

# Psychological Impacts of Transition for Military Service Members

Colonel Denise “Deno” Cooper, Ph.D., USAF, Ret.

Colonel Carl Andrew Castro, Ph.D., USA, Ret., Professor of Social Work and Psychology, Director, Military and Veteran Programs, Suzanne Dworak-Peck School of Social Work, University of Southern California

George A. Bonanno, Ph.D., Professor of Clinical Psychology, Department of Counseling and Clinical Psychology, Teachers College, Columbia University

Webinar  
April 21, 2022



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# SAMHSA Welcome



**Stacey Owens, M.S.W., LCSW-C**

Military and Veterans Affairs Liaison

Office of Intergovernmental and External Affairs

Substance Abuse and Mental Health Services Administration

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

# SAMHSA Background



Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **Service Members, Veterans, and their families** (SMVF), providing technical assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

# SAMHSA's SMVF TA Center



**SAMHSA** ★ **SMVF TA CENTER**

Service Members, Veterans, and their  
Families Technical Assistance Center

- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral healthcare systems for Service Members, Veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

# Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Crisis Intercept Mapping
- Webinars
- Learning Communities
- Technical Assistance Call Series
- Onsite and virtual expert consultation
- Resource dissemination

# Learning Objectives

- ✓ Define the issue by providing relevant and timely data on the reintegration of service members and the psychological and behavioral impacts of military service
- ✓ Highlight key factors contributing to transition stress among service members, their families, and the broader civilian and military communities
- ✓ Illustrate the effects of mental health stigma on transitioning service members seeking treatment and support, and provide key approaches and best practices to address mental and emotional health

# Learning Objectives (continued)

- ✓ Demonstrate concrete strategies for supporting our service members as they navigate the behavioral health system and employment opportunities, and reestablish family roles
- ✓ Provide examples of best practices and systems of support and services in place for the behavioral health needs of transitioning service members, focused on post-traumatic stress disorder (PTSD) and beyond
- ✓ Discuss strategies for community providers to improve access and sustained engagement in behavioral health services

# Our Presenters Today



**Colonel Carl Andrew Castro, Ph.D., USA, Ret.**  
Professor of Social Work and Psychology, Director, Military and Veteran Programs, Suzanne Dworak-Peck School of Social Work, USC



**Colonel Denise "Deno" Cooper, Ph.D., USAF, Ret.**



**George A. Bonanno, Ph.D.**  
Professor of Clinical Psychology, Department of Counseling and Clinical Psychology, Teachers College, Columbia University

# Personal Story

Colonel Denise “Deno” Cooper, Ph.D., USAF, Ret.

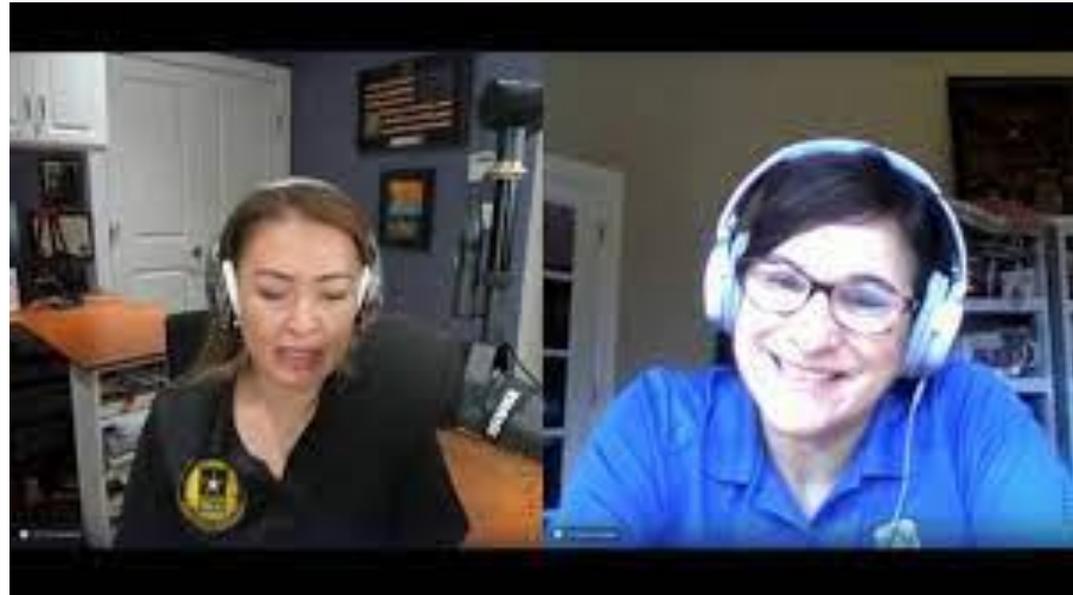
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# My Story

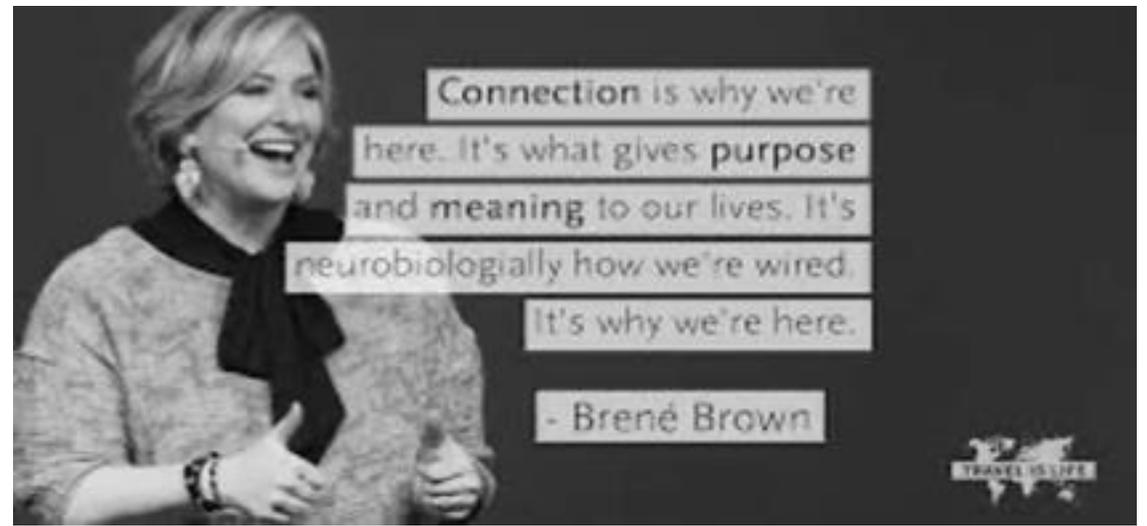


# Connection

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I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

*Brené*



# Military Transition: Military Transition Theory and the Health and Wellbeing of Service Members and Veterans

Carl Andrew Castro

Colonel, U.S. Army (Retired)



Professor at the University of Southern California

Director, Military Veteran Programs

Director, Epstein Family Military Veterans Policy Research Center

Location of  
presentation

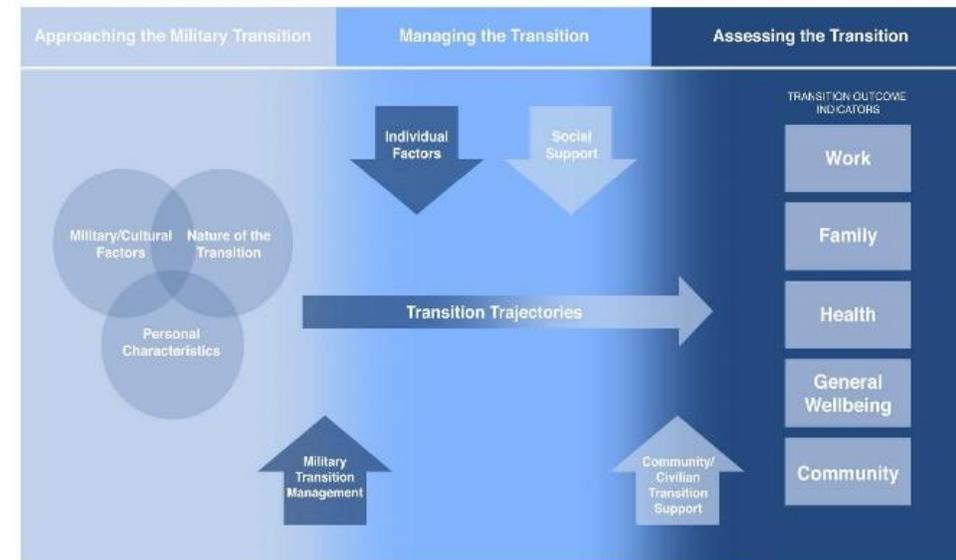


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Services Administration

# Purpose of the Presentation

- Provide an overview of the importance of theory.
- Describe a new theory called Military Transition Theory and provide examples that support the Military Transition Theory.
- Show you some new data on the importance of military identity during transition.

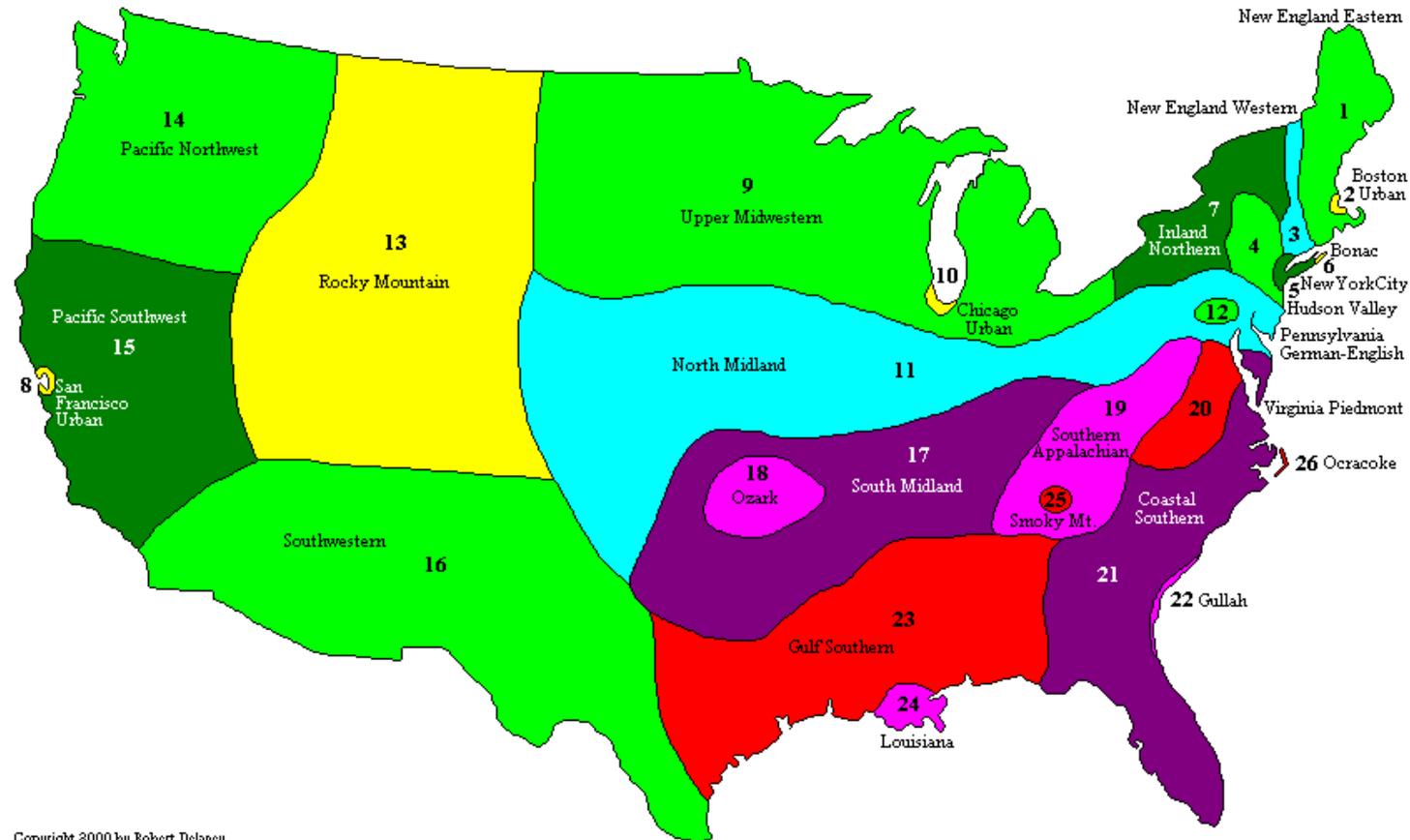
## MILITARY TRANSITION THEORY



# Outline

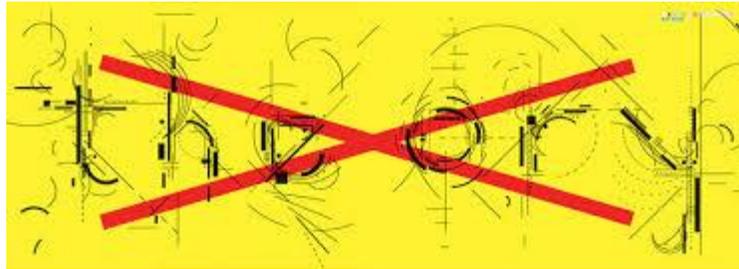
- Importance of Theory
- Military as a Unique Culture
- Veterans as Immigrants
- Importance of Transitions
- Military Transition Theory
- Military Identity
- Military Identity and Health
- Summary and Conclusions
- Point of Contact

