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EXIT INTERVIEWS' IMPACT ON VETERANS' REINTEGRATION FROM COMBAT TO CIVILIAN LIFE: A SOCIAL WORKERS CALL TO ACTION

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EXIT INTERVIEWS' IMPACT ON VETERANS' REINTEGRATION FROM
COMBAT TO CIVILIAN LIFE: A SOCIAL WORKERS CALL TO ACTION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master
in
Social Work

by
Meghann Doane
Natalie Rivera
June 2017

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ABSTRACT

Combat veterans partake in exit interviews that may be inadequate in addressing their health and mental health needs prior to returning to a civilian lifestyle. Exit interviews have not been thoroughly evaluated from the perspective of veterans to determine their helpfulness in meeting the needs of those that have returned home. It is vital to the reintegration process and quality of life of our veterans to assess their needs as a priority over the feedback and inquiry of potential changes the military can make in the future for active military members, considering many veterans suffer from mental and physical illnesses and combat injuries. These war acquired injuries leave many veterans without adequate resources, facing homelessness and utilizing unhealthy coping mechanisms. Which should concern and require action on the part of social workers in carrying out our professional values, fulfilling the needs that are not met and a potential role in a multidisciplinary team. This study seeks to explore the veterans' perspective on the helpfulness of exit interviews and how these interviews may better serve the health and mental health needs of veterans returning to a civilian lifestyle. The research findings suggest that military exit interviews are not as helpful as they could be in regard to veteran reintegration into society. Three main themes surfaced from the qualitative analysis including: Inadequate Exit Interviews, Diminished Desire to Re-enlist, subtheme Pressure to Re-enlist, and Face to Face Communication.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Veterans returning home after the most psychologically and physically demanding deployments present with very challenging health and mental health needs when reintegrating from combat to civilian life. Veterans, particularly from our most recent wars, Operation Enduring Freedom in Afghanistan (OEF), Operation Iraqi Freedom in Afghanistan (OIF), and Operation New Dawn (OND) are reintegrating into society after completing “Post Deployment Health Assessments (PDHA) and Post Deployment Health Reassessments (PDHR) screening positive for post-traumatic stress disorder, major depression, alcohol misuse, or other mental health problems” (Miliken, 2007, p.1). More veterans reported more mental health concerns in the PDHR than in the original PDHA, and were referred at a significantly higher rate to mental health resources. Clinicians were able to identify “20.3% of active and 42.4% of reserve component soldiers require mental health treatment” (Miliken, 2007, p. 1). Those who enter military combat operations are likely to return to civilian life with unresolved mental health issues.

The most common mental health issue as a result of combat is post-traumatic stress disorder (Schmitz, et al., 2012). Of 1,336 veterans that sought psychiatric treatment, 31% were found to have anxiety disorders, 11% post-traumatic stress disorder, 27% were diagnosed with adjustment disorders, 25%

mood disorders, and 22% with depression (Schmitz, et al., 2012). According to findings in 2012 Veterans Administration (VA) Suicide Data Report, “Suicide rates decreased approximately thirty percent in male Veteran Health Administration users; in contrast, suicide rates increased approximately sixty percent in veteran males who did not use Veteran Health Administrative Services” (Kemp, 2010, p. 17).

While many Veteran Health Administration (VA) users suffering from mental health conditions have shown a decrease in the rate of suicide, there are many in the military population who do not use the Veteran Health Administration due to limited availability and accessibility for veterans. Although the VA estimates that approximately 6,500 veterans commit suicide every year, there have been slightly more than 6,000 troops who have died in wars since 2001. The VA also estimates the veteran population accounts for sixteen percent of adults considered homeless according to VeteransInc.org “between 529,000 and 840,000 veterans are living on the streets or in shelters in the United States” (Veterans Inc., 2010, p. 1).

Exit interviews are given to military personnel upon separation from the military, are intended to give soldiers the opportunity to give feedback on experiences while deployed. Three of the main questions during the exit interviews ask of soldiers: “What do we do well?” “Where could we improve?” “If you were commander for a day, what is the first thing you would change?” These type of questions are designed to elicit feelings of pride and accomplishment

among soldiers, while giving the opportunity to openly discuss their thoughts on what they would change within the organization (Machak, 2015).

While the intention of exit interviews is to create a space for conversation to facilitate change among the organization, the aforementioned interview questions do not assess mental health needs of veterans that would assist in their reintegration process. The ramifications of veterans not receiving services may lead to untreated mental health issues, increased depression rates, greater likelihood of invasive treatment, inpatient care, and greater psychosocial risk factors such as homelessness, substance abuse, abandonment and behavioral issues.

Given the risk of veterans not receiving adequate resources, social work practitioners should understand the needs at micro and macro levels of social work practice the need for more support and knowledge with regard to the veteran population. In attempting to assist veterans with their needs, is the matter of building genuine rapport with a population that is not accustomed to divulging their traumatic experience to their own families, much less strangers such as social workers who are seldom familiarized with veteran affairs. Theses challenges require strategies to better aid veterans and their families, while presenting an insight into future clinician trainings. In addition, perhaps implementation of social work student programs could better assist veterans and their families, by preparing future social workers in many areas of military culture and the complexities of the healthcare systems (Linn, et al., 2015).

