The Professional Counselor

The refereed, online, open-source journal promoting scholarship and academic inquiry within the profession of counseling

THE PROFESSIONAL COUNSELOR

Special Issue:
Counseling the Military and Their Families

Dr. Stephen Sharp, Guest Editor

THE PROFESSIONAL COUNSELOR

The journal promoting scholarship and academic inquiry
within the profession of counseling

Visit our Web site

Manuscript Submission Forms
Book and Video Reviews
Digests

About *The Professional Counselor*

The Professional Counselor (*TPC*) is the official, open-source, electronic journal of the National Board for Certified Counselors and Affiliates, Inc. (NBCC), dedicated to research and commentary on empirical, theoretical, and innovative topics in the field of professional counseling and related areas.

TPC publishes original, peer-reviewed manuscripts relating to the following: mental and behavioral health counseling; school counseling; career counseling; couples, marriage, and family counseling; counseling supervision; theory development; professional counseling issues; international counseling issues; program applications; and integrative reviews of counseling and related fields.

The intended audiences for *TPC* include National Certified Counselors, counselor educators, mental health practitioners, graduate students, researchers, supervisors, and the general public.

Volume 4, Issue 2

Table of Contents

Foreword to Special Issue:
Counseling the Military and Their Families

Why do counselors and all professional helpers need to learn more about counseling military veterans, active duty service members, and their families? The words of this war veteran with 23 years of active service tell a story that resounds loudly in the counseling community:

> …I know I'm jacked in the head and I know many of you will see this and call me a coward. You can't hurt me with that one, I know, I tried. I'm on [social media] talking to two friends in the military. One retired and one still in [the service]. We all have PTSD. Most of us don't even know it yet… everyone keeps telling me to check in with the VA. I did. If you lose a limb, they will see you immediately. If you're losing your mind, it's [medication] and we'll see you [later].

This special issue of *The Professional Counselor* is focused on the counseling concerns of thousands of military individuals and their families in the United States. There is a huge need for counselors to develop an understanding of what are "normal" military behaviors as well as behaviors that extend beyond the military norms. Just as importantly, we must acknowledge that not all veterans are unstable because of their military experiences, what they saw or what they did. Our military service members have contributed greatly and are willing to move forward with their lives and continue to contribute to society by finding positive ways to manage and cope with what they have experienced.

In this special issue, *TPC* has published the following papers:

"Counselors and the Military: When Protocol and Ethics Conflict"
by Elizabeth A. Prosek, Jessica M. Holm
> The Department of Veteran Affairs and TRICARE have approved professional counselors to work within the military system. Counselors need to be aware of potential ethical conflicts between counselor ethical guidelines and military protocol. This article examines confidentiality, multiple relationships and cultural competence, and offers ethical models to navigate dilemmas.

"Revolving Doors: The Impact of Multiple School Transitions on Military Children"
by S. Beth Ruff, Michael A. Keim
> Approximately 90% of the 1.2 million school-age children of military parents in the United States attend public schools. In contrast to their civilian peers, the average military child moves three times more often than their civilian peers, relocating every 1 to 4 years. Tensions at home, enrollment issues, adapting to new schools, and a lack of familiarity with military culture by public school professionals may adversely impact the academic, social, and emotional growth of these military students. Public school faculty and staff need to understand the challenges that multiple school transitions impose on military children in order for them to effectively meet the needs of this student population. This study reviews the literature concerning obstacles and challenges that mobile military children

face, and discusses positive interventions that professional school counselors can employ to ease these transitions.

"Wounded Warriors with PTSD: A Compilation of Best Practices and Technology in Treatment" by Mary Alice Fernandez, Melissa Short

This paper offers an overview of resources available to mental health counselors to assess, case-conceptualize, diagnose and treat a growing population of combat veterans with post-traumatic stress disorder (PTSD). The goal is to increase counselor awareness of best practices and possible new technologies to assist in treating combat PTSD.

"The Implications of Attachment Theory for Military Wives: Effects During a Post-Deployment Period" by Kristin A. Vincenzes, Laura Haddock, Gregory Hickman

The purpose of this research was to examine Bowlby and Ainsworth's attachment theory, specifically the occurrence of separation anxiety as experienced by the stay-behind wife during post-deployment. A linear regression analysis found a positive significant relationship between duration of deployment and the wife's psychological distress during post-deployment.

"Assessing the Career-Development Needs of Student Veterans: A Proposal for Career Interventions" by Seth Hayden, Kathy Ledwith, Shengli Dong, Mary Buzzetta

Student veterans often encounter unique challenges related to career development. The significant number of student veterans entering postsecondary environments requires counselors addressing the career development of this population to decide on appropriate areas of focus when developing interventions. This study utilized a career needs assessment survey to determine the appropriate needs of student veterans in a university setting. Student veterans indicated a desire to focus on transitioning military experience to civilian work, developing skills in résumé building and networking, and negotiating job offers as desired topics within career interventions. Results of the needs survey can be used in the development of a career-related assessment.

"Military Veterans' Midlife Career Transition and Life Satisfaction" by Heather C. Robertson, Pamelia Brott

One hundred and thirty-six military veterans who were currently transitioning to teaching positions, or had previously transitioned, were surveyed regarding life satisfaction and related internal/external career transition variables. Two variables, *confidence* and *control*, demonstrated a slight yet statistically significant positive correlation to life satisfaction. Recommendations for practice and future research are included.

"Using a Cognitive Information Processing Approach to Group Career Counseling with Visually Impaired Veterans"
by Lauren K. Osborne

Unemployment continues to be a growing concern among both civilian and veteran populations. As 14% of the veteran population currently identify as disabled due to service, this population is growing in its need for specialized vocational rehabilitation. Specifically in Veteran Affairs' Blind Rehabilitation Centers, where holistic treatment is utilized in treatment and rehabilitation, career services may be useful in improving quality of life of visually impaired veterans. A group approach to career counseling with visually impaired veterans is discussed using the principles and theory of the Cognitive Information Processing (CIP) approach set forth by Sampson, Reardon, Peterson, and Lenz. This approach emphasizes metacognitions, self-knowledge, occupations knowledge, and the use of a decision-making cycle to improve career decision states and decrease negative career thinking. A group outline is provided and discussion of special considerations and limitations are included.

With the second Fort Hood shooting in the past 5 years, it is critical that professional counselors be prepared to assist military personnel and their families, as well as aid their communities with the coping and adjustment process. It is my hope that these articles will help counselors with this purpose.

Dr. Stephen Sharp
Guest Editor
April 2014

Counselors and the Military: When Protocol and Ethics Conflict

Elizabeth A. Prosek
Jessica M. Holm

The U.S. Department of Veterans Affairs (VA) and TRICARE have approved professional counselors to work within the military system. Counselors need to be aware of potential ethical conflicts between counselor ethical guidelines and military protocol. This article examines confidentiality, multiple relationships and cultural competency, as well as ethical models to navigate potential dilemmas with veterans. The first model describes three approaches for navigating the ethical quandaries: military manual approach, stealth approach, and best interest approach. The second model describes 10-stages to follow when navigating ethical dilemmas. A case study is used for analysis.

Keywords: **military, ethics, veterans, counselors, competency, confidentiality**

The American Community Survey (ACS; U.S. Census Bureau, 2011) estimated that 21.5 million veterans live in the United States. A reported 1.6 million veterans served in the Gulf War operations that began post-9/11 in 2001 (U.S. Census Bureau, 2011). Gulf War post-9/11 veterans served mainly in Iraq and Afghanistan, in operations including but not limited to Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) (M. E. Otey, personal communication, October 23, 2012). Holder (2007) estimated that veterans represent 10% of the total U.S. population ages 17 years and older. Pre-9/11 data suggested that 11% of military service members utilized mental health services in the year 2000 (Garvey Wilson, Messer, & Hoge, 2009). In 2003, post-9/11 comparative data reported that 19% of veterans deployed to Iraq accessed mental health services within one year of return (Hoge, Auchterlonie, & Milliken, 2006). Recognizing the increased need for mental health assessment, the U.S. Department of Defense (DOD) mandated the Post-Deployment Health Assessment (PDHA) for all returning service members (Hoge et al., 2006). The PDHA is a brief three-page self-report screening of symptoms to include post-traumatic stress, depression, suicidal ideation and aggression (U.S. DOD, n.d.). The assessment also indicates service member self-report interest in accessing mental health services.

Military service members access mental health services for a variety of reasons. In a qualitative study of veterans who accessed services at a Veterans Affairs (VA) mental health clinic, 48% of participants reported seeking treatment because of relational problems, and 44% sought treatment because of anger and/or irritable mood (Snell & Tusaie, 2008). Veterans may also present with mental health symptoms related to post-traumatic stress disorder (PTSD), depression, and suicidal ideation (Hoge et al., 2006). Depression is considered a common risk factor of suicide among the general population, and veterans are additionally at risk due to combat exposure (Martin, Ghahramanlou-Holloway, Lou, & Tucciarone, 2009). The DOD (2012) confirmed that 165 active-duty Army service members committed suicide in 2011. Furthermore, researchers asserted that suicide caused service member deaths more often than combat (O'Gorman, 2012). Hoge et al. (2004) reported that veterans were most likely to access mental health services 3–4 months post-deployment. Unfortunately, researchers suggested that service members were hesitant to access mental health treatment, citing the stigma of labels (Kim, Britt, Klocko,

Elizabeth A. Prosek, NCC, is an Assistant Professor at the University of North Texas. Jessica M. Holm is a doctoral student at the University of North Texas. Correspondence can be addressed to Elizabeth A. Prosek, University of North Texas, 1155 Union Circle #310829, Denton, TX 76203-5017, elizabeth.prosek@unt.edu.

Riviere, & Adler, 2011). Studies indicated that mental health service needs are underestimated among the military population and are therefore a potential burden to an understaffed helping profession (Garvey Wilson et al., 2009; Hoge et al., 2006). In May of 2013, the DOD and VA created 1,400 new positions for mental health providers to serve military personnel (DOD, 2013). Moreover, as of March 2013, the DOD-sponsored veterans crisis line reported more than 800,000 calls (DOD, 2013). It is evident that the veteran population remains at risk for problems related to optimal mental health functioning and therefore requires assistance from trained helping professionals.

Historically, the DOD employed social workers and psychologists almost exclusively to provide mental health services in the military setting. Recently, the DOD and VA expanded services and created more positions for mental health clinicians (U.S. VA, 2012). Because licensed professional counselors (LPCs) are now employable by VA service providers (e.g., VA hospitals) and approved TRICARE providers (Barstow & Terrazas, 2012), it is imperative to develop an understanding of the military system, especially of the potential conflict that may exist between military protocol and counselor ethical guidelines. The military health system requires mental health professionals to be appropriately credentialed (e.g., licensed), and credentialing results in the mandatory adherence to a set of professional ethical standards (Johnson, Grasso, & Maslowski, 2010). However, there may be times when professional ethical standards do not align with military regulations. Thus, an analysis of the counselor ethical codes relevant to the military population is presented. At times, discrepancies between military protocol and counselor ethical codes may emerge; therefore, recommendations for navigating such ethical dilemmas are provided. A case study and analysis from the perspective of two ethical decision-making models are presented.

Ethical Considerations for Counselors

The mission of the American Counseling Association (ACA) Code of Ethics (2005) is to establish a set of standards for professional counselors, which ensure that the counseling profession continues to enhance the profession and quality of care with regard to diversity. As professional counselors become employed by various VA mental health agencies or apply for TRICARE provider status, it is important to identify specific ethical codes relevant to the military population. Therefore, three categories of ethical considerations pertinent to working with military service members are presented: confidentiality, multiple relationships, and cultural competence.

Confidentiality

The ACA Code of Ethics (2005) suggests that informed consent (A.2.a., p. 4) be a written and verbal discussion of rights and responsibilities in the counseling relationship. This document includes the client right for confidentiality (B.1.c., p. 7) with explanation of limitations (B.1.d., p. 7). The limitations, or exceptions, to confidentiality include harm to self, harm to others and illegal substance use. In the military setting, counselors may need to consider other exceptions to confidentiality including domestic violence (Reger, Etherage, Reger, & Gahm, 2008), harassment, criminal activity and areas associated with fitness for duty (Kennedy & Johnson, 2009). Also, military administrators may require mandated reporting when service members are referred for substance abuse treatment (Reger et al., 2008). When these conditions arise in counseling, the military may require reporting beyond the standard ethical protocol to which counselors are accustomed.

Counselors working in the VA mental health system or within TRICARE may need to be flexible with informed consent documents, depending on the purpose of services sought. Historically, veterans represented those who returned from deployment and stayed home. Currently, military members may serve multiple tours of combat duty; therefore, the definition of *veterans* now includes active-duty personnel. This modern definition of *veteran* speaks to issues of fitness for duty, where the goal is to return service members ready for combat.

Informed consent documents may need to outline disclosures to commanding officers. For example, if a service member is in need of a Command-Directed Evaluation (CDE), then the commander is authorized to see the results of the assessment (Reger et al., 2008). Fitness for duty is also relevant when service members are mandated to the Soldier Readiness Program (SRP) to determine their readiness for deployment. In these situations, counselors need to clearly explain the exception to confidentiality before conducting the assessment. Depending on the type of agency and its connection to the DOD, active-duty veterans' health records may be considered government property, not the property of the service provider (McCauley, Hacker Hughes, & Liebling-Kalifani, 2008). It is imperative that counselors are educated on the protocols of the setting or assessments, because "providing feedback to a commander in the wrong situation can be an ethical violation that is reviewable by a state licensing authority" (Reger et al., 2008, p. 30). Thus, in order to protect the client and the counselor, limitations to confidentiality within the military setting must be accurately observed at all times. Knowledge of appropriate communication between the counselor and military system also speaks to the issue of multiple relationships.

Multiple Relationships

Kennedy and Johnson (2009) suggested creating collaborative relationships with interdisciplinary teams in a military setting in order to create a network of consultants (e.g., lawyers, psychologists, psychiatrists), which is consistent with ACA ethical code D.1.b to develop interdisciplinary relationships (2005, p. 11). However, when interdisciplinary teams are formed, there are ACA (2005) ethical guidelines that must be considered. These guidelines state that interdisciplinary teams must focus on collaboratively helping the client by utilizing the knowledge of each professional on the team (D.1.c., p. 11). Counselors also must make the other members of the team aware of the constraints of confidentiality that may arise (D.1.d., p. 11). In addition, counselors should adhere to employer policies (D.1.g., p. 11), openly communicating with VA superiors to navigate potential discrepancies between employers' expectations and counselors' roles in best helping the client.

In the military environment, case transfers are common because of the high incidence of client relocation, which increases the need for the interdisciplinary teams to develop time-sensitive treatment plans (Reger et al., 2008). Therefore, treatment plans not only need to follow the guidelines of A.1.c., in which counseling plans "offer reasonable promise of success and are consistent with abilities and circumstances of clients" (ACA, 2005, p. 4), but they also need to reflect brief interventions or treatment modalities that can be easily transferred to a new professional. Mental health professionals may work together to best utilize their specialized services in order to meet the needs of military service members in a minimal time allowance.

For those working with military service members, consideration of multiple relationships in terms of client caseload also is important. Service members who work together within the same unit may seek mental health services at the same agency. Members of a military unit may be considered a support network which, according to ethical code A.1.d., may be used as a resource for the client and/or counselor (ACA, 2005, p. 4). However, learning about a military unit as a network from multiple member perspectives may also create a dilemma. Service members within a unit may be tempted to probe the counselor for information about other service members, or tempt the counselor to become involved in the unit dynamic. McCauley et al. (2008) recommended that mental health professionals avoid mediating conflicts between service members in order to remain neutral in the agency setting.

However, there are times when the unit cohesion may be used to support the therapeutic relationship. Basic military training for service members emphasizes the value of teamwork and the collective mind as essential to success (Strom et al., 2012). It is important for counselors to approach military service member clients from this perspective, not from a traditional Western individualistic lens. Mental health professionals also are warned not to be discouraged if rapport is more challenging to build than expected. Hall (2011) suggested that the impor-

tance of secrecy in the military setting might make it more difficult for service members to readily share in the therapeutic relationship. Researchers noted that military service members easily built rapport with each other in a group therapy session, often leaving out the civilian group leader (Strom et al., 2012). It might behoove counselors to build upon the framework of collectivism in order to earn the trust of members of the military population. Navigating the dynamic of a unit or the population of service members accessing care at the agency may be a challenge; however, counselors are able to alleviate this challenge with increased knowledge of the military culture in general.

Cultural Competence

The military population represents a group of people with a unique "language, a code of manners, norms of behavior, belief systems, dress, and rituals" and therefore can be considered a cultural group (Reger et al., 2008, p. 22). Reger et al. (2008) suggested that many clinical psychologists learned about military culture as active service members themselves. While there may be many veterans currently working as professional counselors, civilian counselors also serve the mental health needs of the military population; and as civilians, they require further training. The ACA Code of Ethics (2005) suggests that counselors communicate with their clients in ways that are culturally appropriate to ensure understanding (A.2.c., p. 4). This can be achieved by prolonged exposure to military culture or by seeking supervision from a professional involved with the military mental health system (Reger et al., 2008). Strom et al. (2012) outlined examples of military-specific cultural components for professionals to learn: importance of rank, unique terminology and value of teamwork. It behooves counselors intending to work with the military population to learn terminology in order to understand service members. For example, R&R refers to vacation leave and MOS or rate refers to a job category (Strom et al., 2012).

Personal values may cause dilemmas for a mental health professional working within the VA system. This can be especially true during times of war. Stone (2008) suggested that treating veterans of past wars may be easier than working with military service members during current combat because politics may be intensified. A counselor who does not support the current wartime mission may be conflicted when clients are mandated to return to active-duty assignments (Stone, 2008). The ACA Code of Ethics (2005) addresses the impact of counselors' personal values (A.4.b., pp. 4–5) on the therapeutic relationship. It is recommended that counselors be aware of their own values and beliefs and respect the diversity of their clients. Counselors need to find a way to value the contributions of their client when personal or political opinion conflicts with the DOD's plans or efforts overseas. If one wants to be successful with this population, Johnson (2008) suggested the foundational importance of accepting the military mission. If this is in direct conflict with the counselor's values, it may be recommended for the counselor to consider the client's value of the mission.

The ACA ethical code stresses the importance of mental health professionals practicing within the boundaries of their competence and continuing to broaden their knowledge to work with diverse clients (ACA, 2005, C.2.a., p. 9). Counselors should only develop new specialty areas after appropriate training and supervised experience (ACA, 2005, C.2.b., p. 9). Working within the VA mental health system, mental health professionals may be asked to provide a service in which they are not competent (Kennedy & Johnson, 2009). Such a request may occur more frequently here than in other settings, due to the high demand of mental health services and low availability of trained professionals (Garvey Wilson et al., 2009; Hoge et al., 2006). Counselors must determine if their experience and training can be generalized to working with military service members (Kennedy & Johnson, 2009), and may be their own best advocate for receiving appropriate training.