# Dialects in America



Copyright 2000 by Robert Delaney

# Importance of Theory



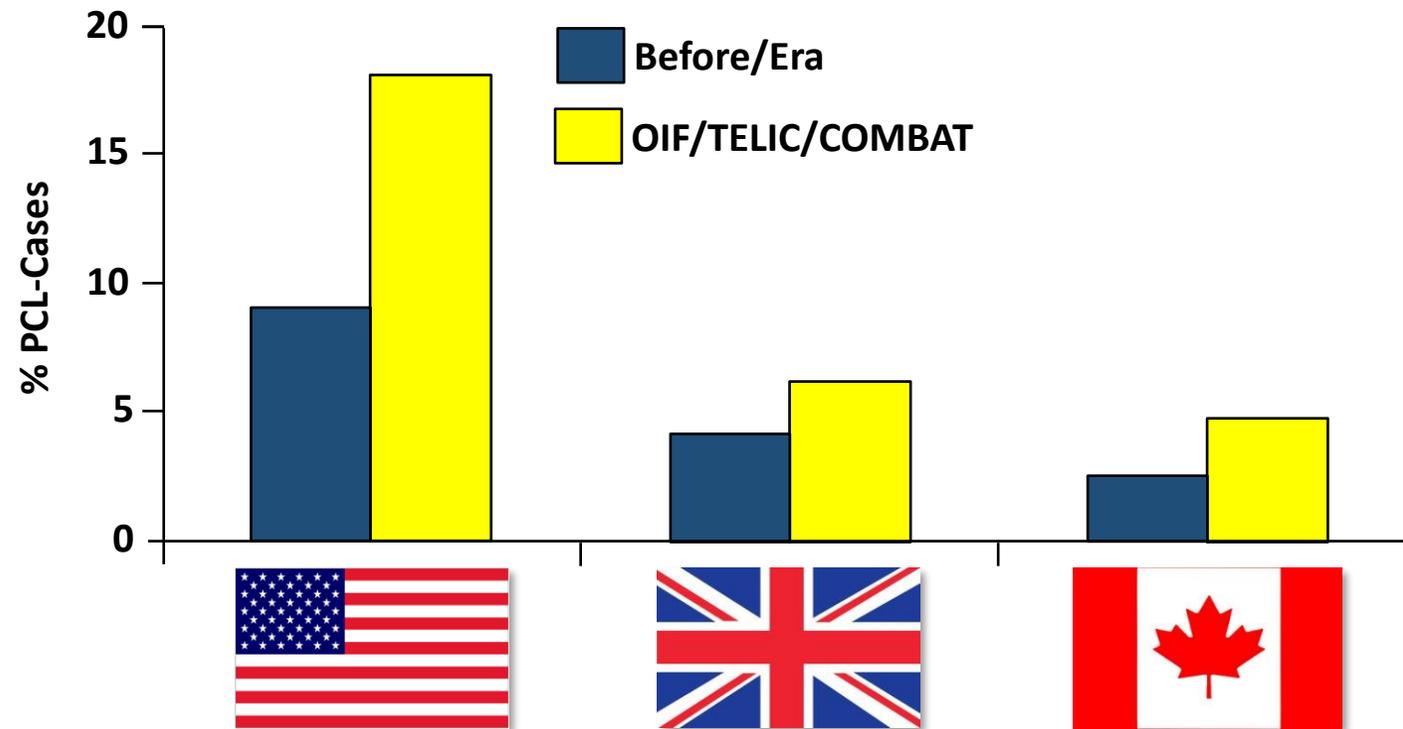
A useful theory does several important things:

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

# Cultural Comparisons

## Rates of PTSD: US, UK, Canada

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



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

# Possible Explanations Based Combat Trauma Theory

## **Wessely's Hypotheses**

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

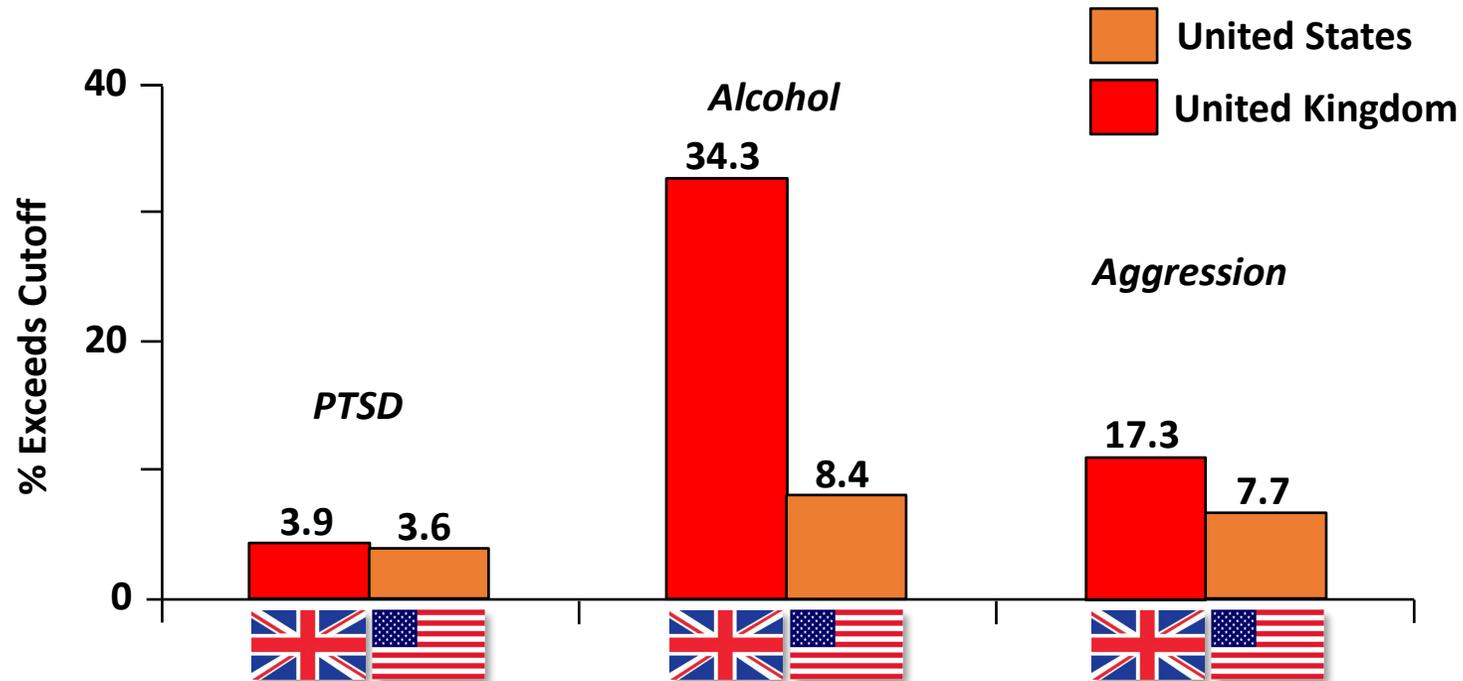
## **Castro's Hypotheses**

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

# Theory and Culture

## Comparison of Rates of PTSD: US, UK

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



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

# Theory and Culture

Good theory transcends culture,  
eras and national militaries.



# Importance of Transition

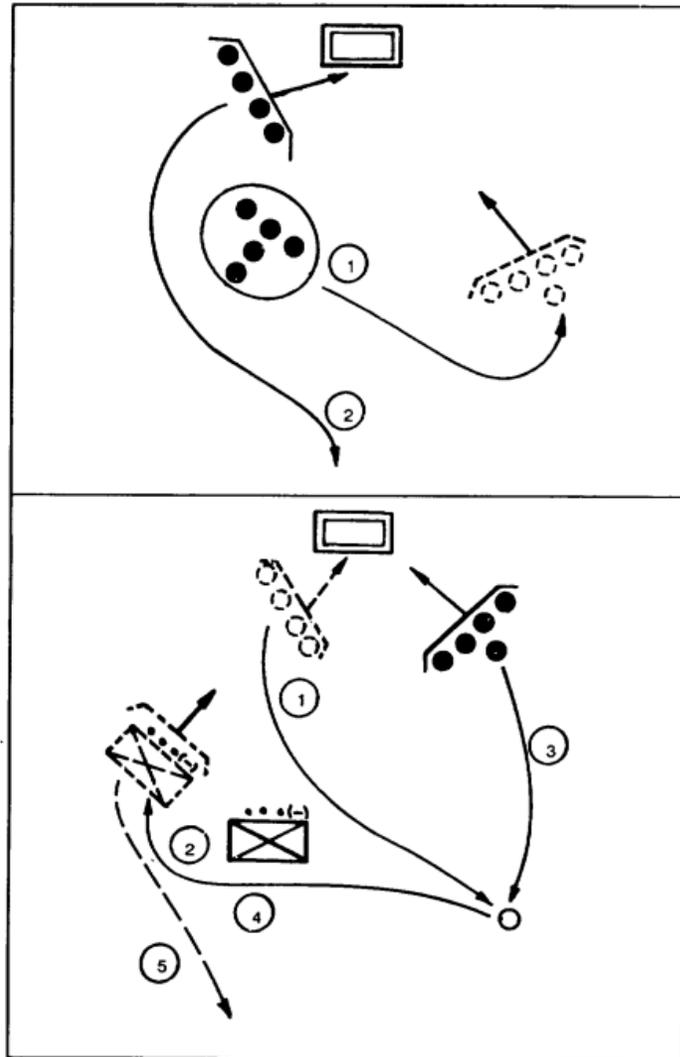


Figure 4-5. Break contact.

What type of maneuver is this?

# Importance of Transition

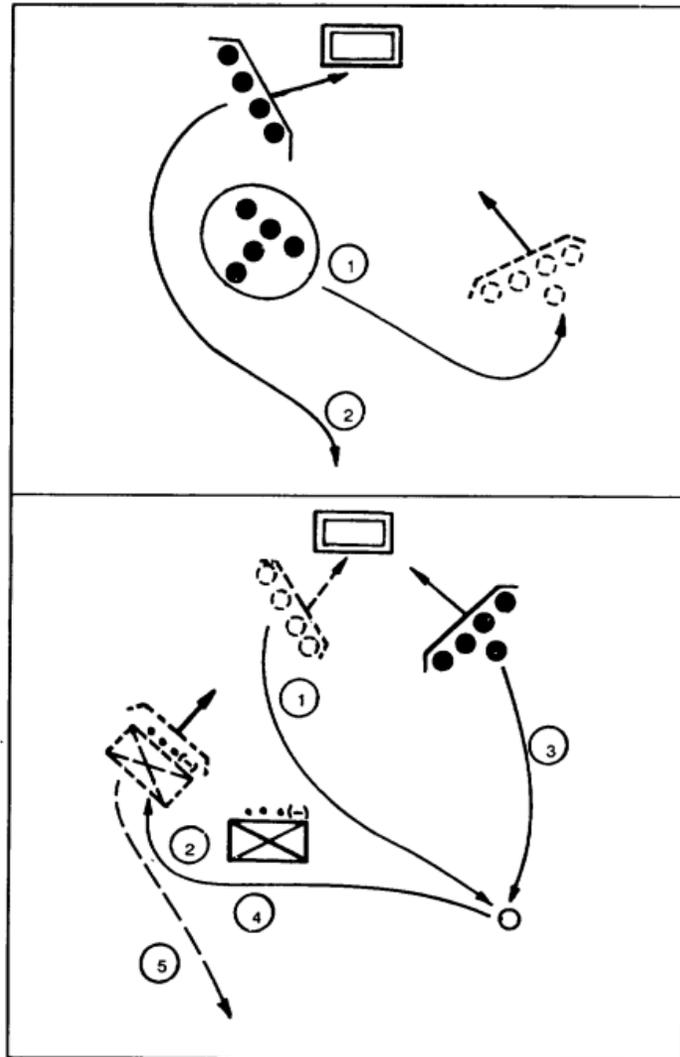


Figure 4-5. Break contact.

What type of  
maneuver is this?

Battle handoff while in contact  
with the enemy

# Military Transition Theory

**Military Transition Theory** states that the transition of entering the military, the transitions during military service and the transition of leaving the military creates opportunities for growth and susceptibilities to negative outcomes.



# Constructs of Military Transition Theory

- Military culture and experiences
- Transitions
- Health and well-being



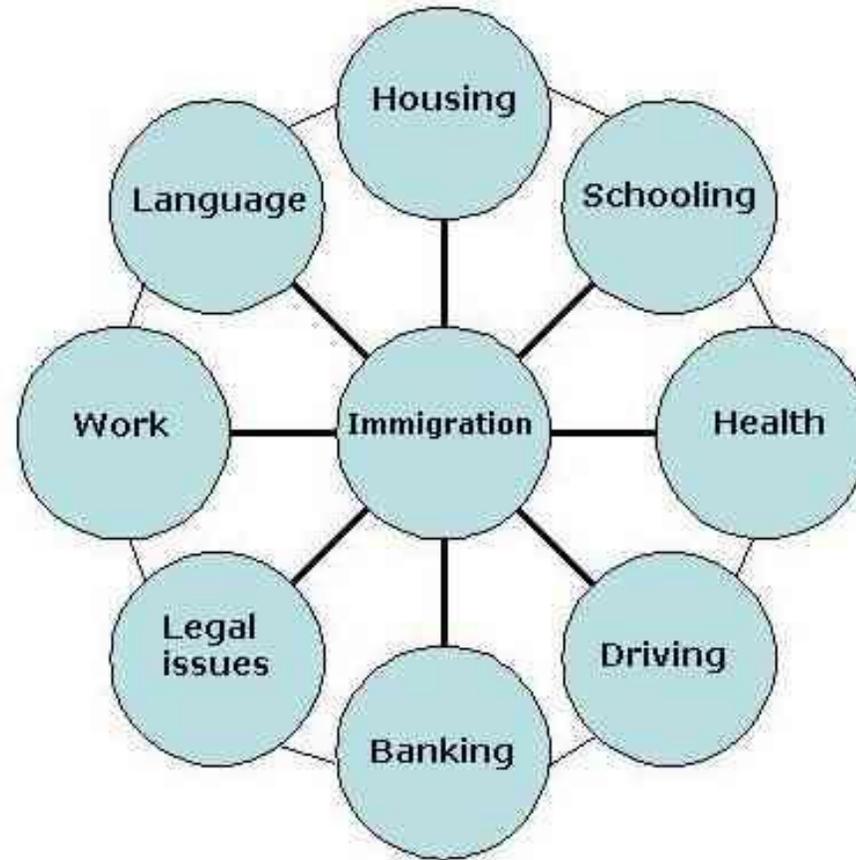
# Key Characteristics of the Military Culture

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



# Immigration as a Metaphor

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



# Disruption Points and Opportunities for Growth

**Military Transition Theory** asserts that transitions are inherently stressful for a variety of reasons:

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



**Important to appreciate that transitions can be either positive or negative or both and at the same time.**

# Types of Military Transitions

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

# Positive Aspects of Military Service

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

# Key Health and Wellbeing Outcomes

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



# A Successful Military Transition

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



# Support for Military Transition Theory

# Examples of Hypotheses Derived from Military Transition Theory

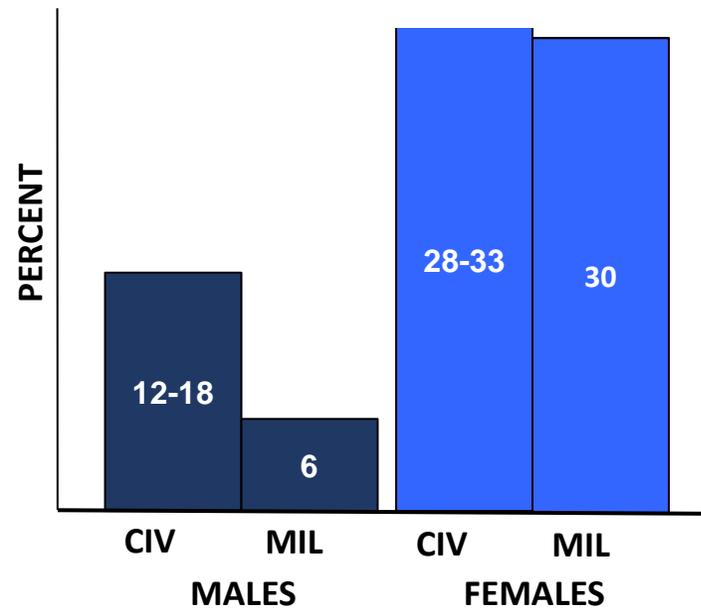
**Military Transition Theory** postulates that returning home from combat and deployments can make reintegration difficult, which can be magnified by the trauma and stressors of the deployment.