On a macro social work level there is a greater need for community resources to serve the veterans the federal government should take on. The communities in which caregivers assisting military personnel with health and mental health needs upon their return home is in need of more resources. Caregivers in the community are commonly young, and frequently overwhelmed by the needs of our very unique veteran population who suffer invisible ailments and in some cases are overwhelmed by the added responsibility of simultaneously caring for their families during family reintegration (Patel, 2015).

Purpose of the Study

The purpose of the study is to explore veterans' perceptions of the helpfulness of exit interviews in meeting their health needs. Working with the veteran population in bridging gaps may allow for more engagement and trust in the assessment process. More descriptive service plans to meet veteran needs could lead to a more positive outcome for the veterans and their families and friends who are suffering, addressing further challenges and strained relationships.

Given adequate training, social workers can certainly be of assistance with veterans and their reintegration from combat to civilian life, adjustment, development of coping mechanisms, treating substance abuse and invisible illnesses. Social workers can be integral to the reintegration process of veterans, assisting as a member of a multidisciplinary team, as needed to address mental health and general health needs of veterans. The process of adjusting from

combat to civilian life without adequate assessment of individual needs can lead to a major change in trajectory, heightening the psychosocial risk factors and changes in physical capabilities for veterans. Consequently, veterans' reintegration issues have a ripple effect within the veteran families and communities.

In order for veterans to be more inclined to give commanders honest feedback, it is imperative for commanders to be aware of barriers to honest communication and feedback such as, the potential for interference by power differences between the interviewer and interviewee (Machak, 2015). Barriers to honest feedback include; any type of defensive body language, such as crossing of arms, lack of rapport between commanding officer and soldier, even from the first day of service, and choice of location for conducting exit interviews (Machak, 2015). Countless veterans suppress their thoughts, feelings, experiences and often endure the challenge of physical ailments, posing an array of difficulties for them individually and in a familial context (Schmitz, et al., 2012). Conducting a qualitative study is important because it provides a thorough evaluation of the thoughts and perceptions veterans have on exit interviews.

Significance of the Project in the field of Social Work

This study is necessary due to the increasing amount of veterans facing poor health and mental health outcomes, as well as the gravity of inadequate support and access to resource by the federal government. Given the mental health issues veterans may face, such as debilitating depression, post-traumatic

stress disorder, anxiety disorders, traumatic brain injuries, and inability to access needed care in navigation of the “daunting, confusing VA system filled with extensive wait lists” (Zonkel, 2013, p. 1). The exit interviews of military personnel do not assess the health or mental health needs of the veteran or provide them with assistance navigating the VA health care system or resources to help in reintegration from combat to civilian life.

Results from this study will help inform how exit interviews could be conducted so that veterans are less likely to suffer, as they currently are, from not having their health needs assessed in the current interviews. Specifically, understanding the veteran’s perspective on the barriers to honest communication, feedback or potential improvement of interviews and what they wish had been addressed during exit interviews upon their discharge can be resourceful to future veterans. The study may also contain further significance for social work practice. “Veterans have lived through life-and-death scenarios on a regular basis, so the arguments and conversations they hear in civilian life may seem trivial, if there is a flag on the “self-assessment then a veteran will go into therapy, but now they cannot see their family” (Zonkel, 2013, p. 5). Veterans who have been deployed for long periods of time are likely to intentionally not indicate any flags on self-assessments so that they are able to see their family and friends that they have had little to no communication with (Zonkel, 2013). Understanding and gauging the perspective in interviews with combat veterans can assist in structuring the exit interviews and indicate a need for training on the

commanding officers' part, or necessitating a multidisciplinary approach to exit interviews to ensure veterans are properly assessed and given needed resources. The research question in this study is what are veterans' perceptions on the helpfulness of exit interviews?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the topic of barriers to health and mental health needs of veterans, the intention of exit interviews, and inadequacy of addressing the needs of veterans upon discharge in the process of reintegrating from combat to civilian life. The subsections will include exit interviews, power dynamics, barriers to necessary resources, health needs; mental and physical, benefits of rapport and benefits of multidisciplinary approaches. The final subsection will examine Systems Theory and the Trauma Informed Approach as the study proposes service provisions.

Exit Interviews

“The purpose of exit surveys is to give the military feedback on the transitioning needs of United States soldiers prior to returning to civilian life” (U.S. Army, 2013, p. 1). There are three factors that compel truthful responses in Exit Interview Surveys: “Positive Equity, Capricious and Self-Oriented Reasons and Negative Equity” (Giacalone, 1997, p. 8). Despite potential advantages, survey data can be problematic. The validity and reliability of survey processes are questionable with regard to biases that can occur in responses. Many criticisms of exit interviews and survey processes with regard to methods and administration have been explored. One criticism of exit interviews and surveys emphasizes the seldom use of data, poor administration, and erroneous

feedback (Giacalone, 1997). Another criticism is that “the underlying techniques used in many interview and survey processes are fundamentally flawed” (Giacalone, 1997, p. 439). Such flaws lead to unreliable or invalidated research. A basic criticism is in regard to individuals lacking the motivation to provide accurate feedback. This can occur for many reasons, either the unobjective approach of the interviewer or defensiveness of the interviewee’s responses due to personal or professional conflict (Giacalone, 1997).