Awareness of when and how military service members access mental health services also might be important to consider. Reger et al. (2008) reported that military personnel were more likely to access services before and after a deployment. Researchers specified a higher prevalence rate of access 3–4 months after a deployment

(Hoge et al., 2004). The relationship of time between deployment and help-seeking behaviors suggests that counselors should be prepared for issues related to trauma. For women, combat-related trauma is compounded with increased rates of reported military sexual trauma (Kelly et al., 2008). Counselors would benefit from additional trainings in trauma intervention strategies. The VA and related military organizations offer many resources online to educate professionals working with military members with identified trauma symptoms (U.S. VA., n.d.).

Advocating for appropriate training in areas of incompetence is the responsibility of the professional, who should pursue such training in order to best meet the needs of the military population. It is best practice for mental health professionals to be engaged in ongoing trainings to ensure utilization of the latest protocols and treatment modalities (McCauley et al., 2008). Trainings may need to extend beyond general military culture, because each branch of service (e.g., Army, Marines, Navy) could be considered a cultural subgroup with unique language and standards. For example, service members in the Army are soldiers, whereas members of the Navy are sailors (Strom et al., 2012).

This article has outlined many ACA (2005) ethical guidelines pertinent to working with the military population. However, as presented, there are times when counselor ethical codes conflict with military regulations. Counselors interested in working in the military setting or with military personnel may consider decision-making models to address ethical dilemmas.

Recommendations for Counselors

The military mental health system has almost exclusively employed psychologists and social workers. Counselors interested in employment within VA agencies or as TRICARE providers may utilize the resources created by these practitioners to better serve the military population. Two ethical decision-making models are presented, and a case study is provided to demonstrate how to implement the models.

Ethical Models

The ACA Code of Ethics (2005) advises counselors to adhere to the code of ethics whenever possible, working towards a resolution of the conflict (H.1.b., p. 19). If a favorable resolution cannot be formed, counselors have the choice to act in accordance with the law or regulation. Psychology researchers have suggested ethical models for professionals to use during times of dilemma within the military setting. The first model presented considers three overarching approaches to address ethical dilemmas; and the second model presented is a more specific stage model with which to approach dilemmas. These models may serve to assist counselors as the counseling profession gains more experience in the VA system and eventually develops counselor-specific decision-making models.

Approach model. Johnson and Wilson (1993) identified three approaches for psychologists to consider when navigating the ethical quandaries of the military mental health system. The first, the *military manual approach*, occurs when professionals adhere strictly to military regulations without consideration for the specific client's needs. The second, the *stealth approach*, occurs when there is strict adherence to the mental health professionals' code of ethics, regardless of the legalities surrounding the circumstances. While the client's best interests may be at the forefront in this approach, the counselor must also take into account the possibility of being the subject of legal action for not adhering to the standards set by the military. For example, the counselor may use ambiguous wording within the client file or leave some information out altogether, so that if the files were requested, the client's information would be protected (Johnson & Wilson, 1993). The third, the *best interest approach*, occurs when the counselor maintains focus on the client's best interest while also adhering to

the standards of the military. This may require professionals to adhere to the minimum professional standards in order to accommodate the client's best interest. Although most professionals have deemed this approach the best option, it also leads to the most ambiguity. Under certain circumstances, the counselor also must take into account what is in the best interest for society as a whole, while also navigating a responsibility to the client and the military mental health system. Researchers in psychology responded to the ambiguity of this model by developing a more specific stage model to assist professionals with ethical dilemmas.

Stage model. Barnett and Johnson (2008) proposed a 10-stage model to follow when navigating an ethical dilemma. They advise that professionals must do the following:

1. Clearly define the situation.
2. Determine what parties could be affected.
3. Reference the pertinent ethical codes.
4. Reference the pertinent laws and regulations.
5. Reflect on personal thoughts and competencies on the issue.
6. Select knowledgeable colleagues with whom to consult.
7. Develop alternate courses of action.
8. Evaluate the impact on all parties involved.
9. Consult with professional organizations, ethics committees and colleagues.
10. Decide on a course of action.

Barnett and Johnson (2008) also noted that once a decision is made, the process does not end. It is best practice to monitor the implications and, if necessary, modify the plan. Documentation throughout this entire process is necessary for the protection of the counselor, the client and other involved stakeholders. Counselors working in the military mental health system may find this 10-stage model helpful when navigating ethical dilemmas.

To better understand the implementation of the two presented ethical decision-making models, a case study was developed. The case is then conceptualized from both the approach model and stage model, and the ethical dilemmas associated with the case are discussed.

Case Study

Megan is a licensed professional counselor employed at a clinic that serves military service members. She provides individual outpatient counseling to veterans and family members, as well as facilitates veteran support groups. Megan's client, Robert, is a Petty Officer First Class in the Navy. Robert is married with two children. In recent sessions, Megan became concerned with Robert's increased alcohol use. Recently, Robert described a weekend of heavy drinking at the local bar. Although Robert drove after leaving the bar both nights, Megan suspected that he was not sober enough to drive. In a follow-up session, Robert reported that his binge-drinking weekend caused friction at home with his wife, and that he missed his children's soccer games. During his most recent session, Robert was visibly distressed as he disclosed to Megan that he received orders for a deployment in 3 months. Robert is anxious about informing his wife and children of the pending 6-month deployment, as he knows it will only increase conflict at home. Robert reported that his family could use the increase in pay associated with family separation and tax-free wages during deployment. However, he also knows that deployments cause tension with his wife, which has already increased due to Robert's recent drinking binges. While leaving the session, he mentioned with a laugh that he would rather go to the bar than go home.

Analysis from approach model. Megan may consider using Johnson and Wilson's (1993) ethical approach model as she conceptualizes the potential ethical dilemma presented in Robert's case. From a military manual approach, Megan may need to report Robert's recent alcohol abuse behavior to his superior, as it may impact

his fitness for duty on his next deployment. And although Robert has not been caught drinking and driving or charged with a crime, his behavior also puts him at risk of military conduct violations. However, when Robert originally came to the clinic, he did so of his own accord, not under orders, which could mean that notifying a commanding officer is an ethical violation. In consideration of the stealth approach, Megan may review the ACA (2005) ethical guidelines and conclude that there are no violations at risk if she chooses not to report Robert's drinking habits. However, Megan contemplates whether addressing Robert's drinking binges is in his best interest overall. She understands that the money associated with deployment is important to Robert's family at this time; however, his drinking may put him at increased risk during deployment. Finally, Megan applies the best-interest approach to Robert's situation. Megan may refer Robert to the center's substance use support group. This referral will be reflected in Robert's records, but if he begins receiving treatment for his alcohol abuse now (3 months before deployment), there may be time for Robert to demonstrate significant progress before his fitness for duty assessment.

Analysis from stage model. Megan may consider her ethical dilemma from Barnett and Johnson's (2008) 10-stage model. In stage 1, she clearly defines the situation as Robert's alcohol abuse and pending deployment. In stage 2, Megan considers who may be affected in this situation. She understands that Robert's family would benefit from the extra money associated with the deployment, and therefore the family may be impacted if Robert is not deployed. Megan also notes that the family is already negatively impacted by his recent drinking binge (e.g., conflict with his wife, missed soccer games). If Robert's problematic drinking continues, he is at risk for evaluation and promotion issues. In stage 3, Megan reflects upon the ACA (2005) ethical codes in order to better understand her dilemma from a counselor's view. Robert has a right to confidentiality (B.1.c., p. 7) with limitations including illegal substance use (B.1.d., p. 7). However, Robert's current substance is alcohol, which is a legal substance. Megan considers the importance of his support network (A.1.d., p. 4) including his family and unit, but she does not have the ethical right to disclose her concerns about his substance abuse. In stage 4, Megan considers the pertinent laws and regulations of the dilemma. As per the clinic regulations, she is aware that if she makes a substance use program referral, it will be reflected in Robert's record, which is the property of the military. Megan also is aware that Robert has not committed a documented crime of driving under the influence.

In stage 5 of the 10-stage ethical decision-making model, Megan must reflect on her personal thoughts and competencies. She is very concerned about Robert's increased use of alcohol and is worried for his safety if deployed. Megan feels less confident in her ability to accurately assess for substance use problems. She facilitates the PTSD support group for the clinic, which is her specialty area. Megan recognizes that she is fond of Robert as a client and is disappointed that he could be jeopardizing his family and career with his alcohol abuse. She considers whether she is overreacting to his binge-drinking incident because of her higher expectations of him. In stage 6, Megan consults with her colleague who leads the substance use support groups at the clinic. She describes Robert's recent abuse of alcohol and inquires as to whether he is a good candidate for the substance use group, needs more intense treatment, or needs no treatment at all. The colleague suggests that the group would be a very appropriate fit for someone with Robert's symptoms.

In stage 7, Megan develops her course of action to refer Robert to the substance use group. Then, in stage 8, she evaluates the plan for potential impact on parties involved. Megan conceptualizes that Robert may be at risk for losing his deployment orders if he is accessing substance use treatment. Megan believes she has reduced this potential impact by referring to the substance support group, rather than an inpatient treatment facility, which may be more appropriate for a dependence issue. Megan recognizes that attending a 90-minute group each week will take Robert away from his family, but she also realizes that the 90-minute commitment is less than his current time spent away from the family when binge drinking. Megan reflects upon how her therapeutic relationship with Robert may be strained at the time of referral, and is prepared for a potential negative response from her client. She trusts in their therapeutic relationship and moves forward. In stage 9, Megan presents her

planned course of action to her supervisor at the clinic. The supervisor approves the referral for the support group, but also suggests that Megan consider a referral to couples counseling for Robert and his wife, which may assist with resolving conflicts before the deployment.

In the final stage, Megan proposes the treatment plan of action to Robert in their next session. Megan explains that she feels ethically obligated to refer Robert to the substance use support group, and that as of now, Robert may make this choice for himself. Megan and Robert discuss the potential that substance use treatment may no longer be a choice in the future if his current drinking behavior continues. There is more discussion of fitness for duty and how participation in the support group will positively reflect upon the assessment in the future. Megan also presents Robert with the recommendation of couples counseling to help mediate relationship conflicts before deployment. She reports that if Robert and his wife decide to receive couples counseling, she can provide a referral for them at that time.

With the ethical decision-making models presented, the counselor is able to successfully navigate the military mental health system, while still maintaining the professional standards of the counseling profession. In each model, the situation is resolved with considerable attention to the client's best interest, while maintaining the expectations of the military clinic. Psychologists developed the two ethical models presented, and counselors may choose to utilize these approaches until more counselor-specific ethical processes are created. As counselors become more permanent fixtures in the VA mental health system and as TRICARE providers, opportunities to develop an ethical decision-making model will likely arise.

Conclusion

The recent inclusion of counselors as mental health professionals within the VA system and as TRICARE providers allows for new employment opportunities with the military population. However, these new opportunities are not without potential dilemmas. Counselors interested in working with service members need to be educated on the potential conflict between counselor professional ethical guidelines and military protocols. Future research in the counseling field may develop a counselor-specific ethical decision-making model. In the meantime, counselors may utilize or adapt the ethical decision-making models created by other mental health professionals, who have a longer history working with the military population.

References

American Counseling Association. (2005). *ACA code of ethics*. Retrieved from http://www.counseling.org/Resources/aca-code-of-ethics.pdf

Barnett, J. E., & Johnson, W. B. (2008). *The ethics desk reference for psychologists.* Washington DC: American Psychological Association.

Barstow, S., & Terrazas, A. (2012, February). DoD releases TRICARE rule on independent practice for counselors. *Counseling Today, 54*(8), 10. Retrieved from

http://ct.counseling.org/2012/02/dod-releases-tricare-rule-on-independent-practice-for-counselors/

Garvey Wilson, A. L., Messer, S. C., & Hoge, C. W. (2009). U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Social Psychiatry and Psychiatric Epidemiology*, *44*, 473–481. doi:10.1007/s00127-008-0461-7

Hall, L. (2011). The importance of understanding military culture. *Social Work in Health Care*, *50*, 4–18. doi:10.1080/00981389.2010.513914

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *The Journal of the American Medical Association*, *295*(9), 1023–1032. doi:10.1001/jama.295.9.1023

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, *351*(1), 13–22. doi:10.1056/NEJMoa040603

Holder, K. A. (2007). *Comparison of ACS and ASEC data on veteran status and period of military service: 2007*. U.S. Census Bureau: Housing and Household Economics Statistics Division. Retrieved from http://www.census.gov/hhes/veterans/files/comparison_report.pdf

Johnson, W. B. (2008). Top ethical challenges for military clinical psychologists. *Military Psychology, 20*, 49–62. doi:10.1080/08995600701753185

Johnson, W. B., Grasso, I., & Maslowski, K. (2010). Conflicts between ethics and law for military mental health providers. *Military Medicine*, *175*, 548–553.

Johnson, W., & Wilson, K. (1993). The military internship: A retrospective analysis. *Professional Psychology: Research and Practice*, *24*(3), 312–318. doi:10.1037/0735-7028.24.3.312

Kelly, M. M., Vogt, D. S., Scheiderer, E. M., Ouimette, P., Daley, J., & Wolfe, J. (2008). Effects of military trauma exposure on women veterans' use and perceptions of Veterans Health Administration care. *Journal of General Internal Medicine*, *23*, 741–747. doi:10.1007/s11606-008-0589-x

Kennedy, C. H., & Johnson, W. B. (2009). Mixed agency in military psychology: Applying the American Psychological Association ethics code. *Psychological Services*, *6*(1), 22–31. doi:10.1037/a0014602

Kim, P. Y., Britt, T. W., Klocko, R. P., Riviere, L. A., & Adler, A. B. (2011). Stigma, negative attitudes about treatment, and utilization of mental health care among soldiers. *Military Psychology*, *23*, 65–81. doi:10.1080/08995605.2011.534415

Martin, J., Ghahramanlou-Holloway, M., Lou, K., & Tucciarone, P. (2009). A comparative review of U.S. military and civilian suicide behavior: Implications for OEF/OIF suicide prevention efforts. *Journal of Mental Health Counseling*, *31*(2), 101–118.

McCauley, M., Hacker Hughes, J., & Liebling-Kalifani, H. (2008). Ethical considerations for military clinical psychologists: A review of selected literature. *Military Psychology*, *20*, 7–20. doi:10.1080/08995600701753128

O'Gorman, K. (2012, August 16). Army reports record suicides in July [Blog post]. Retrieved from http://iava.org/blog/army-reports-record-high-suicides-july

Reger, M. A., Etherage, J. R., Reger, G. M., & Gahm, G. A. (2008). Civilian psychologists in an army culture: The ethical challenge of cultural competence. *Military Psychology*, *20*, 21–35. doi:10.1080/08995600701753144

Snell, F., & Tusaie, K. R. (2008). Veterans reported reasons for seeking mental health treatment. *Archives of Psychiatric Nursing*, *22*(5), 313–314. doi:10.1016/j.apnu.2008.06.003

Stone, A. M. (2008). Dual agency for VA clinicians: Defining an evolving ethical question. *Military Psychology*, *20*, 37–48. doi:10.1080/08995600701753177

Strom, T. Q., Gavian, M. E., Possis, E., Loughlin, J., Bui, T., Linardatos, E.,…Siegel, W. (2012). Cultural and ethical considerations when working with military personnel and veterans: A primer for VA training programs. *Training and Education in Professional Psychology*, *6*(2), 67–75. doi:10.1037/a0028275

U.S. Census Bureau, American Community Survey. (2011). *B21002: Period of military service for civilian veterans 18 years and over* (2011 American Community Survey 1-year estimates). Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_B21002&prodType=table

U.S. Department of Defense. (n.d.). *Enhanced post-deployment health assessment (PDHA) process* (DD Form 2796). Retrieved from http://www.pdhealth.mil/dcs/dd_form_2796.asp

U.S. Department of Defense. (2012). *Army releases July suicide data, No. 683-12*. Retrieved from http://www.defense.gov/releases/release.aspx?releaseid=15517

U.S. Department of Defense. (2013). *DOD, VA and HHS partner to expand access to mental health services for veterans, service members, and families, No. 353-13*. Retrieved from http://www.defense.gov/releases/release.aspx?releaseid=16024

U.S. Department of Veterans Affairs. (n.d.). *PTSD: National center for PTSD.* Retrieved from http://www.ptsd.va.gov/professional/index.asp

U.S. Department of Veterans Affairs (2012, April). *VA adding family therapists and mental health counselors to workforce.* Retrieved from http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2303

nbcc

Revolving Doors: The Impact of Multiple School Transitions on Military Children

S. Beth Ruff
Michael A. Keim

There are 1.2 million school-age children with military parents in the United States, and approximately 90% attend public schools. On average, military children move three times more often than their civilian peers. Tensions at home, enrollment issues, adapting to new schools, and a lack of familiarity with military culture by public school professionals may adversely impact the academic, social and emotional growth of these students. Public school faculty and staff need to understand the challenges that multiple school transitions impose on military children in order to effectively meet the needs of this student population. In this article, the authors review the literature concerning obstacles and challenges mobile military children face, and discuss positive interventions that professional school counselors can employ to ease these transitions.

Keywords: **school counselors, school transitions, military children, military culture**

The Department of Defense (DOD) Demographics Report (2010) revealed that approximately 1.85 million children have one or both parents serving in the U.S. military. The report further explained that 1.2 million of these children have active-duty parents, and approximately 660,000 children have parents that serve in reserve positions in the military. Out of the 1.85 million military children, 1.2 million of them fall into the K–12 education range of 6–18 years of age (DOD, 2010). The Department of Defense Dependents Education (DODDE, 2012) budget for fiscal year 2013 estimated that 90% of these school-age military children attend public schools that are not sponsored by the DOD.

On average, military children move and change schools 6–9 times from the start of kindergarten to high school graduation (Astor, 2011; Berg, 2008; Kitmitto et al., 2011; Sherman & Glenn, 2011). Additionally, these military children move three times more often than their civilian peers, relocating every 1–4 years (Berg, 2008; Bradshaw, Sudhinaraset, Mmari, & Blum, 2010; Hipps, 2011). With military children comprising nearly 4% of the nation's entire school-age population, public school administrators, teachers and school counselors should expect military students to transition in and out of their school populations (Rossen & Carter, 2011). Public school faculty and staff need to understand the challenges that multiple school transitions impose on military children in order to effectively meet the needs of this student population. In this article, the authors review the literature concerning the obstacles and challenges mobile military children face, and discuss positive interventions that professional school counselors can employ to ease transition.

Stressors for Military Families and Children

Military families face a unique set of life stressors specific to their culture. Hall (2008) describes the challenges faced by military families by stating that "the defining word for the military family is change; change is

---

S. Beth Ruff is a school counselor at Bright Star Elementary School in Douglasville, GA, and a doctoral student at the University of West Georgia. Michael A. Keim, NCC, is an Assistant Professor of Professional Counseling at the University of West Georgia. Correspondence can be addressed to S. Beth Ruff, Bright Star Elementary School, 6300 John West Road, Douglasville, GA 30134, Beth.ruff@douglas.k12.ga.us.

what their lives are about" (p. 193). As such, military families experience change and transition so frequently they often do not have time to grieve over the last transition before planning and preparing for the next. Relocation becomes a consistent stressor in the lives of military families, as the average military move occurs every 3 years, and some families, particularly families of high-ranking officers, move more frequently (Hall, 2008).