# Examples of Hypotheses Derived from Military Transition Theory

**Military Transition Theory** postulates new recruits to the military to be more vulnerable to sexual attacks due to their lack of a strong social network.

# Sexual Assaults in the Military

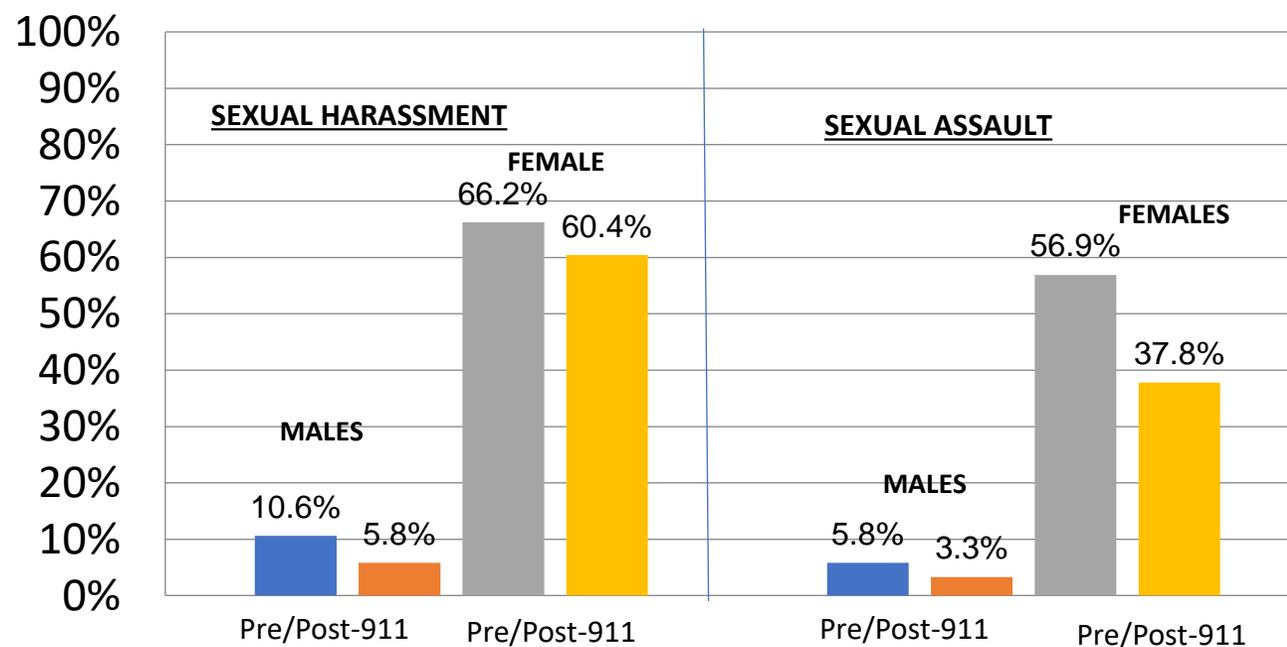
Female and Male with Prior History of  
“Unwanted Sexual Contact”  
(Sexual Assault)  
Before Entering the Military



**3 - 5 X more likely to be sexual  
assault victims.**

# Sexual Harassment and Sexual Assault

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



# Empirical Findings

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

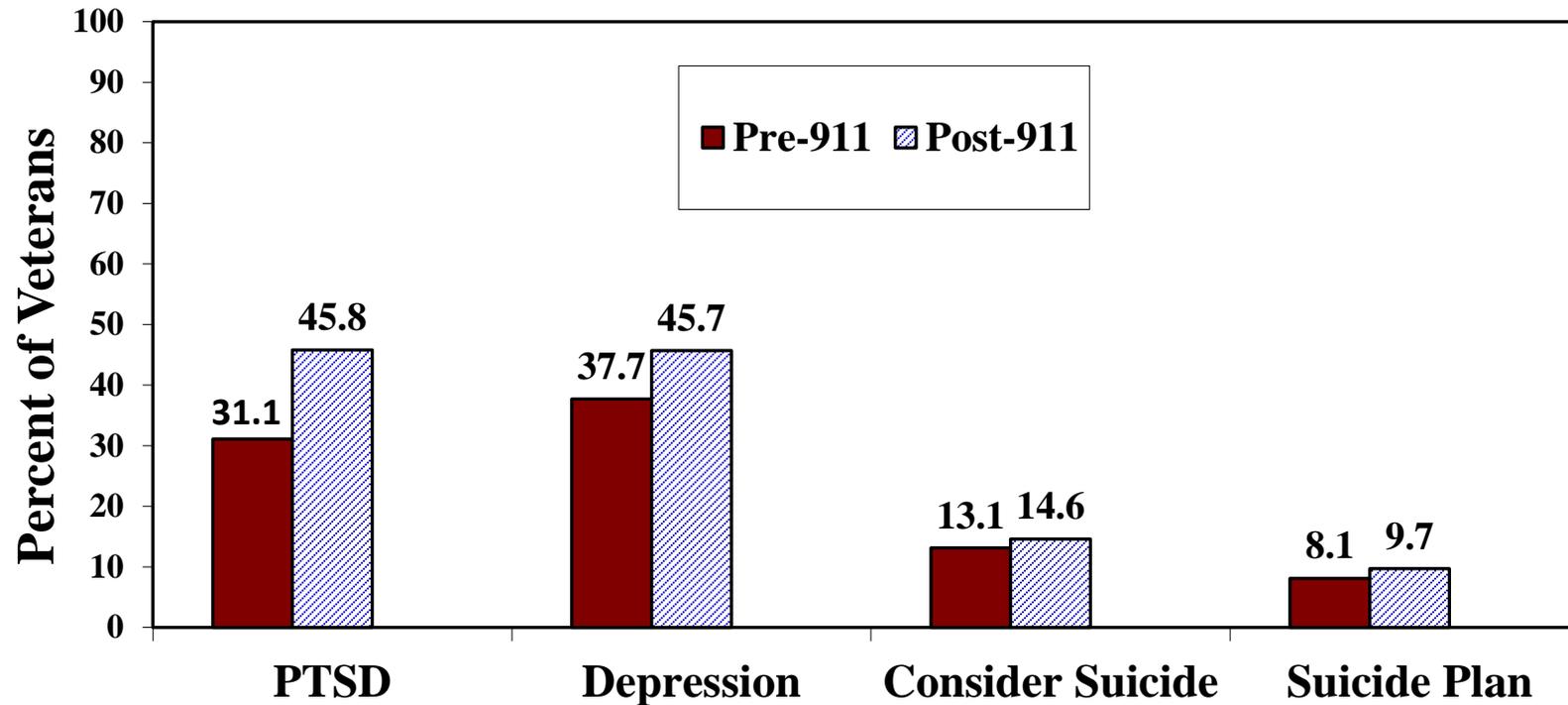
# Examples of Hypotheses Derived from Military Transition Theory

**Military Transition Theory** postulates that service members are at most risk of dying by suicide when they join the military, when the return from deployment and when they leave the military.

# Psychological Health of Veterans



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

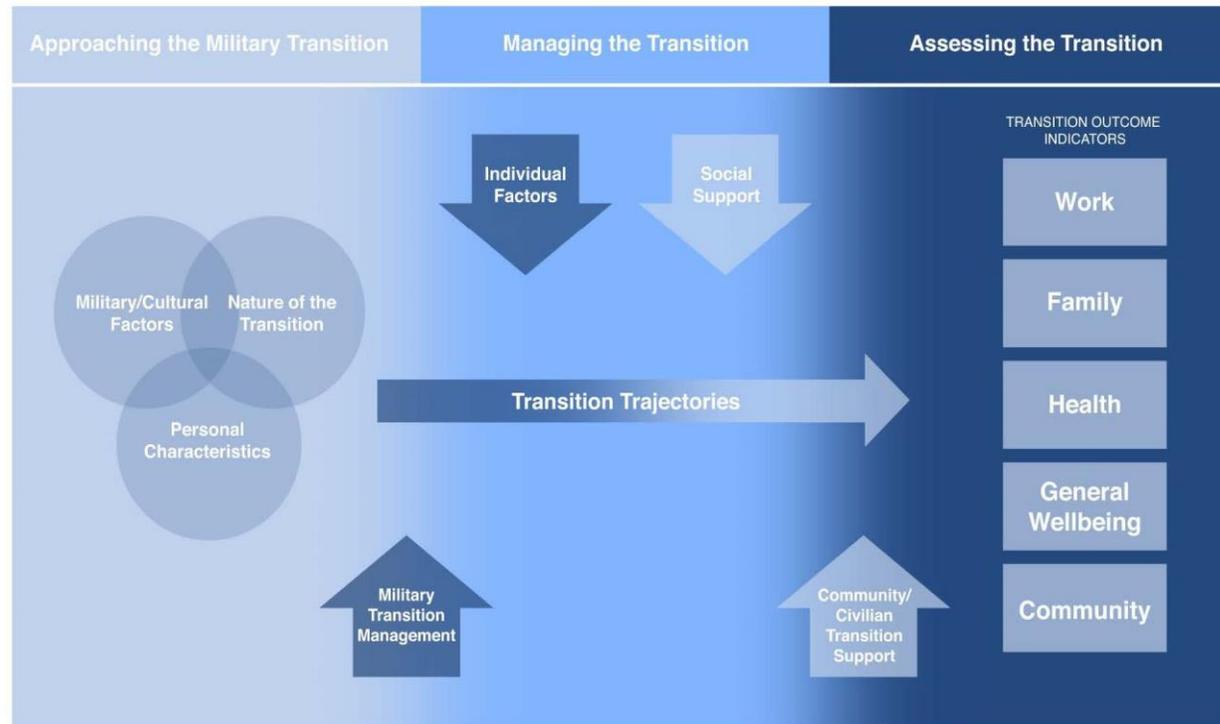


# Empirical Findings

- 25% of all suicides in the military occur during the first two years of active service.
- At the peak of the wars in Iraq and Afghanistan, one half of all suicides in the Army occur within 6 months of returning home from a deployment.
- The highest rates of suicide among military veterans occurs within two years of leaving the military.



## MILITARY TRANSITION THEORY



From Castro and Kintzle (2025)

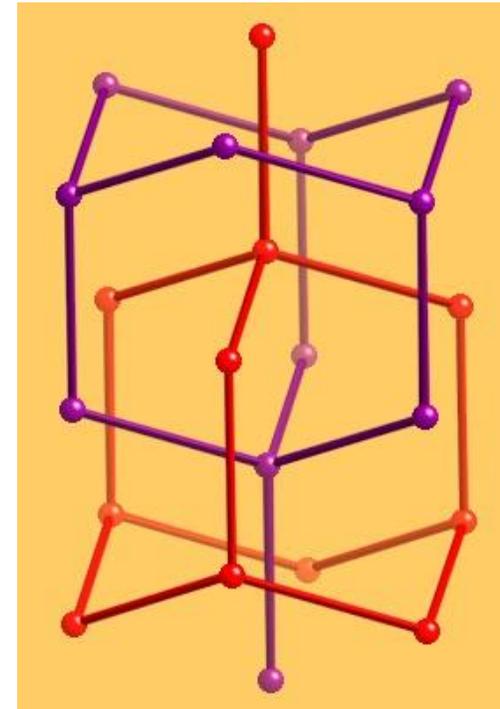
Important Domains:

- Individual
- Social / Cultural
- Organizational
- Family
- Community

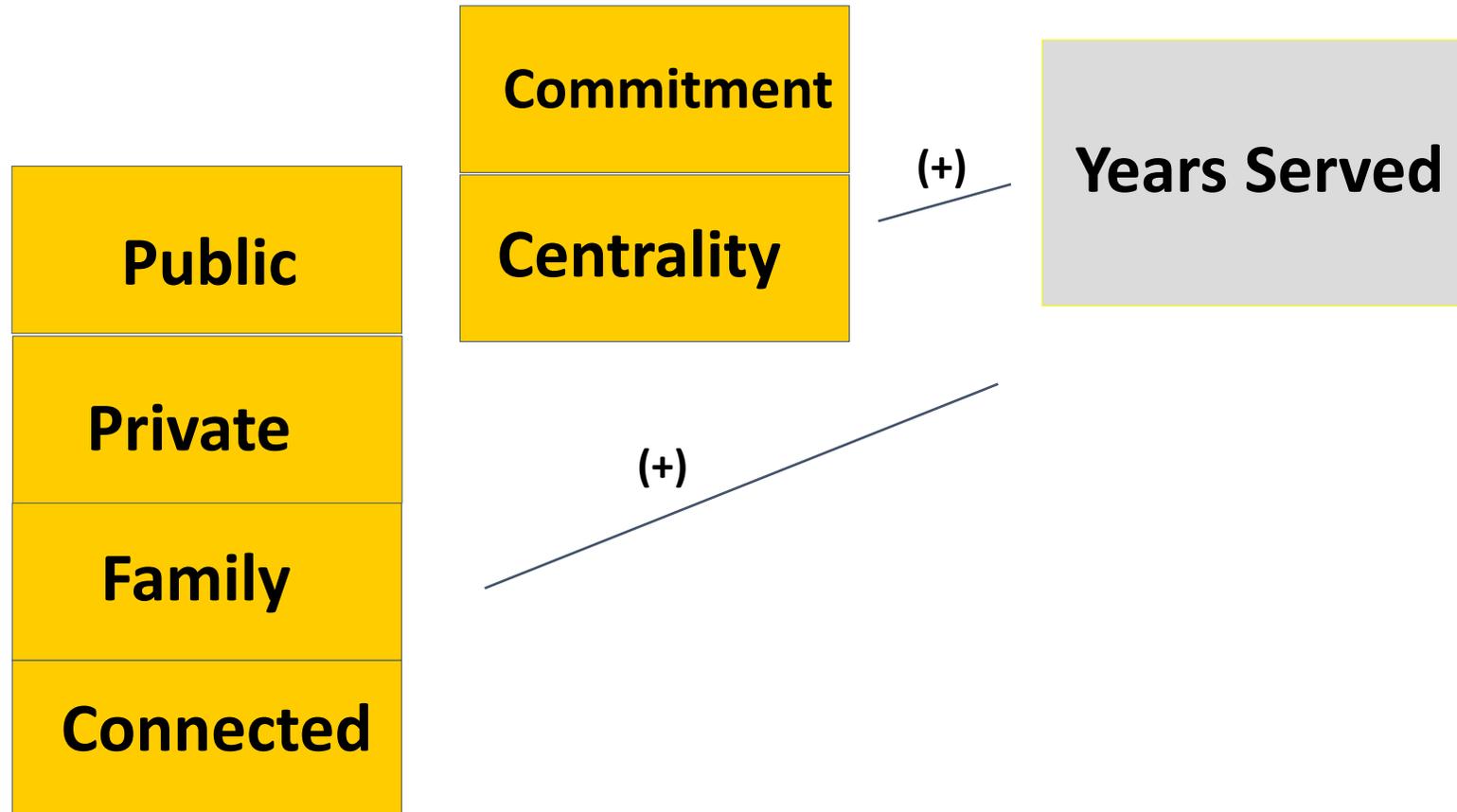


# Dimensions of Military Identity

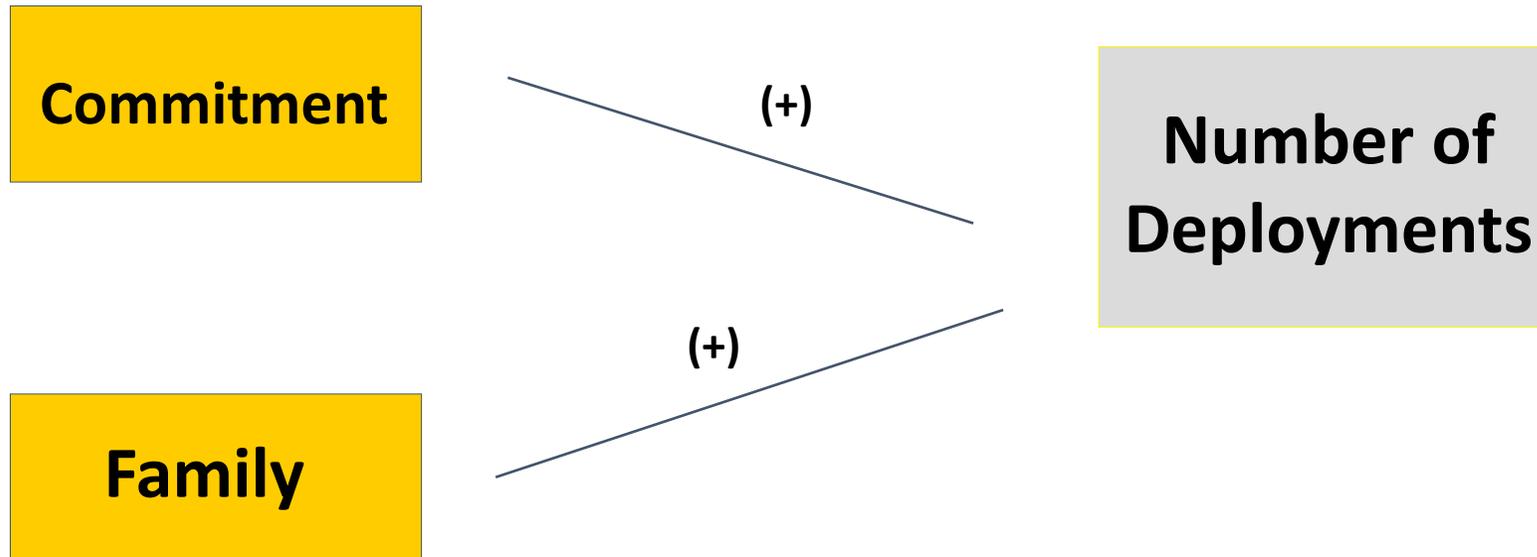
- Military identity is multidimensional
- Seven dimensions of military identity
  - Exploration
  - Commitment
  - Public
  - Private
  - Centrality
  - Family
  - Connected



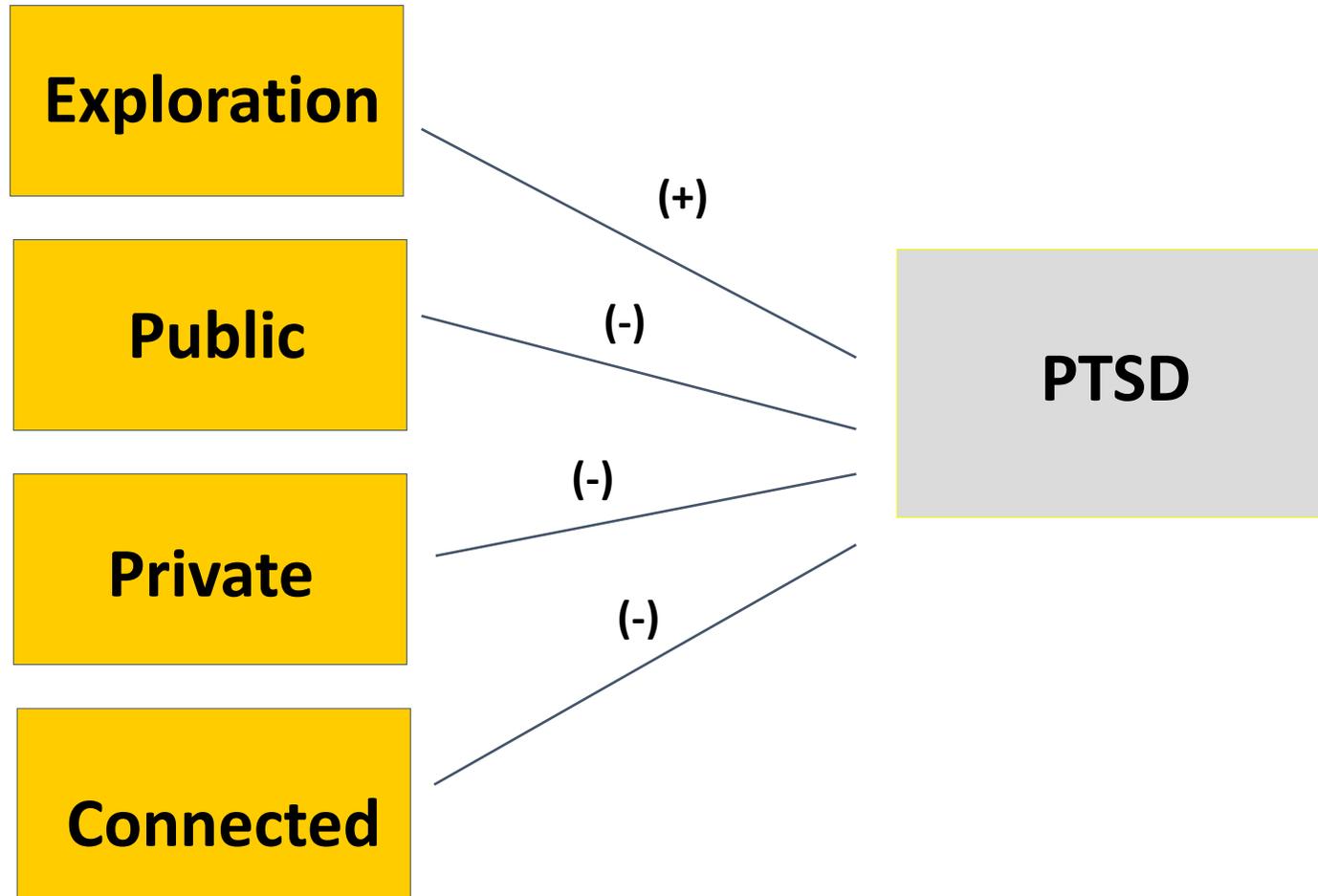
# Military Identity and Years Served



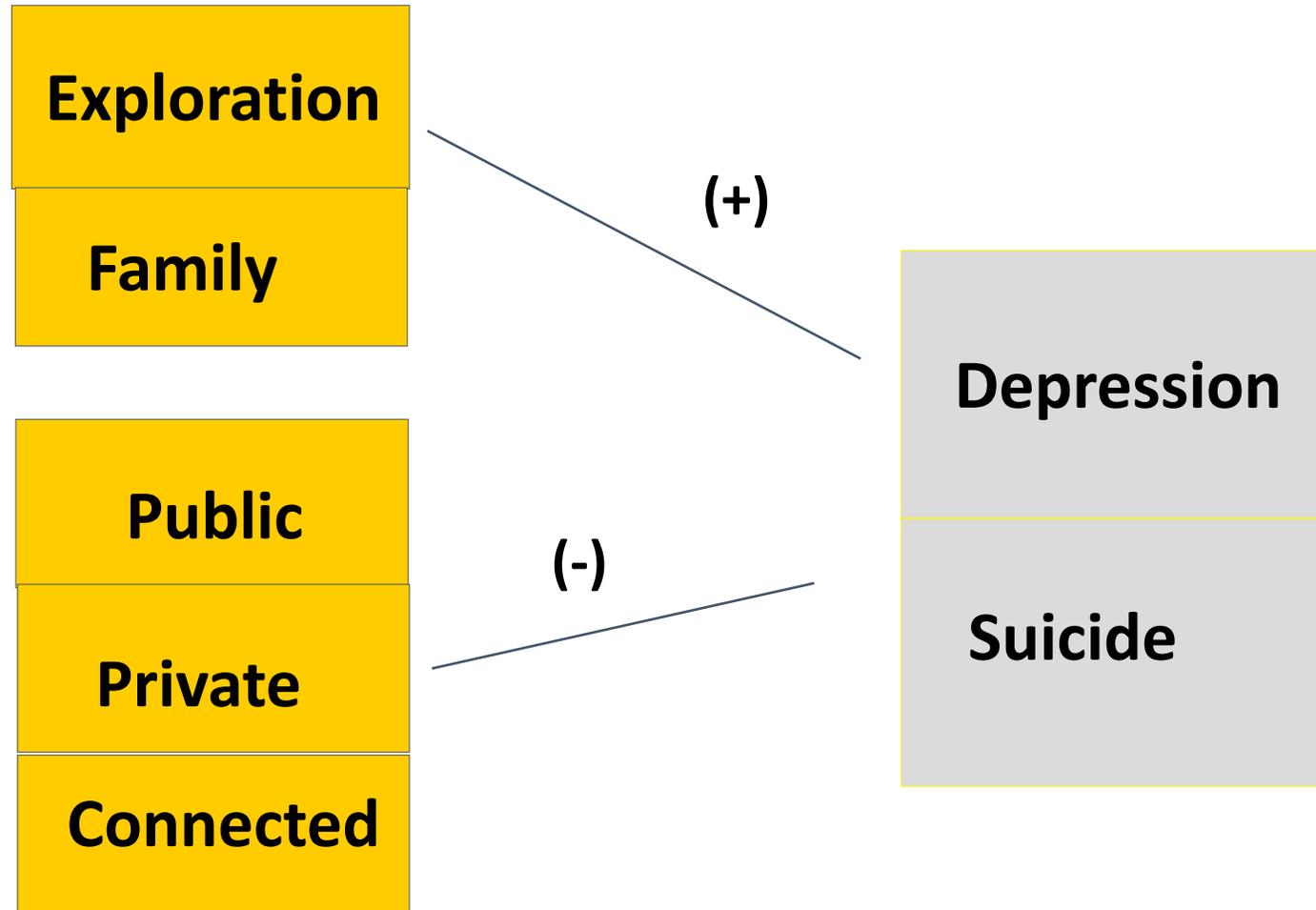
# Military Identity and Number of Deployments