Power Dynamics

Power Dynamics includes some limitations, such as the perceived idea that some people are more powerful than others. Unfortunately, this perception of power differences can interfere in effective communication between commanders and soldiers. Commanders are usually responsible for facilitating the interviews with veterans, prior to them being discharged (Machak, 2015). Military separation is often “marked by feelings of anxiety, uncertainty, and loss of identity” (Walker, 2013, p. 287). In fact, separating can also be seen as a transition in roles which accentuates anticipatory procedures (Walker, 2013). Preparation is vital and encourages acknowledgment of the loss endured by veterans and families (Walker, 2013).

Barriers to Treatment and Resources

Veteran Mental Health and the National Veterans Foundation indicate statistics that are staggering with regard to caring for veterans. According to “The U.S. Government Accountability Office (USGAO), 2.1 million veterans received

mental health treatment from the U.S. Department of Veteran Affairs (VA) in the years 2006-2010. Substance Abuse Mental Health Service Administration (SAMHSA) revealed only 50% of veterans returning in need of mental health treatment receive the services” (National Veterans Foundation, 2016, p. 1). The USGAO also identifies barriers that include “personal embarrassment about service related mental disabilities, long wait times to receive mental health services, a lack of understanding of, or lack of awareness about mental health problems and treatment offered by the Veterans Administration” (National Veterans Foundation, 2016, p. 1). According to the U.S. Army’s Mental Health Advisory Team, 59% of Army personnel and 47% of Marines thought that military leaders would treat them differently if they sought mental health care (Burke, Olney & Degneffe, 2009). The barriers certainly prevent veterans from receiving mental health services they need, specifically the services that come with their service through the VA. The American Psychological Association found that 22% of veterans utilized the private sector for mental health treatment in 2005, which comes out of pocket rather than from the benefits they have been afforded (American Psychological Association, 2016).

The diagnoses which veterans are given are classified and impact VA benefits. Service related injuries, including post-traumatic stress disorder (PTSD) and Traumatic Brain Injury (TBI), are covered under military benefits. Personality and adjustment disorders however, receive little compensation and sometimes are considered to be preexisting and therefore disqualified from VA care (Burke,

Olney & Degneffe, 2009). This study will explore any barriers that may appear before veterans in their attempts to seek services or if they utilize self taught coping mechanisms.

Health Needs: Mental and Physical

“Approximately 18.5% of U.S. service members who have returned from Afghanistan and Iraq currently have PTSD or depression, and 19.5% report experiencing a TBI during deployment” (Tanielian, et al., 2008, p. 1). PTSD is prevalent amongst veterans, VA benefits and health care utilizations attribute compensation to veterans with PTSD for 846,777 veterans as of March 31 2016 (National Veterans Foundation, 2016).

Although there are studies that discuss the traumatic effects that many veterans endure while on deployment(s), there seems to be little information regarding the need for exit interviews to require military personnel to seek therapy throughout their deployment(s). In the field of social work, this study will serve as one of the few studies or perhaps the only study, to shed light on the need to require exit interviews to be conducted in a multidisciplinary approach with social workers, commanding officers and other supporting disciplines. This study will build upon previous research findings that show the need for mental health treatment for those that serve in any position and branch of the military, through the use of research interviews that will be conducted on willing participants (veterans) who have served in any branch of the military.

It is important to recognize while many studies indicate the prevalence of PTSD, TBI, substance abuse, use and misuse, these studies are based on medical records of veterans who have sought services. There is still a large population of veterans whose care cannot be tracked as they may have given up when encountering barriers to services afforded by the Department of Defense (DOD) and VA.

Benefits of Rapport

In order for veterans to be more inclined to give commanders honest feedback, it is imperative for commanders to be aware of their body language when conducting exit surveys. It is also important for commanders to maintain a rapport between himself or herself and soldiers, from the first day of service. The maintenance of rapport will serve to facilitate honest feedback from the soldiers during exit survey sessions. For this reason, it would also be beneficial for commanders to choose a neutral location in performing exit surveys. By being aware of furniture that can pose as barriers for honest communication, locations with open spaces are great for conducting interviews such as a conference room. All of these elements serve to collect open feedback from participants (Machak, 2015).