As noted in Weber and Weber (2005), previous studies (Pribesh & Downey, 1999; Simpson & Fowler, 1994; Wood, Halfon, Scarlatta, Newacheck, & Nessim, 1993) found relocation stress to have a detrimental effect on civilian child populations. School-age military children are especially vulnerable to the stress related to frequent transitions, as they must simultaneously cope with normal developmental stressors such as establishing peer relationships (Kelley, Finkel, & Ashby, 2003), conflict in parent/child relationships (Gibbs, Martin, Kupper, & Johnson, 2007; Lowe, Adams, Browne, & Hinkel, 2012), and increased academic demands (Engel, Gallagher, & Lyle, 2010). These additional stressors in conjunction with multiple school transitions could negatively affect the children's adaption to new school environments. In addition to normative developmental stressors and frequent relocations, military children's parents are often deployed, which can exacerbate stress in the children and may result in more barriers and maladjustment (Mmari, Bradshaw, Sudhinaraset, & Blum, 2010).

Transitional Barriers for Military Adolescent Students

Recognizing that these significant stressors for military children may be further complicated by multiple school transitions, the U.S. Army began to explore the lives of these children in order to identify ways to minimize the negative impacts of frequent relocation (Berg, 2008). In conjunction with the Military Child Education Coalition (MCEC), the Secondary Education Transition Study (SETS) was completed, which revealed specific educational challenges associated with multiple transitions (MCEC, 2001). The SETS study exposed several obstacles to transition between schools that impacted military children socially, emotionally and academically. Specific transition challenges identified by SETS for military adolescents include the following: slow transfer of school records and differences in curricula between schools, adapting to new school environments and making friends, limited access to extracurricular activities, a lack of understanding of military culture by public school teachers and staff, and tension at home and parental deployment (MCEC, 2001). The authors reviewed the literature for relevant information on each stressor.

Slow transfer of records and differences in curricula between schools. With each move to another state and school, military children encounter the challenges of slow transfer of records and differences in school curricula, which increase frustration with the transition process for parents and students (Sherman & Glenn, 2011). Kitmitto et al. (2011) found that enrollment into a new school could take up to 3 weeks, as the new school awaits the arrival of official records from the previous school. The lack of communication between the previous and receiving schools regarding history of schools attended, curricula, achievements, and stresses and traumas can lead to academic weaknesses (Berg, 2008). As military parents fulfill their duties to serve and protect the United States, the nation's schools may hinder student progress by requiring them to take classes over again or denying them placement into gifted or special needs education due to slow school record exchange (Astor, 2011).

Military children face several academic challenges as a result of frequent school transition. The differences in curricula and school requirements result in educational gaps for military children, which might entail repeating classes and lessons, and missing crucial topics such as multiplication and fractions (Bradshaw et al., 2010). Mmari et al. (2010) noted that parents expressed their concern for their children's education quality; because of the differences in grade levels between schools, children had to learn the same material or read the same books repeatedly. A recent study by the MCEC reported that the differences in curricula continue to vary from school to school; and parents' most commonly discussed concerns were the differences in scope and sequence in mathematics, specifically as it leads up to algebra and higher-level coursework (MCEC, 2012). Military parents work

hard to fill the gaps in their child's education due to transition, but many feel that if they do not advocate for their children, they will fall significantly behind their peers academically (Mmari et al., 2010).

Adapting to new school environments and making friends. With each move, military children must cope with the stress of making new friends and leaving others behind, adapting to a new school environment at awkward times, and figuring out how to fit in (Kitmitto et al., 2011). In a study conducted by Bradshaw et al. (2010), military students reported that some significant stressors in school transition were adjusting to the physical campus and to the culture of the school, including being aware of the school's procedures and policies. Military students often transition at random times throughout the school year and experience added stressors such as learning the layout of the school and assimilating into already-established social groups (Bradshaw et al., 2010). Lack of information from the new school, such as not providing a campus map or an explanation of the course schedule, may lead the child to believe that the school is not supportive, which in turn can negatively impact the child's adjustment to transition to the new school environment (Bradshaw et al., 2010).

Military children are frequently forced to end relationships with friends at a previous school and begin new peer relationships at the new school. In a qualitative study of military children, the most commonly mentioned stressor related to school transitions was the challenge of making and maintaining close friendships (Bradshaw et al., 2010). Many students described that the inevitable ending of close relationships led them to avoid making close connections with peers at new schools. With each move, letting go and saying goodbye to friendships becomes harder for the military students; and to avoid the inevitable grief, many students will choose to have superficial relationships instead of close friendships. It is more difficult with such relationships to gain acceptance from established cliques and social networks. This leads to military students often lacking a feeling of connectedness with others in their new schools, which in turn may lead to maladjustment in the transition (Bradshaw et al., 2010).

Limited access to extracurricular activities. With each school transition, military students encounter further challenges to retaining or gaining eligibility to participate in athletics and extracurricular activities at their new school (Sherman & Glenn, 2011). Students involved in sports who move late into the school year may miss tryouts for teams. Additionally, transferring to another state may mean that the new school does not offer the same athletic programs (Bradshaw et al., 2010). Even when students are eligible to participate in sports, military students can have difficulty breaking into established athletic programs and teams. Mmari and colleagues (2010) found that military children often experience discrimination when they participate in athletics at the new school. Athletic coaches were reluctant to put military students on teams or in starting positions, as doing so could disrupt the team dynamics. Military students also struggled to bond with their new teammates, especially if a military student's new position on the team resulted in an established teammate losing a starting position (Mmari et al., 2010).

Students taking part in other extracurricular activities, like student government, face similar challenges that limit their involvement. New military students may find that student government elections either happened before they entered the school or rely heavily on established popularity and previous school involvement, which would be difficult or impossible for a new student to demonstrate (Bradshaw et al., 2010). These challenges can negatively affect the military student's adjustment to a new school, as they may hinder connectedness to the new school environment or create a sense of loss if the student was involved in high-status positions at a former school (Bradshaw et al, 2010). Limited access to these activities can lead to additional mental health concerns for the military student, as a decline in participation in such activities can cause further withdrawal and depressive symptoms (Rossen & Carter, 2011). The transition to a new school includes challenges both in the classroom and beyond.

Lack of understanding of military culture by public school teachers and staff. The way in which school teachers and staff interact with military students who transfer to their school can either increase or reduce the students' stress. Unfortunately, administrators, educators and counselors in public schools tend to be unfamiliar with the specific issues and stressors that mobile military students encounter (Harrison & Vannest, 2008). Horton (2005) noted that because of their limited experience with the military, civilian school staff have a knowledge gap that affects their competence and effectiveness in working with military students and families. The school staff's lack of understanding about the military students' culture results in varying degrees of interactions ranging from overly sensitive to completely insensitive to their needs. Bradshaw et al. (2010) found that teachers' expectations differ because they struggle with the right thing to do. Some teachers have high expectations for new military students and expect them to assimilate rather than acknowledging their unique issues. Other teachers recognize some of the issues military students face because of deployment, but choose to avoid the topic of war in the classroom or discourage the students from talking about their experiences as to not upset the students (Bradshaw et al., 2010).

In addition to the issue of sensitivity, teachers who are not familiar with military culture may maintain negative stereotypes or political ideologies that influence the way they interact with military students (Fenell, 2008). Horton (2005) explained that it is also possible for public school staff members to harbor strong negative feelings about the military, which may impact their treatment of the military students. Fear of discrimination may also be a factor that impedes school staff from identifying military students in their schools, as parents and students may not reveal their military connection (Bradshaw et al. 2010; Mmari et al., 2010). Additionally, Mmari and colleagues (2010) found that many teachers and counselors had not received information that would help them identify students connected to the military. While part of the school staff felt that properly identifying military students could aid in assisting and connecting with these students, others felt that labeling this population could result in prejudice toward the students by anti-military staff. A majority of the parents in the study reported that school staff did not know how to deal with and support military children and issues such as deployment, and that more training is needed (Mmari et al., 2010).

Tension at home and parental deployment. Relocation increases stress for all military family members. In preparing to move, parents are swamped with concerns and to-do lists, and may not have the patience or time to consider a child who is resistant to the transition (Hall, 2008). The numerous moves can leave parents feeling physically and emotionally exhausted, and less emotionally able to help their children cope with stress related to relocation (Bradshaw et al., 2010). Several studies reported that parental stress directly impacts the child's ability to cope during stressful situations (Hall, 2008; Mmari et al., 2010; Waliski, Bokony, Edlund, & Kirchner, 2012). Further, parental stress increases the likelihood of conflicts between the parent and child and could lead to child maltreatment (Rentz et al., 2007; Waliski et al., 2012). Parents' stress can exacerbate the emotional stress and frustration already felt by the military child due to transition.

In a qualitative research study by Bradshaw et al. (2010), the majority of military students reported that moving increased tension in the home. Some students reported feeling anger and resentment toward their parents and the military because of the constant uprooting and disruption due to change of duty stations. Many students reported telling parents that they refused to move or would run away to avoid moving again (Bradshaw et al., 2010). This negative and resistant behavior from a child can be an additional source of stress for the family. Parents may in turn view the behavior as a problem and punish or avoid the child instead of acknowledging the emotional strain the student is facing with transition (Harrison & Vannest, 2008).

The emotional stress of relocation can be further complicated if the military parent is deployed or at risk of being deployed. The constant fear for a parent's safety can negatively affect a child academically, emotionally

and behaviorally (Chawla & Solinas-Saunders, 2011; Harrison & Vannest, 2008; Mmari et al., 2010). Having a parent deployed in conjunction with a transition can lead to increased feelings of depression and anxiety. In a qualitative study of military students, many participants reported increased fear and anxiety for deployed parent's safety. These military students also reported difficulty coping with the absence of the deployed parent at special occasions such as birthdays, school programs and sporting events (Mmari et al., 2010). Absence of the deployed parent from these significant life events can cause stress, depression, feelings of loss, and anxiety for the military child. These feelings are often externalized in the form of declining grades and behavior problems at home and school (Harrison & Vannest, 2008). Adolescents also may experience increased stress with role ambiguity during a parent's deployment—as the family instantly becomes a single-parent home, the adolescent may take on additional responsibilities to support the remaining parent (Chawla & Solinas-Saunders, 2011; Harrison & Vannest, 2008).

Research following Operations Desert Shield and Desert Storm during the Gulf War in 1991 confirmed that stresses do occur within families during and after deployment (Jensen & Shaw, 1996; Kelley, 1994; Norwood, Fullerton, & Hagen, 1996; Pierce, Vinokur, & Buck, 1998; Rosen, Teitelbaum, & Westhuis, 1993). In their study of absent Navy mothers due to deployment during the Gulf War, Kelley, Herzog-Simmer, and Harris (1994) found that maternal depression, decreased self-esteem, and dysphoria were significantly correlated with children's internalizing behavior (e.g., anxiety, depression).

Likewise, nondeployed parents also experience stress during times of deployment (Mmari et al., 2010), which in turn may be felt by children in the home (Chawla & Solinas-Saunders, 2011). Harrison and Vannest (2008) report that in addition to feelings of worry and fear for their spouse's safety, the remaining parent also grapples with the stress of increased role expectation and responsibilities as a single parent. Without support, the remaining parent may cope with role strain and anxiety by withdrawing emotionally from their children or responding with severe punishment to misbehavior (Harrison & Vannest, 2008). These children may face an increased risk of maltreatment or neglect as the remaining parent may become abusive to the children when a spouse is deployed (Chawla & Solinas-Saunders, 2011; Gibbs et al., 2007; Rentz et al., 2007). Deployment can have significant detrimental effects on an entire military family's well-being and coping skills.

Support Systems and Military Children

While researchers have found many negative outcomes associated with school transitions for military children, supportive relationships appear to have a positive influence on outcomes for this group. Although the majority of the literature discusses the damaging consequences that multiple school transitions have on children from military families, some studies found that multiple school transitions fostered strength and resiliency. Lyle (2006) reported that there are mixed results in the literature regarding the effects of multiple school transitions. Multiple transitions have been shown to equip military children with more adaptability, accelerated maturity, deeper appreciation for cultural differences, and strong social skills in comparison to their civilian peers (Bradshaw et al., 2010; Mmari et al., 2010; Sherman & Glenn, 2011; Strobino & Salvaterra, 2000). Weber and Weber (2005) actually reported a lower rate of problems experienced by military adolescents exposed to increased frequency and number of relocations. Strobino and Salvaterra (2000) stated that whether transition affects military children positively or negatively depends largely upon their support systems. Students' preoccupation with feelings of isolation and loneliness during school transition could result in poor grades and a decline in academic achievement. In contrast, military students who welcome change and find a new sense of responsibility during school transition may experience improved academic performance and achievement. It also was found that despite five or more school transitions, military children reported average to above-average grades, active involvement in extracurricular activities, and support of teachers and parents. This study attributed the positive adjustment of military students during multiple school transitions to supportive school cultures and strong pa-

rental involvement. The positive and negative results reveal that the level of school and parent support may be indicators of how well military students adjust during multiple school transitions (Strobino & Salvaterra, 2000).

Implications for School Counselors

Given the extensive influence that the school environment has on military students' adjustment during school transitions, the importance of developing a supportive and understanding relationship with this student population is paramount. Rush and Akos (2007) note that school counselors are uniquely qualified to assist students with social, emotional and academic concerns. School counselors are specifically trained in child development, and they work closely with numerous sources of student support including parents, teachers and peers. Waliski et al. (2012) confirm that counselors possess the education and skills needed to help military students and are readily accessible within their community. Professional school counselors also have access to academic data that can be used to identify the specific needs of an enrolling military student, such as standardized test scores, attendance records, discipline referrals and report cards. Moreover, school counselors serve students directly by developing and implementing preventive programs and interventions that facilitate support and social belonging such as classroom guidance, intentional guidance groups and peer mentoring (Rush & Akos, 2007). The role of school counselors within the school environment places them in a unique position to serve and advocate for enrolling military students and consequently transform school transition into a positive experience. The following sections will provide an overview of ways that school counselors can support military students in their own schools.

Becoming Informed About Military Life

To initiate change, school counselors must first be informed about military life and become knowledgeable about resources and culturally sensitive interventions suited for military students (Waliski et al., 2012). Understanding the challenges and the unique needs of military students will help school counselors support military students and families during times of crisis (Harrison & Vannest, 2008). Several resources are available to assist school counselors in becoming advocates for and providing resources and interventions to military students. Organizations such as Operation Military Kids (OMK) and Military One Source provide specific tools and trainings on assisting military children and parents for school staff and community stakeholders (Eason, 2012). These resources could be used in staff development, classroom guidance, parent/teacher conferences, and small group and individual counseling (see Table 1).

Student-to-Student Interactions

With regard to strategies and programs that acclimatize new students to schools and ease the transition process, student-to-student programs were noted repeatedly in the literature (Berg, 2008; Bradshaw et al., 2010; Harrison & Vannest, 2008; Mmari et al., 2010; Strobino & Salvaterra, 2000). These programs connect new students with current students, who act as guides to the school grounds and reduce anxiety by initiating the friend-making process. One such program is noted by Rush and Akos (2007) in working with middle school students. The authors developed a 10-session, combination psychoeducational-counseling group created by school counselors to increase student knowledge concerning the deployment process. In addition to information sharing by the group leaders and group members early in the process and at the beginning of each session, the "later sessions, and the latter part of each session, are purposefully structured to be less directive and more process oriented to allow group members to pursue individual goals and provide more intrapersonal focus to help with particular issues that emerge" (Rush & Akos, p. 116). Students are further supported through the development of coping skills in a safe, encouraging environment.

Table 1

Web Resources to Support Military Students with Transition

Organization	Web Address	Summary
Operation Military Kids	www.operationmilitarykids.org	This site offers Ready, Set, Go Training, which educates community members on military culture and specific issues military children face.
Military One Source	www.militaryonesource.mil	This site offers current information on military culture to community service providers including printable and orderable materials. The site includes a link to "Youth on the Move," which is a website dedicated to helping military students with school transition.
Department of Defense Education Activity	www.militaryk12partners.dodea.edu	This site offers best practices for working with military students and quick reference guides about military culture and families. Militaryk12partners also describes several DOD initiatives to assist public schools that serve military children.
Military Child Education Coalition	www.militarychild.org	This site offers resources for parents, students, and school staff to help military children with school transition. The coalition links schools with local military installations and military student transition consultants.
Military Interstate Children's Compact Commission	www.mic3.net	This site provides information and documentation of the interstate compact designed to help ease school transition of military students between states.

Community Resources

   Another avenue to help students adjust and adapt is connecting parents and caregivers to community re-sources. Mmari et al. (2010) found that some military parents did not utilize resources simply because they did not know they were available. Waliski et al. (2012) explained that counselors can serve as gatekeepers through whom military families can gain access to appropriate programs and services. Additionally, school counselors are in an advantageous position to develop partnerships between families and communities, to identify chal-lenges such as transitions, to address these issues, and to advance student progress (Epstein & Van Voorhis, 2010). As military families transition, they may be unfamiliar with their new community and struggle to locate health care providers, childcare, tutoring, and mental health and counseling resources. School counselors are often equipped with lists for local providers and resources that could ease the transition for mobile military families. In addition to local resources, school counselors can proactively assist military children and their families by maintaining a record of resources specific to military families. For example, Tutor.com provides free tutoring and resources for military students ("Tutor.com for U.S. military families," 2014). Also, a new Web

site sponsored by the Department of Veterans Affairs, "Parenting for Service Members and Veterans," has been launched just for military families (Department of Veterans Affairs, 2013). This resource addresses the unique challenges of parenting in military families through an online anonymous parenting course, interactive activities, and stories of real military and veteran families that provide valuable skills for the everyday challenges of raising military children. The course and content were developed by experts from the DOD. By connecting parents to resources, the school counselor can assist in reducing tension at home and increasing parental support and school involvement.

Staff Trainings

An important strategy for school counselors to implement in their schools is facilitating school staff trainings specific to military culture and needs of military students. Harrison and Vannest (2008) suggest that teachers receive professional development focused on military culture and the skills necessary to assist their military students. Strobino and Salvaterra (2000) explain that it is important for all stakeholders to be aware of the relationship between the student's experiences and school success. School counselors and other school professionals are encouraged to focus on identifying the strengths of military students. Staff training can facilitate cultural sensitivity and supportive student/teacher relationships that contribute to positive school experiences.

A number of organizations—from the community to the national level—can provide training to assist educational professionals in working with the military community. Veterans' organizations, such as Veterans of Foreign Wars (VFW) or the American Legion, have posts in local communities with representatives appointed to serve schools and other civic institutions. National Guard or reserve posts and active-duty military installations have a public affairs officer (PAO) who is available to discuss military-related issues such as deployment with the educational community as well. Additionally, the MCEC (2012), a federally recognized nonprofit organization, is specifically "focused on ensuring quality educational opportunities for all military children affected by mobility, family separation, and transition." They provide ongoing training for school counselors and other education professionals both online and in face-to-face settings. Two MCEC programs in particular relate directly to school transitions. The Supporting Military Children through School Transitions: Foundations focuses on the military-connected child's experience with transitions by addressing "military lifestyle and culture, school transition perspectives, and identifying local transition challenges." The second program—Supporting Military Children through School Transitions: Social/Emotional Institute—focuses on the social and emotional effects of student transitions, including "deployment and separation, building confidence and resiliency, and supporting children through trauma and loss" (MCEC, 2012).