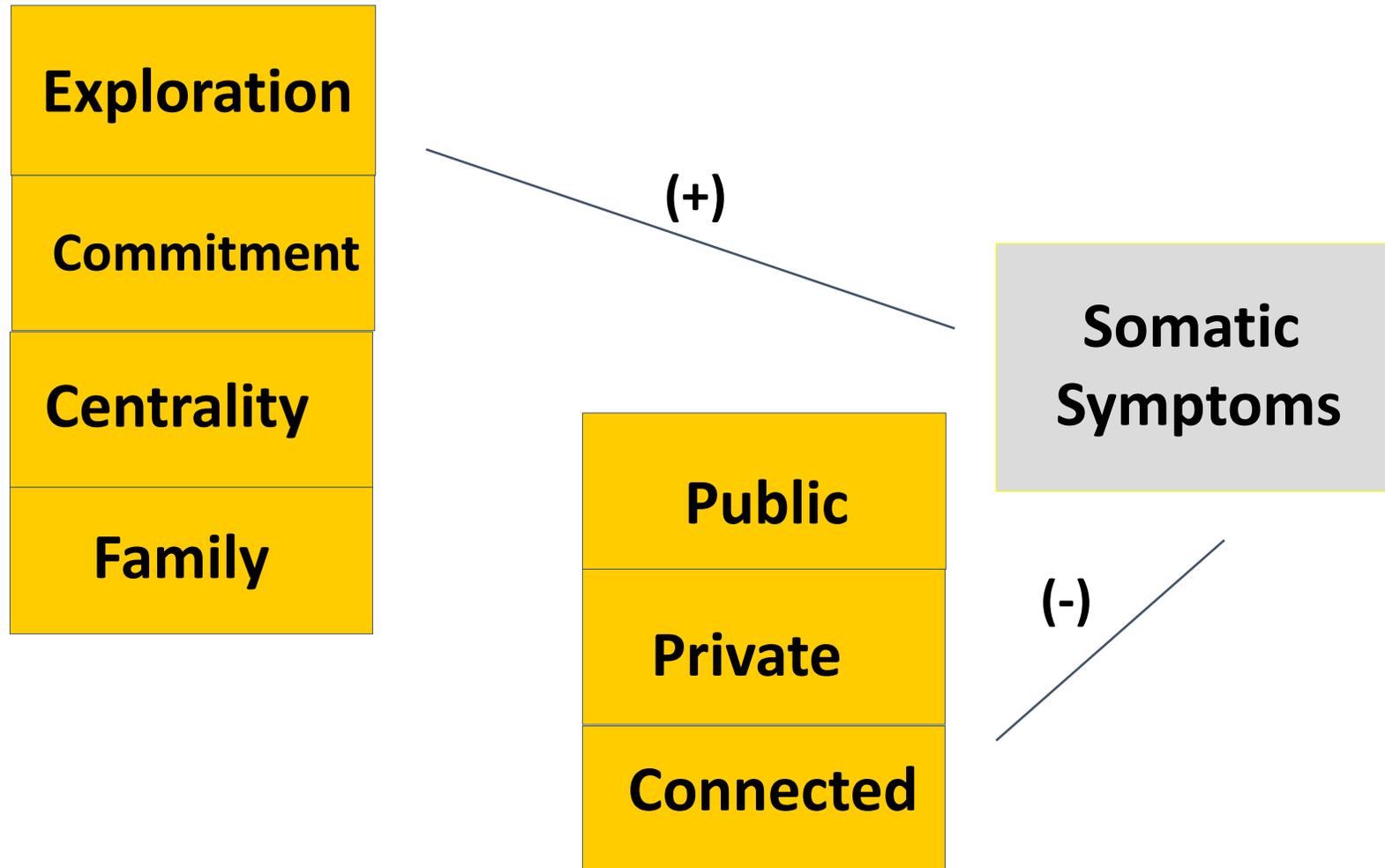
# Military Identity and PTSD



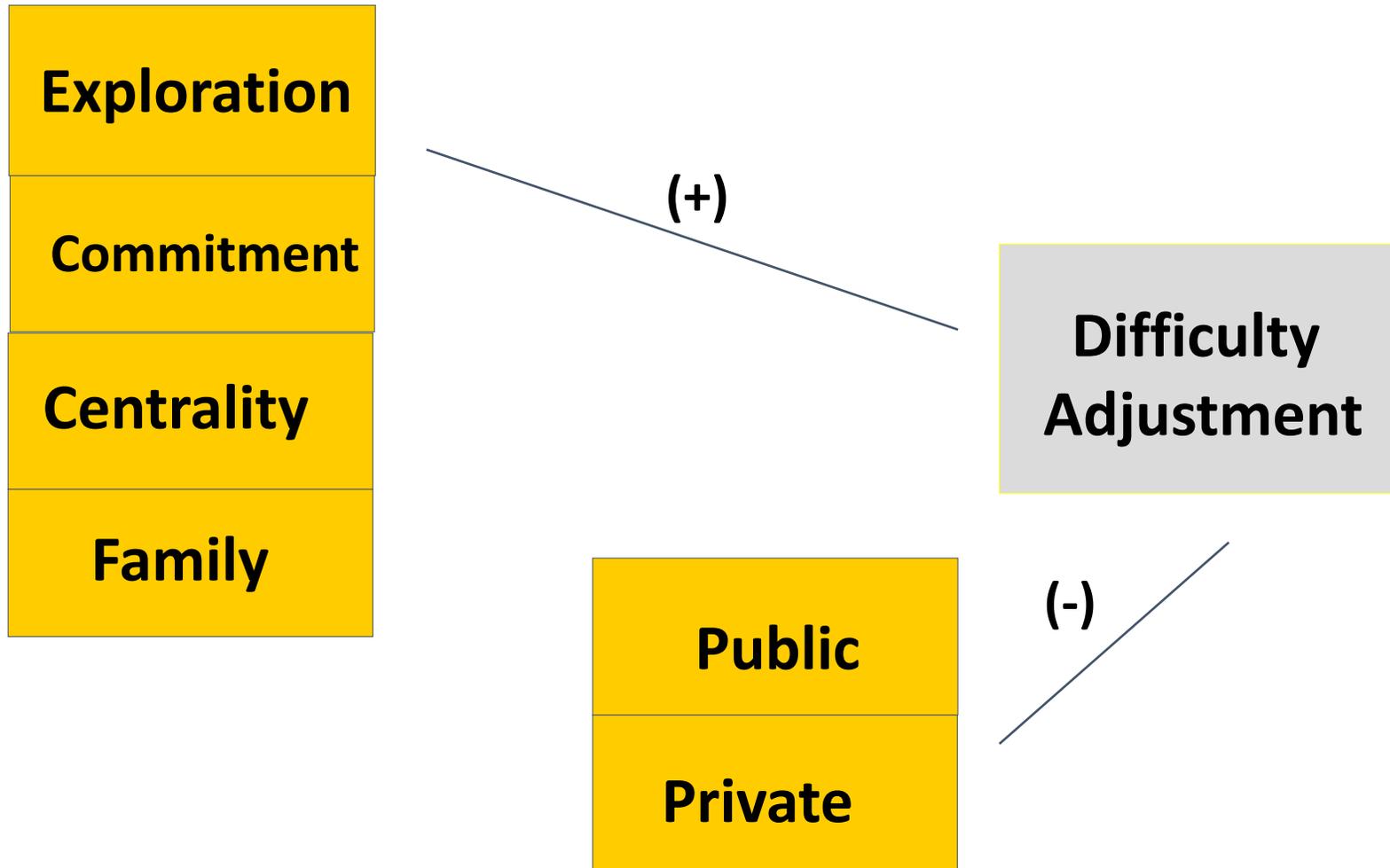
# Military Identity and Depression & Suicide



# Military Identity and Somatic Symptoms



# Military Identity and Difficulty Adjustment



# Transition and Interventions

- Key transitions are optimal times for interventions.
- Interventions should be evidence-based.
- A transition approach to intervention moves us away from a “one size fits all.”
- Transition theory recognizes that not everyone is equally vulnerable all of the time.



# Summary and Conclusions

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



# Thank You

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

# Resilience, Transition Stress, and Flexibility

George A. Bonanno, Ph.D.

Professor of Clinical Psychology, Department of Counseling and Clinical Psychology, Teachers College, Columbia University

Webinar



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Resilience, Transition Stress, and Flexibility

George A. Bonanno, Ph.D.



# Central points

- 1. Resilience (to extreme adversity) is common**
- 2. Resilience among military veterans is common**
- 3. Transition stress among veterans is common**
- 4. A key to managing transition stress (the pathway to resilience) is flexible adaptation**

# Central points

1. **Resilience (to extreme adversity) is common**

# Bad things happen

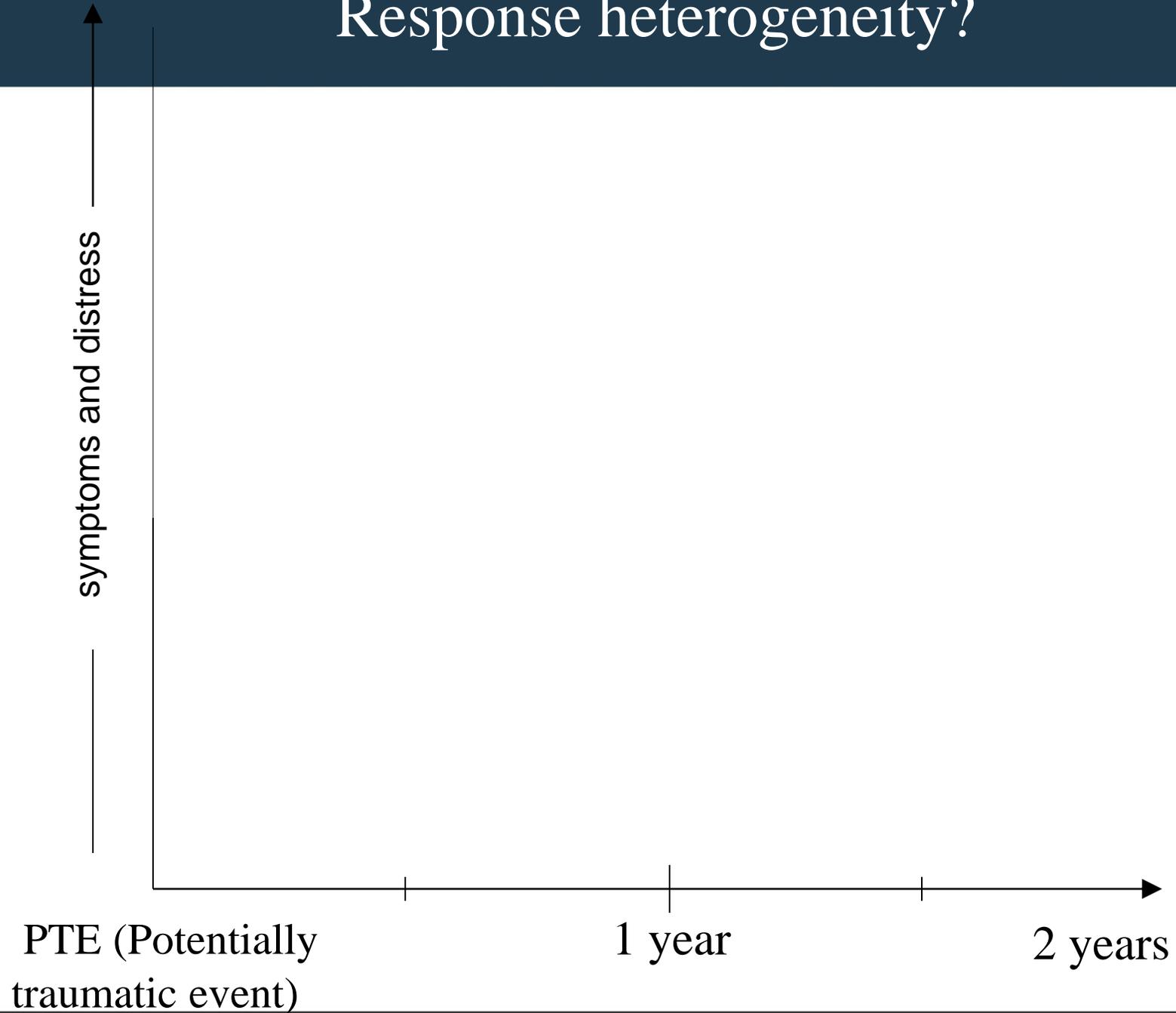


## TRAUMATIC EVENTS

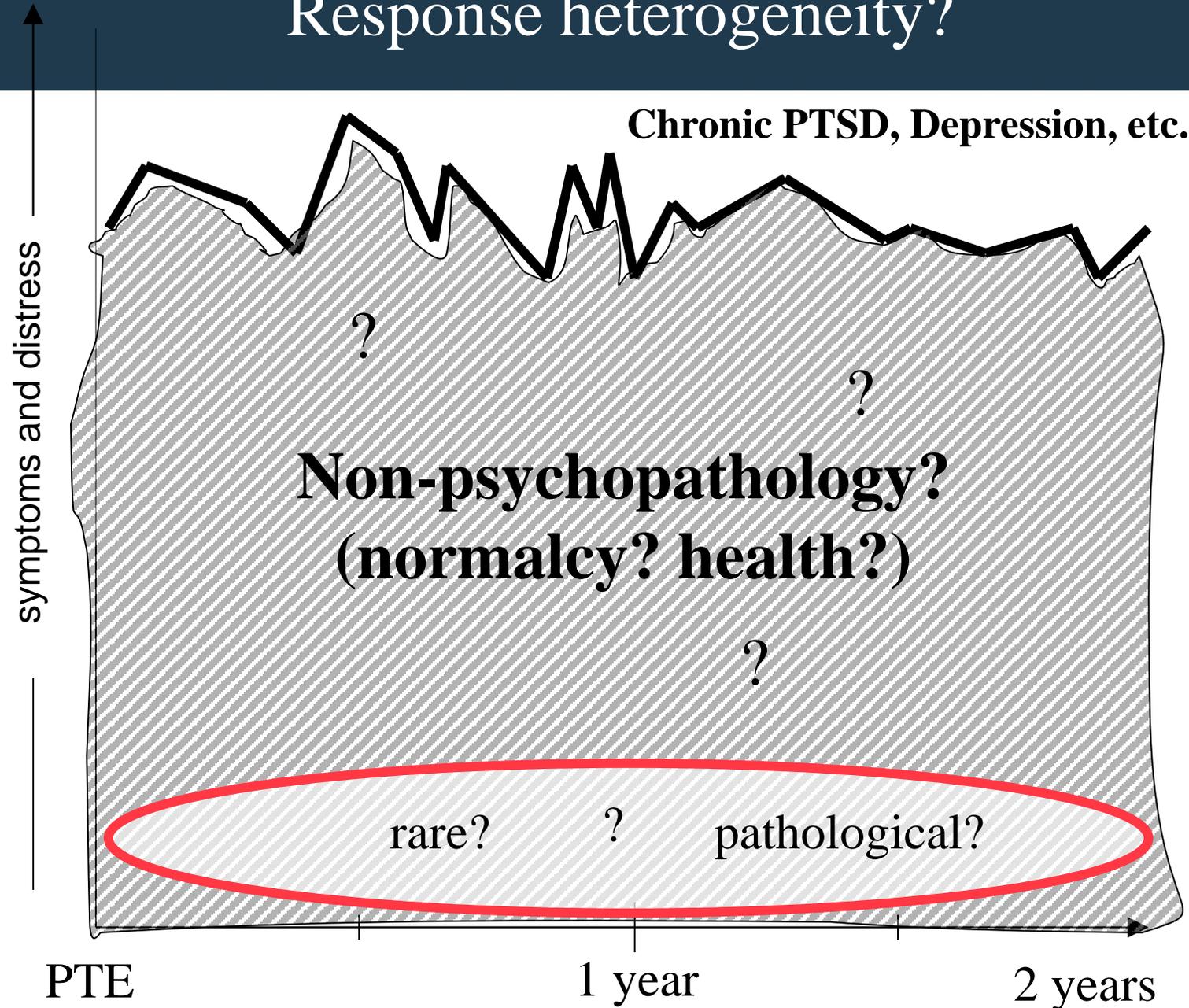


- We have tended to think of these events largely in terms of ***psychological damage***: PTSD, depression, anxiety etc.
- Led to advances in research and treatment . . . but limited in crucial ways
  1. Most important, its overly simplistic. Fails to account for heterogeneity in responses to potential trauma (health is more than the absence of disease)