Benefits of Multidisciplinary Approach

The veteran population is exposed to a variety of trauma as a result of witnessing or taking part in an excessive amount of violence and abuse while deployed. Social workers and other professionals working in the “formal health

and mental health sector” are expected to utilize the medical model which “treats psychosocial issues” as “diseases,” where a reduction in symptoms may occur through “dosed therapies” (Wheeler & Bragin, 2007, p. 1). The medical model described “pathologizes survivors” and does not “provide comprehensive, seamless and effective treatment” (Department of Defense, 2007, p. 29). “It is time for social work to bring its methods of inquiry to bear on the development of advocacy for culturally informed, strength-based, biopsychosocial approaches to work with veterans” (Wheeler & Bragin, 2007, p. 1). Many veterans have repeatedly volunteered to serve on several deployments, therefore increasing their exposure to trauma, violence and abuse. There are limited opportunities for veterans to process their thoughts, feelings and experiences and often endure the challenge of physical ailments, thus posing an array of challenges for veterans and professionals assisting them upon their return home (Schmitz, et al., 2012).

Social workers utilizing such inquiries, coordinating with military on exit processes, and utilizing health care systems could expand opportunities for veterans in their care upon returning home. The multidisciplinary approach to exit interviewing would also allow for the collection of more data and research needed to increase veteran and family support, as well as advocacy in the public health sector and creation of programs to adequately address the needs of veterans and their families. This would be useful for all members of armed forces throughout any time in their service. Agencies such as the VA, have deployed a

spectrum of programs geared at assisting veterans with issues relating to homelessness, family members and caregivers, physical and mental health concerns, and substance abuse. However, there are a multitude of challenges with veterans accessing the VA, which have been recognized by the field of social work. A substantial volume of social workers reflected their experiences working with the VA and approximately 20.6% of VA social workers stated that lack of resources was a growing concern, 4.8% mentioned a shortage in staff as a concern, 5.2% disclosed lack of appreciation and respect leading to a low workers' morale, and 17.9% of workers noted high volumes of paperwork, caseloads, and documentation. In addition, 20.6% of workers admitted to feeling frustrated at the lack of resources for veterans and 15.5% of staff were plagued with bureaucracy and administration (Beder & Postiglione, 2013).

It is apparent that veterans are in need of services the VA provides and further services can be brought about through research collected by multidisciplinary teams in the exit interview process. Although the services the VA offers are important to veterans and their families, social worker expertise is needed to better counsel and treat veterans. Having social workers consulted from the beginning would benefit the continuation and quality of care, especially since many veterans are unable to obtain access to resources, self-medicate, by abusing substances such as alcohol (Calhoun, et al., 2008). "Only 31% of those with hazardous drinking behavior, however, reported being counseled to cut back or to not drink alcohol" (Calhoun, et al., 2008, p. 1). However, 40% of veterans

screened positive for alcohol use disorder (AUD), and 22% were found to be a possible risk of AUD. Therefore, there should be further specialized treatment that primarily focuses on veterans and the risk of substance abuse (Calhoun, et al., 2008) The multidisciplinary approach could create an environment that may increase honesty in feedback, allow commanding officers to address the needs or conflicts in the company, as well as, allow veterans to communicate their needs in the reintegration process.

Conceptualization of the Study

Systems Theory was applied to social work practice in 1969 with contributions by Hearn (Payne, 2015). This theory suggests that the way we exist in systems, is focused on how people interact with their environment, and how a family system affects an individual, and family functioning across the lifespan. Centralized postulated of Systems Theory with regard to human behavior are individual's continual transactions with their environments, systems as interrelated parts or subsystems constituting a whole, systems involving subsystems which impacts all other parts and the whole systems. It also includes individual functioning, shapes family functioning and family systems can create pathology within the individual. Given the Systems Theory is an interdisciplinary study of systems involved in an individual's life, with regard to veterans many systems are interacting, both positively and negatively, impacting their life and level of homeostasis (Ohye & Brendel, et al., 2015). The reciprocal relationships between the elements that constitute a whole, with emphasis on relationships

among the individuals, groups, organizations and communities, factor into the environment that influence the individual. The ability to conceptualize a veteran's life from this perspective is apt to produce an appreciation for each system and depth of forces impacting the homeostasis of service members and their families.

The aforementioned research has in some way utilized System Theory, noting the mental traumas that veterans experience, the impact of reintegration, access and utilization of resources, housing, familial relations, and the disruption to homeostasis. The research expanded on the need for service, consistency, management and psychosocial approach to working with veterans. Trauma Informed Care is relevant to the needs of veterans' reintegration process, as they have bared witness to extensive combat traumas and are susceptible to mental health issues such as PTSD, depression, anxiety. Left untreated these mental health issues lead to the disruption of homeostasis many veterans currently experience. There are six principles to this approach: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, cultural, historical and gender issues (SAMHSA, 2015). According to SAMHSA, there is a critical need to "link recovery and resiliency" for veterans (SAMHSA, 2015, p. 1).

Summary

Prior to separation from the armed forces, veterans participate in exit interviews. These interviews typically occur in the last weeks of service, with the process beginning several months ahead of time. Social workers could be

integral to the reintegration process of veterans separating and returning to a civilian lifestyle. Veteran's homelessness, addiction, job displacement, and physical challenges, are often derived or magnified by mental health issues that are not addressed in the interview process. As a result of veteran needs going unmet, there is a domino effect within the systems that are central to the individual's homeostasis. The question the current research will address is: What are combat veterans' perspectives on the helpfulness of exit interviews?