Advocating for Military Students

In addition to interventions used at the individual school level, school counselors can advocate for military students at the local, district and state levels. A valuable resource for school counselors is the Military Children Interstate Compact Commission. The Council of State Governments and the DOD worked collaboratively to develop an Interstate Compact that would address the challenges military families face with each school transition (Kitmitto et al., 2011). The Compact addresses transition issues such as slow transfer of records, course and curriculum differences and equivalents, attendance, accessibility to extracurricular activities, and graduation requirements. Through the guidelines and detailed governance structure, the Compact allows for the uniform treatment of these challenges at the state and local district level. Currently, 43 states have signed the Interstate Compact (Matthews, 2012). It is important for school counselors to be aware of their state's standing on the Compact. School counselors can advocate for compliance with the guidelines set by their adoption and for implementation of the guidelines if their state has not become a signatory.

Conclusion

Military families experience unique stressors related to the military culture, such as parental deployment and multiple relocations. The literature attributes the negative effects of multiple school transitions to factors such as tension at home and parental absence, slow transfer of school records and differences in curricula between schools, adapting to new school environments and making friends, limited access to extracurricular activities, and a lack of understanding by school teachers and staff of military culture. The majority of the reviewed literature found that the challenges of mobile military students can lead to a decline in academic achievement and social/emotional problems.

Research seems to suggest that supportive relationships and an encouraging school environment can help military students adjust to the struggles that they are likely to face. The literature points to the professional school counselor as being the most appropriate staff member to foster these positive experiences and advocate for new enrolling military students. School counselors can create a positive experience for new enrolling military students by connecting parents and caregivers to community resources, advocating for quick transfer of school records, creating programs that acclimate new students to school grounds and culture, encouraging accessibility to extracurricular activities, and facilitating school staff trainings specific to military culture and the particular needs of military students.

References

Astor, R. A. (2011, June 8). The need to support students from military families. *Education Week*, *30*(33), 27, 32. Retrieved from http://www.edweek.org/ew/articles/2011/06/08/33astor_ep.h30.html

Berg, K. F. (2008). Easing transitions of military dependents into Hawaii public schools: An invitational educational link. *Journal of Invitational Theory and Practice*, *14*, 41–55.

Bradshaw, C. P., Sudhinaraset, M., Mmari, K., & Blum, R. W. (2010). School transitions among military adolescents: A qualitative study of stress and coping. *School Psychology Review*, *39*, 84–105.

Chawla, N., & Solinas-Saunders, M. (2011). Supporting military parent and child adjustment to deployment separations with filial therapy. *The American Journal of Family Therapy*, *39*, 179–192. doi:10.1080/01926187.2010.531647

Department of Defense. (2010). *Demographics, 2010: Profile of the military community* [Annual report]. Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2010_Demographics_Report.pdf

Department of Defense Dependents Education. (2012). *Fiscal year 2013 budget estimates: Department of Defense Dependents Education (DODDE)* [Annual report]. Retrieved from http://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2013/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PARTS/O_M_VOL_1_BASE_PARTS/DoDDE_OP-5.pdf

Department of Veterans Affairs. (2013). *Parenting for service members and veterans.* Retrieved from http://militaryparenting.t2.health.mil

Eason, M. (2012, November). *Operation military kids*. Program session presented at the annual conference of the Georgia School Counselors Association, Athens, GA.

Engel, R. C., Gallagher, L. B., & Lyle, D. S. (2010). Military deployments and children's academic achievement: Evidence from Department of Defense Education Activity schools. *Economics of Education Review*, *29*, 73–82.

doi:10.1016/j.econedurev.2008.12.003

Epstein, J. L., & Van Voorhis, F. L. (2010). School counselors' roles in developing partnerships with families and communities for student success. *Professional School Counseling*, *14*, 1–14.

Fenell, D. L. (2008, June 14). A distinct culture. *Counseling Today, 50*(12), 8–9, 35. Retrieved from http://ct.counseling.org/2008/06/a-distinct-culture/

Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *Journal of the American Medical Association, 298*, 528–535. doi:10.1001/jama.298.5.528

Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York, NY: Routledge.

Harrison, J., & Vannest, K. J. (2008). Educators supporting families in times of crisis: Military reserve deployments. *Preventing School Failure*, *52*(4), 17–24. doi:10.3200/PSFL.52.4.17-24

Hipps, T. (2011, June). Removing educational obstacles for military kids. *Soldiers*, *66*(6), 16–19.

Horton, D. (2005). Consultation with military children and schools: A proposed model. *Consulting Psychology Journal: Practice and Research*, *57*(4), 259–265. doi:10.1037/1065-9293.57.4.259

Jensen, P. S., & Shaw, J. A. (1996). The effects of war and parental deployment upon children and adolescents. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations* (pp. 83–109). Washington, DC: American Psychiatric.

Kelley, M. L. (1994). The effects of military-induced separation on family factors and child behavior. *American Journal of Orthopsychiatry*, *64*, 103–111. doi:10.1037/h0079499

Kelley, M. L., Finkel, L. B., & Ashby, J. (2003). Geographic mobility, family, and maternal variables as related to the psychosocial adjustment of military children. *Military Medicine*, *168*, 1019–1024.

Kelley, M. L., Herzog-Simmer, P. A., & Harris, M. A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Military Psychology, 6,* 125–138.

Kitmitto, S., Huberman, M., Blankenship, C., Hannan, S., Norris, D., & Christenson, B. (2011). *Educational options and performance of military-connected school districts research study – final report.* San Mateo, CA: American Institutes for Research. Retrieved from http://www.militaryk12partners.dodea.edu/docs/2011-air-report.pdf

Lowe, K. N., Adams, K. S., Browne, B. L., & Hinkle, K. T. (2012). Impact of military deployment on family relationships. *Journal of Family Studies*, *18*, 17–27.

Lyle, D. S. (2006). Using military deployments and job assignments to estimate the effect of parental absences and household relocations on children's academic achievement. *Journal of Labor Economics*, *24*(2), 319–350. doi:10.1086/499975

Matthews, W. J., III. (2012, June). Commission picks up member states 42 and 43. *MIC3...News, Views, and Transitions: Newsletter for the Interstate Commission on Educational Opportunity for Military Children*, 3, 5. Retrieved from http://www.mic3.net/documents/MIC3June2012InteractiveNewsletter2.pdf

Military Child Education Coalition. (2001). *U.S. Army secondary education transition study: Executive summary*. Arlington, VA: Military Resource Center.

Military Child Education Coalition. (2012). *Programs*. Retrieved from http://www.militarychild.org/professionals/programs

Mmari, K. N., Bradshaw, C. P., Sudhinaraset, M., & Blum, R. (2010). Exploring the role of social connectedness among military youth: Perceptions from youth, parents, and school personnel. *Child and Youth Care Forum*, *39*, 351–366. doi:10.1007/s10566-010-9109-3

Norwood, A. E., Fullerton, C. S., & Hagen, K. P. (1996). Those left behind: Military families. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations* (pp. 163–196). Washington, DC: American Psychiatric.

Pierce, P. F., Vinokur, A. D., & Buck, C. L. (1998). Effects of war-induced maternal separation on children's adjustment during the Gulf War and two years later. *Journal of Applied Social Psychology*, *28*(14), 1286–1311. doi:10.1111/j.1559-1816.1998.tb01677.x

Pribesh, S., & Downey, D. B. (1999). Why are residential and school moves associated with poor school performance? *Demography*, *36*, 521–534.

Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *American Journal of Epidemiology*, *165*,

1199–1206. doi:10.1093/aje/kwm008

Rosen, L. N., Teitelbaum, J. M., & Westhuis, D. J. (1993). Children's reactions to the Desert Storm deployment: Initial findings from a survey of Army families. *Military Medicine*, *158*, 465–469.

Rossen, E., & Carter, C. D. (2011, February). Supporting students from military families. *Principal Leadership*, *11*(6), 14–18.

Rush, C. M., & Akos, P. (2007). Supporting children and adolescents with deployed caregivers: A structured group approach for school counselors. *The Journal for Specialists in Group Work*, *32*(2), 113–125. doi:10.1080/01933920701227034

Sherman, M. D., & Glenn, M. A. (2011, January/February). Opportunities for school psychologists working with children of military families. *Communiqué: The Newspaper of the National Association of School Psychologists*, *39*(5), 17–19.

Simpson, G. A., & Fowler, M. G. (1994). Geographic mobility and children's emotional/behavioral adjustment and school functioning. *Pediatrics*, *93*, 303–309.

Strobino, J., & Salvaterra, M. (2000). School transitions among adolescent children of military personnel: A strengths perspective. *Social Work in Education*, *22*, 95–107.

Tutor.com. (2014). Tutor.com for U.S. military families. Retrieved from http://www.tutor.com/military

Waliski, A., Bokony, P., Edlund, C. N., & Kirchner, J. (2012). Counselors called for service: Impact of parental deployment on preschool children. *The Family Journal: Counseling and Therapy for Couples and Families*, *20*(2), 157–163. doi:10.1177/1066480712438531

Weber, E. G., & Weber, D. K. (2005). Geographic relocation frequency, resilience, and military adolescent behavior. *Military Medicine*, *170*, 638–642.

Wood, D., Halfon, N., Scarlata, D., Newacheck, P., & Nessim, S. (1993). Impact of family relocation on children's growth, development, school function, and behavior. *Journal of the American Medical Association*, *270*, 1334–1338. doi:10.1001/jama.1993.03510110074035

nbcc

Wounded Warriors with PTSD: A Compilation of Best Practices and Technology in Treatment

Mary Alice Fernandez
Melissa Short

This article offers mental health counselors a compilation of best practices and technology in the treatment of combat veterans suffering from post-traumatic stress disorder (PTSD). The goal is to increase counselors' awareness of the resources available to enhance their repertoire of tools and techniques to assess, diagnose, case-conceptualize and treat the growing population of combat veterans with PTSD. The National Center for PTSD provides guidelines for diagnosing PTSD using the *DSM-5*. PTSD is now recognized as a trauma disorder related to an external event rather than an anxiety disorder associated with mental illness. The authors describe assessment tools and treatment strategies for PTSD validated on veteran populations. The paper also highlights new technology and mobile apps designed to assist in the treatment of combat PTSD.

Keywords: combat PTSD, trauma disorder, treatment of combat veterans, National Center for PTSD, mobile apps

Volunteering to serve one's country during wartime is an act of heroism, and counselors working with combat veterans are in a unique position to honor these heroes. Combat veterans have offered the supreme sacrifice and some are paying a price by suffering from combat post-traumatic stress disorder (PTSD). The task of providing mental health services to a growing veteran population and their immediate family members is complicated by the lack of accessible services and the complexities of the disorder. To begin to address this challenge, Senator Jon Tester (D-MT) recently introduced legislation focused on improving access to mental health counselors by tasking the Department of Veterans Affairs (VA) with recruiting more licensed professional mental health counselors (Tester, 2013).

This article offers an overview of resources available to mental health counselors to assess, case-conceptualize, diagnose and treat a growing population of combat veterans with PTSD. The goal is to increase the awareness of both beginning counselors and more experienced counselors of new therapies as well as best practices in treating combat PTSD. The compilation of resources begins with diagnostic criteria, assessment tools, and evidence-based practices, including new technologies for treating PTSD, and culminates with a list of resources available to counselors and veterans.

Diagnosing PTSD

Changes in the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (*DSM-5*) place PTSD under a new heading, *Trauma and Stressor-Related Disorders*, and remove it from the *DSM-4* anxiety category. This new *DSM-5* categorization de-stigmatizes PTSD because it recognizes PTSD as a trauma disorder related

Mary Alice Fernandez, NCC, is an assistant professor at Texas A&M University – Corpus Christi. Melissa Short is a doctoral student at Walden University Online. Correspondence can be addressed to Mary Alice Fernandez, 6300 Ocean Drive, Unit 5834, Corpus Christi, TX 78412-5834, mary.fernandez@tamucc.edu.

to an external event rather than an anxiety related to mental illness (Staggs, 2014). The *DSM-5* provides eight clear criteria for diagnosing PTSD, beginning with identifying a traumatic event (criterion A) and then noting behavioral symptoms related to PTSD. It organizes symptoms into four clusters: intrusions (criterion B), avoidance (criterion C), negative symptoms (criterion D), and arousal (criterion E) (American Psychological Association, 2013). In order for a client to meet the full criteria for a PTSD diagnosis, his or her symptoms must last longer than a month (criterion F), must prevent him or her from functioning well in significant area(s) of life (criterion G), and cannot be due to physical factors such as a medical condition or substance use (criterion H).

The National Center for PTSD (2014a) provides guidelines for diagnosing PTSD using the *DSM-5*. Criterion A (stressor) indicates that the person was exposed to at least one of the following: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. The person must persistently re-experience at least one of the intrusion symptoms (criterion B) of the traumatic event and one of the avoidance efforts (criterion C) of distressing trauma-related stimuli. Two negative symptoms or alterations in cognition or mood (criterion D) and two alterations in arousal and reactivity (criterion E) that began or worsened after the traumatic event must be present for a diagnosis of PTSD. Although symptoms may occur soon after the event, a person does not qualify for a PTSD diagnosis until at least six months after the traumatic event. An individual with PTSD will experience high levels of either depersonalization or derealization (National Center for PTSD, 2014a).

Nussbaum's (2013) brief version for diagnosing PTSD begins by asking the following:

> What is the worst thing that has ever happened to you? Have you ever experienced or witnessed an event in which you were seriously injured or your life was in danger, or you thought you were going to be seriously injured or endangered? (p. 90)

If the client answers in the affirmative, the counselor is to ask these questions: "Do you think about or re-experience these events? Does thinking about these experiences ever cause significant trouble with your friends or family, at work, or in another setting?" (Nussbaum, 2013, p. 90). Nussbaum (2013) provides a set of questions for each cluster and its associated symptoms to guide the process of diagnosis.

Assessment Tools

Ottati and Ferraro (2009) describe three assessment tools, validated on veteran populations, to screen for combat-related PTSD: the 17-item self-report PTSD Checklist (PCL)**,** the 35-item self-report Mississippi Scale for Combat-Related PTSD (M-PTSD)*,* and the Clinician-Administered PTSD Scale (CAPS). The PCL was recently updated to 20 items to reflect the changes in *DSM-5*. PCL-5 is a self-report measure that takes 5–10 minutes to complete and may be used to screen, diagnose and monitor changes during and after treatment of PTSD (Weathers et al., 2013). The M-PTSD uses a 5-point Likert scale to rate PTSD symptoms and related symptoms of substance abuse, suicidal ideation, and depression. It provides a PTSD symptom severity index with scores ranging from 35–175. The M-PTSD has not been revised since *DSM-3*, but may still be useful since it was normed with veteran populations (National Center for PTSD, 2014b). CAPS is a diagnostic structured interview that also measures the severity of symptoms and was recently revised to assess the *DSM-5* PTSD symptoms. CAPS-5 is a 30-item questionnaire that takes 45–60 minutes to administer and yields a single score of PTSD severity (Weathers et al., 2013).

Other instruments are available to counselors for consideration. The PTSD Symptom Scale, Interview Version (PSS-I) with 17 items is a shorter clinical interview comparable to CAPS (Peterson, Luethcke, Borah, Borah, & Young-McCaughan, 2011). The PSS-I can be administered in about 20 minutes by a trained lay interviewer, and each item consists of a brief question so that an initial assessment can be made in shorter time

(Peterson et al., 2011).The Emotion Regulation Questionnaire (ERQ) assesses differences between expressive suppression and cognitive reappraisal during treatment intake and discharge (Boden et al., 2013). The ERQ assessment assists the counselor in targeting and reducing maladaptive regulation strategies within the context of PTSD treatment in order to help the veteran develop alternative coping skills (Boden et al., 2013). The Quick Test for PTSD (Q-PTSD) is useful for identifying individuals with a true disability (Morel, 2008). Q-PTSD is a time-efficient method of detecting malingering in veterans applying for disability; it may be used by the counselor as an initial assessment of the disorder (Morel, 2008).

Other useful instruments can be incorporated into a treatment plan, such as a strengths-based assessment, depression inventory, substance abuse assessment, and insomnia inventory. Seligman (2011) also recommends the Post-Traumatic Growth Inventory (PTGI) for use with veterans. The 21-item PTGI "measures the extent to which survivors of traumatic events perceive personal benefits, including changes in perceptions of self, relationships with others, and philosophy of life accruing with their attempt to cope with trauma and its aftermath" (Tedeschi & Calhoun, 1996, p. 458). Seligman (2011) suggests that trauma often sets the stage for growth; a counselor may use the PTGI to facilitate veterans' understanding of the conditions under which growth can happen.

Making a diagnosis of PTSD requires assessing symptoms and also gathering data from multiple assessments, a structured interview, and other knowledge of the client in order to make an evaluative judgment that leads to the development of a sound treatment plan (Ottati & Ferraro, 2009).

PTSD Treatment

Cognitive behavioral therapy (CBT) is unanimously endorsed as the best-practice treatment for PTSD by the VA and the Department of Defense (DOD; U.S. VA & U.S. DOD, 2010), the International Society for Traumatic Stress Studies (Foa, Keane, & Friedman, 2000), and the American Psychiatric Association (Ursano et al., 2010). Tramontin (2010) specifically states that the VA supports Prolonged Exposure (PE) therapy and Cognitive Processing Therapy (CPT).

In CPT and CBT, counselors challenge clients' automatic thoughts connected with trauma. Through the use of written narratives in CPT, counselors target issues of safety, trust, power, control and self-esteem. Counselors also work with veterans to identify and label feelings as they work through impasses in their stories (Moran, Schmidt, & Burker, 2013). Exposure therapy is an evidence-based practice for many types of trauma including PTSD. According to Rauch, Eftekhari, and Ruzek (2012), PE therapy reduces PTSD symptoms and aids in treating comorbid issues. Rauch et al. (2012) explain that PE therapy consists of four components: psychoeducation, in vivo exposure, imaginal exposure, and emotional processing. Psychoeducation can help those suffering from trauma to understand their PTSD (Rauch et al., 2012). In vivo exposure consists of literally confronting the variables associated with the trauma (i.e., people, places and things; Rauch et al., 2012). Imaginal exposure involves reliving the memories associated with the trauma and engaging the accompanying emotions (Rauch et al., 2012). Emotional processing involves the counselor posing open-ended questions to the client in order to elicit both the emotions the client felt associated with the trauma and present emotions (Rauch et al., 2012).

Virtual reality exposure. In recent years, a new development of a virtual reality exposure therapy has surfaced. Albert "Skip" Rizzo developed a program titled "Virtual Iraq," a virtual reality simulation designed to assist in the treatment of PTSD (Virtually Better, Inc., 2013). Rizzo developed the program after stumbling upon a video game called "Full Spectrum Warrior" that was originally created to train military service men and women.

According to Rothbaum, Rizzo and Difede (2010), the current generation of military service members may be more comfortable participating in virtual reality treatment than conventional talk therapy, due to its similarity to gaming. After viewing several videos that demonstrate the Virtual Iraq system, the authors understand the connection between the exposure to trauma variables in PE and the exposure to trauma variables in virtual reality programs. Sharpless and Barber (2011) found several studies demonstrating the efficacy of virtual reality in treating veterans.

