injuries in a military service member resulting from

combat and operational activities are likely to disrupt family roles, sources of care, and sources of support during the reintegration process (R. J. Westphal & Woodward, 2010).

### Examples of Social and Family Fitness Resources for Reintegration

Many returned service members will not have the same level of interaction with other military personnel and their units that they did during deployment. To address these shortcomings, several programs and resources have been developed to take advantage of a peer-to-peer structure, providing opportunities for returned service members to talk with trained peer supporters. These peer facilitators can offer educational and social support and can help service members obtain additional help if needed. Peer support programs may help to fill the void some service members feel after being removed from the highly cohesive atmosphere common during deployment. Vets4Vets ([www.vets4vets.us](http://www.vets4vets.us)) is an organization dedicated to helping veterans of Iraq and Afghanistan deployments heal from the psychological injuries of war through the use of peer support (Center for Community Support & Research, 2008). The program provides veterans access to other veterans in multiple formats, including weekend workshops, one on one, and small groups, with the goals of (1) reducing the negative psychological and emotional effects of combat deployment among OIF and OEF veterans and (2) reintegrating veterans back into society (Center for Community Support & Research, 2008). The University of Medicine and Dentistry of New Jersey's helpline, Vet2Vet, is a similar initiative. Vet2Vet provides an online platform for one-on-one and group instant messaging and chats for veterans in need of support and counseling. The helpline effort has recently been expanded to include the "Vets4Warriors" program, which will provide assistance to service members and their families via phone or live online chat (Lautenberg, 2011).

The Welcome Back Veterans initiative in Michigan, in partnership with faculty and providers from the University of Michigan, Michigan State University, and Ann Arbor Veterans Health Administration, launched a similar program, Buddy-to-Buddy, which is designed to help returning Michigan OEF and OIF veterans deal with the many challenges they may face when readjusting to civilian life. Funding for the program has been provided by the Veterans Health Administration as well as local National Guard and academic resources. The goals of the Buddy-to-Buddy program are to improve treatment entry, adherence, and clinical outcomes for National Guard members and to reduce suicides by providing a peer-based social support network (Greden et al., 2010). The program also emphasizes the importance of social networks and relationships and provides service members referrals and help to identify resources for legal and financial issues, among others. National Guard members and Veteran volunteers serve as the "buddies" and receive training in communication skills and community resources to help them assist others. A two-tiered approach ensures that service members maintain connections to their unit and fellow soldiers post-deployment while building and strengthening relationship with their families and communities. A preliminary survey of service members who had utilized the program found that more than half of the service members reported using resources or services suggested by their buddy, including assistance with benefits, job placement services, financial assistance, or legal help (Greden, et al., 2010). Expansion of the program on a national level and further evaluations of program effectiveness are being explored with support from several organizations, including the VA.

Several organizations have recognized the challenges and needs military families face following a deployment and have developed resources and programs to facilitate reintegration and address the concerns of family members. The National Center for PTSD, a subsidiary of the VA, published *Returning from the War Zone: A Guide for Families of Military Members*. It is a downloadable publication that includes sections on what to expect following a deployment,

common issues experienced by families during the reunion phase of the deployment cycle, how to cope during the transition from deployment to home, and resources for service members and families during reintegration (Department of Veterans Affairs, 2010).

The Uniformed Services University of the Health Sciences, including the Center for the Study of Traumatic Stress affiliated with DCoE, launched a campaign titled Courage to Care. Its goal is to help service members reintegrate into their families after tours of deployment in Iraq or Afghanistan. The program provides printable or downloadable fact sheets about various topics of military life and health, including information about coming together as a couple following a deployment and specific advice for family members during the reunification and reunion process. All information provided by the Courage to Care campaign is in the public domain, and individuals are encouraged to distribute this information to friends, family and associates who may benefit from it.

The individual services also offer a variety of service-specific resources and initiatives aimed at supporting family members and easing the reunion and reintegration of service members following deployments. Examples of these programs include the Naval Services FamilyLine, a volunteer service that provides answers to questions from family members, referrals for services, and information specific to Navy family functioning; the Marine Corps Family Team Building program, which provides educational resources and services designed to promote personal growth and increase the readiness of Marine Corps families; the National Guard Family program, designed to provide access to tools that empower Guard families and help them achieve family readiness before, during, and after deployments (Force Health Protection and Readiness, n.d.); and the Families OverComing Under Stress (or FOCUS) program initiated by the Bureau of Medicine and Surgery to address concerns related to parental combat operational stress injuries and combat-related physical injuries by providing family resiliency services to military children and families at designated Navy and Marine Corps sites (Snyderman, 2010).

For individuals experiencing problems with their families or their partner or spouse, TRICARE provides coverage for psychotherapy to address relationship concerns. Coverage is provided for services such as individual adult or child therapy, as well as family or joint sessions. Family therapy also is available specifically to address substance abuse problems in an outpatient setting through TRICARE providers. In a recent survey of National Guard troops recently returned from a deployment in support of OIF or OEF, respondents expressed both a need for and an interest in family-based interventions like those offered through TRICARE, highlighting the importance of access to these services during the reintegration process (Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011).

Individuals who cannot access such resources or are concerned about privacy or confidentiality issues can access help through Military OneSource (<http://www.militaryonesource.com/MOS.aspx>). Military OneSource is a DoD resource available to active duty service members, National Guard and reserve service members, and their families. It provides information and support by telephone or online on topics varying from education to stress and parenting.

## SPIRITUAL FITNESS DOMAIN



Spiritual fitness refers to the process of developing positive beliefs, practices, and expressions of the human spirit that are beneficial to the overall fitness of the service member (IAF, 2010).

The core of spirituality and spiritual fitness does not rely solely on organized religion and religious beliefs, but it is formed by an individual’s spiritual beliefs, values, and practices (Hufford, Fritts, & Rhodes, 2010). Any or all of these components may be tested or relied on during the reintegration process.

Spiritual beliefs refer to ideas that are held to be true and that pertain to one’s spirituality, such as the belief in a non-physical dimension of life such as God and the belief that the human spirit exists and survives beyond physical death (Hufford, et al., 2010). Spiritual values are spiritual qualities and characteristics that make something desirable, such as moral and ethical codes or ideals. Spiritual practices are defined as the behavioral expression of personal spirituality. Practices may take a variety of forms, some prescribed by specific religions, such as prayer, study of sacred scriptures, or fasting; others, such as social activism and mindfulness, may not be guided by organized religious beliefs. A service member’s spiritual beliefs, values, and practices often provide support during difficult times and may be particularly important in highly stressful situations, such as during deployment and during the reintegration process (Hufford, et al., 2010).

### Barriers Related to Spiritual Fitness

Experiences and events during deployment that erode spirituality or cause a service member to question his or her faith may hinder the process of reintegration upon returning home. In a survey of recently deployed military personnel, 42 percent reported having difficulty finding meaning or purpose in life in the month following their return. A similar proportion (42 percent) also reported losing touch with their spirituality or religious life following deployment (Sayer et al., 2010), suggesting that a significant proportion of service members deal with issues of spirituality and meaning during the reintegration period. Such changes in belief systems may be a result of exposure to extreme situations during deployment that challenge an individual’s beliefs and values. In addition to weakening spiritual fitness, these stressful situations have the potential to instigate spiritual wounds or moral injuries that can later lead to psychological, behavioral, and physical issues for service members (Hufford et al., 2010; Litz et al., 2009).

It is not unusual for service members to participate in or witness circumstances of intense human suffering and cruelty during combat and operational situations that can cause them to question their core beliefs about humanity (Litz, et al., 2009). In a 2003 study of service members who had recently returned from deployment to Iraq or Afghanistan, Hoge and colleagues reported that nearly one-third of the soldiers and Marines surveyed reported being directly responsible for the death of an enemy combatant, and nearly 10 percent of those surveyed reported being directly responsible for the death of a noncombatant. More than half of

**Spiritual Fitness**

**Definition:**  
The process of developing positive beliefs, practices, and expressions of the human spirit that are beneficial to the overall fitness of the service member (IAF, 2010)

**Spiritual Fitness-Related Barriers to Reintegration:**

- Loss of spirituality and/or faith
- Combat guilt
- Survivor guilt

**Examples of Spiritual Fitness Resources for Reintegration:**

- Meaning-making processes
- Chaplains Religious Enrichment Development Operation (CREDO)
- Mind-body techniques (mindfulness exercises, meditation, yoga, etc.)
- There and Back Again (TABA)

the respondents had seen or handled dead bodies or human remains, and 60 percent reported having seen ill or wounded women and children whom they were unable to help (Hoge, 2004). Witnessing or participating in events such as these may negatively impact a service member's spiritual fitness and belief systems and put service members at risk for developing psychological, behavioral, and social problems with a crisis of meaning.

Members of the military are placed in a unique spiritual and ethical situation during their service, particularly during deployment and combat and operational phases. The military emphasizes an intense moral and ethical code of conduct at all times; however, during times of war, it is often expected that service members will act violently and that the acts of killing and bearing witness to violence and killing are well within the range of what is considered accepted and even normal (Litz, et al., 2009). Regardless of the preparation individuals receive for these situations, it is not uncommon for a service member to feel guilt or question his or her actions following the return home. Combat-related guilt is a historically common phenomenon following combat situations and military action. One conceptualization of combat-related guilt identifies two types:

1. Survivor guilt resulting from the loss of a friend or comrade during combat
2. Guilt resulting from participation in or witness of acts of abuse or violence (Kubany, 1994).

Several studies have found a relationship between reports of combat guilt or survivor guilt and symptoms or diagnoses of PTSD and depression in service members, as well as an increased severity of these disorders in military populations (Henning & Frueh, 1997; Marx et al., 2010; Owens, Steger, Whitesell, & Herrera, 2009).

When confronted with feelings of uncertainty, guilt or even shame as a result of experiences during a deployment, a more common effect or response in service members may be a tendency to withdraw from sources of social support, such as peers, family and friends. This withdrawal may in turn lead to an exacerbation of their negative feelings and put the service member at an even greater disadvantage for receiving the support and help that they need to feel better (Litz et al., 2009), particularly during the reintegration period. It becomes imperative that service members have access to the means and resources to address and attempt to understand the meaning of their combat and operational experiences.

### **Examples of Spiritual Fitness Resources for Reintegration**

Service members who are struggling with spiritual issues and questions as a result of their deployment may benefit from interventions to help them make meaning of their experiences. A review of multiple studies on service members' appraisals of war and peacekeeping missions reported that interpreting a positive meaning from war and peacekeeping experiences, especially situations of combat and high perceived threat, was associated with better psychological adjustment (Schok, Kleber & Lensvelt-Mulders, 2010). Litz and colleagues (2009) also endorse a process that includes psychological and emotional processing of memories as well as exposure to positive or corrective life experiences to help service members make meaning and sense of morally and spiritually difficult deployment experiences. Formal techniques for achieving these processes include mental and behavioral health treatments such as exposure therapy while informal methods such as volunteerism, performing other good deeds and fostering positive moral and spiritual experiences can also be helpful (Litz et al., 2009).

The military has recognized the importance of spiritual fitness and the need to address the ways in which spiritual fitness may be addressed or strengthened in service members following a deployment. Several programs are specifically designed to target service members' spiritual



needs, including CREDO. CREDO is a program that provides an assortment of ministries to active duty, retired, and reserve Navy, Marine Corps, and Coast Guard personnel and family members through a series of workshops and retreats. The overarching goal of the program is the general development of personal and spiritual growth, but CREDO also provides significant support for other objectives important during reintegration, such as improving relationships by developing communication and self-confidence and teaching anger management skills (United States Coast Guard Academy, 2006).

Other support programs incorporate spiritual practices to provide service members with outlets for stress reduction and maintenance. In addition to religiously prescribed practices such as prayer and scripture reading, the category of spiritual practices incorporates various mind-body techniques (Hufford et al., 2010). Practices such as breathing exercises, positive mental imagery, systematic relaxation, prayer, meditation, and yoga may help address behavioral, psychological, and social problems following deployment and reintegration. A review of the literature on integrative mind-body practices designed to regulate the autonomic nervous system concluded that these techniques may be beneficial to service members to improve mood and to regulate stress and arousal (DCoE, 2011a) during reintegration. These practices have been endorsed for use by service members to help them make reflective and objective decisions rather than act out of fear, habit, or a purely emotional perspective (Hufford, et al., 2010). The relaxing, coping, and calming outcomes of spiritual practices may be extremely beneficial to service members during the stressful post-deployment period.