CHAPTER THREE

METHODS

This study sought to describe the limitations of exit interviews and their implication on the veterans' reintegration process from being an individual living in military combat returning to a civilian lifestyle. The study further necessitates the call to action for social workers to assist in easing the process for veterans and their families in the areas brought about through exploration. This chapter encompasses the particulars of the manner in which this study was executed. The following sections will include study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.

Study Design

The purpose of this study is to explore, identify and describe the limitations of exit interviews in assisting with the reintegration process for combat veterans in the U.S., and to seek action from social workers to ease the process and bridge the gaps brought on by such limitations. This is an exploratory research project, due to minimal amount of research available that addresses this topic from the perspective of combat veterans. Since the direct perspectives of veterans regarding their reintegration process will exploit the limitations of exit interviews not provided in other research, this is a qualitative study and utilizes interviews with several open-ended questions as the tool by which data will be gathered from human subjects.

A solid factor in deciding the utilization of an exploratory, qualitative approach with interviews is that participants are allowed to add their own personal experiences to the dialogue, rather than be restricted to a range of answers. Since the veteran perspective is often skewed in part due to whom their exit interviews are conducted by. Little research exemplifies the difference in perceived quality of care and needs not addressed or not disclosed in exit interviews may be more beneficial in regard to veteran reintegration. Allowing participants to share their experiences, provide detail and personally observe and gain insight with regard to their actual needs versus their previously, conscientiously disclosed needs. The one on one interview will allow participants to build rapport and open up to the interviewer, providing space for safe and open disclosure.

A limitation in using interviews includes the possibility of triggering a veteran with a question used for research. Specifically, veterans may be sensitive to triggers relating to past traumas, in combat and responses. There was an informed consent for participants to sign, giving participants liberty to disengage from the research questions at any moment. In addition, the study was reviewed and approved by the Institutional Review Board (IRB), as it is of utmost importance to protect the rights and welfare of human subjects.

The study seeks veteran perspectives and responses to questions regarding exit interviews. In a qualitative study, it is imperative to avoid asking

participants closed-ended questions, and to instead ask open-ended questions to ensure elaborative responses.

Sampling

This study aimed to interview participants in order to explore the veterans' perspective on the helpfulness of exit interview process. Overall exploring their feelings regarding the exit interview process, the helpfulness of the overall interviews, assessments and classes, their health needs, mentally and physically, and what the reintegration process has looked like for them. Each participant was asked the same questions, to ensure to maintain the same structure throughout the study. Snowball sampling was used, by having the first participant encourage other veterans to participate in the study. Veteran participants for this study, were found via, word of mouth or non-probability sampling, as this was most successful in obtaining participants in an unbiased manner. A total of nine subjects participated in individual, one-on-one, face to face, or phone interviews.

Data Collection and Instruments

Qualitative data for the study was gathered via live face to face, or phone, audio-recorded interviews, which took place in February and March of 2017. Each interview began with the researcher providing an introduction to the study and its purpose. The participant demographics were gathered before the scheduled interviews. Demographics included the participants age, gender identification, ethnicity identification, highest completed education level, length of

service, and the military branch they belonged to, and whether the participant experienced combat.

The researchers utilized further probing questions based on the inquiry responses. The researchers built rapport during each interview to ensure that participants knew their voices were heard, and anything they shared was helpful in assisting social workers in the exploration of exit interviews process through a veterans' perspective. The qualitative study questions asked can be found in Appendix A. These questions generally ask about a participant's deployment and combat experiences, overall health and their process returning to a civilian lifestyle.

Procedures

Participants were contacted by word of mouth by networking with colleagues and organizations on the campus of California State University, San Bernardino. Interview appointments were provided to potential participants to be slotted in one of twenty available slots. The researchers explained the study in initial contact with potential participants to address any questions prior to confirming an appointment. Participants were asked to express their intent to reserve a time slot for interview via text, email or phone call. Participants were allowed to select from the available time slots.

Private study rooms in a public library were reserved near the residence or workplace of each participant. Participants were also interviewed over the phone in private rooms where conversations would not be overheard. Participant

interviews were arranged at a time convenient for them from the available times; 10:00 am, 12:00 pm, and 6:00 pm, with flexibility as needed. Each interview lasted approximately thirty minutes.

As participants arrived for their interviews they were assigned a random number and given a packet containing the informed consent form to read, and sign as indicated with an “x”. After the consent forms were completed and returned to the researcher, the audio recording was turned on (provided they consented to being audiotaped), and the interview began. Interviews for participants who declined being audiotaped were conducted with the researcher taking notes. At the end of each interview, the researcher thanked the individuals for their participation.