The protocol for virtual reality treatment involves veterans selecting a traumatic combat experience that relates closely to their most severe PTSD symptoms (McLay et al., 2012). Counselors create a realistic experience for the veteran by utilizing various sensory components of the virtual reality environment. Clients then use their senses and are immersed into the virtual reality world where they relive their trauma. Following the treatment, the counselor and the veteran process the material that surfaced in the exposure (McLay et al., 2012). In a study using virtual reality exposure therapy, McLay et al. (2012) found that "75% of participants experienced at least a 50% reduction in PTSD symptoms" (p. 635).

In addition to Virtual Iraq, Virtually Better, Inc. (2013) has developed other programs, including Virtual Vietnam, Afghanistan, Airports, and the World Trade Center. During a phone interview with Emilio Coirini, Director and Business Developer at Virtually Better, Inc., the interviewee stated that a soldier who suffers PTSD costs the government about $50,000 a year to treat, with the average treatment lasting 20 years. In contrast, the virtual reality system costs only about $30,000 with clinical training (E. Coirini, personal communication, November 16, 2012). At the time of the interview, there were about 70 systems installed throughout the United States, and Coirini explained that it is possible to receive grants for the cost of the system.

Animal-assisted treatment. In contrast to the relatively new use of virtual reality technology, animals have been assisting persons with disabilities for many years; there are a growing number of organizations that provide trained animals, specifically canines, to veterans who suffer from PTSD. According to Thompson (2010), in order to qualify as a service animal, the animal must undergo training to do work or perform helpful tasks. McConnell (2011) conducted a study that found that having a pet can provide meaningful social support that improves lives. One organization, Pets for Vets, provides animal companions to veterans with PTSD who are capable of caring for a pet. Pets for Vets states the following (2014):

> Our goal is to help heal the emotional wounds of military veterans by pairing them with a shelter animal that is specially selected to match his or her personality. Professional animal trainers rehabilitate the animals and teach them good manners to fit into the veteran's lifestyle. Training can also include desensitization to wheel chairs or crutches as well as recognizing panic or anxiety disorder behaviors. (para. 2)

Animals have been therapeutic partners to persons with disabilities for generations, and they are now serving wounded warriors.

Utilization of mobile phone applications. While researching other tools to help in treating PTSD, the authors discovered a few mobile applications available for both the iPhone and the Android that are well-developed, user-friendly and comprehensive. The first application, PTSD Coach (U.S. VA, 2014b), is elaborate in design, taking into account potential areas of concern for those who suffer from PTSD. The four main divisions of the application include Learn, Self-Assessment, Manage Symptoms and Find Support. The learning division of the application provides a comprehensive base and answers questions such as What is PTSD? and Who develops PTSD? In addition, the learning division includes answers regarding who should seek professional assistance and possible treatment protocols. The questions in the professional care subsection include Will it

really work? and What if I am embarrassed about seeking help? The self-assessment section gives a person insight into the possibility of having PTSD. An example of an evaluative question is, "In the past month how often have you been bothered by disturbing memories, thoughts or images of the traumatic experience?" Users can track the history of their symptoms and schedule assessments to take periodically to provide a comparison of improvement or decline. When utilizing the manage symptoms option, users can select a mental state such as sadness or hopelessness, and the application will provide a suggestion to improve mood, depending on mood severity. Finally, users can set up their own support network, get support immediately or find professional care by choosing the finding support option. (The Apple phone app version may be found at https://itunes.apple.com/us/app/ptsd-coach/id430646302?mt=8, and the Android version may be found at https://play.google.com/store/apps/details?id=gov.va.ptsd.ptsdcoach.)

Another application, T2 Mood Tracker (The National Center for Telehealth and Technology, 2014), aids individuals in keeping track of their moods, which they can then report to their medical or mental health professional(s). The application can be used as a daily tool to track a client's mood, keep notes regarding stressors, and chart a graph of the information provided. The initial screen asks whether the user would like to rate anxiety, depression, general well-being, head injury, post-traumatic stress, or general stress. The user selects one of the previously stated fields and is then required to rate several factors associated with the chosen field. The user can then graph results, create reports, save reports, or view notes. The application is user-friendly and simple in design, yet intricate enough to help the user and counselor in developing treatment protocols. (The Apple phone app version may be found at https://itunes.apple.com/us/app/t2-mood-tracker/id428373825?mt=8, and the Android version may be found at https://play.google.com/store/apps/details?id=com.t2.vas.)

A third application worthy of acknowledgement is the PE Coach, developed by the VA (2014a). The PE Coach requires a counselor trained in PE therapy. According to the National Center for PTSD (2014c), the PE Coach is a treatment companion that helps the client and counselor work through the PE treatment manual. The features of this application include the following: learning about PE therapy and the most common reactions to trauma, recording therapy sessions for personal use, setting reminders for homework and future therapy appointments, tracking tasks between sessions, practicing breathing exercises, and tracking PTSD symptoms. Currently, anecdotal accounts from veterans indicate that the mobile applications are helpful (U.S. DOD, American Forces Press Service, 2012). (The Apple phone app version may be found at https://itunes.apple.com/us/app/pe-coach/id507357193?mt=8, and the Android version may be found at https://play.google.com/store/apps/details?id=org.t2health.pe.)

Conclusion

Wendling (2008) reported results from an online survey administered to mental health practitioners after they had attended a conference called "Healing the Scars of War." She found that most counselors did not understand military culture or appear to follow best-practice guidelines. The authors hope this paper serves to increase understanding of this critical area.

Technology makes it possible to access information about military families and resources to serve this special population. The VA has PTSD videos, training courses, and other materials available to inform counselors of the needs and unique cultural experiences of a diverse veteran population experiencing PTSD.

The resources identified (see Table 1) can be readily accessed by counselors and veterans to begin the therapeutic journey. We, the authors, salute the wounded warriors and continue to fight for their healing as they have fought for freedom.

Table 1

Informative Resources about Veterans and PTSD

Resource Name	Resource Web site
Heroes to Heroes	http://www.heroestoheroes.org/
Make the Connection: Shared experiences and support for Veterans	http://maketheconnection.net/conditions/ptsd?gclid=CKC03IuYsroCFRFo7AodJToAjQ
National Center for PTSD	http://www.ptsd.va.gov/
National Center for Telehealth and Technology	http://www.t2.health.mil/
Operation: Green Hope Foundation	http://opgreenhope.org/
PTSD Help and Information for Veterans and Military Families	http://militaryfamily.about.com/od/woundedwarriors/tp/Ptsd-Help-And-Information-For-Veterans-And-Military-Families.htm
Veterans Crisis Line	http://veteranscrisisline.net/?gclid=CLOJw96XsroCFUVp7AodkG0Atg

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, DC: American Psychiatric Publishing.

Boden, M. T., Westermann, S., McRae, K., Kuo, J., Alvarez, J., Kulkarni, M. R., … Bonn-Miller, M. O. (2013). Emotion regulation and posttraumatic stress disorder: A prospective investigation. *Journal of Social & Clinical Psychology*, *32*(3), 296–314. doi:10.1521/jscp.2013.32.3.296

Foa, E. B., Keane, T. M., & Friedman, M. J. (Eds.). (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York, NY: The Guilford Press.

McConnell, A. R. (2011, July 11). Friends with benefits: Pets make us happier, healthier. *Psychology Today*. Retrieved from http://www.psychologytoday.com/blog/the-social-self/201107/friends-benefits-pets-make-us-happier-healthier

McLay, R. N., Graap, K., Spira, J., Perlman, K., Johnston, S., Rothbaum, B. O., … Rizzo, A. (2012). Development and testing of virtual reality exposure therapy for post-traumatic stress disorder in active duty service members who served in Iraq and Afghanistan. *Military Medicine*, *177*(6), 635–642.

Moran, S., Schmidt, J., & Burker, E. J. (2013). Posttraumatic growth and posttraumatic stress disorder in veterans. *Journal of Rehabilitation*, *79*(2), 34–43.

Morel, K. R. (2008). Development of a validity scale for combat-related posttraumatic stress disorder: Evidence from simulated malingerers and actual disability claimants. *Journal of Forensic Psychiatry & Psychology*, *19*(1), 52–63. doi:10.1080/14789940701594645

National Center for PTSD. (2014a, January 3). *DSM-5 criteria for PTSD*. Retrieved from http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

National Center for PTSD. (2014b, January 3). *Mississippi Scale for Combat-Related PTSD (M-PTSD)*. Retrieved from http://www.ptsd.va.gov/professional/assessment/adult-sr/mississippi-scale-m-ptsd.asp

National Center for PTSD. (2014c, January 28). *Mobile app: PE coach*. Retrieved from http://www.ptsd.va.gov/public/materials/apps/pecoach_mobileapp-public.asp

The National Center for Telehealth and Technology. (2014). T2 Mood Tracker [Mobile application software]. Available from https://itunes.apple.com/us/app/t2-mood-tracker/id428373825?mt=8 or https://play.google.com/store/apps/details?id=com.t2.vas

Nussbaum, A.M. (2013). *The Pocket Guide to the DSM-5 Diagnostic Exam*. Washington, DC: American Psychiatric Publishing.

Ottati, A., & Ferraro, F. R. (2009). Combat-related PTSD treatment: Indications for exercise therapy. *Psychology Journal*, *6*(4), 184–196.

Peterson, A. L., Luethcke, C. A., Borah, E. V., Borah, A. M., & Young-McCaughan, S. (2011). Assessment and treatment of combat-related PTSD in returning war veterans. *Journal of Clinical Psychology in Medical Settings*, *18*(2), 164–175. doi:10.1007/s10880-011-9238-3

Pets for Vets. (2014). *Healing vets and saving pets*. Retrieved from http://pets-for-vets.com

Rauch, S. A. M., Eftekhari, A., & Ruzek, J. I. (2012). Review of exposure therapy: A gold standard for PTSD treatment. *Journal of Rehabilitation Research & Development*, *49*(6), 679–687.

Rothbaum, B. O., Rizzo, A., & Difede, J. (2010). Virtual reality exposure therapy for combat-related posttraumatic stress disorder. *Annals of the New York Academy of Sciences*, *1208*, 126–132. doi:10.1111/j.1749-6632.2010.05691.x

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.

Sharpless, B. A., & Barber, J. P. (2011). A clinician's guide to PTSD treatment for returning veterans. *Professional Psychology: Research and Practice*, *42*(1), 8–15. doi:10.1037/a0022351

Staggs, S. (2014). *Symptoms & diagnosis of PTSD*. Retrieved from http://psychcentral.com/lib/symptoms-and-diagnosis-of-ptsd/000158

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*(3), 455–471. doi:10.1002/jts.2490090305

Tester, J. (2013, June 13). Tester introduces comprehensive veterans' health care legislation [Press release]. Retrieved from http://www.tester.senate.gov/?p=press_release&id=2965

Thompson, M. (2010, November 22). Bringing dogs to heal. *Time*, *176*(21), 54–57. Retrieved from http://p2v.org/wp-content/uploads/2010/11/p2v-time-web.pdf

Tramontin, M. (2010). Exit wounds: current issues pertaining to combat-related PTSD of relevance to the legal system. *Developments in Mental Health Law*, *29*, 23–47.

U.S. Department of Defense, American Forces Press Service. (2012, July 31). DOD, VA release mobile app targeting post-traumatic stress [News release]. Retrieved from http://www.defense.gov/news/newsarticle.aspx?id=117339

U.S. Department of Veterans Affairs. (2014a). PE coach [Mobile application software]. Available from https://itunes.apple.com/us/app/pe-coach/id507357193?mt=8 or https://play.google.com/store/apps/details?id=org.t2health.pe

U.S. Department of Veterans Affairs. (2014b). PTSD coach [Mobile application software]. Available from https://itunes.apple.com/us/app/ptsd-coach/id430646302?mt=8 or https://play.google.com/store/apps/details?id=gov.va.ptsd.ptsdcoach

U.S. Department of Veterans Affairs, & U.S. Department of Defense. (2010). *VA/DoD clinical practice guideline for management of post-traumatic stress*. Washington, DC: Management of Post-Traumatic Stress Working Group. Retrieved from http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf

Ursano, R. J., Bell, C., Eth, S., Friedman, M., Norwood, A., Pfefferbaum, B., … Benedek, D. M. (2010). *Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder*. Arlington, VA: American Psychiatric Association. Retrieved from http://psychiatryonline.org/pdfaccess.ashx?ResourceID=243186&PDFSource=6

Virtually Better, Inc. (2013). *Virtual Iraq*. Retrieved from http://www.virtuallybetter.com/virtual-iraq/

Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P. & Keane, T. M. (2013). *The clinician-administered PTSD scale for DSM-5 (CAP-5).* Retrieved from http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp

Wendling, P. (2008). *Knowledge gap exists on best practices for PTSD*. Retrieved from http://www.thefreelibrary.com/Knowledge gap exists on best practices for PTSD.-a0199814983
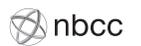
nbcc

The Implications of Attachment Theory for Military Wives: Effects During a Post-Deployment Period

Kristin A. Vincenzes
Laura Haddock
Gregory Hickman

Past research has indicated the negative and positive impacts of deployment on military wives. Furthermore, research has indicated the need to further understand the different deployment stages, specifically the post-deployment period. The authors examined Bowlby's and Ainsworth's attachment theories, specifically separation anxiety occurrence as experienced by stay-behind wives during their husbands' post-deployment period. Purposive/volunteer sampling was used to survey 57 military wives currently experiencing the post-deployment period. A linear regression analysis produced a significant positive relationship between duration of deployment and the wife's psychological distress during the post-deployment period. As deployments increased in duration, specifically to longer than 6 months, the levels of psychological distress significantly increased. Implications for counselors and researchers are addressed.

Keywords: post-deployment, attachment, military wives, separation anxiety, deployment

Between 2001 and 2012, the U.S. government sent 2.4 million soldiers to Iraq and Afghanistan (U.S. Department of Veteran Affairs, 2012). According to Demers (2008), deployments affected both the soldier and the stay-behind wife (over 56% of the soldiers reported being married according to the Department of Defense, 2012). The couple's relationship may play an intricate role in identifying effects that a deployment could have on a stay-behind wife. Specifically, stay-behind wives may have both positive and negative experiences in response to prolonged separation from their husbands (Barker & Berry, 2009; Demers, 2008; Morse, 2006).

This study focuses specifically on wives of male soldiers, and applies Bowlby's and Ainsworth's attachment theories (Ainsworth & Bell, 1970; Bowlby, 1969) to military wives' post-deployment experiences. Bowlby (1969) asserted that an accumulation of early attachment experiences create expectations for future relationships. Over 40 years ago, Ainsworth and Bell (1970) identified three primary types of attachment: secure, avoidant and ambivalent. More specifically, the researchers found that children with an ambivalent attachment style exhibited anxiety following separation when the mother returned, going near the mother, but also exhibiting signs of anger by pushing her away (Ainsworth & Bell, 1970). In comparison, children with a secure attachment welcomed their mother's return, and children with an avoidant attachment showed little interest in their returning mother (Ainsworth & Bell, 1970). Robertson and Bowlby (1952) also examined the idea of separation anxiety, identifying specific infant stages of attachment. The three phases an infant goes through when separated from their mother include protest, despair, and denial or detachment (Robertson & Bowlby, 1952).

The three separation anxiety phases may be applied to attachment issues that military wives experience dur-

Kristin A. Vincenzes, NCC, is an Assistant Professor and Director of the Clinical Mental Health Counseling program at Lock Haven University. Laura Haddock, NCC, is a Core Faculty member and CES Program Coordinator at Walden University. Gregory Hickman is a Core Faculty member at Walden University. Correspondence can be addressed to Kristin A. Vincenzes, 401 N. Fairview Street, Courthouse Annex Room 301, Lock Haven, PA, 17745, KAV813@lhup.edu.

ing and after their husbands' out-of-country deployment (Basham, 2008; Riggs & Riggs, 2011). The first phase, protest, occurs when a child is separated from his or her mother, with sadness and anxiety presenting as the most common initial emotional reactions. The protest phase is linked to pre-deployment and deployment time periods, as wives often feel numb, angry and abandoned due to an upcoming or current separation from their husbands (Pincus, House, Christenson, & Adler, 2001). Furthermore, wives also may experience sadness, loneliness and anxiety during this phase (SteelFisher, Zaslavsky, & Blendon, 2008).

The second phase of separation anxiety is despair, characterized by feelings of extreme sadness (Riggs & Riggs, 2011; Robertson & Bowlby, 1952). A wife may often go through similar stages of grief and mourning when her husband is deployed (Pincus et al., 2001). Initially a wife may be in denial that her husband is gone, believing that she will be fine and that he is only away for a few days' training (Pincus et al., 2001). As time passes, she may experience depression and withdrawal as she realizes that her husband will not return for a long time, if at all (Vormbrock, 1993).

The nature of the military deployments to Iraq and Afghanistan are characterized by continual life-threatening experiences, coupled with the absence of any "safe" place (Demers, 2008). Constant media coverage spotlights the dangers of deployment to active combat zones and undoubtedly impacts a wife's ability to trust that her husband will safely return (Demers, 2008). Wives have reported being in constant fear for their soldiers' safety, which may result in feeling helpless throughout the deployment (Demers, 2008; Spera, 2009). Eventually, a wife may begin to accept that her husband is gone, and transfer her love to someone else, such as a child or different partner (Morse, 2006).

The final phase of separation anxiety, denial or detachment, can occur during both the deployment period and the post-deployment period (Morse, 2006). Robertson and Bowlby (1952) postulated that this last phase serves as a defense mechanism, which wives utilize when their husbands abruptly rejoin their families (Pincus et al., 2001; Riggs & Riggs, 2011). Anxiety combined with excitement has been found to impact the restabilization of the couple (Morse, 2006; Pincus et al., 2001). Attempting to regain a physical and emotional connection with one another after a long, seemingly permanent separation has been found to be extremely stressful, resulting in struggles with communication, coparenting, returning to pre-deployment routines, and marital intimacy (Orthner & Rose, 2005).

Additional challenges during the post-deployment period may entail negotiating new roles and boundaries within the family system, household management, financial status, parental rejection and new social supports (Drummet, Coleman, & Cable, 2003). If the husband returns and attempts to resume roles that existed prior to his deployment, it may diminish the stay-behind wife's feelings of worth and accomplishment, since she successfully managed the various facets of daily life in her husband's absence (Drummet et al., 2003), further straining the attachment between the couple. Although each endured the deployment simultaneously, the experiences were likely uniquely and vastly different from one another (Pincus et al., 2001).

Purpose

This quantitative study examined how stay-behind wives experience separation anxiety, through examining the relationship between duration of deployment and psychological distress during post-deployment. The theoretical framework for this study focused on attachment between a husband and wife and how a couple cope with separation. Surveys of wives were conducted during the post-deployment period in an effort to capture data from the time that couples were reattaching. For the purposes of this study, post-deployment is defined as the 12-month period after the husband has returned from deployment.

Research Design

A nonexperimental, correlational design was chosen for this study. In order to gain access to a multitude of military wives, there was no specific inclusion criteria with regard to the soldier's branch in the military, rank, or if the husband was active duty, Reserves, or National Guard. In order to attempt to control for the potential confounding variable of gender, this study included only stay-behind wives. Stay-behind wives may or may not have children. Finally, stay-behind wives must currently be in the post-deployment stage; therefore, the husbands must have returned from their deployment within the past 12 months (Vincenzes, 2013).