Several programs designed for use during reintegration utilize spiritual practices and techniques to the advantage of the returning service member. There & Back Again (TABA) is a nonprofit reintegration program that provides a structured program of yoga, meditation, breath awareness, and other alternative approaches to help service members address psychological, emotional, and spiritual challenges encountered upon return from deployment. TABA offers training and services to a variety of populations, including veterans, clinicians, holistic providers, military agencies, and military commands, with the goals of helping service members self-manage emotions, improve relationships with loved ones, and take charge of their own healing lives.

## THE BODY DOMAINS OF TFF: MEDICAL, ENVIRONMENTAL, PHYSICAL, AND NUTRITIONAL FITNESS



Although the TFF mind domains are the primary focus of this paper and the DCoE, it is important to acknowledge that the mind domains do not act independently of the body domains. The following section highlights some areas where the body domains are involved in the reintegration process. In addition to the four mind domains of psychological, behavioral, social and family, and spiritual fitness, the TFF concept includes four domains focused on the body. Medical, environmental, physical, and nutritional fitness focus on the bodily aspects of the TFF concept and work in coordination and combination with the mind domains to provide holistic wellness for service members.

*Medical fitness* has been defined as a condition of mental and physical well-being as determined by various medical metrics. Medical fitness establishes a service member's ability to serve individual missions and to be deployable worldwide (O'Connor, Deuster, DeGroot, & White, 2010). Although fitness for deployability becomes a secondary concern upon returning home, problems of a medical nature can affect successful reintegration and thus remain important during the post-deployment period.

*Environmental fitness* is traditionally defined narrowly as the ability to perform mission-specific duties in any environment and to withstand the many stressors associated with situations of deployment and war. The need to act successfully in specific environments and to endure significant stressors does not end with the return from deployment and is also applicable during the post-deployment reintegration period (O'Connor, et al., 2010).

*Physical fitness* describes the physical ability to safely accomplish specific tasks and mission-related aspects while remaining healthy and without injury (IAF, 2010).

*Nutritional fitness* supports health and reduction of diseases and injury through the consumption of the correct quantity and quality of foodstuffs (IAF, 2010). Physical fitness and nutritional fitness are especially related to nutrition and particularly affect physical readiness and form.

### Barriers Related to the Body Domains of TFF: Medical, Environmental, Physical, and Nutritional Fitness

Each of the body domains of TFF may present unique difficulties during the post-deployment reintegration process. One of the more common issues that may interfere with reintegration is

#### The Body Domains of TFF

##### **Definitions:**

*Medical:* A condition of mental and physical well-being as determined by various medical metrics (O'Connor, Deuster, DeGroot, & White, 2010)

*Environmental:* The ability to perform mission-specific duties in any environment and to withstand the many stressors associated with situations of deployment and war (O'Connor, et al., 2010)

*Physical:* The physical ability to safely accomplish specific tasks and mission-related aspects while remaining healthy and without injury (IAF, 2010)

*Nutritional:* The consumption of the correct quantity and quality of foodstuffs (IAF, 2010)

##### **Body Domain-Related Barriers to Reintegration:**

- TBI and other deployment-related injuries
- Unemployment
- Poor fitness and nutrition

##### **Examples of Body Domain Resources for Reintegration:**

- Defense and Veterans Brain Injury Center (DVBIC) Regional Care Coordination Network
- Real Warriors Campaign
- U.S. Government (Department of Labor [DOL]) veterans employment programs
- Wounded Warrior Project (WWP)
- Service-specific fitness and nutrition programs (e.g., "Hooah Bodies," ShipShape, Army Weight Control Program)

physical injuries during deployment—the effects of which may be long lasting or even permanent, depending on the nature of the injury. Gross physical injuries such as burns and amputations provide unique challenges that require additional medical resources to facilitate successful community and family reintegration. Other less obvious physical injuries may present even greater challenges because their symptoms and effects are not as easy to identify or visualize after a deployment. Chief among these “invisible wounds” is TBI. The DVBIC estimates that more than 200,000 service members across all branches of the military have suffered a TBI in the past 10 years. Depending on the severity of the injury, individuals may experience transient or chronic problems with headaches, confusion, dizziness, sleep, fatigue, changes in mood or behavior, concentration, attention, and general cognitive function (National Institutes of Neurological Disorders and Stroke, 2002). All of these symptoms may cause problems for service members attempting to return to civilian life following a deployment. In addition, TBI has been associated with challenges to psychological fitness, including PTSD and depression (Hoge et al., 2004; Schneiderman, Braver, & Kang, 2008)—conditions that present their own significant challenges during reintegration.

Environmental fitness requires that service members function effectively in any environment, including their work environment. Particularly for service members leaving active duty after a deployment or National Guard and Reserve members reintegrating into their civilian roles post-deployment, unemployment can present a significant impediment to successful reintegration and environmental fitness. The DOL reported that the unemployment rate for Gulf War II veterans (who served after September 2001) was 12.1 percent in May 2011, compared to 8.5 percent for non-veterans. In addition, a quarter of the OIF and OEF veterans surveyed while seeking medical care from the VA reported having lost a job or having had difficulty finding and keeping a job following their return from deployment (Sayer, et al., 2010). Employed individuals from the same study also reported experiencing significant difficulty keeping up with job responsibilities, possibly because of the enhanced work and family stress reported during reintegration. Unemployment and underemployment are associated with other significant stressors that can impede the reintegration process, including financial difficulties and problems associated with self-worth and depression.

Although physical training and exercise are emphasized during pre-deployment training exercises, many service members experience a decline in physical fitness during and after a deployment because of limited access to physical fitness facilities, quality of training facilities and equipment, and overall time available to train (Sharp et al., 2008). In 2008, researchers assessed 110 soldiers before and after a nine-month deployment to Afghanistan and found a significant reduction in a variety of measures of physical readiness, including VO<sub>2</sub> Max, fat-free mass, total body mass, and some measures of muscular power, as well as an increase in overall body fat (Lester et al., 2010). The decline in physical fitness in these service members was attributed to the fact that, despite the availability of and access to aerobic exercise and strength training equipment, only 35 percent of service members exercised during deployment (Lester et al., 2010). As a result, service members may return home in worse physical shape than when they left for their deployment, putting them at risk for developing health problems or injuries (Knapik, Rieger, Palkoska, Van Camp, & Darakjy, 2009) and not meeting military weight or fitness standards.

The nutritional fitness of service members also is tested during and after deployment. During deployment, service members’ access to food choices may be limited or determined by their location and mission. Although some service members may have access to a wide range of food options, including unhealthy choices and fast food items, others may be limited to individual or small group operational rations (Montain, Carvey, & Stephens, 2010). Returned

service members may have access to more food options, but research suggests that often they do not make healthy choices. In the 2005 HRB Survey, service members frequently reported skipping meals, including breakfast, and half of all service member respondents reported eating fast food at least three times per week (Bray et al., 2006). In addition, factors such as physical or mental health disorders and stress can lead to more serious dietary problems, such as eating disorders. In a research study, Jacobson and colleagues (2008) reported that service members returning from deployments with combat exposure were at increased risk for the onset of disordered eating, including binge eating, bulimia, and anorexia.

### **Examples of Medical, Environmental, Physical, and Nutritional Fitness Resources for Reintegration**

Several programs and initiatives specifically address concerns within the body domains of TFF. Although most medical conditions and injuries incurred during deployment are likely identified at the time they occur, the PDHA and PDHRA performed during the first 6 months after an individual returns home provide an opportunity to identify conditions or problems not previously recognized. Both screening instruments include items that assess physical and psychological symptoms, as well as deployment exposures (Wright et al., 2008). For individuals identified as having a TBI, the DVBIC offers a Regional Care Coordination Network specifically tasked with helping individuals with TBI find and access treatment. The program aims to improve the delivery of care by allowing TBI specialists to guide TBI-specific treatment and services for wounded service members (George, 2011). Regional Care Coordinators are able to help service members address the cognitive, social, behavioral, and physical deficits from TBI that may hinder the reintegration process.

The Wounded Warrior Project (WWP – [www.woundedwarriorproject.org](http://www.woundedwarriorproject.org)) is a nonprofit, nonpartisan organization with the goals of helping injured service members aid and assist each other; raising public awareness and public aid for the needs of injured service members; and providing unique, directed programs and services for injured service members. The program provides aid and services for warriors who have a wide range of injuries and disabilities, including those with amputations, spinal cord injuries, burns, visual impairments, TBI, PTSD, and other cognitive or mental health conditions. The physical health and wellness component of WWP specifically addresses both the medical and physical fitness difficulties injured service members face upon their return from deployment. This branch of the program ensures injured service members have access to rehabilitation services and technology to aid in their recovery and reintegration and provides comprehensive recreation and sports programs designed to optimize the physical psychological fitness of wounded warriors.

Programs to address environmental fitness problems during reintegration, including job stress and unemployment, are available to service members following a deployment as well. DCoE's Real Warriors Campaign ([www.realwarriors.net](http://www.realwarriors.net)) provides support and advice for service members regarding managing stress in the workplace and finding employment when their military service ends. Service members visiting the Real Warriors website may be directed to initiatives developed by the DOL and Office of Personnel Management (OPM) to help them find and secure employment during reintegration into civilian society. One such initiative is the Homeless Veterans' Reintegration Program (HVRP), a program sponsored by the DOL to assist homeless veterans in finding meaningful employment in the labor force. HVRP also supports the development of effective services that address the complex problems facing homeless veterans beyond unemployment. Veterans receive job placement, career training, and support services, such as appropriate clothing, referrals for temporary or permanent housing, transportation assistance, and medical and mental health treatment if necessary (U.S. Department of Labor,

2008). The ultimate goal of HVRP is to place the veteran in a self-sustaining position of employment and well-being.

The federal government is the leading employer of U.S. veterans, employing nearly a half million veterans in agencies across the country and around the world (U.S. Office of Personnel Management, 2010). Based on the success of the federal government in employing veterans, the OPM in collaboration with the Veterans Administration, the Department of Defense, and the Department of Labor, developed the *Government-wide Veterans' Recruitment and Employment Strategic Plan for FY 2010–FY 2012*, an initiative to further increase the employment of veterans in the federal government and address barriers to veteran employment (U.S. Office of Personnel Management, 2010). For access to more immediate resources, individuals also can consult the National Resource Directory ([www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov)), a web-based catalogue of resources for wounded, ill, and injured service members and veterans. In the website's employment section, service members can search for jobs, find a career counselor, learn about small businesses, and find out how to transfer skills learned during military service to a career in the civilian workforce. The National Resource Directory also provides information for employers interested in hiring veterans and information about the current laws and regulations governing veteran employment and hires.

A growing number of service members are choosing to pursue higher education as a part of the reintegration process. With the support of programs including the Montgomery GI Bill, the Veterans Education Assistance Program (VEAP), and the Post-9/11 GI Bill, service members and veterans may qualify for significant financial assistance in furthering their education. In 2009, an estimated 564,000 veterans used some form of GI Bill benefits and the Veterans Administration paid out nearly \$162,053 million in post-GI Bill benefits (U.S. Department of Veterans Affairs, 2010). Recent changes to the Post-9/11 GI Bill (effective October 2011) have expanded the qualifying programs to include non-college degree programs and on-the-job and apprenticeship training in addition to traditional college degrees (U.S. Department of Veterans Affairs, 2011), providing even more options for service members seeking support in education and job training as part of the reintegration process.

To address concerns in the nutritional and physical fitness domains, the various services have collaboratively and independently designed plans and programs to aid service members in making healthier choices. The Armed Forces Recipe Service provides recipes for military food service operations to assist in the production of menu items that are not only acceptable to the consumer but also, more importantly, nutritionally adequate (Departments of the Army, the Navy, and the Air Force, 2003). For service members themselves, initiatives such as "Be Warrior Ready With Good Nutrition," "Army Move!," and "Hooah Bodies!" are available online and offer advice on nutrition, fitness and weight management (Montain et al., 2010). Online offerings provide a level of anonymity for service members and allow them to access help and information without directly contacting anyone in their command.

For service members who have been identified as having weight or fitness problems, each of the services offers specific nutrition and exercise programs to help them improve their physical and nutritional fitness and meet weight and fitness regulations. One such program, the Army Weight Control Program, is required for service members who have not met the weight and body fat requirements set forth by the Army. Once enrolled, individuals are prescribed an intensive program of exercise, medical evaluation, and dietary and nutritional counseling, with the goal of losing 3–8 pounds per month (Bedno et al., 2010). Service members exceeding weight and body composition standards in the Navy are referred to ShipShape, an 8-week program that provides basic information about nutrition, stress management, physical fitness,

and behavior modification. The goal of ShipShape is to lower and maintain a healthy body weight by teaching permanent lifestyle changes and techniques. Regulations require that all Navy medical treatment facilities (MTF) sponsor an active ShipShape program onsite (Department of the Navy & Bureau of Medicine and Surgery, 2009).