# Response heterogeneity?

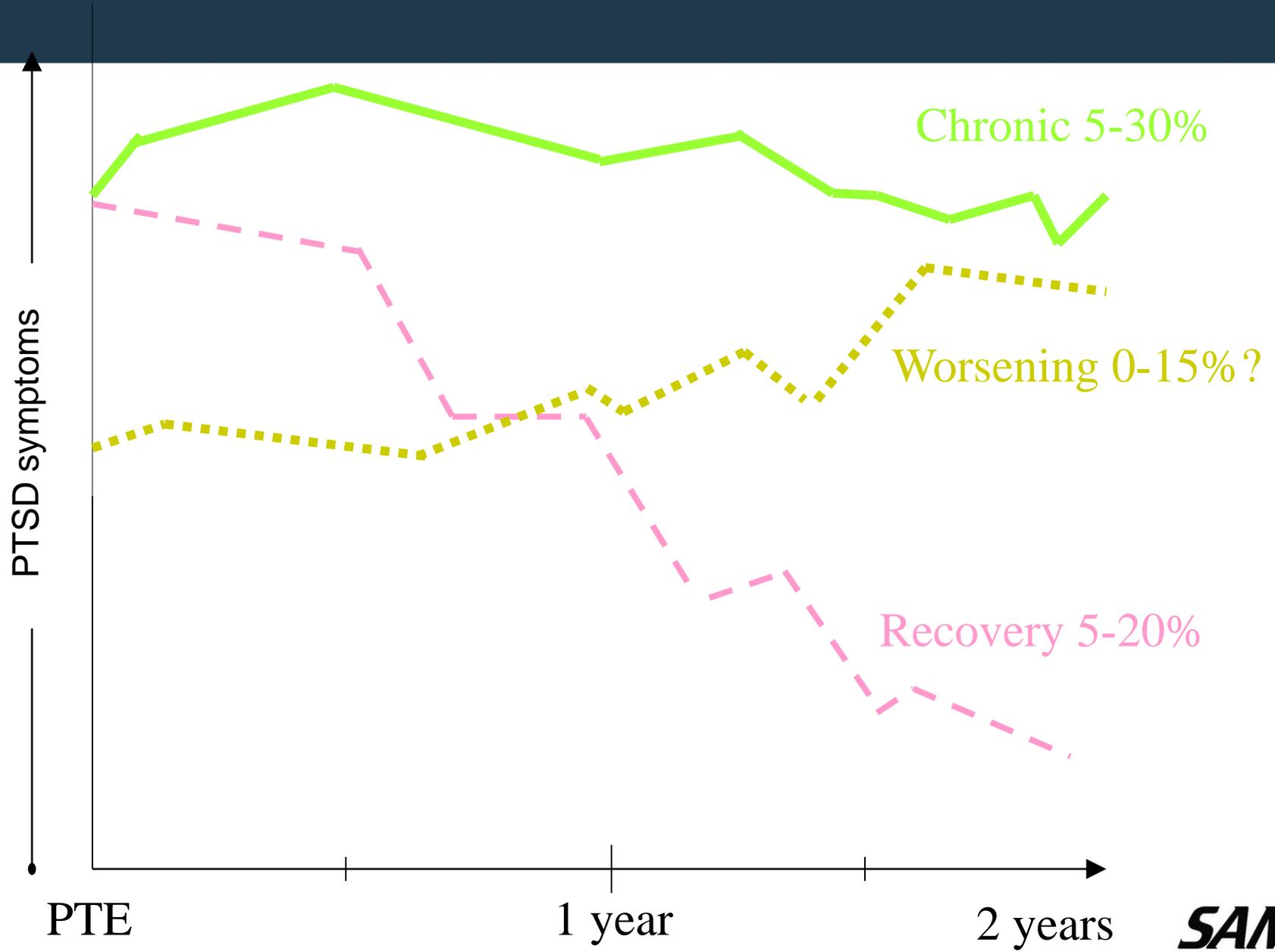


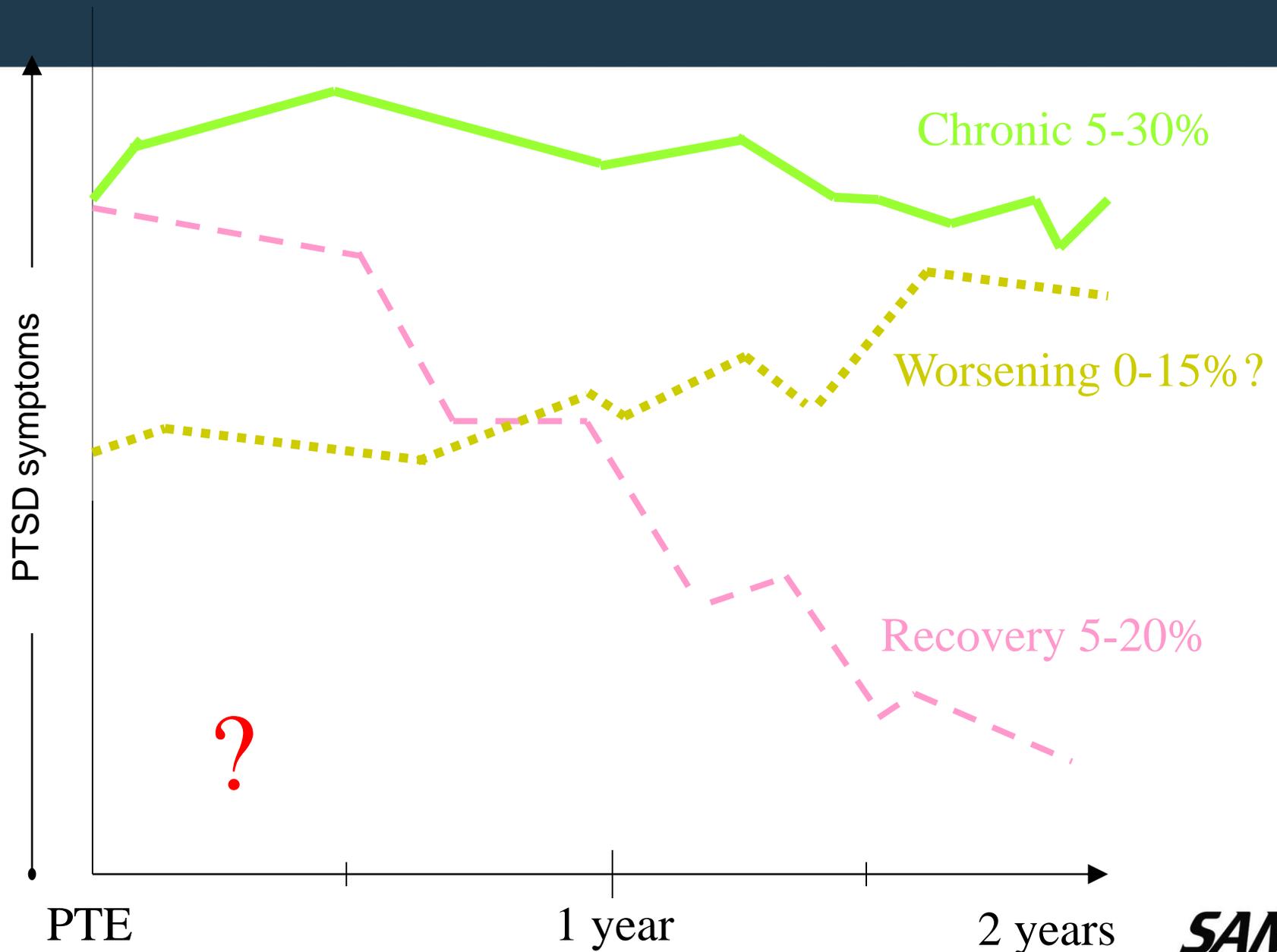
# Response heterogeneity?