Data Collection

The sampling method used for this research was volunteer purposive sampling. Inclusion criteria included the following: female, currently married and experiencing the post-deployment period (within the 12 months since her husband returned from the deployment), and a deployment that had lasted 6 or more months. Approximately 30 original e-mails were sent out to military advocacy groups, current military wives, the Army Wives Network, and a military advocacy group called Pennsylvania Americans showing Compassion, Assistance, and Reaching out with Empathy for Service members (PA C.A.R.E.S.). These individuals were asked to forward the initial e-mail soliciting military wives for the current study (Vincenzes, 2013).

If individuals agreed to volunteer for the study, they immediately received a background questionnaire, which assessed the duration of deployment (independent variable). Duration of deployment was operationalized as the total number of months that the soldier was deployed, from the day he left until the day he returned (Vincenzes, 2013). Furthermore, the participants took the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995), which was used to operationally define the dependent variable of psychological distress. The DASS-21 is a 21-item Likert scale survey and consists of three subscales (Depression, Anxiety, and Stress). In addition to individual scores on the subscales, the assessment provides an overall global psychological distress level, which was the score this particular study used. The reliability for this measure was high with a .93 internal consistency on the overall global scale (Henry & Crawford, 2005). In addition, the DASS-21 illustrated good convergent and discriminant validity as compared to the Hospital Anxiety and Depression Scale and Personal Disturbance Scale (Henry & Crawford, 2005).

Results

Of the 145 participants who responded to the survey, 48.9% ($n = 68$) met the criteria, but 14.7% (n = 10) had missing data. Thus, the final data sample contained 40% ($n = 58$) of the participants who volunteered. The inclusive sample accurately depicted the dispersion of active duty military (56.9% Army, 22.4% Air Force, 12.1% Navy, and 1.4% Marine Corps); however, fewer participants were associated with the National Guard (5.2%) and Reserves (1.7%) than expected.

The age of the wives ranged from 21–47 ($M = 31.2$, $SD = 6.7$), and 50% were 29 years old or younger. The majority of the participants (93.1 %) had some years of college (only 6.9% had a high school diploma/GED or less). Furthermore, 29.3% had some college, but no degree; 20.7% had an associate degree, 31% had a bachelor's degree, and 12.1% had a graduate degree. With regard to employment status, 53.4% of the participants were not employed and 46.6% were employed. The number of years couples were married ranged from 1–20 ($M = 7.2$, $SD = 5$) and 48.3% of the participants had been married 5 years or less. The number of children under 17 who lived in the household ranged from 0–4 ($M = 1.5$, $SD = 1.3$) and 51.7% had either no children or one child. The length of deployments ranged from 6–16 months ($M = 9.5$, $SD = 2.8$). Finally, the length of time since the husband returned from deployment ranged from 0–12 months ($M = 6.0$, $SD = 4.2$).

The study's null hypothesis stated that in the population under investigation, the proportion of variance in post-deployment psychological distress level explained by the duration of deployment (as measured by the DASS-21) was zero. Linear regression analysis predicted psychological distress from the duration of husband's deployment. Results from the analysis indicated that duration of deployment significantly predicted psychological distress: $F(1, 57) = 5.384$, $p = .024$, R=.296, Adj. $R^2 = .071$. Duration of deployment accounted for 8.8% of the variance in psychological distress and was positively related to psychological distress ($\beta = .296$, $sr^2 = .088$). Based on these results, the null hypothesis, which stated that distress levels would be zero or not change following longer deployments, was rejected. Thus, as the duration of deployment increases, the psychological distress levels for stay-behind wives also increases.

Discussion

This study confirmed prior research and extended existing literature regarding attachment theory as it relates to stay-behind military wives. For example, researchers have found that when husbands are deployed or away on military duties for several months, the wives not only demonstrate feelings of anger during the deployments, but that their feelings of anger persist even after their husbands return from deployment and military duties (Pincus et al., 2001; Riggs & Riggs, 2011; Zeff, Lewis, & Hirsch, 1997). Indeed, the findings from this current study supported prior research, as the author found a positive relationship between deployments of increasing length and an increase in distress levels among stay-behind military wives. Although this study did not specifically evaluate wives' anger, other researchers have found that high distress levels are correlated with the development of anger among military wives (Drummet et al., 2003).

The results of this study illustrate that post-deployment is indeed very stressful for the wife, particularly when the husband was deployed for 6 months or more. Since deployments lasting 6 or more months significantly predicted psychological distress for the wives, it may be that as deployment length increases, stress levels also may increase, resulting in a wife emotionally withdrawing from her husband. The findings from this study support prior research that has identified the coping strategy of emotional withdrawal, which results from psychological distress and may enable the wife to continue her daily life, while also creating a new support system and sense of emotional equilibrium (Pincus et al., 2001).

Some stay-behind wives function well on a daily basis while their husbands are deployed; however, other stay-behind wives appear to struggle with their husbands' deployment (Riggs & Riggs, 2011). Such research supports the notion that wives who made secure attachments while growing up may be better able to cope with military separations (Riggs & Riggs, 2011). It should be noted, however, that only in the past several years have some deployments lasted up to 15 or 16 months (Sheppard, Malatras, & Israel, 2010). The length of deployments, especially 6 or more months, may significantly alter the ability of stay-behind wives to successfully cope, regardless of their attachment styles. Further research should examine the impact of lengthy deployments (e.g., 6 or more months) on stay-behind wives' ability to cope as it relates to attachment style, as there may be a point of diminishing returns at which, regardless of one's attachment to her parents growing up, the ability to cope disappears.

Vormbrock (1993) predicted that as the duration of deployment increased, so too would distress levels during the couple's reunion. This was hypothesized to be due to the continual unavailability of the attachment figure. The current study supports Vormbrock's theory in that participants' reported distress levels during post-deployment were significantly higher ($p = .023$) as deployment duration increased. Perhaps when the husband is gone for 6 months or more, the potential for the marriage to grow apart or detach may increase. Vormbrock (1993) found that wives can successfully focus on the brevity of their separation as a means of coping; however, as the deployments increase in length, it may affect wives' ability to maintain the mentality that this separation is only

temporary. Deployments that require the couple to be apart for 6 or more months may result in the wife feeling that the separation is more permanent. The longer the husband is away, the more independent the wife may become by creating new schedules and ways of doing things (Morse, 2006; Pincus et al., 2001).

Although this research elaborated on the relationship of the post-deployment period and distress among stay-behind military wives, there are some limitations to the study. The first limitation may be a self-selection bias, which may have impacted the internal validity. More specifically, since participants were volunteers, some individuals may have extremely negative feelings toward the military and may have opted not to participate. This could have inadvertently skewed the population sample, thus impacting the results. Indeed, researchers have discussed that volunteer samples may have biased tendencies as a motivation for their participation in a specific study (Frankfort-Nachmias & Nachmias, 2008). In addition to self-selection bias, an instrumentation threat could be present, as this survey relied on participants' honesty. Another possible limitation is that this study was a regression study, which relies on the correlational nature of two variables. Perhaps there are extraneous variables that could be moderating or mediating the relationship of deployment length and distress level among stay-behind military wives.

Conclusions and Implications

Despite existing limitations, this study supported research regarding military deployment as a significant concern for military families, as well as for military leaders who rely on the husbands of these stay-behind wives to provide national security. As surveys within the last decade indicate that nearly 60% of American military members are married (Sierra & Kemp, n.d.), the results of this study also offer further insight into the contextual factors that are part of a therapeutic treatment intervention. Military couples are unique and a counselor's awareness of needs particular to this group is imperative for therapeutic success.

The current research found a positive correlation between the duration of deployment and stay-behind wives' psychological distress levels during post-deployment. This finding corroborates the research on separation anxiety for children, particularly when children illustrate signs of detachment from their mother following a separation. Attachment figures may include other vital individuals in one's life, especially for military couples. Since many military couples do not live close to immediate biological family members, the wife may solely depend on the husband to meet her emotional, physical and social needs, just as an infant child often relies on their mother to meet these same basic needs. With this in mind, the notion of separation anxiety may not be just applicable to young children but also adults, particularly military wives.

Counselors may want to educate stay-behind wives on separation anxiety and assist them in processing their experiences, as well as recognize wives' desire for a stable, secure relationship and assist them to this end. Furthermore, since deployments are unpredictable and out of the wives' control, it may be helpful for counselors to assist the wives in gaining a greater sense of control throughout their daily lives. Just as counselors often recommend that children with separation anxiety have a consistent routine, as well as partake in positive social activities, it also may be helpful to encourage stay-behind wives to create predictable routines that include engaging in various social events with friends and/or other military wives.

This study also has implications for further research regarding the human services industry (e.g., clergy, educators) who directly work with such military families. One might assume that not all soldiers or their wives experience deployment the same way, and thus counselors must be prepared to individualize interventions and compose treatment plans according to the needs of the individual as well as needs as a couple. For example, the post-deployment period may entail negotiating new roles and boundaries within the family system. Wives frequently experience the emotion of celebration for the return of their husbands, while also feeling confusion over

what it will mean to share a home again after becoming more independent. This experience of boundary ambiguity can be very confusing for wives who recognize that their husbands are physically present, but who are still transitioning toward psychological acceptance that he is present.

Role ambiguity may increase if the couple is not comfortable communicating with each other regarding roles, responsibilities and needs. Simultaneously, a soldier may feel disconnected and unaware of how to reengage without interfering with the family's new roles. Thus, helping professionals must be prepared to work with the couple on strengthening basic communication skills and nurturing a climate that facilitates safe and transparent information exchange.

Future research could evaluate the experiences of deployed husbands in terms of understanding how the distress level of their stay-behind wives impacts their duties while deployed. Such research might have national security implications. In addition, future research could examine deployments of 6 months or more regarding the struggles, challenges, resiliency, social and psychological effects, educational outcomes, parenting styles, and attachment of the deployed husbands, the stay-behind wives, and their children.

One particular variable that may moderate the relationship between duration of deployment and psychological distress is the stay-behind wife's social support system. Larsen and Kia-Keating (2010) found that a social support system significantly aided resiliency for stay-behind wives who experienced a military deployment. Furthermore, a wife's well-being was positively impacted by having a mentor who had previously experienced a deployment herself (Larsen & Kia-Keating, 2010). This brings up an interesting perception of what social support may be necessary for a military wife. Whereas some social support indices examine tangible support (i.e., someone to help around the house), the stay-behind wife may need a social support that relies more on reducing emotional stress.

Future research could qualitatively explore the social support construct further by interviewing stay-behind wives and identifying the indices of social support that they deem important in terms of reducing stress during the post-deployment period. Such a qualitative process could then lead to the quantitative development of a more valid measure of social support necessary to reduce stress for stay-behind military wives, and therefore indirectly for their deployed husbands. Perhaps such a study could examine whether social support serves as a moderating or mediating influence on the relationship between deployment length and psychological distress of stay-behind wives. Such research could have both positive and negative implications for their families, the military, and society at large, as American society depends greatly on its military for national security.

References

Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, *41*, 49–67.

Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine*, *174*, 1033–1040.

Basham, K. (2008). Homecoming as safe haven or the new front: Attachment and detachment in military couples. *Clinical*

Social Work Journal, *36*, 83–96. doi:10.1007/s10615-007-0138-9

Bowlby, J. (1969). *Attachment and loss: Volume 1: Attachment*. New York, NY: Basic Books.

Demers, A. (2008). The war at home: Consequences of loving a veteran of the Iraq and Afghanistan wars. *Internet Journal of Mental Health*, *6*, 1–12. doi:10.5580/5ac

Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, *52*, 279–287.

Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth.

Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, *44*, 227–239. doi:10.1348/014466505X29657

Larsen, J., & Kia-Keating, M. (2010, August). *Resilience based ecological model of military family coping during deployment.* Poster session presented at the annual conference of the American Psychological Association, San Diego, CA.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, *33*(3), 335–343. doi:10.1016/0005-7967(94)00075-U

Morse, J. (2006). *New emotional cycles of deployment for service members and their families.* U.S. Department of Defense: Deployment Health and Family Readiness Library. San Diego, CA. Retrieved from http://deploymenthealthlibrary.fhp.osd.mil/Product/RetrieveFile?prodId=241

Orthner, D. K., & Rose, R. (2005). *SAF V survey report: Reunion adjustment among Army civilian spouses with returned soldiers*. Retrieved from www.army.mil/fmwrc/docs/saf5reunionreport.pdf

Pincus, S. H., House, R., Christenson, J., & Adler, L. E. (2001, April/June). The emotional cycle of deployment: A military family perspective. *U.S. Army Medical Department Journal*, 15–23. Retrieved from http://cdm15290.contentdm.oclc.org/cdm/ref/collection/p15290coll3/id/898

Renshaw, K. D., Rodrigues, C. S. & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of operation Iraqi freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology, 22*, 586–594.

Riggs, S. A., & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology, 25*, 675–687. doi:10.1037/a0025286

Robertson, J., & Bowlby, J. (1952). Responses of young children to separation from their mothers. *Courrier of the International Children's Centre, Paris, II*, 131–140.

Sheppard, S. C., Malatras, J. W., & Israel, A. C. (2010). The impact of deployment on U.S. military families. *American Psychologist*, *65*, 599–609. doi:10.1037/a0020332

Sierra, T. A. & Kemp, H. (n.d.). *Strategies for working with military couples in hope focused couples approach*. Retrieved from http://j.b5z.net/i/u/2043019/i/Strategies_for_Working_with_Military_Couples_in_Hope_Focused_Couples_Approach.pdf

Spera, C. (2009). Spouses' ability to cope with deployment and adjust to Air Force family demands: Identification of risk and protective factors. *Armed Forces & Society*, *35*, 286–306. doi:10.1177/0095327X08316150

SteelFisher, G. K., Zaslavsky, A. M., & Blendon, R. J. (2008). Health-related impact of deployment extensions on spouses of active duty Army personnel. *Military Medicine*, *173*, 221–229.

U.S. Department of Defense. (2012). *2012 demographics profile of the military community*. Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf

U.S. Department of Veteran Affairs. (2012). *Analysis of VA health care utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans*. Retrieved from www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2012-qtr1.pdf

Vincenzes, K. A. (2013). *The impact of social support on the relationship between length of deployment and psychological distress for military wives during post-deployment*. (Doctoral dissertation). Retrieved from ProQuest/UMI. (13775).

Vormbrock, J. K. (1993). Attachment theory as applied to wartime and job-related marital separation. *Psychological Bulletin*, *114*, 122–144. doi:10.1037/0033-2909.114.1.122

Zeff, K. N., Lewis, S. J., & Hirsch, K. A. (1997). Military family adaptation to United Nations operations in Somalia. *Military Medicine*, *162*, 384–387.

nbcc

Assessing the Career-Development Needs of Student Veterans: A Proposal for Career Interventions

Seth Hayden
Kathy Ledwith
Shengli Dong
Mary Buzzetta

Student veterans often encounter unique challenges related to career development. The significant number of student veterans entering postsecondary environments requires career-development professionals addressing the needs of this population to decide upon appropriate career intervention topics. This study utilized a career-needs assessment survey to determine the appropriate needs of student veterans in a university setting. Student veterans indicated a desire to focus on the following topics within career intervention: transitioning military experience to civilian work, developing skills in résumé-building and networking, and negotiating job offers. Results of the needs survey can be used in the development of a career-related assessment.

Keywords: **student veterans, career development, needs assessment, military, career-related assessment**

In 2013, there were 21.4 million male and female veterans aged 18 and older in the civilian noninstitutional population (U.S. Bureau of Labor Statistics, 2014a). The post-9/11 GI Bill, authorized by Congress in 2008, has contributed to a large number of veterans seeking postsecondary degrees (Sander, 2012). Since 2008, more than 817,000 military veterans have used the bill to attend U.S. colleges (Sander, 2013). Student veterans face many challenges on college campuses, including transition issues, relational challenges, feelings of isolation, and lingering effects of combat-related injuries (Green & Hayden, 2013).

One of the most significant concerns is that veterans typically experience unemployment at a higher rate than their civilian counterparts (U.S. Bureau of Labor Statistics, 2014b). In 2013, the unemployment rate for Gulf War II-era veterans was 10.1 %; Gulf War I-era veterans 5.5%; and World War II, Korean War, and Vietnam War veterans 5.5% (U.S. Bureau of Labor Statistics, 2014b). Younger veterans in particular struggled with unemployment. As of 2013, about 2.8 million of the nation's veterans had served during the Gulf War II era (September 2001–present; U.S. Bureau of Labor Statistics, 2014a). The unemployment rate for the Gulf War II-era veterans (10.1%) is significantly higher than their civilian counterparts (6.8%; U.S. Bureau of Labor Statistics, 2014b). As young military personnel continue to return to college campuses, it is important to address the career-readiness needs of this population utilizing evidence-based practices.

Cognitive Information Processing

The Cognitive Information Processing (CIP) approach to career decision making (Sampson, Reardon, Peterson, & Lenz, 2004) has been suggested as a way to aid veterans as they transition into the civilian

Seth Hayden, NCC, is the Program Director of Career Advising, Counseling and Programming at Florida State University. Kathy Ledwith, NCC, is the Assistant Director for Career Counseling, Advising and Programming at Florida State University. Shengli Dong is an Assistant Professor at Florida State University. Mary Buzzetta, NCC, is a doctoral student at Florida State University. Correspondence can be addressed to Seth Hayden, 100 S. Woodward Avenue, Tallahassee, FL 32308, scwhayden@fsu.edu.

workforce (Bullock, Braud, Andrews, & Phillips, 2009; Buzzetta & Rowe, 2012; Clemens & Milsom, 2008; Hayden, Green, & Dorsett, in press; Phillips, Braud, Andrews, & Bullock, 2007; Stein-McCormick, Osborn, Hayden, & Van Hoose, 2013). The CIP approach is designed to assist individuals in making both current and future career choices (Sampson et al., 2004; Buzzetta & Rowe, 2012). This theoretical approach states that career problem solving and decision making are skills that can be learned and practiced (Sampson et al., 2004). Once clients have improved their problem-solving and decision-making skills, then they can apply these same skills to choices they make in the future. According to the CIP approach, the key aspects of career problem solving and decision making are self-knowledge, occupational knowledge, decision-making skills, and metacognitions (Sampson et al., 2004). Engels and Harris (2002) suggest that military individuals would benefit from understanding their self-knowledge, occupational information and decision-making skills.

Pyramid of Information Processing

The CIP approach consists of two key components: the pyramid of information processing, or the *knowing*, and the CASVE cycle, or the *doing*. The interactive elements are analogous to a recipe used in cooking. The pyramid is like the ingredients for the dish, while the CASVE cycle reflects the necessary steps to make the dish. Both are critical for effective career decision making and problem solving (Sampson et al., 2004). The pyramid of information processing includes three domains involved in career decision making: knowledge, decision-making skills, and executive processing (Sampson et al., 2004). Sampson et al. (2004) theorized that all components of the pyramid are affected by dysfunctional thinking and negative self-talk. The knowledge domain consists of two main areas: self-knowledge and occupational knowledge. Self-knowledge is the cornerstone of a client's career-planning process, and is comprised of an individual's knowledge of his or her values, interests, skills, and employment preferences (Reardon, Lenz, Peterson, & Sampson, 2012; Sampson et al., 2004). Occupational knowledge is the second cornerstone of a client's career-planning process; it encompasses knowledge of options, including educational, leisure, and occupational alternatives, as well as how occupations can be organized.