## Findings: Reintegration Program Review

As evidenced by the examples of resources in the previous sections, many sources of support are available for individuals during the reintegration process. The resources described under the TFF domains represent a cross-section of programs and initiatives that address fitness domain-specific barriers or challenges following deployment. It also is important to recognize programs that may be helpful in addressing reintegration challenges across multiple fitness domains. Given the interrelationship and interdependence of the domains, it is likely that a service member experiencing problems in one domain also will struggle with other areas of fitness following a deployment. These individuals would benefit from a resource or program that offers support across several domains of the TFF model, allowing them to seek support from a single resource rather than multiple providers and programs.

Several such programs exist, and representatives from a sampling of these programs were interviewed to better understand the programs' key components and ways in which they contribute to successful reintegration support for service members and their families. Seventeen programs that offer reintegration support or provide information with regard to available services and resources were identified for an initial review. Of the original 17 programs, 8 programs were found to meet the selection criteria. As with the literature review, interview questions focused primarily on the mind domains of TFF: (1) psychological, (2) behavioral, (3) social, and (4) spiritual fitness. Unless otherwise noted in the text, the information in the following program-specific sections of the paper was derived from the program interviews and resulting transcripts.

**Table 2: Summary of Reintegration Programs Reviewed in the Context of TFF Mind Domains**

Name of Program	Psychological Fitness	Social/Family Fitness	Behavioral Fitness	Spiritual Fitness
Combat Operational Stress Control (COSC)	✓	✓	✓	✓
Coming Home Project	✓	✓	✓	✓
Joint Family Support Assistance Program (JFSAP)	✓	✓	✓	
Operation BRAVE Families (OBF)	✓	✓	✓	
Red Cross Reconnection Workshops	✓	✓		
Returning Warrior Workshop	✓	✓	✓	✓
Warrior Mind Training (WMT)	✓		✓	✓
Yellow Ribbon Reintegration Program (YRRP)	✓	✓	✓	✓

The interviewed programs represent a cross-section of reintegration support programs. Each program addresses multiple TFF domains and thus addresses barriers not only to individual

fitness domains but also to overall total fitness in reintegrating service members. Table 2 lists the interviewed programs and indicates which of the four TFF mind domains each program addresses. Following Table 2, each program is discussed in a separate section that includes a general description of the program, a more detailed discussion of the TFF domains it addresses, and key program insights and considerations. For a summary of each program, the TFF domains they address, and key insights or lessons learned, please refer to Appendix A.

## PROGRAM OVERVIEW—COMBAT OPERATIONAL STRESS CONTROL

Combat Operational Stress Control (COSC) encompasses all Marine Corps policies and programs to prevent, identify, and holistically manage psychological injuries caused by combat or other operational demands. The two primary goals of COSC are to maintain a ready fighting force and to protect and restore the health of Marines and their family members. To these ends, the COSC program, in its current form since 2008, provides decision-making tools for service members and their families to build resilience, identify stress responses, and mitigate problem stressors.

Additional training has been developed within the COSC program to facilitate these goals. Operational Stress Control and Readiness (OSCAR) training and Deployment Cycle Training (DCT) also known as Marine Operational Stress Training address reintegration by restoring health in Marines and building family resilience.

OSCAR emphasizes peer-to-peer engagement and provides a structured process for supporting the mental health of Marines, including support during treatment. It helps bridge the cultural gap between warfighters and mental health professionals. Introduced to participants during a six-hour, one-day course, OSCAR comprises three tiers of support for Marines. At the basic level, mentors identify, support, and advise all Marines on the fundamental tenets of the COSC program. These tenets are centered on the five core leader functions of COSC which direct service members to *strengthen* by building resilience to combat stress, *mitigate* adverse reactions to combat stress, *identify* symptoms of combat stress, *treat* those symptoms of combat stress, and *reintegrate* back into the unit.

Following the basic support provided by mentors, the second tier of mental health support for service members is the extender level. Extenders are OSCAR-trained medical providers, corpsmen, chaplains, and religious program specialists who provide frontline medical or spiritual and behavioral counseling to determine whether more support is needed for the service member. This tier of support is provided in teams of both medical and non-medical staff to minimize the stigma associated with mental health service access. If the extenders believe an individual is suffering from a psychological or behavioral issue that is serious enough to warrant inpatient medical treatment, the extenders will then refer the service member to the third level of support. The third and final level of support in the OSCAR program is certified mental health professionals embedded with the operating forces. These professionals provide prevention services and administer treatment on a full-time inpatient basis for service members dealing

### COSC in Brief

**Description:** The COSC program provides decision-making tools for service members and their families to build resilience, identify stress responses, and mitigate problem stressors. The end-state goal of the program mirrors the COSC goal of creating mission-ready service members, families, and commands.

**Program Enrollment:** More than 100,000 members of the Navy and Marines have gone through the training each year since 2008.

**Populations Served:** Specific training for active duty and reserve components of the Marines and Navy assigned to Marine units, with supplemental training for families of these service members

#### **Key Challenges:**

- Over-delivery of information briefs immediately following deployment often overwhelms participants and mitigates the impact of reintegration content.
- The time demands of training sessions are often difficult for those with the operational tempo of deployments and other training requirements.

#### **Key Recommendations:**

- Peer-to-peer engagement is the most effective way to normalize mental health support and service access.
- Integrating mental health providers within a team-based approach to peer-to-peer counseling reduces self-imposed stigma.
- A program-centric approach to reintegration is not as important to success as effectively delivering the necessary tools to manage likely stressors on the participants.



with significant psychological or behavioral stress issues. Should an individual require this level of mental health support, the unit's command is expected to reintegrate that individual back into the ranks based on his or her ability to carry out the mission following treatment.

The concept of reintegration within the context of the Marines focuses on re-entering the unit and carrying out the unit's next mission. The concept of reintegrating back into the service member's family and community following deployment is more often referenced using the term "return and reunion." Return and reunion with the Marine's family and community is supported through a series of informational briefs for the service member through the MOST program immediately following deployment, as well as at the 60 to 120-day mark following return. Before deployment, the family preparation brief provides the service member with a guide on how to successfully return to family life and describes potential challenges and stressors many individuals face during that process. During the redeployment and deployment phases, a set of family transition briefs focus on evaluating how well the service member is adjusting to post-deployment life and gauges his or her readiness to rejoin his or her respective unit and carry out the next mission. Families of service members also are offered return and reunion informational briefs throughout the deployment cycle. These briefs are scheduled immediately following the return from deployment and typically host the greatest number of family attendants.

### The TFF Domains of COSC

Both OSCAR and DCT training under the COSC program address components within the psychological, behavioral, social and family, and spiritual fitness domains of the TFF model.

- *Psychological Fitness:* OSCAR supports psychological fitness by establishing both formal and informal structures for managing mental health concerns among service members in need. The combination of peer and professional support the program offers provide options for service members experiencing psychological distress during the reintegration process. In addition to the explicit mental health support and services offered through OSCAR, the program's acknowledgement of the stressful nature of reintegration, the significance of maintaining good mental health, and the importance of access to treatment for problems helps diminish the problem of stigma that often is associated with seeking treatment for psychological conditions. OSCAR recognizes seeking help early as a sign of strength.
- *Behavioral Fitness:* COSC leaders are trained to be mindful of behavioral indicators of problems, acknowledging the importance of knowing each individual Marine and recognizing small changes in that individual's behavior, including changes in eating and sleeping habits; occupational imbalances or absenteeism; and difficulties managing emotional distress, such as anger, frustration, or non-constructive communication with peers. While not exhaustive, this inventory of possible behavioral issues includes many of the behavioral indicators that a service member may need support or intervention during the reintegration process. Given the emphasis of COSC on promoting not only force health but also readiness to carry out the next mission, team leaders continuously assess the service member's readiness in the context of behavioral health so occupational requirements can be carried out without disruption to individuals or to the unit as a whole. Behavioral issues often are linked with psychological conditions as well, so those individuals whose behavior indicates the need for greater support are referred through the OSCAR program to a mental health professional, who can better assess the individual's potential need for behavioral or medical intervention.
- *Social and Family Fitness:* OSCAR and DCT enhance social and family fitness by emphasizing the collective strength of the military unit, as well as the family unit, to navigate challenging problems. The team-based approach to making mental health services accessible in the OSCAR program cultivates a definitive sense of trust among peers and

with unit leadership, reinforcing unit cohesion even after return from deployment. This system is designed to mitigate and manage the potential problems a Marine faces during reintegration without the fear of reprisal for seeking help. A similar approach is taken with the families of service members, who often struggle with their loved ones' absence during and after deployment. Mental health counseling for family members is available upon request after their attendance at a return and reunion briefing. COSC is also considering a coordination effort of Marine families whose service members are deployed. This effort would connect Marine families and provide them a peer support network. Such a community would cultivate an environment of trust and shared experiences among those facing similar struggles during a service member's absence. The support of such a community also could be leveraged during the reintegration phase of the deployment cycle to supplement informational briefings and service member support, enhancing the likelihood of successful reintegration.

- *Spiritual Fitness*: Spirituality is addressed during OSCAR team training as one of the four domains of the strengthened core leader function. In this context the term "spirituality" may include core values, and other guiding principles and/or traditional spiritual belief systems. Spirituality is also acknowledged in the DCT reintegration briefs and supported in the general sense of solidifying the sense of purpose in the missions that service members undertake while deployed. This sense of purpose and support for missions that are rooted in a good and worthy cause. Spiritual support helps ease the transition from fighting on the battlefield to being an integral member of a family and community while in garrison. Chaplains provide additional spiritual support and are staffed with interdisciplinary teams in each unit. They can provide more specialized religious counseling, acknowledging the importance that religion plays in the moral and ethical foundation of many service members and their families.

### Key Program Insights and Considerations

#### *Peer Support Reduces Stigma of Psychological Support and Helps Monitor Health Status*

A key success factor for COSC and OSCAR is the integration of peer-to-peer support structures for the Marines. This format emphasizes the overarching intent of the program to facilitate Marines supporting fellow Marines in need, rather than a strict referral program for mental health services. A review of the literature regarding peer-to-peer support program by the DCoE concluded that successful peer-to-peer programs must leverage the unique benefits conferred by "peer" status, including experiential learning, social support, leadership, and improved self-confidence. Peer support in OSCAR team training accesses these benefits by educating Marines about behavior and mental states, teaching them to actively monitor for negative changes in patterns of behavior in their peers, and providing informal channels for each member to discuss potential issues or struggles with another. Furthermore, the peer-to-peer aspect of the program helps minimize stigma associated with mental health services because the first point of support is not a mental health specialist or provider, but a peer Marine who has received training in the importance of behavioral and mental health.

#### *Reintegration Services Must Be Participant-Centric Instead of Program-Centric to Ensure Proper Support*

Successful reintegration of returning service members is less dependent on programmatic support offerings than it is on the role of the service members themselves. COSC and OSCAR seek to provide service members with the training and tools they need to confront reintegration even after the formal support program has ended. Programs should be evaluated on how well they deliver the tools necessary for the service member, their families, and their communities to successfully reintegrate after deployment. To that end, programs should examine whether and

how these resources are applied after the program is completed. This examination will assess the program's ability to support service member reintegration needs in a particular domain of the TFF paradigm during and after training efforts.

### *Oversaturation of Training and Information Briefs Risks Overwhelming Participants*

In considering how to optimally deliver reintegration content to returning service members, program administrators need to be especially mindful of the risk of oversaturation of information and training, particularly in the time period immediately following deployment. Although this period is particularly important for imparting information on successful reintegration strategies, service members receive a large number of briefings immediately following their return from deployment. There is the risk that they may dismiss reintegration briefs as inconsequential relative to mission-oriented information presented during the same time. When possible, programs should attempt to deliver reintegration content separate from other content to emphasize its importance and maximize the likelihood of service members internalizing and retaining the information.

## PROGRAM OVERVIEW—THE COMING HOME PROJECT

<http://www.cominghomeproject.net>

Through a series of residential retreats, educational programs, and psychological support, referral and treatment, the Coming Home Project helps rebuild the connectivity of mind, body, heart, and spirit that combat trauma can unravel; renew relationships with loved ones; and create new support networks. The retreats are offered for veterans and their families in four geographic regions in the United States—Texas; Washington, DC; and Northern and Southern California. These retreats build a safe community for families, their veterans and service members, and their service providers to come together and share their stories, struggles, and accomplishments. The retreats connect families with their communities as participants collaborate to access resources so as to create integrative continuums of care. During the retreats, participants—

- Share experiences, stories, and struggles in a supportive, safe environment
- Experience and internalize understanding and acceptance
- Learn stress- and anxiety-reducing skills, such as mindfulness, qigong, and yoga
- Learn and practice communication and relationship skills
- Engage in expressive arts, such as journaling, drawing, music, and dance, as alternative means of expressing feelings, thoughts, and memories
- Participate in outdoor vigorous recreational activities.