Protection of Human Subjects

The identity of the interview participants was kept completely confidential from individuals outside of the study. Interviews occurred in private study rooms, face to face, or over the phone away from high traffic areas. Therefore, confidentiality was explained to the participants at the beginning of each interview. Participants each read and signed the informed consent prior to participating in the interview, as well as indicated whether they agree/disagree to being audiotaped. The audio recordings were stored on a recording device and safely kept in a locked file. Each participant’s audio file was assigned a number (the random number the participants were initially assigned upon arrival) which was used in transcribing the data so no identifying information was on the

transcribed or printed data. One year after research completion, the audio recordings, transcriptions, and number identifiers will be deleted from the drive.

Data Analysis

All data collected in the interviews was analyzed with qualitative techniques. First, audio recordings of the interviews were transcribed into text, notes from unrecorded interviews were transcribed into text, notes from unrecorded interviews were also put into text. Individual participants were each assigned a random number for the purpose of analyzing the data. Short worded responses were also recorded in the transcriptions.

After transcription, each response was organized into subcategories by common response. Themes were identified and assigned codes, which were then logged with the number and audio recording. The constructs that were explored include honesty in exit interview, willingness to divulge information, guidance to needed resources, activeness of dialogue, and assessment of needs overall. The researcher's actively read and analyzed the transcribed audio and interview notes several times to ensure all themes derived were identified. A spreadsheet was used to input the codes and data retrieved and to maintain a tally of the frequency with which a theme was mentioned. The primary method of analysis in this study is content analysis.

Summary

This study examined the need for exit interviews to require military personnel to seek therapy throughout their deployment(s). This study builds upon

other research findings that show the need for mental health treatment for those that serve in any position and branch of the military. This was done through the use of research interviews that were conducted of willing participants (veterans) who have served in any branch of the military.

CHAPTER FOUR

RESULTS

The meaning each veteran attributed to the helpfulness of exit interviews was unique, yet there were several themes that emerged regarding experiences of exit interviews that connected many of the narratives together. The central themes that emerged from the study included inadequacy of exit interviews, diminished desire to re-enlist, and the exit interviews lack of face to face communication. Researchers Doane & Rivera found that the exit interview process does not adequately detect mental health issues after combat, in part due to the nature of the execution of the interviewers. Table 1 displays the demographic characteristics of the participants who were interviewed in the study. The research findings suggest that military exit interviewers are not as helpful as they could be in regard to veteran reintegration into society. Within the central themes, a subtheme emerged, which is described below.

Study Sample

The study sample characteristics are presented in Table 1. Only two participants completed high school, and approximately 77 percent of the study sample reported having more than a high school education. The mean age of study participants was 33 years, with an age range of 26-61. The study sample was entirely male (N=9). The length of service reported by participants varied. Table 1 presents the length of time served as reported by study participants.

Among those who reported their length of service (N=9), the majority served more than 6 years (N=6), while the remaining participants served less than 6 years (N=3). Of the 9 participants, only a small number are still serving in the Reserves for the U.S. Military (N=2). The sample mean for service in the military is 9 years, of the 9 participants, only 1 (N=1) reported to serve a 20-year career and retire from the military.

Table 1. Study Sample Characteristics

	N (%)	Mean
Age		33
Sex		
Male	9 (100%)	
Female	0	
Race/Ethnicity		
Caucasian	3 (33.3%)	
Latino/Hispanic	3 (33.3%)	
African American	2 (22.2%)	
Asian/Pacific Islander	1 (11.1%)	
Education		
High School	2 (22.2%)	
Some College	3 (33.3%)	
Bachelors	3 (33.3%)	
Masters	1 (11.1%)	
Military Branch		
Army	5 (55.5%)	
Marines	1 (11.1%)	
Navy	3 (33.3%)	
Coast Guard	0	
Air Force	0	
Length of Service		9.2 years
4-6 years	3 (33.3%)	
7-9 years	3 (33.3%)	
10+ years	3 (33.3%)	

Qualitative Themes

Inadequate Exit Interviews

The theme of Inadequate Exit Interviews was the most common theme that became apparent among participant responses. Of 9 participants, 2 participants were uncertain of the exit interviews helpfulness, 2 participants found the exit interview helpful and 5 participants did not find the exit interview to be helpful. This theme, which is embodied in the following quotes, primarily explored perspectives with regard to the helpfulness and adequacy of exit interviews role in their reintegration to a civilian lifestyle:

...I've been out for 18.5 months and I'm still having a difficult time reintegrating, I don't know if it's really helpful, I don't know, it's hard to say, like I said you just want to be home, just want to hug your kids, sleep with your wife, so I don't know, you give them the answers that you know they want to hear so you don't delay any of that. It's not easy, and I'm not sure what would be helpful (Participant 7, February 2017).

In addition, participants described their reluctance to answer the exit interview questions truthfully based on their desire to return home as quickly as possible. Participants reported to responding in a way that would not indicate a flag on their assessment. Several participants disclosed feeling as though exit interview questions were only designed to avoid dealing with any physical or mental ailments in order to return home sooner rather than later:

...The things that you do and the things that you mention they just kind of come back, but these interviews are just, like, I don't know, you just don't want to. It's kind of just like a stepping stone that we want to go around. Because, it's just taking more of our time, Uncle Sam has already taken a lot of our time, right? The last thing we want to do, is for him to keep screwing us over. Taken away from our family and we know what that entails, especially with all the things that we have seen. In terms of like medication, and stuff like that, some medication works for some people and sometimes it actually really ruins families. So uh, it's really like just a questionnaire to us, that's really all it is (Participant 1, February 2017).