The decision-making skills domain consists of a systematic process to help clients improve their problem-solving and decision-making skills, and includes the CASVE cycle, which is a multi-phase decision-making process, intended to increase client awareness and improve a client's decision-making skills. The executive processing domain includes metacognitions, which include an individual's thoughts about the decision-making process. There are three cognitive strategies included in the executive processing domain: self-talk, self-awareness, and monitoring and controlling an individual's progress in the problem-solving process. Metacognitions can include dysfunctional career thinking, which can present problems in career decision making, influence other domains in the pyramid, and impact individuals' perceptions of their capabilities to perform well (Sampson et al., 2004).

CASVE Cycle

The CASVE cycle is used as a means of approaching a career problem or decision, and consists of five sequential stages (communication, analysis, synthesis, valuing, and execution), with repeated circuits when the problem still exists or new problems arise (Sampson et al., 2004). An individual enters the CASVE cycle after receiving either internal or external cues that he or she must make a career decision. In the communication stage, individuals are required to examine these prompts, and identify a gap that exists between where they are currently and where they would like to be. In the analysis phase, individuals clarify their existing self-knowledge by determining their occupational preferences, abilities, interests and values. The process of clarifying existing knowledge and gaining new information about potential options also is included. In the synthesis phase, individuals narrow down and further develop the options they are considering.

In the valuing phase, individuals assess the costs and benefits of each remaining alternative. This task involves prioritizing the alternatives, as well as selecting a tentative primary and secondary choice. In the execution phase, individuals create and commit to a plan of action for accomplishing their first choice. Upon completion of the execution phase, individuals return to the communication phase to determine whether the gap has been filled. The CASVE cycle is recursive in nature. Therefore, if the gap has not been removed and problems still exist, an individual will progress through the CASVE cycle again (Sampson et al., 2004).

Negative Thinking

Several studies have found that negative thoughts are related to career decision-making difficulties (Kleiman et al., 2004; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996; Sampson et al., 2004). Kleiman et al. (2004) examined the relationship between dysfunctional thoughts and an individual's degree of career decidedness in a sample of 192 college students enrolled in an undergraduate career-planning course. The researchers found that dysfunctional thinking during the decision-making process can negatively influence rational decisions. Assessing for dysfunctional career thoughts and working with individuals to reduce negative career thinking can have a positive impact on the knowledge and decision-making skills domains of the pyramid of information processing. More importantly, utilizing a theoretical approach can provide a structure in which to address the needs of student veterans.

Needs Assessment Survey

In order to address the needs of student veterans, counselors must first assess what these needs are. Student veterans offer a unique subset of our veteran population in that they operate within an educational environment while possessing diverse life experiences, and are therefore often unique in relation to their peers (Cook & Kim, 2009). Given the aforementioned employment difficulties for younger veterans (U.S. Bureau of Labor Statistics, 2014b), a need for career-focused interventions designed to assist this population is apparent.

While various supportive services for veterans are available, determining an appropriate allocation of resources and time to address the needs of this population can enhance the quality of services. To match intervention with need, the authors created a needs survey designed to inform the development of a theoretically based career intervention, the purpose of which is assisting student veterans in developing skills in career decision making and problem solving.

Sample

The sample for this needs assessment was collected from a sample of student veterans attending a large southeastern university (*n* = 92). Currently, this university has approximately 317 student veterans enrolled and receiving educational benefits through either the Montgomery GI Bill or post-9/11 GI Bill. This means of identifying veterans is imperfect, as there may be student veterans attending the university who do not utilize educational benefits. However, this is a common method of identifying veterans within university settings (University of Arizona, 2007). The participants were asked to complete the needs survey by both the university veterans association and the veterans benefit officer. Both social media and e-mail were used to elicit participation.

All 317 identified members of the population receiving education benefits were provided the opportunity to respond to the survey, via both an e-mail request with the electronic survey attached and a post on the student veteran organization's social media Web page. A total of 92 (29%) completed surveys were collected. Of the 92 respondents, a majority identified as graduate students (47; 51%). The remaining respondents indicated their

classifications as undergraduate students with the classifications of junior (25; 23%), senior (18; 20%), and sophomore (2; 2%). No students classified as freshmen responded to the survey.

Instrument

The research team constructed the Veterans Needs Survey after examining the common career-development needs of both veterans and nonveterans encountered in the university's career center. The instrument was created via a Qualtrics survey management system and attached to an electronic communication addressed to the potential respondents, as well as embedded in a social media thread of the university's student veteran organization. The measure inquired about whether respondents had heard of the university career center; whether they had previously visited the university career center; what they would like to learn more about related to the career-development process; what modalities of treatment they were most interested in attending (e.g., group counseling, workshop series); how likely they were to attend the option indicated; education status; major/field of study; additional comments related to their career development; and an opportunity to participate in an intervention (an e-mail address was requested). The authors did not collect significant demographic information, instead focusing on variables like utilization of services (e.g., contact with the career center) and students' academic classification, as these factors appear directly connected with career-development concerns.

Results

The survey examined utilization and perceptions of career-development needs. The majority of respondents (80; 87%) indicated that they had heard of the career center, but a smaller number indicated actually visiting the career center (66; 73%). The question pertaining to perceived career-development needs provided a multiple-option response set in which one could indicate several options. The most frequently indicated response was *transferring skills gained in the military to the workplace* (49; 55.06%). The second most frequently indicated response was *preparing a résumé/CV* (46; 51.69%), followed by *negotiating a job offer* (45; 50.56%). Table 1 provides a detailed description of additional responses regarding the career-development process.

A significant majority (54; 61%) indicated that they would be most interested in attending a group format, and fewer respondents selected the workshop series as their first choice (24; 27%). Respondents indicating the other category specified that they would attend career fairs, take advantage of individual counseling, and utilize online workshops. Following up on the previous question, one item inquired how likely a respondent would be to attend the option indicated. The most frequently indicated response was *somewhat likely* (42; 47%) followed by *very likely* (34; 38%) with *unlikely* (14; 16%) being the least frequently indicated response. The majors/fields of study with a significant number of responses were law (9), business-related (undergraduate and graduate; 9), social work (7), and criminology (8).

Participants provided diverse general comments related to their career development. One student veteran stated, "I have an associates [sic] degree in Laboratory Technology from the military and would also like assistance building a résumé trying to find employment now." Another shared, "As a distance learner, it is possible to feel out of reach when it comes to on-campus resources. But, I know we can overcome that. I may be a combat disabled veteran. But, I won't let disabilities stop my self-actualization quest."

The information obtained from the needs survey can be utilized to inform an intervention designed to assist student veterans in their career development, which will provide a grounded approach in addressing these issues. The following section offers a proposal for meeting student veteran needs with a career-development intervention.

Table 1

Perceived Career-Development Needs

#	Answer	Responses	%
1	Transferring skills gained in the military to the workplace	49	55.06
2	Preparing a résumé/CV	46	51.69
3	Negotiating job offers	45	50.56
4	Networking effectively	38	42.70
5	Gaining experience (e.g., internships)	34	38.20
6	Making an e-portfolio	34	38.20
7	Developing interview skills	33	37.08
8	Learning job-search strategies	32	35.96
9	Succeeding at career expos	28	31.46
10	Navigating social media sites (e.g., LinkedIn)	24	26.97
11	Applying to graduate school	16	17.98
12	Other (Please Specify)	5	6.62

Note. Within the five *Other* responses, respondents indicated in their own words that they would prefer "personal information, privacy summary on those same social media sites," "turning military experience into résumé bullets," "how to pay for graduate school when your GI bill runs out," "learning anything that will enable me to freelance or start my own business using knowledge gained from my degree/certificate," and "meeting with corporate headhunters."

A Proposed Theoretically Based Career Intervention

Based upon the CIP theoretical framework (Sampson et al., 2004) and the feedback received from the needs assessment, psychoeducational groups will be conducted in order to achieve the following goals: expanding student veteran self-knowledge and career options through the CIP approach, exploring transferable skills gained through military experiences, gaining knowledge of resources that can assist student veterans in the job search and application processes, and identifying and decreasing negative metacognitions and dysfunctional career thoughts.

The psychoeducational group will meet once a week for 4 weeks. The group is open to all student veteran members attending the university through a campus-wide recruitment effort. Considering the tight connections between each CIP component, the group will be conducted in a closed-group format. The group facilitators will be graduate students pursuing doctoral degrees in counseling psychology or school psychology, and/or master's students studying career counseling.

The group activities will center on the student veterans' needs obtained through the needs assessment survey and the CIP components that have been proposed to serve the needs of veterans (Bullock et al., 2009; Clemens

& Milsom, 2008). The structure of the psychoeducational group is based on the CIP model and five stages of the CASVE cycle diagram: communication, analysis, synthesis, valuing, and execution.

During the first session (communication), the group leader(s) will help to identify gaps between where group members are currently and where they aspire to be. Group members' baseline information will be obtained by completing the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996/1998) and My Vocational Situation (MVS; Holland, Daiger, & Power, 1991). The group leader(s) will explain the CIP Pyramid, CASVE Cycle Diagram, Self-Directed Search (SDS; Holland 1985) and assessment procedures. Group members will have an opportunity to interact with each other and complete one section of the *Guide to Good Decision Making* (Sampson, Peterson, Lenz, & Reardon, 1992). As a part of the homework assignment listed on the Individual Learning Plan (ILP), a document designed to identify career-related goals and associated action steps, group members will complete the SDS, and bring a copy of their current résumé to the next session.

During the second session (analysis/synthesis), the group leader(s) will help the student veterans examine and identify their interests, values, and skills (including transferable skills). The group leader(s) will assist group members in interpreting their SDS results, and examine any potential dysfunctional career thoughts that may be impacting group members' career choices and decision-making abilities. To expand their career options, group members will be exposed to career-related resources such as the *Occupational Outlook Handbook* (U.S. Bureau of Labor Statistics, 2014c) and the Military Crosswalk Search via O*Net Online (National Center for O*NET Development, n.d.). In addition to gaining self-knowledge and occupational information in the analysis process, group members will have opportunities to practice synthesis skills. Group members will improve their résumé-writing skills through practice and feedback from peers and the group leader(s). Exploring and highlighting transferable skills is another important component. As part of their assignment listed on the ILP, group members will enhance their career networking skills by accessing supportive professionals via an alumni network and the Student Veterans Association, among other resources. Group members will also conduct an informational interview to gain firsthand experiences for their chosen career options. They will bring updated versions of their résumés and cover letters for the next session to obtain feedback from the group.

During the third session (valuing and execution), group members will present reflections on their informational interviews and provide feedback on their peers' résumés and cover letters. In addition, group members will be exposed to various career resources such as VetJobs (VetJobs, Inc., 2014), Feds Hire Vets (U.S. Office of Personnel Management, n.d.), Job-hunt.org (NETability, Inc., 2014), the Riley Guide (Riley Guide, 2014), and the National Resource Directory (U.S. Departments of Defense, Labor and Veterans Affairs, n.d.). The group leader(s) will explain the "elevator speech" exercise and ask group members to practice this exercise in order to maximize their interview skill development. The group will also enhance members' ability to use social networking to optimize their job search and applications. All activities aim to help members weigh their career options and execute their career decision making through careful planning. The group leader(s) will encourage members to initiate career networking and start exploring job and career opportunities.

During the last session (communication), group members will share what they originally included in their ILPs and what they have achieved, and offer suggestions and feedback to one another. They will retake the CTI and MVS and compare their new and initial results. Group leaders will help group members examine whether the gaps identified at the communication stage have successfully been closed, and suggest further measures to close gaps if necessary.

Discussion

The information gathered from the needs survey provides a thorough description of student veterans' career-development needs. Interventions designed to support this population by determining appropriate interventions are often constructed using anecdotal information rather than objective needs. Student veteran responses to the survey indicate that veterans are concerned about transitioning their military experiences to civilian employment opportunities. In addition, student veterans appear to desire assistance with practical elements of the career-development process such as creating a résumé, negotiating a job offer, and networking. The purpose of this study is to develop a theoretically based intervention, and the study offers a framework in which to create effective career-development interventions for student veteran population.

Student veterans appear to engage in a wide array of academic programs, with a significant portion of veterans selecting majors within the realm of business, law, sociology, social work and criminology. These survey results provide a snapshot of the majors/fields of study that student veterans seem to gravitate toward. These preferences could be attributed to the hierarchical and meritocratic nature of some of these fields, which are somewhat analogous to the culture of the military.

Responses to the survey also provided a glimpse into the preferred modality of receiving career-related assistance. Oftentimes, military transition programs are designed to serve a large number of people, using seminar or workshop modalities in which to provide information. Student veterans indicated a strong preference for a smaller group counseling format that would provide more individual career-development support.

An additional important consideration for future interventions is the high number of respondents who identified themselves as distance learners in the needs assessment (some of them may have been on active service, whereas others were simply enrolled in the university from a remote location). Given the technological capabilities that allow online learning environments, it is reasonable that student veterans could utilize e-learning opportunities. Designing online interventions could be helpful in determining appropriate modalities by which to deliver services.

The student veterans' comments and responses regarding their desired areas of focus for career development indicate a preference for a balanced approach of skill development. Ensuring that interventions focus on practical elements such as résumés and networking skill development, while also addressing broader topics such as transitioning from the military to the civilian workforce, appears to be a desired method for addressing the career-development needs of student veterans.

Limitations

The needs survey is limited in generalizability, as the results were collected from one educational institution, confining interpretations to the student veterans in this institution. Despite this limitation, the career-development concerns of student veterans provide a snapshot of the needs of this unique subset of the veteran population. Given the paucity of research in this area, it seemed necessary to facilitate an in-depth examination of this population's career-development concerns, allowing the development of an informed intervention and establishing replicable protocol for future needs surveys.

The low response rate to the online survey also limits the application of findings. Though the response rate of 29% may be considered reasonable for an online assessment, having a large portion of the sample disregard the assessment presents a gap in fully substantiated information on this topic. Developing methods for collecting more information would enhance the validity of the data.

Finally, the high rate of graduate students who responded to the survey presents a challenge in applying the results to a primarily undergraduate institution. While there may be analogous experiences between graduate and undergraduate students, specific aspects of undergraduate student veterans' career development may need additional evaluation.

Implications for Practice and Research

In this needs assessment, collaborative efforts between career services professionals at the institution and the university veterans' center resulted in informative data on the career concerns of student veterans. Co-sponsored initiatives targeting these expressed needs could increase the number of student veterans impacted by career services. Survey respondents, along with group or workshop participants, could be recruited to provide feedback as part of a career-development focus group, further informing research and application for student veterans' career concerns. Survey results could also be useful for marketing career services to student veterans. In addition, career centers or university libraries could acquire career resources such as books and print materials on topics that survey respondents considered desirable, especially those specifically tailored for veterans.

At the larger university level, major data on their students' career-development concerns would be valuable information for college and department academic advisors and other university stakeholders. Career center staff members focus on various academic units as part of their career outreach, but further research regarding the unique career concerns of student veterans in specific majors could allow career center liaisons to impact veterans more effectively in their designated areas. As previously stated, since the survey was conducted at one higher education institution, duplicating the needs survey across a larger sample of colleges and universities would provide additional data sets for analysis, as well as broader application possibilities. Survey data could also be applied outside the institution to identify the most optimal partnerships in order to meet the comprehensive needs of student veterans. For example, career counselors might collaborate with mental health professionals, school counselors, and rehabilitation professionals to identify challenges and provide resources in order to maximize development for student veterans.

The results of this survey also support future research on the efficacy and suitability of online career-development options. There are many online programs designed to provide veterans the opportunity to pursue their education while in active duty. While the convenience of remote educational options for a mobile population is understood, ensuring that universities also provide career-development resources to distance learners is an important consideration in addressing the needs of veterans. Career-development opportunities such as webinars and online workshops offer the flexibility of distance learning. For example, online formats could provide veterans an opportunity to participate in such workshops collaboratively. Possible areas of research would include effective use of distance learning for veterans and comparative benefits and costs of in-person versus distance formats.

Based on the information collected, in future needs surveys, adjusting the survey items to detail reasons for certain item selections could allow greater understanding of both the responses and student veterans' career thinking in general. Resulting career interventions would provide additional opportunities for further research to investigate aspects of career decision making and CIP theory, including relationships between student veterans' self-knowledge, options knowledge, decision-making skills and metacognitions.

Conclusion

While veterans' needs receive significant attention, programs are often created based on anecdotal and intuitive information. Developing needs assessments to solicit veterans' perceptions of career development

can inform interventions. Specifically regarding career development, utilizing a theoretically based, researched approach offers a framework to guide practice and research. Ongoing assessment of needs and services that utilizes established approaches will ensure quality services for those who have sacrificed greatly in service of their country.

References

Bullock, E. E., Braud, J., Andrews, L., & Phillips, J. (2009). Career concerns of unemployed U.S. war veterans: Suggestions from a Cognitive Information Processing approach. *Journal of Employment Counseling*, *46*, 171–181. doi:10.1002/j.2161-1920.2009.tb00080.x

Buzzetta, M., & Rowe, S. (2012, November 1). Today's veterans: Using Cognitive Information Processing (CIP) approach to build upon their career dreams. *Career Convergence Magazine*. Retrieved from http://www.ncda.org/aws/NCDA/pt/sd/news_article/66290/_self/layout_details/false

Clemens, E. V., & Milsom, A. S. (2008). Enlisted service members' transition into the civilian world of work: A cognitive information processing approach. *The Career Development Quarterly*, *56*, 246–256. doi:10.1002/j.2161-0045.2008.tb00039.x

Cook, B. J., & Kim, Y. (2009). *From soldier to student: Easing the transition of service members on campus*. Retrieved from http://www.acenet.edu/news-room/Documents/From-Soldier-to-Student-Easing-the-Transition-of-Service-Members-on-Campus.pdf

Engels, D. W., & Harris, H. L. (2002). Career counseling with military personnel and their dependents. In S. G. Niles (Ed.), *Adult career development: Concepts, issues, and practices* (3rd ed., pp. 253–266). Tulsa, OK: National Career Development Association.

Green, L., & Hayden, S. (2013). Supporting student veterans: Current landscape and future directions. *Journal of Military and Government Counseling*, *1*, 89–100.

Hayden, S., Green, L., & Dorsett, K. (in press). Perseverance and progress: Career counseling for military personnel with traumatic brain injury. *VISTAS*. Retrieved from http://www.counselingoutfitters.com/vistas/vistas_2013_TOC-QR3-section_01.htm

Holland, J. L. (1985). Making Vocational Choices: A theory of vocational personalities and work environments. Englewood Cliffs, NJ: Prentice Hall.

Holland, J. L., Daiger, D. C., & Power, P. G. (1991). *My Vocational Situation*. Mountain View, CA: Consulting Psychologists Press.