In addition, community classes, support groups, and psychological counseling are also offered to service members in Texas; Washington, DC; and Northern and Southern California. The ultimate goal is for service members to transform the invisible injuries of war in heart, mind, identity, spirit, and relationships and release new energies to grow going forward.

### The TFF Domains of the Coming Home Project

The Coming Home Project includes components in all four mind domains of the TFF model.

- *Psychological Fitness*: The retreats directly address several of the reintegration barriers associated with psychological fitness. By presenting a non-pathologized view of combat stress, the retreats—and in particular the peer support component of the program—are

#### **The Coming Home Project in Brief**

**Description:** The Coming Home Project is a nonprofit organization devoted, since 2006, to providing compassionate expert care, support, education, and stress management tools for Iraq and Afghanistan veterans, service members, their families, and their service providers. The program addresses the psychological, emotional, spiritual, and relationship challenges experienced during all stages of the deployment cycle, especially reintegration.

**Program Enrollment:** 50–100 individuals have participated in each retreat, with more than 2,000 participants going through the program in 2010.

**Populations Served:** All who have served in OEF or OIF, including—

- Active duty
- Reserves
- Veterans
- Family members
- Service providers

**Key Challenges:** Lack of funding and lack of an efficient delivery model for supplementary support services or resources make collaboration among peer reintegration programs a challenge.

#### **Key Recommendations:**

- Peer support from both fellow unit members and family members remains a key component to managing psychological stress and maintaining feelings of cohesion during the reintegration process.
- Offsite retreats conducted over several days help reinforce concepts learned during presentation sessions.

designed to convey that post-deployment stress and psychological symptoms are normal reactions to combat experiences. The group format and peer support reduce the stigma associated with addressing psychological effects of deployment that may interfere with reintegration. Psychotherapists are on hand during the retreats to talk to service members and recommend appropriate courses of treatment for anyone seeking counseling or meeting the criteria for a disorder such as PTSD or substance abuse.

- **Behavioral Fitness:** Several aspects of the program support the service member's behavioral fitness. Retreats incorporate outdoor recreational activities that provide safe outlets for service members seeking the stimulation and excitement of risky activities that they may miss following a deployment. These activities also may serve as a functional method for working through the stress and emotions that are common during the reintegration process.
- **Social and Family Fitness:** In addition to addressing behavioral fitness challenges, the recreational activities provided by the Coming Home Project also serve to build and strengthen relationships and address the loss of cohesion that many service members experience post-deployment. Participants share combat experiences, stories, and struggles in a safe and supportive environment, further addressing the service members' need for a sense of unity and support. The program also offers activities that address the challenges family members face during reintegration. These activities help create and reinforce a healthy family dynamic. During one activity, children are asked to depict their feelings about their parent's deployment through art. Parents then view the children's' creations, engaging them to consider how deployment has affected their children and other members of their family. Adults then depict their own experience of deployment and their hopes for their children through expressive art for the children. Activities such as this help improve communication between service members and their families, which is a common difficulty during reintegration. In addition, the program offers skills-building classes for parents and couples that emphasize the importance of good communication for a positive home environment.
- **Spiritual Fitness:** Although the Coming Home Project does not offer any explicitly religious services, it incorporates a strengths-based, unconditionally accepting approach and mind-body practices into many of the retreat sessions. Activities including mindfulness, meditation, qigong, and yoga are offered to help service members address and manage reintegration barriers, such as stress, anxiety, and interpersonal conflict. Interfaith leaders, including military chaplains, are present to provide spiritual support to the service members and their families and may be particularly helpful in addressing spiritual, moral, or ethical concerns following deployment.

### Key Program Insights and Considerations

#### *Peer Support Is an Essential Tool for Effective Combat-Related Stress Counseling of Service Members*

One of the primary goals of the Coming Home Project is reconstituting the peer support networks of service members after deployment, both with their soldier cohort and their family members. By creating a feeling of trust and safety for the service member, the retreats allow service members to develop an inherent sense of support and meaning in those relationships. During these retreats, service members and their families are encouraged to share their personal experiences with deployment and re-entry, which builds awareness of common feelings and experiences between peers. While the retreats provide an emotional outlet for service members and their families to express their feelings about deployment and re-entry, the ultimate goal of the Coming Home Project is not only to facilitate those discussions but also to build a larger community based on those experiences. The program is currently developing a

balance of virtual and in-person avenues for retreat participants to remain connected with each other after the retreat's conclusion so they can leverage the power of peer support for months and years afterward (taking advantage of contributions from a major IT and social networking corporate partner).

### *Full-Time Retreats Promote Real-World Application of Lessons Learned in Presentation Sessions*

Whereas many reintegration programs deliver content solely through onsite presentations, the Coming Home Project hosts weekend-long retreats that facilitate not only learning the content in presentations but also applying that knowledge in real-world situations. The purpose of the retreats is to avoid what the Coming Home Project administrators term "death by PowerPoint," referring to an overreliance on computer presentations of content and materials. Program leadership emphasizes the importance and value of applying this knowledge throughout the retreat as key to creating positive and lasting effects once service members return home. Although full-time retreats work well, they can cost more than single-day trainings and require the participants to take time off of work. These factors can pose a challenge to those who find it difficult to take the time off work necessary to attend a retreat.

### *Recreation and Activity-Based Components Are Key to Behavioral Fitness and Reintegration*

The Coming Home Project provides service members with information and opportunities to interact through not only standard methods, such as presentations and workshops, but also recreational and activity-based components. The mix of media allows service members and their families to experience a variety of activities that support psychological, behavioral, social, and spiritual fitness. Vigorous recreational activities provide an outlet for service members craving excitement while also capitalizing on and strengthening peer and family cohesion and social support.

## PROGRAM OVERVIEW—JOINT FAMILY SUPPORT ASSISTANCE PROGRAM

*No homepage found as of 9/15/2011*

In 2008, the Joint Family Support Assistance Program (JFSAP) was launched to provide outreach and assistance to active duty, National Guard, and reserve military families who are geographically isolated from installation resources. The main objective of the program is to enhance military family resilience and readiness through the provision of available resources at the local level. A major component of the program is the compilation of local resources, which is accomplished by members of the JFSAP team in each state and territory. They research and document a collection of available resources provided by military, community, and civilian programs designed to link military families in need with local resources in their respective communities. Specifically, JFSAP augments existing programs to identify and fill any gaps in available family services through community collaboration and partnerships. Services provided by JFSAP include education, training, resource information, referrals, financial counseling, child/youth services, and mobile outreach. In addition, JFSAP provides support for events such as reunion ceremonies and pre-deployment meetings, as well as connecting support services by Military OneSource, which is a free support service that provides assistance and resources to service members and their families on a variety of issues.

Although the majority of services offered through JFSAP are delivered face to face, web-based and telephonic services are also available to military families who reside in remote areas. Because the program is completely voluntary and depends heavily on collaborations, web-based marketing materials and briefings to community and military programs are used for participant recruitment. The program is aided by the fact that the JFSAP team is based at the Joint Force Headquarters, which helps tremendously with program credibility and community acceptance. As of 2009, JFSAP had provided services to 705,093 military families in more than 25,823 contacts and conducted 28,727 outreach visits to state, local, and nonprofit organizations to collaborate and integrate resources on behalf of families.

### The TFF Domains of JFSAP

The psychological, behavioral and social and family fitness domains of the TFF model are the main focus of JFSAP.

#### **JFSAP in Brief**

**Description:** JFSAP augments existing family programs to provide a continuum of support and services based on member and family strengths, needs, and available resources. The primary focus of support is families who are geographically dispersed from a military installation.

**Program Enrollment:** Unknown—participant enrollment not a tracked statistic

#### **Populations Served:**

- All National Guard and reserve members and their families
- Active duty members and their families who are geographically dispersed from an installation

#### **Key Challenges:**

- Universal program policies and procedures across separate implementation teams among the states and military personnel are needed.
- A governance model with contracted staff would allow program leadership to supervise content delivery and program administration.

#### **Key Recommendations:**

- Having a single cache of information on benefit access is helpful for returning service members and their family members.
- Coordination with state and local communities is essential to engaging rural populations of service members and their families.
- Support services should mirror those provided near military communities.

- **Psychological Fitness:** The psychological support components offered by the JFSAP program include educational services designed to enhance coping and decision-making skills. These skills are critical to a service member's ability to address the many stressors that accompany the post-deployment and reintegration phases of the deployment cycle. In addition, educational sessions are generally available both face to face and on the Internet, allowing individuals to seek help with relative anonymity and thus avoid any social stigma. These sessions are designed to provide participants with the necessary support tools and coping skills to improve their psychological fitness to support a military lifestyle, enhance military family resilience, and ensure military family readiness.
- **Behavioral Fitness:** JFSAP provides access to non-medical counseling through child and youth behavioral and adult Military Family Life Consultants who can offer support and referrals for problems such as stress, anxiety, and behavioral issues for service members' children. JFSAP also offers support in the realm of occupational fitness for service members and their families. To facilitate employment, JFSAP helps individuals find support services such as child care. For families experiencing financial difficulties, potentially as a result of unemployment or underemployment following a deployment, the program provides or refers service members and their families to financial counseling or financial education.
- **Social and Family Fitness:** The major goal of the JFSAP program is to provide access to a wide range of resources that improve family fitness. JFSAP services are directed specifically toward service members and their families to enhance social and family cohesion and to increase social support structures for families in need. For service members experiencing family stress or relationship problems, the program offers three categories of services: (1) information and referral, (2) education and training, and (3) non-medical counseling. Each of the three service areas is specifically geared toward military family lifestyle issues to prepare families for the challenges of the deployment cycle. In addition, JFSAP supports Military Family Life Consultants and Military OneSource counselors. These licensed clinicians provide life coaching, marriage, and family non-clinical counseling services, interpersonal and family communication education, and family support surrounding deployment and reintegration.

### Key Program Insights and Considerations

#### *Single Point Access to Reintegration Support Resources Enhances Likelihood of Utilization*

JFSAP provides a single, one-stop source for accessing several different resources to support service member reintegration after deployment. Program directors mention this unique ability to provide a multitude of different services as a major strength of the program and one that helps increase utilization of the resources it offers. Given the complexity of reintegration needs, such a comprehensive cache of resources has allowed JFSAP to become a major provider of reintegration program services.

#### *Outreach to Service Members and Families in Rural Areas Is Best Coordinated With State and Local Entities*

JFSAP program leadership touts the program's ability to reach a wide range of service members throughout the country and, in particular, those located in rural areas. This outreach is made possible through the program's coordination with state and local organizations, such as the state National Guard headquarters, which helps facilitate program delivery. JFSAP also works with other reintegration programs like the YRRP to help deliver a comprehensive set of reintegration services for returning service members and their families. JFSAP's online request portal has fostered this partnership, allowing the YRRP or the state National Guard to request



delivery of specific resources at a particular training and education program. Without such coordination, outreach to such geographically dispersed populations would not be possible.

## PROGRAM OVERVIEW—OPERATION BRAVE FAMILIES

*No homepage found as of 9/15/2011*

Operation BRAVE (Building Resilience and Valuing Empowered) Families (OBF) has supported more than 500 families since 2003 under the Department of Psychology Child and Adolescent Psychiatry Service at Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland. This family-centered program focuses on children while assisting parents by providing support to them. OBF specifically serves children and other family members of injured service members. The children in the program range in age from infancy to 18 years old. When a patient first arrives at the hospital, OBF meets the child and his or her parents to start an assessment and survey behavior. A plan is devised to help the family, and structured activities are provided. OBF also consults with everyone who will encounter the child during his or her stay, from the doctors and nurses treating the parent to Malone House and Fisher House staff. The program helps engage wounded warriors in a non-threatening manner to obtain any needed mental health services that they might not have sought otherwise. The program makes onsite assessments at the Child Development Center and the Military Advanced Training Center (Taylor, 2009).

The existing scientific literature examining OBF focuses solely on the needs assessment of participating families. Specifically, a 2003 needs assessment of the first 100 children to participate in OBF demonstrated that children of service members internalize symptoms of stress; 50 percent of the children who exhibited such symptoms were under the age of 5 (Chun, Duren, Schlee, Sklobar, & Smith, 2011).

The program expanded in 2008, collaborating with the DoD Deployment Health Clinical Center (DHCC) and the WRRNMMC Psychiatric Continuity Service, to provide intensive outpatient psychiatry to service members and their families. OBF started a multi-site research study with the Uniformed Services University of Health Sciences and other military treatment facilities just over one year ago but has yet to report or publish any preliminary results of the research effort (Taylor, 2009).

### The TFF Domains of OBF

OBF includes components in the psychological, behavioral, and social and family fitness domains of the TFF model.