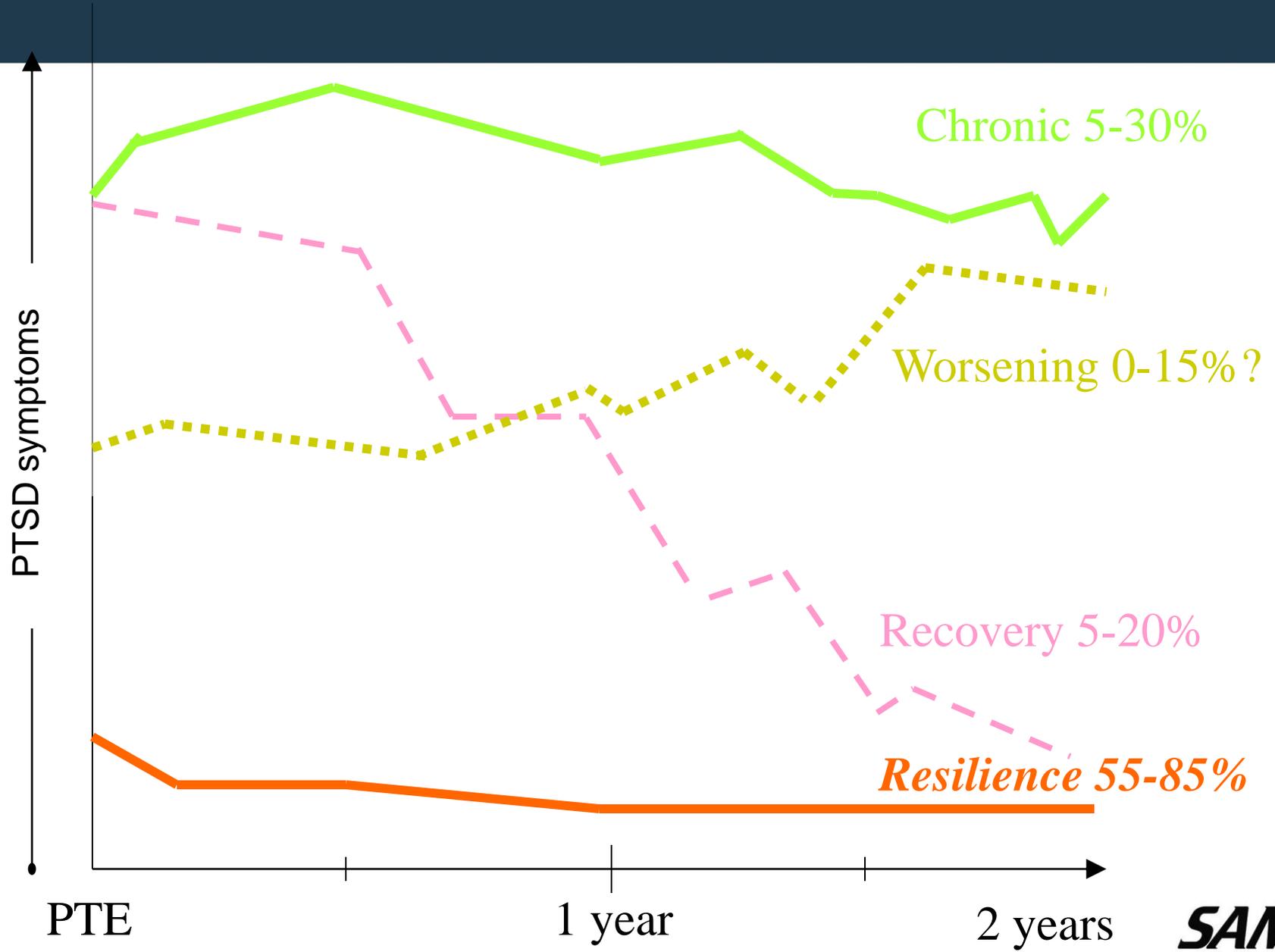


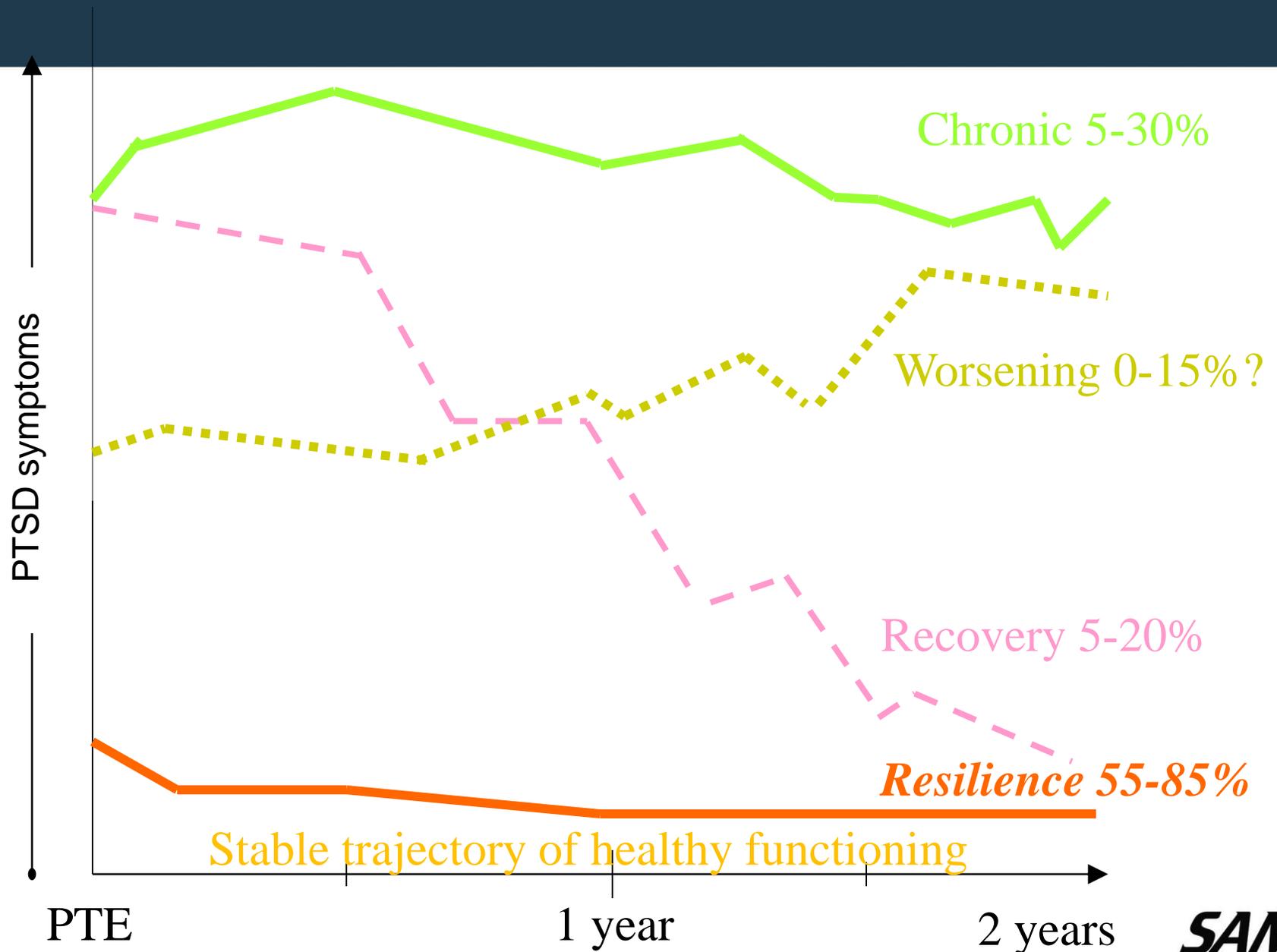
# 30 years of mapping heterogeneity

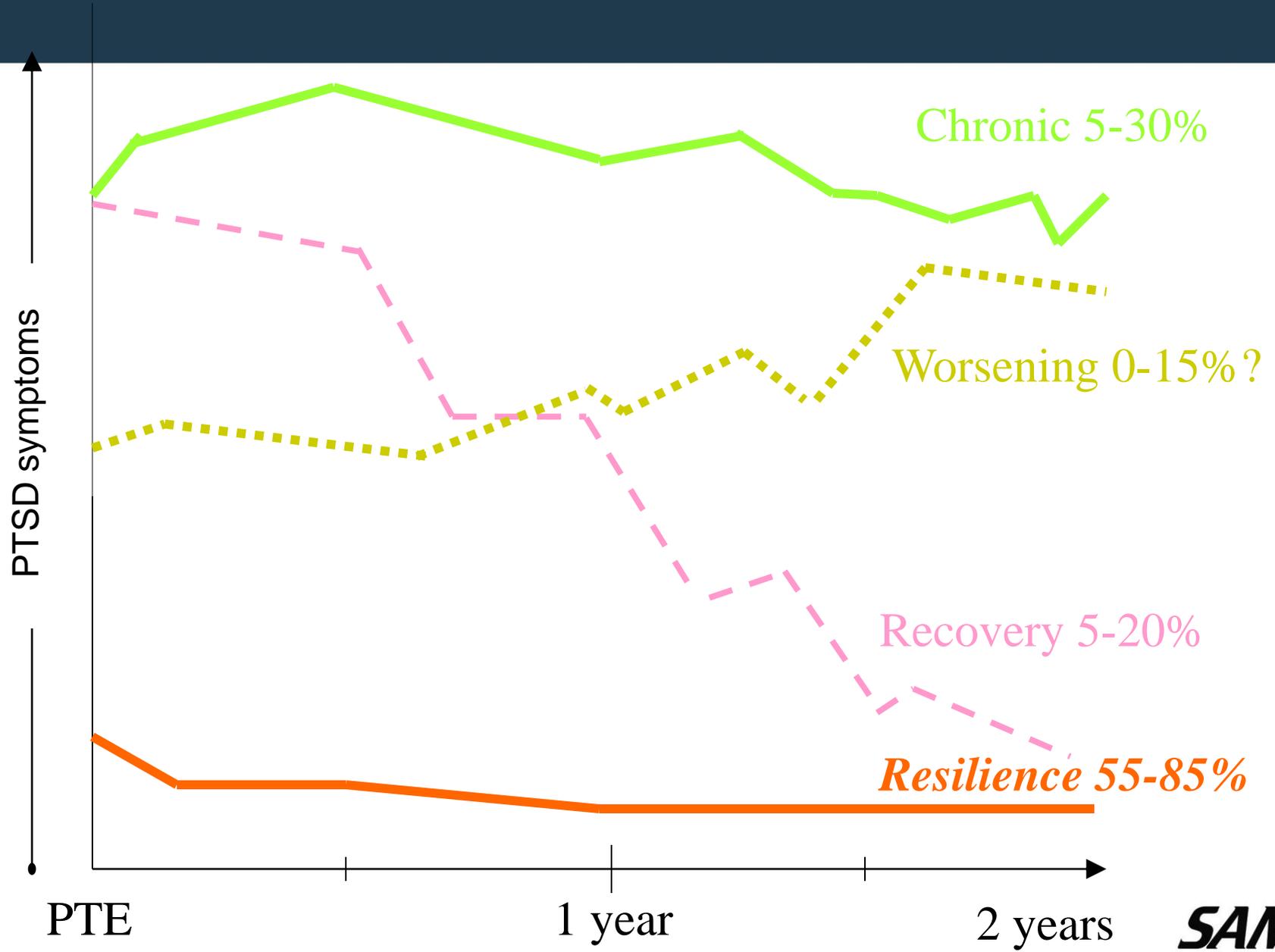
- Rather than focusing on extremes (e.g., PTSD vs. no PTSD) . . .
  - . . . my research attempted to understand the natural diversity in outcomes following PTEs
- Prototypical patterns or “trajectories”











## A partial list of recent studies

Bryant et al. (2015)  
 \*deRoos-Cassini, Mancini, Rusch, & Bonanno (2010)  
 \*Maccallum, Galatzer-Levy & Bonanno (2015)  
 \*Galatzer-Levy & Bonanno (2014)  
 \*Burton, Galatzer-Levy, and Bonanno (2015)  
 \*Galatzer-Levy, Mancini, & Bonanno (2010)  
 \*Stolov, Galatzer-Levy & Bonanno (2015)  
 \*Mandavia & Bonanno (2019)  
 Self-Brown Lai, Harbin, & Kelley (2014)  
 Pietrzak et al. (2014)  
 \*Galatzer-Levy and Bonanno (2014)  
 \*Zhu, Galatzer-Levy, and Bonanno (2014)  
 \*Orcutt, Bonanno, Hannan, & Miron (2014)  
 Mancini et al., (2015)  
 Bombardier et al. (2015)  
 \*Bonanno, Kennedy, Galatzer-Levy, Lude Elfström (2012)  
 Sigurdardottir, Andelic, Roe, & Schanke (2014)  
 Hong et al. (2014)  
 Andersen, Karstoft, Bertelsen, & Madsen (2014)  
 \*Bonanno, Mancini et al. (2012)  
 \*Donoho, Bonanno et al. (2017)  
 \*Galatzer-Levy et al. (2014)  
 \* McGiffin, Galatzer-Levy, & Bonanno (2019)  
 \*Malgaroli, Galatzer-Levy, & Bonanno (2017)

\* = studies from Bonanno lab

Stressor (PTE)	resilience
Traumatic injury	73%
Traumatic injury	60%
Bereavement	68%
Bereavement	66%
Cancer	74%
Job loss	82%
Job loss	60%
Hurricane disaster	84%
Hurricane disaster	79%
First Responder	58%
Heart attack	68%
Chronic pain	72%
Mass shooting	61%
Mass shooting	59%
Spinal cord injury	64%
Spinal cord injury	66%
Traumatic brain injury	74%
Witness accident	73%
Combat deployment	76%
Combat deployment	83%
Combat exposure	81%
Police, various trauma	77%
Disability onset	57%
Divorce	67%

# Review of 67 trajectory analyses (variety of modeling approaches)

Trajectory frequency in relation to PTEs

- Resilience (65.7%)
  - Recovery (20.8%)
  - Chronic (10.6%)
  - Delayed onset (8.9%)
- Two thirds**

# Central points

- 1. Resilience (to extreme adversity) is common**
- 2. Resilience among military veterans is common**

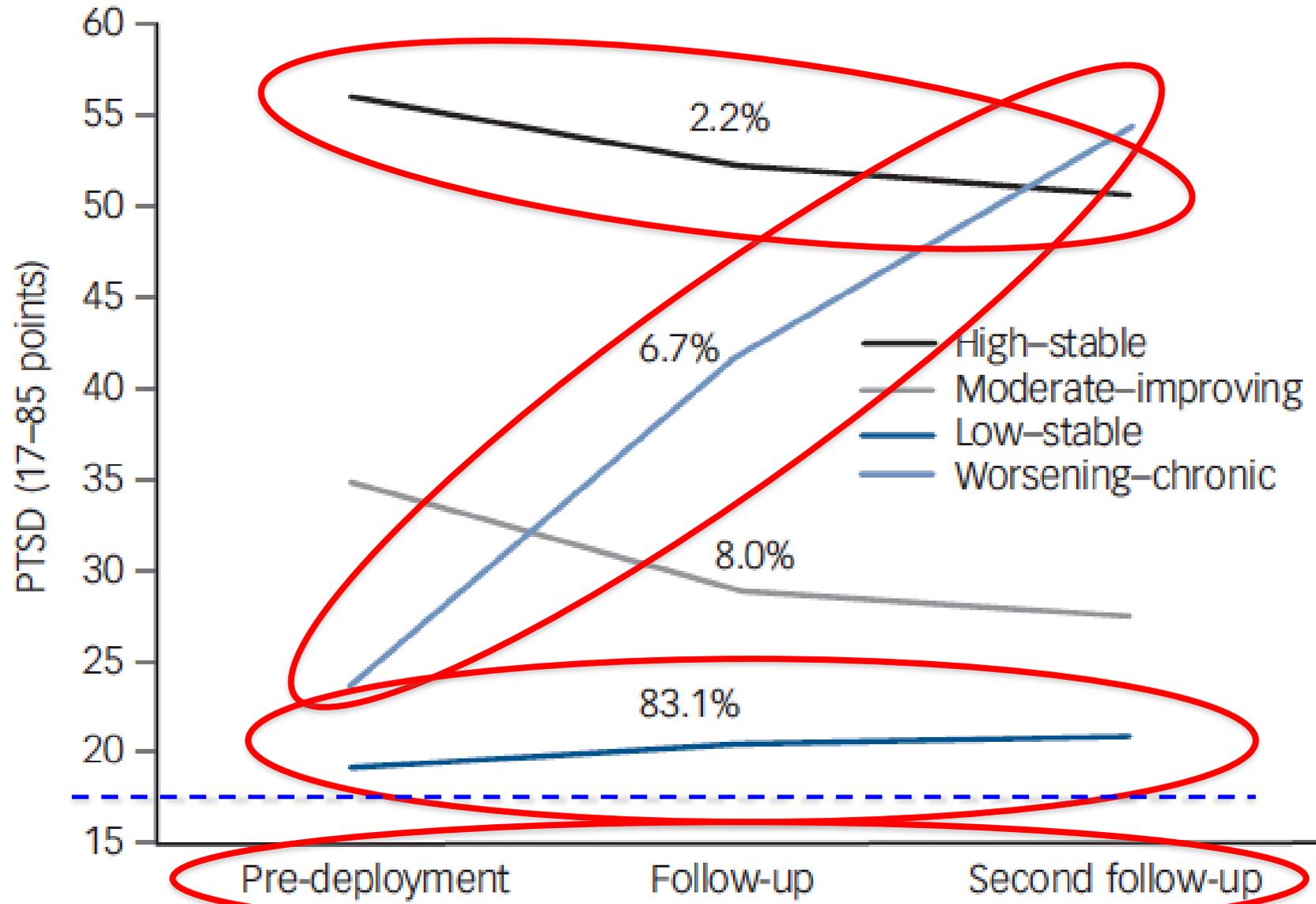
# Veterans

- ≈2.8 million US troops have deployed since 2001
- At present, vet services are focused primarily on PTSD
- Problematic because . . .
  - Vets with PTSD often do not seek treatment due to concerns about stigmatization
  - Among vets who do seek treatment for PTSD, majority continue to suffer elevated symptoms . . .
  - Treatment dropout rates remain extremely high

# Veterans

- Even more problematic . . .
- . . . contrary to popular myth, most veterans do not suffer from PTSD
- i.e., for most veterans, PTSD is not the problem

# Millennium Cohort Study



# Veterans

- Several prospective studies (pre-post deployment) have now been conducted, each reporting chronic PTSD trajectory rates of apprx. 7% <sup>1</sup>
- Then what is the problem?
- ???????

<sup>1</sup> Bernsten et al., 2012; Bonanno et al., 2012; Donoho et al., 2017; Engelhard et al., 2007

# Central points

- 1. Resilience (to extreme adversity) is common**
- 2. Resilience among military veterans is common**
- 3. Transition stress among veterans is common**

# Veterans

- Several prospective studies (pre-post deployment) have now been conducted, each reporting chronic PTSD trajectory rates of approx.. 7% <sup>1</sup>
- Then what is the problem?
- . . . the *stress of transitioning* from active duty to civilian life
- Recent surveys suggest 44% to 72% of veterans experience high levels of transition stress <sup>2</sup>
- Transition stress predicts later psychological and health problems, including suicidal ideation <sup>3</sup>

<sup>1</sup> Bernsten et al., 2012; Bonanno et al., 2012; Donoho et al., 2017; Engelhard et al., 2007

<sup>2</sup> Castro, 2016 et al.; Morin, 2011

<sup>3</sup> Interian et al., 2012; Klein et al. 2011



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# Clinical Psychology Review

journal homepage: [www.elsevier.com/locate/clinpsychrev](http://www.elsevier.com/locate/clinpsychrev)



Review

## Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans



Meaghan C. Mobbs, George A. Bonanno\*

*Columbia University, Teachers College, New York, NY 10027, United States*

### H I G H L I G H T S

- Current interventions/supports for veterans have focused primarily on PTSD.
- PTSD in veterans is infrequent while transition stress is highly prevalent.
- Transition stress is multifaceted and can lead to serious mental health problems.
- We review and elaborate on components of transition stress.

### A R T I C L E I N F O

*Keywords:*

Veteran  
Transition  
Stress  
War  
PTSD

### A B S T R A C T

Although only a relatively small minority of military veterans develop Posttraumatic Stress Disorder (PTSD), mental health theory and research with military veterans has focused primarily on PTSD and its treatment. By contrast, many and by some accounts most veterans experience high levels of stress during the transition to civilian life, however transition stress has received scant attention. In this paper we attempt to address this deficit by reviewing the wider range of challenges, rewards, successes, and failures that transitioning veterans might experience, as well as the factors that might moderate these experiences. To illuminate this argument, we briefly consider what it means to become a soldier (i.e., what is required to transition into military service) and more crucially what kind of stressors veterans might experience when they attempt to shed that identity (i.e., what is required to transition out of military service). We end by suggesting how an expanded research program on veteran transition stress might move forward.

# Identity exploration and identity confusion

- Emerging adulthood (18-25)
  - Who am I? What do I believe? Where do I fit in? What do I value?
  - What kind of relationship? What kind of family do I want?
  - What kind of work am I good at? What kind of work would I find satisfying for the long term? What are my chances of getting a job in the field that seems to suit me best?
  - Resolution to arrive at enduring choices

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American psychologist*, 55(5), 469.

# Loss, Trauma and Transition Stress (LOTTTS) Interview

- Open ended questions with lengthy period to respond, followed by specific follow-up questions and self-report ratings
- 1. Deployment-related potential trauma and loss
  - Potential trauma
    - Serious injuries
    - Witnessing others injured or killed
    - Killing others
  - Loss/grief
    - death of other soldiers

# Loss, Trauma and Transition Stress (LOTTTS) Interview

## 2. Transition stress

- Employment
- Finances
- Relations with other on job
- Relations with spouse, children
- Relations with other family
- Relations with non-military friends
- Leisure time
- Dealing with civilian laws

# Central points

- 1. Resilience (to extreme adversity) is common**
- 2. Resilience among military veterans is common**
- 3. Transition stress among veterans is common**
- 4. A key to managing transition stress (the pathway to resilience) is flexible adaptation**

# 7 Main Characteristics of a Resilient Person

## Five Traits of Resilient People

*And how you can get them too!*

## The 3 Traits of Highly Resilient People

form. Community  
utors do not reflect  
ailable [here](#).