Diminished Desire to Re-enlist

A second theme that arose was classified as diminished desire to re-enlist or remain in the Reserves. Three participants stated that they would not re-enlist. One participant stated to not want to re-enlist due to being retired, the second participant reported to not wanting a military career and the third participant expressed that his reluctance to re-enlist stems from his political views:

...No, I got the hell out, mostly because my body can't do it anymore. I'm 34 now, not a young man anymore, and I can't do the same thing. I was tired of the lifestyle and now that Trump's President, I can't, they chose the wrong one, I can't stay in much longer under that jackass (Participant 7, February 2017).

A subtheme of diminished desire to re-enlist included pressure to re-enlist. Participants reported the withholding of classes as a form of pressure to re-enlist. Thus, a participant disclosed, if they feel they can get you to re-enlist they will withhold the classes. One participant reported to continuously requesting to complete the exit courses needed, to return home while deployed. Said participant disclosed the following about feeling pressured to re-enlist:

... One of the classes they have you take before you transition out. They recommended you take it 18 months prior to the last class, they'll ask, is anyone within the 18-month mark? Anyone within the 6-month mark? When are you getting out? For me, it was the beginning of May and I was getting out in June. People try to push you to re-enlist, so they hold onto your classes thinking they can convince you to re-enlist. So, I ended up taking the classes 2-months, prior rather than 12-months prior, so while deployed I had to keep bugging people to take my exit classes (Participant 4, February 2017).

Five participants disclosed that they would re-enlist. Three participants reported to re-enlisting due to patriotism, one participant reported he would re-enlist due to retirement perks, but there was one participant who disclosed that he felt pressure to participate in another deployment due to comradery obligation:

...I guess, for a lot of reasons. One of them, for the thrill, for the adrenaline. Adrenaline is an addictive drug; I guess you can say. The other one, being that, while I was over there with the group of people that I

was with, the bond we established, you don't have that here. Then of course, the other one, the biggest one, just survivor's guilt. Yeah, survivor's guilt (Participant 2, February 2017).

Lack of Face to Face Communication

Participants also disclosed the exit interviews were impersonal based on having to complete an impersonal assessme

nt instead of an exit interview given by a person. The answers reported on the survey would then indicate a need for follow up with an individual counselor or not, as described by this participant below:

...I didn't see anything of it. We filled out the survey and I was very truthful about it. It asked if I was exposed to enemy combatants. I put yes. If you were exposed to enemy fire. I put yes. If you were exposed to improvised explosive devices, I put yes, If I was exposed o human remains. I put yes. We didn't hear anything back from it. I think they just said we were all just being monitored, because we did one within the first thirty days and then six months after (Participant 2, February 2017).

The study participants also described the exit interview as an impersonal computer based survey in which they did not feel their well-being was taken into consideration. One participant described this lack of personal communication as follows:

“...There was no counseling session, everything was computer based, yes and no answers. So it was easy to manipulate the answers and get the rest of the day off” (Participant 3, February 2017).

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study examined the need for exit interviews to require military personnel to seek therapy throughout their deployments(s). The purpose of this study was to identify and describe the limitations of exit interviews in assisting with the reintegration process for combat veterans in the U.S., and to seek action from social workers to ease the process and bridge the gaps brought on by such limitations. This was an exploratory research project, due to the minimal amount of research available that addresses this topic from the perspective of combat veterans. Since the direct perspectives of veterans regarding their reintegration process will exploit the limitations of exit interviews not provided in other research, this was a qualitative study, and utilized interviews with several open-ended questions as a tool in which data was gathered from human subjects.

Discussion

In conducting this research, three main themes surfaced: Inadequate Exit Interviews, Diminished Desire to Reenlist with an emergent, subtheme of a Pressure to Reenlist, and Face to Face Communication. The results of this study shined a light on a small samples perspective on exit interviews and their lack of helpfulness with reintegrating into a civilian lifestyle. The veterans report of their exit interviews, self-assessments, and classes prior to discharge proved to be inadequate in assisting them beyond the locations they were based, for example,

if a veteran was stationed in Hawaii, but once discharged returning to a home state, the classes were not helpful with job assistance or reintegration to a different location. Given veterans disclosure of their ability to manipulate their answers to not signal any flags on their assessment is indication enough that there is much room for improvement in the assessment and care process for combat veterans who are discharging from the military.

As the researchers found in previous literature, the veterans disclosed similar experiences to troubles accessing and utilizing the resources from the VA. Participants also disclosed not feeling that the VA adequately evaluated them for disability percentages, given the impact post-traumatic stress disorder has on their civilian life and the difficulties, it adds to the challenges of the reintegration process.