#### OBF in Brief

**Description:** The program aims to enable families to stand up and be strong. This family-centered program focuses on children while assisting parents by providing support to them. OBF specifically serves the children and other family members of injured service members.

**Program Enrollment:** Approximately a dozen families served each week throughout the year

**Populations Served:** Family members of injured soldiers throughout all branches and service components of the military

#### **Key Challenges:**

- Securing dedicated space to facilitate program services is often challenging when access points are located in a shared building like hospital or base.
- Maintaining stability in the staffing ranks may prove difficult without sufficient compensation.

#### **Key Recommendations:**

- Successful reintegration depends on the engagement of not only the service members during the program sessions but also the supporting family members outside of the program sessions.
- Delivery of counseling services by clinically trained personnel allows for monitoring of mental and behavioral status and possible specialist referral.

- *Psychological Fitness*: OBF is primarily a pre-clinical program, meaning it strives to provide support and assistance to families *before* any psychological or behavioral problems manifest. Therefore, it can be offered in conjunction with existing preventative medical services, avoiding the stigma associated with seeking counseling or treatment from mental health providers and potentially preventing the development of psychological symptoms or conditions through the use of prevention and early intervention.
- *Behavioral and Occupational Fitness*: Behavioral fitness components of OBF are found in the program's emphasis on preventing and addressing common causes of stress for families during and after deployment and thus avoiding potential stress-related behavioral problems in both service members and their families. The medical conditions that are common in service members receiving support from OBF can cause significant stress for their families, particularly children learning to cope with a parent's disability. This program directly addresses these sources of stress through a variety of activities to prepare the children for the changes in their family and to teach them skills for coping with their resulting feelings.
- *Social and Family Fitness*: The primary focus of OBF is the social and family fitness domain of the TFF model. In addition to teaching families to cope with the stress of reintegration, the program strives to facilitate relationship growth between the service member, his or her spouse, and his or her family members following a deployment. Service members learn optimal strategies for interacting with their family members, and family members learn about the complexities of reintegration. These cohesion-building activities include sessions on expressive art and experiential sharing to teach families methods to communicate and share feelings during the reintegration process.

### Key Program Insights and Considerations

#### *Securing Dedicated Program Space and Staff Continuity Poses Challenges to Successful Program Delivery*

The main challenge facing OBF has been securing a dedicated space within the Walter Reed Army Hospital to deliver the program. OBF leadership has expressed frustration with this challenge because it often precludes timely scheduling of sessions with families. The facilities management at Walter Reed has yet to adequately address the issue. The program has explored pursuing alternative locations to deliver the program, but because of cost and logistical constraints, it is infeasible to shift the central location of the program at this time. A second challenge facing OBF has been maintaining staff continuity in an era of constrained budgets and limits to compensation. Program leadership maintains that higher than expected staff turnover has jeopardized the continuity of relationships with participant families on several occasions. The experience of OBF highlights the importance of identifying and securing adequate resources for space and staff during the program development phase.

#### *Engaging Family Members in Reintegration Services Is Key to Maintaining Service Member Support*

Many reintegration programs focus the vast majority of program resources on supporting the service member, but OBF demonstrates that supporting the service member's family is important to fostering a successful reintegration after deployment. Family members not only learn about the complex issues that surround reintegration and the common struggles service members may encounter during their return to garrison but also actively participate in rebuilding their relationship with the service member after deployment. This process facilitates a continuity of care long after the service member leaves the return base or hospital. This trait is particularly important for OBF and similar programs that serve injured soldiers' families.

## PROGRAM OVERVIEW – THE AMERICAN RED CROSS RECONNECTION WORKSHOPS, PRESENTED BY WALMART

No home page found as of 9/15/2011

The American Red Cross *Reconnection Workshop, Presented by Walmart* consist of five 90-120 minute educational modules developed for service members returning from deployment and their families. The ultimate goal of the program is to address issues that military families experience during the reintegration process, based primarily on the perspective of the military family unit. Each module provides information and skill-building pertinent to successful post-deployment reunion and includes topic areas such as communication, relationship building with a child, exploring stress and trauma management of anger and depression. The general approach of the modules falls within three main areas: awareness, actions, and application.

The Reconnection Workshops were developed in response to positive feedback received from deployment training implemented in 2008 by the American Red Cross. In 2009-2010, Red Cross staff and volunteers worked together to develop the course content for the series, which then underwent a peer review process. The course was recently released nationwide so broad feedback is not yet available. However, the course was piloted in seven locations: Michigan, North Carolina, Tennessee and two locations each in Ohio and Texas.

Modules are offered at on-site locations, or nearby classroom settings, with a maximum of 10 people per module to allow for peer interaction, sharing, and relationship building. All instructors are licensed mental health professionals who are Red Cross volunteers and also undergo a vetting process with the Red Cross in order to qualify as a facilitator. At this time, there are 45 licensed and credentialed volunteer facilitators for the Reconnection Workshops. There are also over 110 additional volunteers who are eligible for training to become facilitators for the series.

### The Total Force Fitness Domains of the Reconnection Workshops

The Reconnection Workshops fall within the psychological and social/family fitness domains of the TFF model.

- *Psychological fitness:* Mental health education is provided around topics such as depression, stress, PTSD, and TBI, providing participants with the knowledge and skills they need to identify and address psychological challenges early in the reintegration process. The 'Exploring Stress and Trauma', 'Identifying Anger' and 'Identifying Depression' modules help returning service members and their families recognize the signs of potential war

#### The Red Cross Reconnection Workshops in Brief

**Description:** The Red Cross *Reconnection Workshops* is a series of modules for service members returning from deployment and their families.

**Program Enrollment:** Approximately 150 participants at seven pilot sites within the last year.

**Populations Served:** All service branches and family members of:

- Active Duty
- National Guard
- Reserves
- Veterans

**Key Challenges:**

- Program awareness among service members and their families can be difficult to increase without significant support from military leadership.

**Key Recommendations:**

- Offering mental health support services through a third party (non-DoD) entity minimizes possible stigma associated with accessing those resources among service members.
- To best supplement other reintegration programs, offering components in an educational and skill-building context minimizes content redundancy.
- Ubiquity of program access points is driven by existing locations of delivery organization and staff members.

related psychological conditions and teach them ways to view and address these challenges. Left unaddressed, these issues can become barriers to reintegration and have the potential to negatively impact both the service member and their family members.

- *Social/Family fitness*: The series is a family focused program that offers education and skill development to enhance the overall cohesion and unity within the family and/or the service member's support network. Education and facilitation is provided during workshops to help participants overcome conflict that may occur between family, friends, or significant others as a result of problems such as ineffective communication strategies, stress, depression, and anger. In addition, though provided informally, peer support is strongly encouraged inside and outside of class. In the 'Communicating Clearly' module, channels of communication that may have dissolved during the service member's deployment are re-established. Families are brought together to learn effective communication skills that will help re-build relationships. Also, during the 'Relating to Children' module, families are brought together to focus on the particular concerns children have with the return of their parent. Information about developmental issues and how family dynamics can change is also presented.

### Key Program Insights and Considerations

#### *Third-Party Key to Reducing Stigma Associated with Service Member Access of Mental Health Support*

According to Red Cross leadership overseeing the Reconnection Workshops, one of the main motivations for offering the program is seeking a way to reduce the stigma associated with accessing mental health support. Uniquely positioned as a non-DoD organization, the Red Cross maintains that its status as a third party organization is key to allowing service members to access support services without fear of reprisals or negative reactions from peers or military leadership. While the DoD is currently taking steps to help eradicate stigma associated with such mental health services, non-governmental organizations like the Red Cross offer more immediate means to protect service members in need of support.

#### *Service Member Awareness of Program Resources Must be Coordinated with DoD Leadership*

The Red Cross Reconnection Workshops were launched in September 2011. Proper exposure to potential participants is essential to ensuring that they understand the purpose and value of the course. Marketing campaigns and targeted exposure opportunities, such as post-deployment and reintegration conferences can be harnessed by support programs to raise awareness among returning service members and their families of the program's offerings.

#### *Educational Focus of Components Supplements DoD Training and Limits Redundancy of Content*

The components of the Red Cross Reconnection Workshops were developed based on research and review of the outcomes related to another Red Cross educational course called *Coping with Deployments: Psychological First Aid for Military Families*. Using an established program to inform choices about the *Reconnection Workshops* allowed leadership to identify the types of content that would be helpful for returning service members and their families. With this information, five modules were designed to provide service members educational training in the concepts of reintegration most commonly faced after deployment.

## PROGRAM OVERVIEW—RETURNING WARRIOR WORKSHOP

*No home page found as of 9/15/2011*

The Returning Warrior Workshop is a two-day weekend workshop held at a four-star hotel away from military bases and everyday distractions. It is designed to support reintegration of service members following mobilization. Workshops, which are open to service members and their significant others, help participants identify post-deployment issues and provide access to support resources. The goals of the weekend are to—

- Honor the sacrifice of service members
- Provide information about the many resources available for the family that will assist with reintegration into civilian life
- Raise the awareness of service members and their families about the symptoms associated with combat stress and provide participants with resources for assessment and referrals.

Considered a Yellow Ribbon “signature event”, the workshop consists of large plenary sessions and smaller breakout sessions that help participants process their experiences and grow from them. Originating with the Navy Reserve, the events are regionally coordinated by the Navy and Marine Reserves and include Bureau of Navy Medicine contracted professional event planners and Reserve Psychological Health Outreach Program teams. At the event, the VA, Military Family Life Consultants, and local programs set up tables where participants can obtain information on the reintegration and support resources available to them. A banquet of honor is held to recognize the service and sacrifice of the participants, often for the first time since their return from combat.

The weekend workshop is designed to foster a shared common experience. It aims to give participants the sense that they are not alone and to destigmatize any feelings or issues they may be experiencing. Although the workshop can vary from region to region, the plenary session addresses the “Code of the Warrior” in the military and its value in American society. An overview of COSC gives participants tools to identify symptoms in themselves and their peers of larger issues that may arise in the future. The breakout sessions cover a range of topics from “Telling Your Story” to “Why I Want to Go Back” and “Couples Reconnecting.” The overall goal of these sessions is to get participants to open up about reintegration and identify the challenges and the meaning of their experiences. Trained facilitators lead service members and their guests through a series of presentations and tabletop discussions that address post-combat stress and the transition back to civilian life. Participants have the opportunity to share their experiences in a safe environment with their peers. Topics include symptoms such as

### The Returning Warrior Workshop in Brief

**Description:** The Returning Warrior Workshop is a two-day weekend event that promotes successful reintegration and post-traumatic growth.

**Program Enrollment:** On average, 125 participants per workshop

**Populations Served:** All service branches invited; aimed specifically at Navy and Marine Corps reserves and active duty

#### **Key Challenges:**

- The workshop is well marketed and the program desires attendance by all service members but is voluntary
- Stigma associated with mental health issues, as well as societal perceptions of masculinity and femininity, still prevent those who are suffering from reaping the full benefits of the resources available to them.

#### **Key Recommendations:**

- Emphasizing the total experience of the “Hero’s Journey” helps put service members’ experiences in context and allows for transformational growth.
- Conducting the workshop offsite at an upscale venue shows that leadership cares about the service members and honors their service and sacrifice.
- Because of relationships between event planners and possible venues, contracting with an event planner ensures the best venues can be reserved.

sleep and appetite disturbances, decreased intimacy, job loss, financial difficulties, increased anger, or frustration, alcohol or drug use, and other behaviors that were not present before deployment.

### **The TFF Domains of the Returning Warrior Workshop**

The Returning Warrior Workshop addresses several aspects of reintegration and touches on each of the TFF mind domains.

- *Psychological Fitness*: Through the “Warrior Transitions,” “Telling Your Story,” and “Transformational Growth” sessions, participants are able to process their experiences, come to terms with them, learn from them, and grow. The “Combat Operational Stress” and “Stress Management” sessions teach participants how to deal with post-combat stress and the new stresses of civilian life. Psychological health professionals are present throughout the weekend as facilitators and counselors. They are trained to identify those who may need further help, are available to the participants to talk privately, or can refer participants so they can obtain the care they need. These aspects of the workshop provide participants with the knowledge and resources to build and maintain their psychological fitness.
- *Behavioral Fitness*: Throughout the workshop, sleep and appetite disturbances, job loss, and alcohol and drug use are discussed in a safe environment. Participants learn how to identify these symptoms in themselves and their peers and receive the resources to obtain help for themselves or others to improve behavioral fitness.
- *Social and Family Fitness*: The “Military Families,” “Couples Communication,” and “Financial Management” sessions discuss family dynamics and address decreased intimacy, communication issues, and financial difficulties. These sessions provide participants the opportunity to discuss with other families the obstacles they are experiencing and to realize they are not alone. Participants focus on learning techniques to improve communications with their significant other and to improve their relationships with their children. Financial advice can help participants work toward managing their debt and improving their financial situation, which can address a major stressor for couples. In addition, Military Family Life Consultants present and are on hand to help participants on an individual basis if necessary.
- *Spiritual Fitness*: The “Spiritual Balance and Wellbeing” session, chaplain presentations, and Sunday morning services provide participants an opportunity to address their deployment experience in the context of their spirituality. The presentations and services take a spiritual perspective but are not tied to any religious denomination. Chaplains also facilitate and are available for counseling throughout the weekend events.