## 8 Characteristics of Resilient People

🕒 4 minutes



# Up to 50 unique correlates . . .

## but small effects

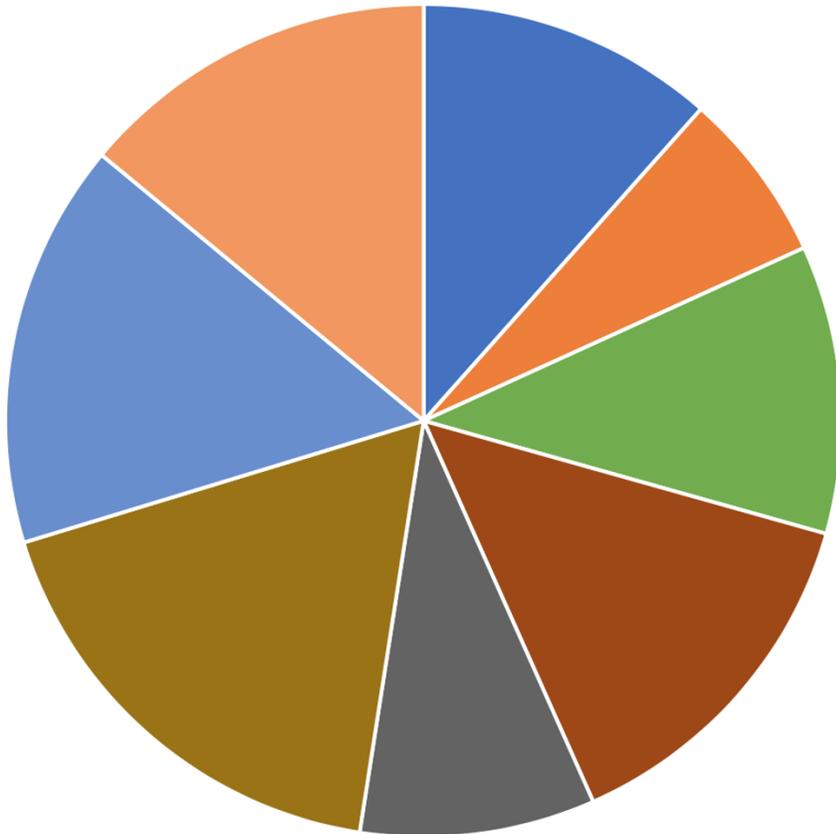
- **Pre-event context**
  - Demographic factors (older, male, greater education)
  - Preparation and prior exposure
  - Economic resources (employment, income).
  - Beliefs (acceptance of death, justice, shared cultural norms)
  - Social resources (support, social network)
  - Personality (trait self-enhancement, optimism, hardiness, coping self-efficacy, perceived control, etc.)
  - Genetic and epigenetic factors
- **Proximal exposure**
  - Witnessing death, serious injury to others
  - Objective danger to self
  - Extent of loss (death, loss of property)
- **The aftermath (distal exposure)**
  - distal exposure (loss of economic, personal, or health resources)
  - Reduced search for meaning, worry, rumination
  - Reduced ongoing stress
  - Coping and emotion regulation
  - Positive emotion

Bonanno et al., (2010). *PSPI*;  
Bonanno et al., (2011), *Annual  
Review of Clinical Psych*

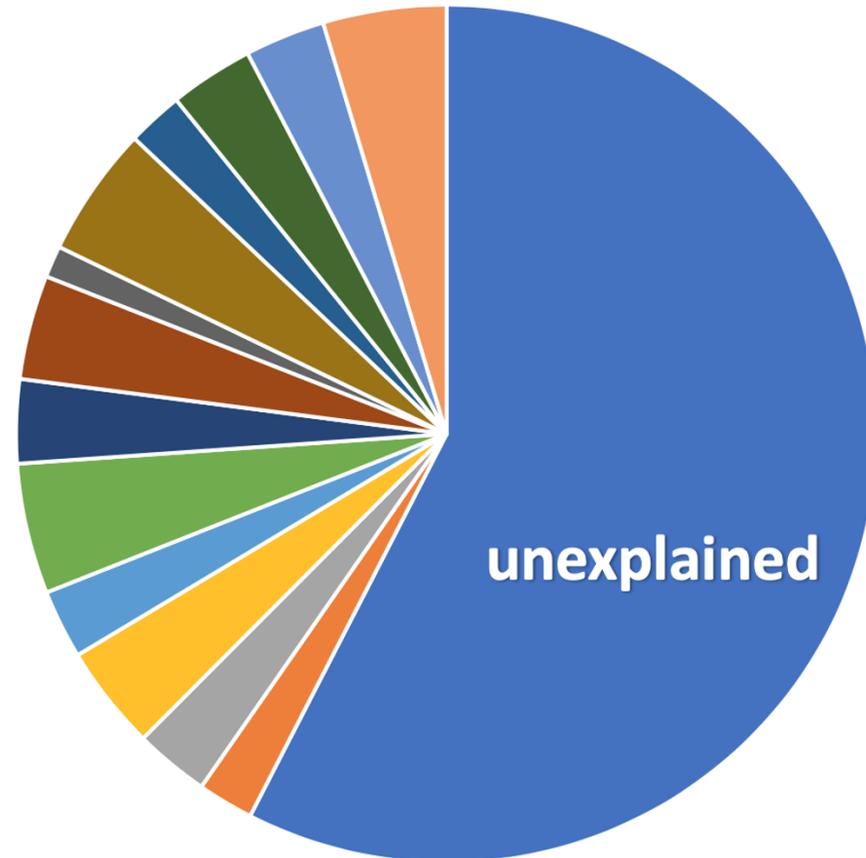
# The resilience paradox

*We know the individual correlates of resilience, but they tell us little about who will be resilient and who not.*

***Idealized resilience pie***



***Realistic resilience pie***



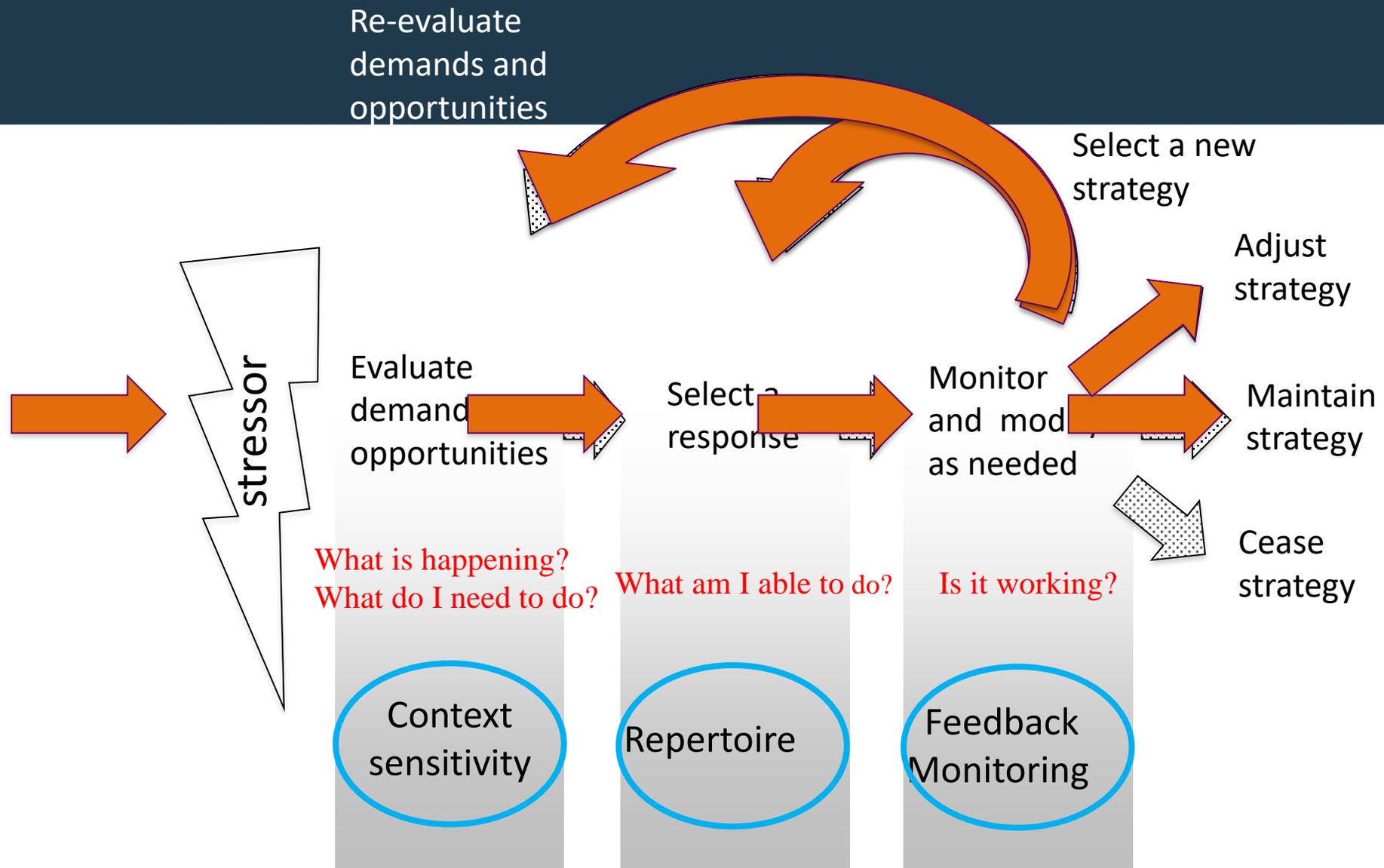
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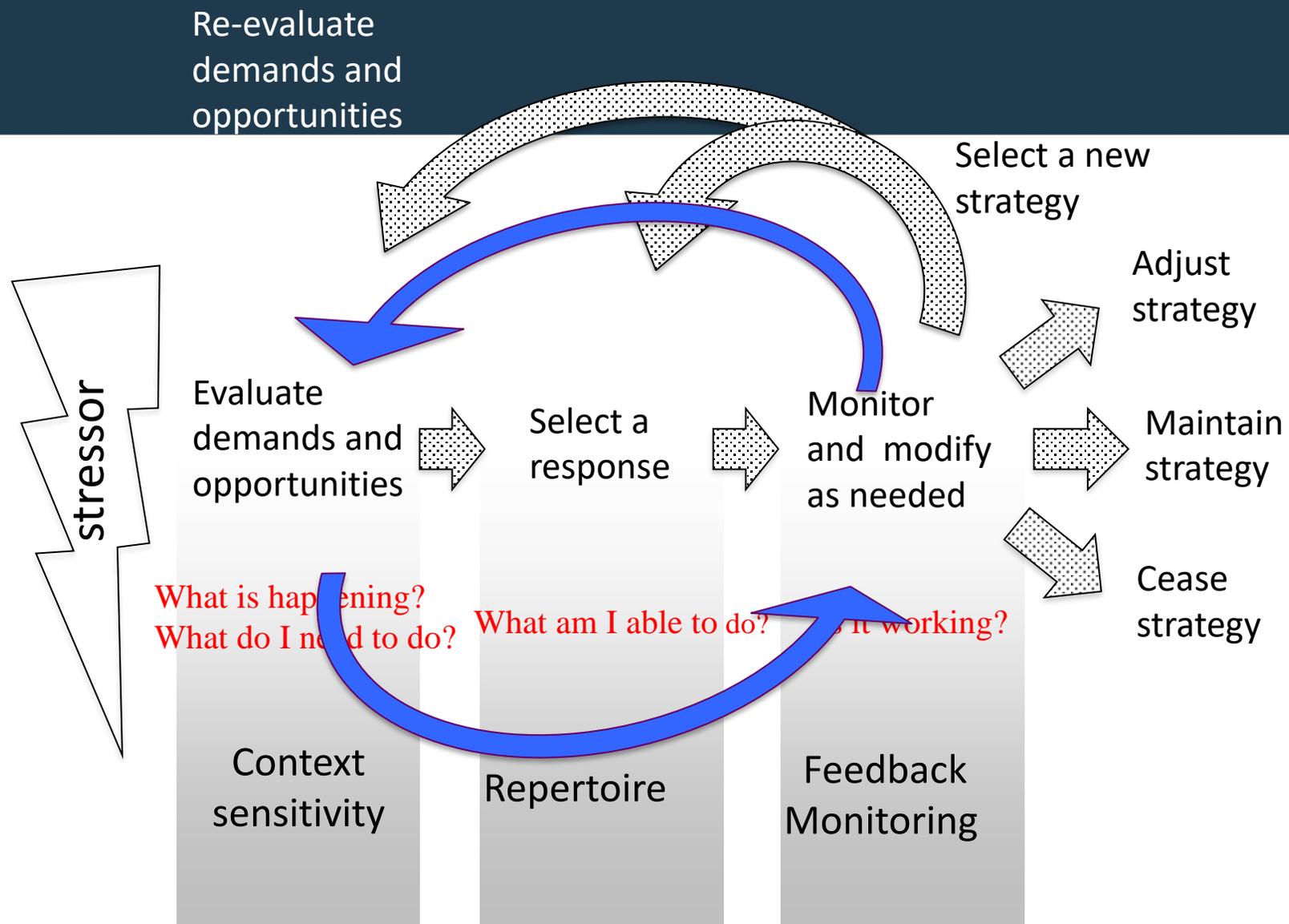
# Regulatory Flexibility: An Individual Differences Perspective on Coping and Emotion Regulation

**George A. Bonanno and Charles L. Burton**  
Columbia University

Perspectives on Psychological Science  
8(6) 591–612  
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- Every behavior, every trait has both costs and benefits, which manifest in different situations
  - e.g., *distraction* and *emotional suppression* are thought to be maladaptive, but they are sometimes very useful
  - e.g., *reappraisal*, *finding meaning*, *support from others* are thought to be generally adaptive but they are sometimes not useful, or even harmful
- Most people show resilience. Therefore, most people must be flexible enough to solve this
- Flexibility is that process. We engage with each unique challenge as it is happening and work out the most likely behavior/strategy to help us deal with that particular challenge at that particular time





## THE FLEXIBILITY SEQUENCE

# Central points

- 1. Resilience (to extreme adversity) is common**
- 2. Resilience among military veterans is common**
- 3. Transition stress among veterans is common**
- 4. A key to managing transition stress (the pathway to resilience) is flexible adaptation**

David and Maureen O'Connor

TEACHERS COLLEGE COLUMBIA UNIVERSITY

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# Questions?

# Contact SAMHSA's SMVF TA Center



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Service Members, Veterans, and their  
Families Technical Assistance Center

345 Delaware Avenue

Delmar, NY 12054

Phone: 518-439-7415, ext. 5272

Email: [smvftacenter@prainc.com](mailto:smvftacenter@prainc.com)