Limitations of Study Design and Procedures

The researchers understand that there are limitations to the present study. One of the limitations is that it is based on a small sample size from the most recent conflicts that the United States has been involved in. A second limitation is that within the study sample, all of the participants identified as males. With a much larger diverse sample size, future researchers will be able to gain more insight as to how many veterans know and report to have manipulated their answers on self-assessment tools, due to the “masculinity” of the field. Therefore, the study findings are limited in their generalizability to the larger co-ed veteran population.

Future research should also assess what veterans feel would be most beneficial to them in their reintegration process. Perhaps conducting a survey on the desires of the type of employment desired post military career, the type of services and resources they feel would most benefit them as individuals, and their families they are returning to.

Future Research and Recommendations

The field of social work can be of great service to veterans through the use of multidisciplinary teams and further trainings in order to help veterans tackle many of the challenges present in the reintegration process into civilian life. This can occur through the military's inclusion of social workers as part of the team in conducting thorough biopsychosocial assessments, post deployments and prior to discharging from the military. The inclusion of social services from the beginning of the exit interview process can be beneficial to the continuous care of veterans through the core values of social work; including, service, social justice, dignity and worth of the person, importance of human relationships, competence and integrity.

In addition, this research can be used to build future research as it pertains to the need for mental health treatment for those that serve in any position and branch of the military; through the use of additional research interviews with willing participants (veterans). A larger sample size in future research studies would allow researchers to gain a better understanding of the needs of veterans and their families in the reintegration process, and would give

professionals the catalyst to implement changes to improve the quality of the exit interview.

Conclusion

There is a unique population of individuals who risk their lives for their country and our freedoms in the U.S., those few and proud are known as veterans. As discussed, this population is exposed to a variety of trauma as a result of witnessing or partaking in excessive amounts of violence. Often causing this population to become victims of violent actions and abuse while deployed. Many veterans repeatedly volunteer to serve on several deployments, increasing their exposure to trauma, violence, and abuse. Given the limited opportunities for veterans to process their experiences while on deployment and the ease with which they can manipulate their self-assessments, it is important to take a look at how exit interviews can be more beneficial to their essential needs. Social workers can be instrumental in advocating for the changes to better assist veterans from their return home on deployments, through their discharge from the military and their transition back into a civilian lifestyle.

APPENDIX A
INTERVIEW GUIDE

1. How old were you when you signed up for the military?
2. What branch did you serve in?
3. How long were you in the service?
4. Did you deploy during your time in service?
5. How many times were you deployed?
6. How long did your deployments last?
7. Were you asked to complete an exit interview prior to returning home?
For each deployment?
8. Please describe the exit interview and if you feel it encourage or
required you to seek counseling services?
9. What did the exit counseling entail?
10. Describe why you found or did not find the exit interview to be helpful
in reintegrating back into a civilian lifestyle?
11. Do you feel your well-being was considered in the assessment and
care process?
12. How did the interviewer show consideration for your well-being?
13. Did you attend any follow-up appointments, how many? Was there a
delay in your return home due to the appointments?
14. Have you received any mental health or physical health diagnoses
since your return from deployment?
15. Do you currently take any prescription medications for any mental
illness? If so, please describe the success in treatment or failures? If

not, please explain why.

16. What coping mechanisms have been provided by mental health professionals that you have or have not utilized? Do you have your own coping mechanisms?
17. Would you consider continuing your service? Please explain why or why not?

Interview Guide developed by Meghann Doane and Natalie Rivera (2017).

APPENDIX B
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/17/2018 VOID AFTER 1/16/2018
IRB# SW 1728 CHAIR *[Signature]*

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the helpfulness of exit interviews for veterans reintegrating into the community as a civilian. The study is being conducted by Meghann Doane and Natalie Rivera, under the supervision of Dr. Erica Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institution Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the helpfulness of exit interviews for veterans reintegrating into the community as a civilian.

DESCRIPTION: Participants will be asked a few questions on their time in the service, the exit interview, their health and mental health, resources they have used, resources they are unable to access, reasons for not using available resources and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without consequences.

CONFIDENTIALITY OR ANONYMITY: Your interview responses will be audiotaped, transcribed and maintained on a secure file not linked to any identifying information to remain anonymous and data will be reported in group form only.

DURATION: The interview will be no more than 60-90 minutes.

RISKS: There will be no foreseeable immediate or long-term risks to participants who participate in the study. One minor risk to the participants could be some discomfort resulting from potential triggers due to the nature of the questions asked in the interview.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lizano at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

I agree to be audiotaped _____ Yes _____ No

909.537.5501

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The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

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ASSIGNED RESPONSIBILITIES

Meghann Doane and Natalie Rivera each found fifteen articles to review and collaborate on deciding which parts of the research project the articles can help support for the literature review. Each author provided a summary of key aspects of articles suitable for the study. The researchers took turns in reading and typing out the sections of the research project, collaborating each step of the way. The researchers each interviewed and transcribed interviews for the research project. Researchers also coordinated schedules to set consultations with the research advisor in which both gave their perspective, insights and feedback.