### **Key Program Insights and Considerations**

*Emphasis on “Hero’s Journey” Puts Deployment Experience in Context to Allow Transformational Growth*

When participants arrive, they are taken through a process that has been very carefully developed over time. Service members and their significant others get the opportunity to review their deployment experience and come to terms with it in a positive and safe environment. They get the sense that they are not alone in their feelings and can focus on the future. The breakout sessions help participants look ahead at the next steps in their lives and provide them with the knowledge and resources to reintegrate successfully and move on to the next stage in their lives.

### *Conducting the Workshop at an Upscale Offsite Venue Demonstrates Appreciation of Service Members*

Returning Warrior Workshops are conducted at four-star hotels across the country. The upscale venues show participants that their leadership appreciates and honors their service and sacrifice. Holding the workshop offsite removes the sense that it is “just another training” rather than a transformative process and highlights the importance of reintegration. Contracting with an event planner allows the program to take advantage of a planner’s expertise and special relationships with hotels. As a result, program managers can focus on delivering the best value and experience to participants rather than the logistics of running the program. Participant evaluations and after action reports clearly indicate that this coordinated effort works, and that these workshops are effective in meeting their stated goals.



## PROGRAM OVERVIEW—WARRIOR MIND TRAINING

<http://warriortraining.us>

Warrior Mind Training (WMT) is a mental fitness training program designed specifically for the U.S. Armed Forces and veterans. The main objective of WMT is to provide service members with a foundation of mental tools and techniques needed to achieve success in any endeavor and in any phase of the deployment cycle, on the job and at home. Effective mind training allows individuals to consciously and deliberately change the way they think, feel, and behave, influencing how the body responds to stressful or high-pressure situations. During WMT sessions, a toolkit of mental strength training exercises and self-regulation techniques are taught in order to sharpen their attention to reduce negative or distracting mental chatter, and to regulate the physical responses to stress, thereby providing participants with the skills necessary to relate to and respond appropriately in any environment. Although WMT is primarily geared toward service members (including National Guard and reserve component members) and veterans, classes are also available specifically for military spouse and family members as well as DoD-employed civilians and military base personnel.

WMT is currently staffed with seven senior instructors (with a minimum of 15 years of mind training experience and five years of teaching to military populations) and 35 basic trainers (with WMT Basic Trainer certification provided by WMT senior instructors). WMT sessions can be tailored to meet participant needs and are generally offered in onsite or virtual group classroom settings, giving the instructors the capacity to train hundreds or thousands of individuals at a time. Individual sessions are also available on a case-by-case basis. WMT instruction is also available as iPod and video/DVD remote modules (e.g., WMT's iSleep™ and iBreathe™). Although standard sessions usually last between two to four weeks depending on the specific training (e.g., one week on-site, three weeks via live web classes) WMT is intended to be an ongoing process; therefore, maintenance classes are also offered. Since 2005, the program has expanded across all military branches and has been offered to more than 5,000 service members to date.

### The TFF Domains of WMT

The WMT program teaches mental agility, which can be adapted across all aspects of the service member's life. WMT falls into three of the four mind domains of the TFF model: psychological, behavioral and spiritual fitness.

#### **WMT in Brief**

**Description:** This training provides a comprehensive toolkit of mind training techniques that combine mental focusing techniques that warriors have utilized for thousands of years to maintain focus during battle and to reintegrate into society after the battle with modern mental optimization techniques for improved performance and mission success.

**Program Enrollment:** 60–80 participants per week

**Populations Served:** All service branches, including—

- Active duty
- National Guard and reserves
- Veterans
- Spouse and family
- DoD-employed civilians/military base personnel

#### **Key Challenges:**

- Sustaining growth to meet demand for services has forced a transition to a contract model of funding.

#### **Key Recommendations:**

- Psychological and emotional inoculation are important to preventing combat-related stress during training, deployment and reintegration.
- Tailoring the program's content to meet the requirements of different audiences is key to making the content relevant to possible struggles encountered by service members during the deployment cycle.
- Holistic mind-body support programs must be contextualized for military environments to effectively reduce mental stress.

- **Psychological Fitness:** WMT provides multiple techniques and tools primarily in attention, mental focusing, mind management and performance enhancement. Through a series of mental exercises that encompass focus and concentration, self-regulation, visualization, positive self-talk and more, service members are equipped with the skills necessary for mental optimization during and after stressful situations. When practiced consistently, the acquired skills assist the individual in attaining optimal levels of mental, emotional, and behavioral control, ultimately allowing him or her to withstand, adapt to, and grow from any deployment- or reintegration-related stressor. In recognition of the increased rates of PTSD, TBI, and suicide in service members returning from deployment, WMT also offers specialized classes for combat-related decompression that specifically address these and related issues.
- **Behavioral Fitness:** WMT training addresses issues such as aggression, substance abuse, sleep deprivation and other risk-taking behaviors that may impede successful reintegration. Skills such as stress and anger management, meditation, relaxation, breathing control, visualization, peak performance and mental focusing techniques learned through WMT are catalysts for improving behaviors that help lead to successful and positive outcomes.
- **Spiritual Fitness:** While WMT does not offer an explicitly spiritual component or training module, many aspects of the program are spiritual in nature and address spiritual issues. The program places significant emphasis on mind-body techniques such as meditation, self-regulation and mental focusing activities. These principle program components enable participants to explore questions of values, meaning and ethics—issues with which many service members struggle following a difficult deployment. WMT strives to help individuals forge a more meaningful connection to reality and cultivate a more comprehensive sense of self.

### Key Program Insights and Considerations

#### *Develop a Sustainable Funding Model to Support Growth in Program Participation*

WMT's major current challenge is transitioning from a volunteer, self-funded model to a contract-based model that will support a sustainable growth pattern going forward. Program directors mentioned that they would have implemented a contract model earlier in the program's existence with a greater foresight into program expansion, which would minimize the administrative burden of doing so now that the program serves more than 1,000 participants per year. Peer reintegration programs should therefore determine how best to financially support program growth by gauging program enrollment capacity, forecasting likely expansion over the next two to three years, and verifying that existing funding sources are sufficient to sustain such growth.

#### *Offer Widely Applicable Program Content That Can Be Tailored to Specific Participant Needs*

WMT's primary strength as a reintegration program is its unique ability to be customized to meet the needs of various participant groups at various points in the deployment cycle. WMT's holistic approach to mental health and hygiene is relevant to military issues and situations, but the techniques provided are adaptable and can also be used to address issues in garrison. For example, training modules in improving focus and concentration are widely applicable to any MOS or job description; and the anger management classes can help service members react more constructively to stressful situations whether at the workplace, at home, or in their communities. The program's comprehensive set of mental health support modules can be tailored to specific audiences and participants, fostering successful reintegration patterns for these service members after deployment.

### *Pre-Deployment Mental Health Support as Important as Post-Deployment for Minimizing PTSD*

Although the WMT program appears to have had significant success training service members to manage their mental stress after experiencing the combat-related stressors of the battlefield, program administrators would like to greatly expand the program into the pre-deployment phase. As previously discussed, the program can be easily adapted for pre-deployment, and WMT personnel hope to inoculate more service members from the adverse effects of those stressors through earlier intervention. The program has demonstrated some success in preparing candidates of the Navy SEAL Basic Underwater Demolition (BUD) program for the sustained mental stress associated with their jobs, highlighting the program's potential for preventing combat-related stress in addition to addressing post-deployment issues. Successful reintegration benefits most from a seamless support system throughout the deployment cycle—a process WMT is well suited to support.

## PROGRAM OVERVIEW—YELLOW RIBBON REINTEGRATION PROGRAM

<http://www.yellowribbon.mil>

The goal of the Yellow Ribbon Reintegration Program (YRRP) is to prepare Guard and reserve service members and loved ones for mobilization; to sustain families during mobilization; and to support healthy reintegration of military reserve members back into communities, employment and civilian life. The program, mandated in the FY 2008 National Defense Authorization Act and supported by partner organizations including the Veterans Administration and the Department of Labor, provides information on current benefits and resources available to help manage challenges throughout the deployment cycle. As most Guard and reserve service members live away from resources and support typically found in the active duty community, Yellow Ribbon events are a vital way to provide the reserve community with one-on-one support, workshops and resources. Examples of the activities YRRP supports during the post-deployment reintegration phase include service member record processing, veteran benefits eligibility and enrollment support through the VA, career counseling, medical benefits and TRICARE counseling, assistance with financial and credit issues, safety briefings from local law enforcement officials, and welcome home activities.

### YRRP in Brief

**Description:** YRRP is a DoD-wide effort to help National Guard and reserve service members and their families connect with local resources before, during, and after deployments, especially during the reintegration phase that occurs months after service members return home.

**Program Enrollment:** 300,000 participants in 2010, counting both soldiers and their families

**Populations Served:** All service branches and family members of—

- Reserves
- National Guard

**Key Challenges:**

- Clear guidance on appropriation of DoD-based funding can be difficult to coordinate among the service branches.
- Maintaining relevant program content is becoming increasingly difficult as more service members and families experience multiple deployments.
- Program content varies by location, which affects potential program evaluation efforts.

**Key Recommendations:**

- The complexity of reintegration requires programs like YRRP that are comprehensive and offer a single access point to a multitude of services for soldiers and family members during all phases of the deployment cycle.
- Program content should be adaptable to several different audiences, which would foster greater program participant engagement and keep the components relevant.

Because of the decentralized National Guard and reserve component command structures, YRRP implementation and components vary substantially from service to service. Not only do the services have different levels of funding and support services available but also National Guard and reserve geographic distribution varies widely among states (Jackson, 2009). Although the degree of presence may vary by service, the VA provides support across the service-specific events by supplying information about VA benefits, services, and programs in breakout sessions, briefings, and individual meetings or counseling sessions with service members. The Yellow Ribbon Reintegration Program also maintains the Center for Excellence as a forum to share best practices, event agendas and curricula. Service program managers and event planners can access the “best” resources as a means to share information and collaborate. YRRP is also working with the services to gather data and themes from post-event attendee surveys. This work will allow the services to adapt and modify event schedules and content as needed.

Although identifying best practices to replicate across the reserve components can present challenges, the program's decentralized organizational structure allows for significant flexibility in implementing the program's services nationwide. National Guard and reserve components have the flexibility to offer YRRP programs at dates and locations that are tailored to optimize chances of successful re-entry to civilian society. A broad range of services are available within the first 180 days after returning from deployment. Furthermore, the flexibility with each military service department allows Yellow Ribbon program managers to address the specific challenges unique to their reserve population. YRRP strives to balance the flexibility and community-based approach of the reserve component while also providing a unified "joint" approach to pre-, during and post-deployment events. Partnerships with federal organizations like the VA allow YRRP to introduce and connect service members to additional benefits and resources that are available to them through all phases of the deployment cycle as well.

### The TFF Domains of the YRRP

The YRRP touches on all four mind domains of the TFF model.

- *Psychological Fitness:* Although the YRRP is not designed to provide clinical services or treatments for psychological disorders, it includes education on programs about common post-deployment psychological issues and referrals for evaluation and treatment when needed. Partnerships with organizations including the VA and the DCoE allow the program to collaborate and coordinate efforts to address psychological issues and suicide prevention in National Guard and reserve service members. The YRRP also offers treatment referrals through partnerships with Military OneSource and Military Family Life Consultants.
- *Behavioral Fitness:* The YRRP addresses behavioral challenges through education and referral programs. Several of the modules offered during workshops and program weekends include information on overcoming behavioral problems, including anger management and alcohol and drug abuse. These modules provide strategies for recognizing and addressing problems and information about seeking help through behavioral and mental health providers. The YRRP also offers support for National Guard and reserve service members facing employment issues during the deployment cycle. In 2010, the YRRP was aligned with the Employer Support of the Guard and Reserve (ESGR) program under the Family and Employer Programs and Policy (FEPP) directorate, allowing YRRP to provide individuals greater access to employment resources and career counseling during reintegration.
- *Social and Family Fitness:* The YRRP recognizes that deployment can be a difficult time for both service members and loved ones and places significant emphasis on the importance of family readiness as it relates to military readiness. During 2010, nearly half of all individuals attending a YRRP event (49 percent) were family members. The services offered by the program are designed to address the needs of the entire family, with a particular emphasis on strengthening social support and family cohesion during the period following a deployment. Workshops on relationships and family dynamics offer strategies for service members to fortify their existing relationships and ensure they can access the social support resources available to them. Additionally, children who attend Yellow Ribbon events are offered fun and educational workshops and interactive activities.
- *Spiritual Fitness:* The YRRP utilizes the services of chaplains to facilitate several aspects of the program. Program chaplains not only provide spiritual guidance and lead religious and fellowship services during the program workshops and weekends but also provide counseling and support for service members and their families.

### **Key Program Insights and Considerations**

#### *Program Content Tailored to Different Audiences Maintains Relevance Throughout Deployment Cycle*

The YRRP's comprehensive approach to providing a multitude of resources to service members allows for several methods of content delivery for these various audiences. Program managers and event planners have access to a variety of modules that can be shaped to fit the most pressing needs of a specific unit or locale. Currently, the YRRP Center for Excellence is working with Military Community and Family Policy and the Penn State Clearinghouse for Military Family Readiness to define the "best practices" being used by the services at Yellow Ribbon events through evidence-based programs and quality practices. The goal is to offer high-quality and relevant event curriculum while also focusing on the unique service or region-specific needs of Yellow Ribbon event attendees.

#### *Service Offerings for Guard/Reserve Populations Should Mirror Those Provided by Active Duty Bases*

The YRRP addresses the need for deployment support services for National Guard and reserve members who deploy from, and return to communities that are far removed from military installations and active duty support networks. Without the nearby availability of resources such as child care, mental health counseling, behavioral counseling, or regular interaction with military peers, service members in the Guard and reserve often face difficulties identifying resources. The YRRP events are vital to creating awareness and networks with service providers and family support personnel in the services.

## Conclusions

With troop levels in Afghanistan and Iraq decreasing and many service members returning home from single or multiple deployments, the need for well-established and validated reintegration support resources continues to be a priority. The final objective of this document is to identify the strengths and weaknesses of existing reintegration resources and provide recommendations for further resource development for service members and their families following the return from deployment. The following suggested improvements to the reintegration process and related resources were identified and developed based on the literature review and program interviews reported on in this paper.

## GLOBAL RECOMMENDATIONS

The following global recommendations are suggestions developed to influence the reintegration process on a variety of levels. The goal of these recommendations is to develop a more robust system of reintegration support by improving the conceptualization and design of resources and programs.

### **RECOMMENDATION #1**

#### **Develop a cross-service, cross-agency definition and approach to reintegration**

- Define reintegration in terms of the TFF model
- Develop a standardized approach to reintegrating service members and veterans

#### *Rationale*

A preliminary analysis of the reintegration process in terms of the TFF model was conducted for this review; however, further focus is needed to fully develop a cross-service, cross-agency definition. Currently, each service has its own distinct approach to the deployment cycle, and each defines the process of reintegration slightly differently. Appendix B contains a brief summary of each service's definition of post-deployment reintegration. Although there is some fundamental agreement across the services regarding reintegration support resources, the differences in the services' definitions of the post-deployment process make it difficult to develop DoD-wide programs and initiatives for returning service members and their families. This document proposes using the TFF model, a comprehensive fitness model requested by the Chairman of the Joint Chiefs of Staff and established by DoD in 2009, as a common denominator for developing and evaluating reintegration resources. The various domains of TFF, particularly the mind domains of psychological fitness, behavioral fitness, social and family fitness, and spiritual fitness, provide a framework for identifying challenges and barriers to reintegration from which specific programs and resources can be developed. Such a cross-service, DoD-wide approach to post-deployment reintegration will help standardize the reintegration process and help the services develop and evaluate supporting resources.

Although the scope of this paper has been limited to post-deployment reintegration issues, the process of reintegration may not be limited to the time immediately following a deployment. It also applies to other periods of transition including the more permanent transition from military to civilian life and active duty or reserve service to Veteran status. The VA/DoD Joint Executive Council (JEC) has highlighted the need to provide comprehensive, coordinated care and benefits to service members, Veterans, and their families through multiple phases of their lives, including reintegration. Cross-agency efforts have resulted in successful reintegration efforts

and programs including afterdeployment.org and the Yellow Ribbon Reintegration Program. A more broad, cross-agency definition of reintegration would facilitate further collaboration in the development and maintenance of reintegration support services between DoD agencies and the U.S. Department of Veterans Affairs (VA).

### *Existing Practices*

Although no current reintegration support programs were developed using the TFF framework as their model, some existing programs address many or all of the TFF mind domains through the services they provide. COSC, the Coming Home Project, and YRRP all address all four of the TFF mind domains and provide reintegration services in support of psychological, behavioral, social and family, and spiritual fitness through comprehensive and integrated program design. These programs, because of their diverse support offerings, are able to support a very diverse military population, including active duty personnel, veterans, reservists, and families of these service members. Such comprehensive programs provide diverse resources for service members and family members in need through a single source, providing easier access and greater applicability to a large portion of the military population.

Given the existing reintegration programs and resources across the DoD and the VA, increased collaboration between the agencies would maximize reintegration benefits while potentially conserving resources and limiting redundancy. The DCoE, already involved in significant efforts to integrate DoD/VA resources and endeavors across a number programs and policies, is in a prime position to facilitate similar efforts for reintegration support.

### **RECOMMENDATION #2**

#### **Improve access to care, education, and resources**

- Enhance offerings to geographically dispersed service members
- Increased efforts to promote the destigmatization of mental health

### *Rationale*

The service members and families served by reintegration programs are members of a unique and diverse population. The characteristics of returning service members and their dependents can vary dramatically, making it difficult to ensure that everyone has access to the resources and support best suited to their needs. One challenge to reaching this population is addressing their varied needs regarding access to reintegration support. Individuals may want to access reintegration resources before their return (while still in theater) at a base or military treatment facility or from a location geographically distant from a military base or military resources. This is a significant concern for National Guard members and reservists who may not have ready access to military facilities following their return from a deployment. It is imperative that reintegration programs recognize and address the ability of service members and families to adequately access reintegration services.

In addition to geographic considerations, programs also should consider the media they use to reach participants. The development of phone-based hotlines and Internet and web-based resources has greatly expanded the ability of programs to reach beyond a single geographic location and provide services for service members and families who cannot access a military facility for support.



Expanding methods of access also supports the recommendation to increase efforts to fight the stigma associated with accessing psychological and behavioral support. Research has consistently identified stigma as a major barrier to service members seeking help or attempting to access care (Britt, 2000; Hoge, et al., 2004; Britt, 2007). Expanding access to reintegration support will help reduce stigma by making the programs more visible and thus normalizing them. In addition, offering support through media that help protect the anonymity of individuals concerned about negative attention or retribution will help reduce the stigma-related barrier.

### *Existing Practices*

JFSAP is one example of a reintegration program that has expanded access to care. JFSAP provides a wide range of services and resources to support service member reintegration after deployment in a single, one-stop source for easy access. This single-point access facilitates the use of these resources by service members whether they are physically at an education and training center or at home accessing the JFSAP website virtually. JFSAP and some other programs, including the YRRP, cater specifically to members of the National Guard and reserve who may not be able to access resources at a military facility. JFSAP works with state National Guard headquarters and other reintegration programs like the YRRP to facilitate the delivery of a comprehensive set of reintegration services wherever a service member may be located.

### **RECOMMENDATION #3**

#### **Implement an integrated approach to reintegration**

- Promote resilience training in all phases of the deployment cycle
- Include the service member's family and community in the reintegration process
- Integrate the delivery of medical, mental and behavioral health care

### *Rationale*

As epitomized by the comprehensive TFF model, a holistic approach to reintegration support should provide resources at a variety of time points during the deployment cycle; address the needs of service members and their families and communities; and integrate resources across the domains of psychology, behavior, and medicine. The indistinct divisions between the phases of pre-deployment, deployment, and post-deployment make it crucial to address reintegration and resilience throughout the entire process. This holistic approach will provide individuals with the education and resources they need to prepare for, and succeed at, reintegrating regardless of their point in the deployment cycle. Similarly, the ability of service members to successfully reintegrate is closely related to the well-being and successful function of their families and communities. Programs in support of reintegration must recognize all of these entities as important to the process and provide education and resources to this varied population.

In addition, clinical and non-clinical support services need to be integrated into a single source of integrated care. The VA and the individual services support the integration of behavioral and medical health care services. This integration has many benefits, including improved access to care in a single location, earlier detection and treatment of behavioral and mental health conditions, and stigma reduction (Robinson & Strosahl, 2009). A unified approach to reintegration support delivery would provide these same advantages.

### *Existing Practices*

Several of the surveyed programs already employ aspects of the holistic approach to support, but no single program currently incorporates all of the recommendations in this document. The

WMT program was designed to adapt to the needs of a wide range of participant groups. It can be delivered during the pre-deployment phase to help prepare service members for the stress of deployment, support resilience building to protect them against the invisible wounds of war, and ease the reintegration process before service members are even deployed. This comprehensive approach to resilience building and reintegration support ensures that a service member is prepared at all points during the deployment cycle.

OBF is especially notable for providing support to the service member's entire family. OBF helps families understand the complex issues that surround reintegration and the struggles a service member may encounter during reintegration. OBF actively engages the family to participate in rebuilding the relationship with the service member. As previously described, the Coming Home Project and the YRRP take a more holistic approach to reintegration. Both programs address all four of the TFF mind domains, providing reintegration services in support of psychological, behavioral, social and family, and spiritual fitness through comprehensive and integrated program designs. Both of these programs provide support to a diverse population of service members and their families.

### **RECOMMENDATION #4**

#### **Develop and implement reintegration assessment procedures and metrics**

- Develop program policies to use evidence-based assessments
- Develop metrics to assess reintegration needs and outcomes

#### *Rationale*

Although many resources to support reintegration exist, very few have well-defined policies and procedures for assessing the needs and outcomes of the populations they serve. The military and the military health system (MHS) in particular have moved increasingly toward the use of a strongly evidence-based system for evaluating the effectiveness of programs, interventions and treatments. A well-defined assessment policy for reintegration support resources would be consistent with this continued effort to employ evidence-based design principles to improve the outcomes, safety, and efficiency of support for service members and their families (Department of Defense, 2008).

To perform adequate assessments and evaluations, the field would benefit from the development of metrics to address two time points in the reintegration support process: (1) pre-support assessment of program development needs and (2) post-program outcome measures. Measures designed to assess the needs of service members, their families and their communities during the reintegration process are necessary to facilitate the development and adaptation of support programs. In addition, assessments of the educational and employment needs of service members following a return from deployment should be a priority to ensure that service members have the knowledge and ability to access and take advantage of the many education and employment initiative targeting veterans. Assessment measures would help ensure programs are designed to meet the actual needs of the populations they are intended to serve. To date, there are no comprehensive or integrated metrics that identify the needs of service members and their families following a deployment.

In addition to assessment metrics, the field of reintegration support would benefit from the development of a more standardized approach to outcome assessment. Such a metric, or set of integrated metrics, would gauge the success of the programs and allow for continued program refinement to ensure the greatest benefits for service members and their families. Although several metrics exist to measure individual aspects that contribute to successful reintegration, a

review of existing measures is needed to develop a comprehensive, standardized measurement that could be used across programs and the services.

### *Existing Practices*

Although very few published studies have examined the effectiveness of reintegration support programs, there has been some movement within individual programs toward utilizing outcome measures for program evaluation. The Coming Home Project, which generally relies largely on self-reported participant surveys to gauge outcomes, performed an internal evaluation of program effectiveness in 2010. This study used a series of surveys administered before and after program participation to measure reintegration success in 175 Coming Home participants (Vieten & Lewis, 2011). Participants who completed the surveys reported significant reductions in stress, exhaustion, anxiety, and negative emotions, as well as significant increases in happiness, relaxation, and ability to care for themselves on an emotional level. Although this evaluation reported uniformly positive outcomes and showed significant progress toward a more systematic structure for outcome evaluation, it sampled a very small portion of Coming Home participants (only 17 percent completed all of the measures); thus, it may not have been representative of the entire population served (Vieten & Lewis, 2011). Comparison to a non-Coming Home control group would allow for better evaluation of program-specific effects.

In addition to the Coming Home Project, the resilience skill building training modules now incorporated into the Army's Comprehensive Soldier Fitness program also have been evaluated for effectiveness in a published study. The current resilience training modules were derived from the Battlemind program, originally developed at the Walter Reed Army Institute of Research. Although described as resilience training, Battlemind and the newer iterations of the program also provide critical reintegration support by reducing hyper-arousal symptoms and inappropriate reactions to normal everyday events following combat exposures. A 2009 study by Adler and colleagues compared the effectiveness of Battlemind debriefing and small and large group Battlemind training to standard post deployment stress education in more than one thousand U.S. soldiers following deployment to Iraq. Participants who participated in one of the three Battlemind conditions reported significantly fewer negative outcomes following combat exposures, including fewer symptoms of posttraumatic stress and depression and fewer sleep problems, than participants who received standard stress education (Adler et al., 2009). This study highlighted the effectiveness of Battlemind in facilitating aspects of reintegration following deployment. It also provides an example of a well-controlled assessment of program effectiveness through its comparison of Battlemind interventions to the standard education provided to Soldiers following combat exposure.


For programs in need of reintegration measures, Appendix C presents a sampling of currently available metrics designed to evaluate specific aspects of the reintegration process. Programs may find these metrics of use until a global metric is developed.

## TARGETED RECOMMENDATIONS

The global recommendations above can be translated into the following actionable items:

### Recommendations for DoD/Line Leaders

**Develop a cross-service, cross-agency definition and approach to reintegration**



- Develop, publicize, and enforce clear reintegration policies and directives that meet the diverse needs of the service members and their families.

Improve access to care, education and resources

- Undertake broad-based campaigns through military leadership to promote the destigmatization of mental health.

Implement an integrated approach to reintegration

- Conduct training in the pre-deployment phase to help inoculate service members against the stressors they will likely encounter in combat.

Develop and implement reintegration assessment procedures and metrics

- Adopt validated metrics to guide program development and adaptation.
- Perform overlap and gap analysis on available programs to avoid duplicative efforts.

### Recommendations for Directors of Psychological Health/Behavioral Health

Develop a cross-service, cross-agency definition and approach to reintegration

- Conduct needs assessments to understand the specific situations and challenges faced by each military occupational specialty (MOS).

Implement an integrated approach to reintegration

- Integrate clinical and non-clinical behavioral health services into a single system to decrease stigma and facilitate access.

### Recommendations for Directors and Program Managers of Reintegration Programs

Develop a cross-service, cross-agency definition and approach to reintegration

- Conduct assessments of non-clinical needs (e.g., family support or counseling, financial assistance or counseling, etc.).
- Evaluate outcomes of current reintegration efforts using established metrics.
- Design or refine programs to be relevant and adaptable to meet the needs of the populations they serve.

Improve access to care, education and resources

- Address both geography and stigma as barriers to accessing care.
- Provide adequate resources (building space, materials, staff continuity) for optimal program delivery.

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## Appendix A—Reintegration Program Summary

Name of Program	Program Overview	Total Force Fitness (TFF) Domains Covered	Key Insights/Lessons Learned
<p>Combat Operational Stress Control (COSC)</p>	<p>The COSC program provides decision-making tools for service members and their families to build resilience, identify stress responses, and mitigate problem stressors. The end-state goal of the program mirrors the COSC goal of creating mission-ready service members, families, and commands.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> <li>• Spiritual Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-to-peer counseling is an effective way to normalize access to mental health support.</li> <li>• A program-centric approach to reintegration is not as important as effective delivery of tools to manage stressors.</li> </ul>
<p>Coming Home Project</p>	<p>The Coming Home Project is a nonprofit organization devoted, since 2006, to providing compassionate expert care, support, education, and stress management tools for Iraq and Afghanistan veterans, service members, their families, and their service providers. The program addresses the psychological, emotional, spiritual, and relationship challenges experienced during all stages of the deployment cycle, especially reintegration.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> <li>• Spiritual Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support is key to managing psychological stress and maintaining unit cohesion.</li> <li>• Offsite retreats help reinforce concepts learned during modules and presentations.</li> <li>• Offsite retreats can be more expensive to put on and may require participants to take time off work.</li> </ul>
<p>Joint Family Support Assistance Program (JFSAP)</p>	<p>JFSAP augments existing family programs to provide a continuum of support and services based on member and family strengths, needs, and available resources. The primary focus of support is families who are geographically dispersed from a military installation.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Having a one-stop source of information on benefits access allows for support across multiple programs and services.</li> <li>• Coordination with state and local communities is essential to engaging rural populations.</li> <li>• The same level of family support services should be provided to families far away from military communities as is provided to families near military communities.</li> </ul>
<p>Operation BRAVE (Building Resilience and Valuing Empowered) Families (OBF)</p>	<p>OBF aims to enable families to stand up and be strong. This family-centered program focuses on children while assisting parents by providing support to them. OBF specifically serves the children and other family members of injured service members.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Engaging family members in reintegration services key to maintaining service member support.</li> <li>• Securing dedicated program space within a larger facility is often a challenge.</li> </ul>
<p>Red Cross Coming Home Series</p>	<p>The Red Cross Coming Home Series is a series of modules for service members returning from deployment and the families of those service members.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Social/Family Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Offering mental health services to returning soldiers through a third-party organization may reduce the stigma associated with accessing those resources.</li> </ul>

## Reintegration Post-Deployment

<p>Returning Warrior Workshop</p>	<p>The Returning Warrior Workshop is a 2-day weekend event that promotes successful reintegration and post-traumatic growth.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> <li>• Spiritual Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on “Hero’s Journey” puts deployment experience in context to allow transformational growth</li> <li>• Conducting the workshop at an upscale offsite venue demonstrates appreciation of service members</li> </ul>
<p>Warrior Mind Training (WMT)</p>	<p>WMT is based on mind-focusing techniques that warriors have utilized for thousands of years to maintain focus during battle and to reintegrate into society after the battle is over.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Spiritual Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological and emotional inoculation are important components to preventing combat-related stress.</li> </ul>
<p>Yellow Ribbon Reintegration Program (YRRP)</p>	<p>YRRP is a DoD-wide effort, in partnership with federal organizations including the Veterans Administration and the Department of Labor, to help National Guard and reserve service members and their families connect with local resources before, during and after deployments, especially during the reintegration phase that occurs months after service members return home.</p>	<ul style="list-style-type: none"> <li>• Psychological Fitness</li> <li>• Behavioral Fitness</li> <li>• Social/Family Fitness</li> <li>• Spiritual Fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Tailoring programs for various audiences maximizes participant engagement.</li> <li>• Programs should be scalable to several regions across the country.</li> <li>• Program content varies significantly depending on location.</li> </ul>

## Appendix B—Reintegration

### DEFINITIONS OF POST-DEPLOYMENT REINTEGRATION BY SERVICE

The elements and features that encompass a military reintegration program tend to vary significantly depending on the military branch, base location, mission, and respective unit. Furthermore, the implementation of each of the key program elements may differ in terms of the location, duration, structure, and content. Despite this variance, the U.S. military branches agree that the essential elements of a reintegration program should be comprehensive, conceptualized in terms of various aspects of wellness, and include a strong family component (Doyle & Peterson, 2005; Pisano, 2010). A further distinction needs to be made between active duty service members and those in the National Guard and reserves. The civilian environment the individual faces upon return from active combat is significantly different from the community support structure that a base can offer.

#### U.S. ARMY

According to the U.S. Army (2008), reintegration is defined as “the reestablishment of Soldier and civilian readiness, including personal readiness, deployment readiness, and family readiness” (p. 3). The Army acknowledges that an effective reintegration process directly affects both individual and unit readiness and is therefore deemed equally as important as the training and preparation necessary for combat operations. For service members of the Army, the main goals of reintegration are to (1) ensure the well-being of service members and families as they reunite following a deployment, (2) provide formal command recognition of achievements, (3) prepare units to return to normal operations, and (4) equip service members with the tools necessary for success during their next mission (U.S. Army, 2008).

#### U.S. AIR FORCE

Reintegration within the U.S. Air Force is viewed as the process of returning Air Force service members back into a “stable and normal environment” (U.S. Air Force, n.d., p. 3). Education and resources are provided for Air Force service members and their families throughout the deployment cycle to sustain wellness despite stressful encounters. The main focus of reintegration within the Air Force revolves around the idea of recognizing, accepting, and adapting to change. Particularly, families are prepared for change before service members return from deployment in an effort to ensure a smooth transition for all involved. In this context, service members are viewed in terms of their spirituality, heart (e.g., passion), abilities, personalities, or experiences—also referred to as SHAPE. Service members of the Air Force are encouraged to think about changes that may have occurred internally as a result of deployment, such as their beliefs and views of the world, and the way in which these changes may affect their reunion with their family, friends and garrison unit.

#### U.S. NAVY

Similar to the U.S. Army and U.S. Air Force, the U.S. Navy defines reintegration as the process and establishment of normalcy as a sailor readjusts to family life, returns to work and copes with stress following a deployment (Commander Navy Installation Command [CNIC], n.d.). Programs and services are designed to maintain the overall health and wellness of sailors and their

families as they face stressors associated with reintegration. Reunion and re-entry efforts within the Navy are in direct support of the Admiral's maritime strategic focus areas, which include (1) the growth and sustainment of a future force; (2) war fighting readiness; and (3) the development and support of sailors, Navy civilians, and their families (Roughead, 2010).

### **U.S. MARINE CORPS**

The U.S. Marine Corps recognizes that the scope and nature of military deployments has changed, resulting in additional stress and challenges related to deployment readiness and successful reunions. Reintegration approaches are designed holistically to effectively prepare service members and families for a successful deployment and reunion. Specifically, the reintegration process begins pre-deployment and is defined as the process of the return home and reunification with family members following a deployment. The main objectives of reintegration are to "significantly improve the return and reunion process, reduce the potential for emotional difficulties and marital strife, and ensure Marines are ready for the next mission."

### **U.S. NATIONAL GUARD AND RESERVE**

Because of the diverse situation each individual faces when reintegrating into society, no single definition of reintegration was found for National Guard and reserve service members. National Guard and reserve service members must cope, when returning from deployment, with the challenges of civil society without the same support structure that a base, military medical facility, unit or comprehensive chain of command can offer an active service member. Family, employment, community, and access to basic services all represent distinct challenges that vary in degree according to a service member's location and injuries sustained. Defining reintegration principles is difficult because each individual's situation is so diverse.

The common thread among all of the services is the idea of reintegration as a multifaceted and continuous process that is holistic and comprehensive. The reintegration process aims to sustain a physically and psychologically fit mission-ready force while aiding individuals, and those around them, in readjusting to post-deployment life.



## Appendix C—Existing Metrics

Metric	Description	Psychological Fitness	Behavioral Fitness	Social/Family Fitness	Spiritual Fitness
<b>Community Integration Questionnaire (CIQ)</b>	15-item questionnaire that measures home integration, social integration, and productive activities		✓	✓	
<b>Community Reintegration of Injured Service Members (CRIS)</b>	36-item short form survey that measures physical, emotional, and social functioning	✓	✓	✓	
<b>Connor-Davidson Resilience Scale (CD-RISC)</b>	25-item survey that quantifies resilience	✓			✓
<b>Deployment Risk and Resilience Inventory (DRRI)—Post-Deployment Factors</b>	Set of scales that measure 14 key deployment-related risk and resilience factors, including post-deployment social support and stressors	✓		✓	
<b>Gallup Q12</b>	12-question survey designed to measure employee engagement		✓		
<b>Global Assessment Tool (GAT)</b>	240-question survey mandatory for all soldiers in the Army; designed to measure the emotional, family, social, and spiritual fitness components of the Comprehensive Soldier Fitness program	✓		✓	✓
<b>Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Re-Assessment (PDHRA)</b>	Global health screening administered when a service member returns from an overseas deployment (PDHA) and re-administered 3–6 months later (PDHRA)	✓	✓		
<b>Post-Deployment Readjustment Inventory (PDRI)</b>	36-item scale that measures aspects of personal, family, and work reintegration		✓	✓	
<b>Post-Deployment Reintegration Scale (PDRS)</b>	36-item scale that assesses respondent’s attitudes toward the personal, family, and work-related aspects of reintegration		✓	✓	
<b>Quality of Life Inventory (QOLI)—Home, Neighborhood, Work, and Community Scales</b>	Assessment that measures positive psychology and positive mental health in 16 areas of life, including home, neighborhood, work, and community	✓	✓	✓	

Metric	Description	Psychological Fitness	Behavioral Fitness	Social/Family Fitness	Spiritual Fitness
<b>Sydney Psychosocial Reintegration Scale (SPRS)</b>	12-item questionnaire that measures three domains of everyday living commonly disrupted after severe TBI: occupational activities, interpersonal relationships, and independent living skills		✓	✓	
<b>Utrecht Work Engagement Scale</b>	17-item questionnaire that measures work engagement characterized by vigor, dedication, and absorption		✓		

Note: The measures included in this table represent a sample of existing metrics that relate to one or more of the TFF mind domains. While general psychometric properties exist for each of the measures, many have yet to be normed using a military population.