Kleiman, T., Gati, I., Peterson, G., Sampson, J., Reardon, R., & Lenz, J. (2004). Dysfunctional thinking and difficulties in career decision making. *Journal of Career Assessment*, *12*, 312–331. doi:10.1177/1069072704266673

National Center for O*NET Development. (n.d.). Military crosswalk search [Database]. O*NET Online. Retrieved from http://www.onetonline.org/crosswalk/MOC/

NETability, Inc. (2014). How to succeed in your job search today. *Job-hunt.org*. Retrieved from http://www.job-hunt.org

Phillips, J., Braud, J., Andrews, L., & Bullock, E. E. (2007, November 1). Bridging the gap from job to career for U.S. veterans. *Career Convergence Magazine*. Retrieved from http://associationdatabase.com/aws/NCDA/pt/sd/news_article/5412/_PARENT/layout_details_cc/false

Reardon, R. C., Lenz, J. G., Peterson, G. W., & Sampson, J. P., Jr. (2012). *Career development and planning: A comprehensive approach* (4th ed.). Dubuque, IA: Kendall Hunt Publishing.

Riley Guide. (2014). *The Riley Guide*. Retrieved from http://www.rileyguide.com/

Sampson, J. P., Jr., Peterson, G. W., Lenz, J. G., & Reardon, R. C. (1992). A cognitive approach
    to career services: Translating concepts into practice. *The Career Development Quarterly*, *41*, 67–74.

Sampson, J. P., Jr., Peterson, G. W., Lenz, J. G., Reardon, R. C., & Saunders, D. E. (1996). *Career Thoughts Inventory:
    Professional manual*. Odessa, FL: Psychological Assessment Resources.

Sampson, J. P., Jr., Peterson, G. W., Lenz, J. G., Reardon, R. C., & Saunders, D. E. (1998). The design and use of a
    measure of dysfunctional career thoughts among adults, college students, and high school, students: The Career
    Thoughts Inventory. *Journal of Career Assessment*, *6*, 115–134. doi:10.1177/106907279800600201

Sampson, J. P., Jr., Reardon, R. C., Peterson, G. W., & Lenz, J. G. (2004). *Career counseling & services: A cognitive
    information processing approach*. Belmont, CA: Brooks/Cole.

Sander, L. (2012, July). Colleges expand services for veterans, but lag in educating faculty on veterans' needs. *The
    Chronicle of Higher Education*. Retrieved from https://chronicle.com/

Sander, L. (2013, January). Veterans tell elite colleges: 'We Belong'. *The Chronicle of Higher Education*. Retrieved from
    https://chronicle.com/

Stein-McCormick, C., Osborn, D. S., Hayden, S. C. W., & Van Hoose, D. (2013). *Career development for transitioning
    veterans*. Broken Arrow, OK: National Career Development Association.

U.S. Bureau of Labor Statistics. (2014a). Employment situation of veterans – 2012 [News release]. Retrieved from http://
    www.bls.gov/news.release/pdf/vet.pdf

U.S. Bureau of Labor Statistics. (2014b). Table A-5. Employment status of the civilian population 18 years and over by
    veteran status, period of service, and sex, not seasonally adjusted [Economic news release]. Retrieved from http://
    data.bls.gov/cgi-bin/print.pl/news.release/empsit.t05.htm

U.S. Bureau of Labor Statistics. (2014c). *2014–2015 Occupational outlook handbook*. Retrieved from http://www.bls.gov/
    ooh/

U.S. Departments of Defense, Labor and Veterans Affairs. (n.d.). *National resource directory*. Retrieved from https://
    www.nrd.gov/

U.S. Office of Personnel Management. (n.d.). *Feds hire vets*. Retrieved from http://www.fedshirevets.gov/Index.aspx

University of Arizona. (2007). Student veteran needs assessment survey. Retrieved from https://studentaffairs.arizona.edu/
    assessment/documents/VETS_Needs7-2012FINAL.pdf

VetJobs, Inc. (2014). VetJobs: Veterans make the best employees. Retrieved from https://www.vetjobs.com/

nbcc

Military Veterans' Midlife Career Transition and Life Satisfaction

Heather C. Robertson
Pamelia E. Brott

Many military veterans face the challenging transition to civilian employment. Military veteran members of a national program, Troops to Teachers, were surveyed regarding life satisfaction and related internal/external career transition variables. Participants included military veterans who were currently or had previously transitioned to K–12 teaching positions. Two variables, confidence and control, demonstrated a slight yet statistically significant positive correlation with life satisfaction. Recommendations for practice and future research are included in this second report on the findings of a dissertation.

Keywords: **career transition, employment, life satisfaction, military veterans, teaching**

Military members typically experience transitions at some point during their military career, whether to a new duty station, a change of command or a deployment overseas. Another significant transition that military members often face is their return to civilian employment. While formal military programs are established to provide assistance with planning and overall logistics of such transitions (Wolpert, 2000), research suggests that veterans feel emotionally underprepared to manage the transition to civilian employment (Baruch & Quick, 2009; Business and Professional Women's [BPW] Foundation, 2007). Researchers have examined retirement satisfaction and adjustment (Spiegel & Shultz, 2003), career adaptability and adjustment (Ebberwin, Krieshok, Ulven, & Prosser, 2004), as well as adjustment after transition (DiRamio, Ackerman, & Mitchell, 2008); however, few studies have examined the overall life satisfaction of veterans experiencing career transitions, specifically examining these experiences. This study examined career transition variables of military members, as well as the relationship of these variables to the military member's overall life satisfaction.

Schlossberg's model of "Human Adaptation to Transition" (Goodman, Schlossberg, & Anderson, 2006, p. 33) has made significant contributions to the current understanding of the transition process (Robertson, 2010). While transition is different for each individual, four main areas comprise the model, specifically (1) transition as a process that occurs over a span of time, (2) environmental and individual characteristics that may impact the transition, (3) one's resources and deficits that impact the transition, and (4) a successful adaptation that is the goal of transition (Robertson, 2010; Schlossberg, 1981). The goal of the transition process is the ability to adapt to the new experience. Individuals manage a multitude of internal influences (e.g., confidence, control, coping skills, motivation) and external influences (e.g., job market, support from family, timing of transition) during the transition process. These influences may be considered resources or deficiencies (Schlossberg, 1981). One of the most important considerations of the model is that transition occurs over time. Schlossberg (2011) states that leaving one role and establishing another takes time, and that the process of doing so is easier for some than for others, even after several years.

Heather C. Robertson, NCC, is an Assistant Professor at St. John's University. Pamelia E. Brott, NCC, is an Associate Professor at Virginia Polytechnic Institute and State University. Correspondence can be addressed to Heather C. Robertson, 80-00 Utopia Parkway, Sullivan Hall, Jamaica, NY 11439, robertsh@stjohns.edu.

Extensive research exists regarding civilians experiencing or considering career transition (e.g., Chae, 2002; Jepsen & Choudhuri, 2001; Perrone & Civiletto, 2004). One impetus for making a career change relates to increasing life satisfaction, which can be defined as contentment or happiness in life (Perrone & Civiletto, 2004). Career counseling models support clients' movement toward fulfillment, such as the values-based counseling (e.g., Brown, 1995) and constructivist models (e.g., Savickas, 1997), which emphasize value formation, prioritization, role relationships and career adaptability. Given the volatility of the job market, unemployment, underemployment and the uncertainty of the future, one's control during career transition has become a focus of concern. The support experienced during transition can further impact one's ability to grow psychologically from the experience (Jepsen & Choudhuri, 2001). The perceived risk of career change also may impact one's perceptions of control, manifesting as stress, or physical and mental health problems (Strazdins, D'Souza, Lim, Broom, & Rodgers, 2004).

Research does exist on the military career transition experience. Several researchers have examined the importance of pre-retirement/pre-separation planning and its value for post-military employment outcomes (Baruch & Quick, 2007; Baruch & Quick, 2009; Spiegel & Shultz, 2003). Other researchers have examined the relationship between mental health and employment of veterans, specifically regarding issues of trauma, depression and mental health treatment (Burnett-Zeigler et al., 2011; Zivin et al., 2011; Zivin et al., 2012).

Despite previous studies on career transition experiences of civilians and military, there is a dearth of studies that examine the overall experience and life satisfaction of those who transition from the military to a second career. Military members who pursue the teaching profession provide an opportunity to examine life satisfaction and career transition. Their (first) military career indicates a commitment to the military for a period of time. For individuals choosing to teach as a second career path, there also is a commitment toward additional education or certification, since there is no military occupational code (MOC) for educating children in an elementary through high school classroom (Robertson, 2010). While training and leading adults may be required in specific positions, teaching children in a traditional classroom setting is not offered as a military career (Messer, Green, & Holland, 2013). This means that those who pursue teaching would likely have to receive additional education and training in order to teach in a classroom post-military separation. Their commitment to the military and their commitment to teaching indicate that both professions were intentional career opportunities, as opposed to employment obtained via happenstance (Robertson, 2010).

This study explored the transition of 136 military members to the field of teaching. Measurements were sought that would adequately capture the framework of internal and external resources, as well as adaptation and life satisfaction. Given the foci of life satisfaction among military members who are transitioning or have transitioned to teaching, the present study examined the following research question: "To what extent is the life satisfaction of military members who are transitioning or have transitioned to teaching explained by the five career transition factors of readiness, confidence, control, perceived support, and decision independence?"

The career transition variables (readiness, confidence, control, perceived support and decision independence) were hypothesized to increase or decrease in proportion to one's life satisfaction (Robertson, 2010). This hypothesis was based on earlier research studies examining internal and external variables of career transition, including confidence and self-esteem (Heppner, Fuller, & Multon, 1998; Robbins, 1987), control (Strazdins et al., 2004), readiness and goal setting (Oyserman, Bybee, Terry, & Hart-Johnson, 2004) and family support (Eby & Buch, 1995; Latack & Dozier, 1986). However, while these studies examined career transition, none addressed the transition experiences of military members or their overall life satisfaction.

Methods

Members of a national program, Troops to Teachers (TTT), were surveyed. Ninety (90) mentors (i.e., former military, current teachers who volunteer to assist others with the teaching certification process) and 46 members (i.e., military members who may be seeking or have already secured careers in K–12 teaching) responded to the survey. At the time of the survey, there were 178 mentors on the TTT mentor list, indicating a mentor response rate of approximately 50%. It was not possible to estimate the number of members represented in the database in order to determine a member response rate because the percentages of active and inactive members in the TTT database is unknown. Membership in TTT is not a requirement for pursing a teaching career, and not everyone in the database has continued to pursue teaching since originally joining. Accessing members of TTT was feasible due to contact information made available through the TTT Web site. State TTT directors were contacted and asked to include the survey in their member materials (e.g. Web site, newsletters, e-mails); mentor data was available publically on the TTT Web site. According to Feistritzer (2005) and Robertson (2010), over 8,000 teachers have entered the profession via Troops to Teachers.

Participants

Data from 136 respondents (90 members, 46 mentors) were used for analysis. Specifically, 86% of the respondents were male, 10% female, and approximately 4% identified as transgender or left the item blank. Of the respondents, 87% identified as non-Hispanic; 79% identified as white, and the mean age was 51 (range 21–69 years). Respondents were either married (86%), divorced (4.4%), single (3.7%), or identified as "other" (5.8%). The average household income was $102,224 per year (range $0–$250,000). Distribution of respondents was divided among all branches of service: Air Force (32%), Navy (28%), Army (21%), Marine Corps (13%) and Coast Guard (1%), or the item was left blank (5%). Officers and enlisted personnel were nearly equal, with approximately 48% being officers and 45% enlisted (7% left item blank). Average years served in the military was 20.5 years. Responses indicated that respondents experienced an average of 29.4 months between leaving the military and beginning their teaching career. A large number of respondents (80%) were in the post-transition stage, indicating that they were currently in a teaching or other employment position (Robertson, 2010; Robertson, 2013). Demographic data from the sample was primarily white, male and non-Hispanic, which is similar to that of a larger study of TTT participants ($n = 1,461$) conducted by Feistritzer (2005).

Instruments

Each participant took the Career Transitions Inventory (CTI) and the Satisfaction with Life Scale (SWLS), as well as answered 15 demographic questions. The CTI (Heppner, 1991) contains 40 items and assesses strengths and barriers that adults experience during career transition. These items measure one's belief about readiness (preparedness), confidence (belief in one's ability manage the process), control (individual input and influence over the process), perceived support (whether important people in one's life are supportive) and decision independence (impact of decisions on others). Higher scores in one factor indicate that the area is a source of strength for the client. Lower scores may be viewed as barriers or obstacles for clients, excluding the independence factor. The independence factor is not viewed as a strength or barrier; however, independence measures one's relationship and responsibility to others (Heppner & Hendricks, 1995). Of the 40 items, each variable is assigned a selected number of items as well as an average score from high to low, specifically as follows: control (6 items; high score = 5.0, medium score = 3.5, low score = 2.0), readiness (13 items; high score = 5.5, medium score = 4.7, low score = 2.7), perceived support (5 items; high score = 5.6, medium score = 4.7, low score = 2.6), confidence (11 items; high score = 4.7, medium score = 3.9, low score = 2.2) and decision independence (5 items; high score = 5.0, medium score = 3.5, low score = 2.0). The CTI subscale scores' reliability ranges from .66–.87 (median .69); the test-retest reliability (three-week interval) for each section is as follows: control .55, readiness .74, perceived support .77, confidence .79, and decision independence .83. The overall CTI test-

retest reliability was reported as .84 (Heppner, Multon, & Johnston, 1994). Construct validity has been reported for various populations, as well as convergent validity with external instruments, which was utilized during the development of a French version of the CTI (Fernandez, Fouquereau, & Heppner, 2008).

The SWLS (Diener, Emmons, Larsen, & Griffin, 1985) is a five-item instrument assessing life satisfaction, allowing respondents to examine overall satisfaction based on the their own personal values. The instrument contains five statements and responses are indicated on a Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). These statements include the following: "(a) In most ways my life is close to my ideal; (b) The conditions of my life are excellent; (c) I am satisfied with my life; (d) So far, I have gotten the important things I want in life; and (e) If I could live my life over, I would change almost nothing" (Diener et al., 2009. Results are tallied as an overall score, which corresponds to a level of satisfaction, specifically *highly satisfied*, *satisfied*, *average*, *below average*, *dissatisfied* and *extremely dissatisfied*. The reported reliability includes Cronbach's alphas of .87 for the scale and .82 for test-retest (two-month interval). Validity evidence appears as moderately strong convergence, with outcomes ranging from .50–.75 with 12 other instruments (Diener et al., 1985). More recent reports indicate a number of cross-cultural studies that have utilized the SWLS, including studies with the U.S. Marine Corps (Pavot & Diener, 2008).

Results

Descriptive statistics were used to examine the overall population. Based on the large number of mentors in the group, *t*-tests were conducted to compare the mentor group to the member group. Correlation was used to examine the primary hypothesis stating that all transition variables would be positively correlated with life satisfaction. Finally, multiple regression analyses examined how the transition variables might explain variability in the military members' life satisfaction.

Comparing Mentor and Member Groups

Initially there was concern about the large number of mentors among respondents. Because mentors are TTT volunteers who assist members with the teacher certification process, there was concern that mentor experiences would be positively skewed as a result of mentors having positive experiences (e.g. desired employment) with their transitions. Thus *t*-tests on demographic, career transition and life satisfaction variables were conducted. The demographics of both groups (member and mentor) were analyzed using cross-tabs and graphs as a means of comparing the two samples. The member and mentor samples were comparable. Both groups were comprised of primarily married men (% of men = mentor 87%, member 85%; % married = mentor 86%, member 87%). Their racial and ethnic backgrounds were primarily white and non-Hispanic (% white = mentor 80%, member 76%; % non-Hispanic = mentor 90%, member 80%). The groups were similar in terms of average years served in the military (mentor 21, member 20). There was a slight difference in their ages (mentor 53, member 57), combined income (mentor $98,100, member $114,200) and the length of transition between military and civilian employment (mentor 26 months, member 40 months). Despite the differences in their transition periods, a *t*-test did not demonstrate a statistically significant difference between the time in transition for members and mentors, t (28) = –.965, p = .343; r = –.12 (mentors: M = 26.22, SD = 33.3; members: M = 39.60, SD = 66.8).

Due to the similarity of the two groups, as well as the small number of respondents in the member group, a decision was made to report the findings as one group (combined member and mentor). *T*-tests which compared the means of the mentor and member groups with life satisfaction, as well as with the variables of readiness, confidence, control, support and decision independence, found no statistically significant differences among the variables. Specifically, *t*-tests revealed the following: readiness: t (134) = –.485, p = .626, r = .05 (mentors: M = 2.89, SD = .57; members: M = 2.93, SD = .62); confidence: t = (134) = –806, p = .422, r = –.07 (mentors: M =

4.09, *SD* = .57; members: *M* = 4.17, *SD* = .58); control: *t* (134) = –.022, *p* = .983, *r* = .05 (mentors: *M* = 4.3, *SD* = .87; members: *M* = 4.3, *SD* = .91); support: *t* (134) = –1.681, *p* = .095, *r* = –.14 (mentors: *M* = 3.67, *SD* = .51; members: *M* = 3.83, *SD* = .57); decision independence: *t* (134) = –.540, *p* = .590, *r* = .04 (mentors: *M* = 3.71, *SD* = .90; members: *M* = 3.79, *SD* = .75); and life satisfaction: *t* (134) = –.221, *p* = .826, *r* = –.20 (mentors: *M* = 5.57, *SD* = .12; members: *M* = 5.62, *SD* = .12) . Therefore, a decision was made not to disaggregate the data into member and mentor groups, since there was no statistically significant difference between the two groups, and smaller group samples would reduce the validity of the findings.

Life Satisfaction and Career Transition

Reliability was reported for each career transition variable using Cronbach's alpha (life satisfaction = .87, readiness = .87, confidence = .83, control = .69, support = .66, decision independence = .67). All transition variables had positive, statistically significant correlations with one another (ranging from .25 to .56). Results from the SWLS indicated *satisfied* to *average* level of satisfaction (*M* = 5.59; *SD* = 1.21) for participants.

To address the hypothesis that all transition variables correlated with life satisfaction, bivariate correlation analysis using Pearson's *r* was utilized. Using the SWLS and the CTI means for each variable (readiness, confidence, control, support and decision independence), a correlation matrix was developed (Table 1). Two transition variables, confidence (*r* = .23) and control (*r* = .31), demonstrated little statistically significant positive correlations to life satisfaction. Thus, the overall hypothesis stating that all variables would be correlated with life satisfaction was not supported.

Table 1

Means, Standard Deviations and Correlations for Life Satisfaction and Career Transition

	M	*SD*	Life Satisfaction	CTI 1	2	3	4	5
Life Satisfaction	5.59	1.21	1.00					
Readiness	2.89	.58	–.09	1.00				
Confidence	4.11	.57	**.23****	**.38****	1.00			
Control	4.29	.88	**.31****	**.41****	**.56****	1.00		
Support	3.72	.53	.11	**.25****	**.50****	**.39****	1.00	
Decision Independence	3.73	.85	.10	**.30****	**.51****	**.39****	**.35****	1.00

Note: CTI = Career Transitions Inventory.
**$p < 0.01$ (two-tailed).

Results from multiple regression analyses were used to address the main research question: To what extent is the life satisfaction of military members who are transitioning or have transitioned to teaching explained by the five career transition factors (readiness, confidence, control, perceived support, and decision independence)? Of the five predictor variables, control was the only transition variable found to explain life satisfaction (Table 2). Control was responsible for 10% of the variance in life satisfaction (*F* (1, 134) = 14.60, *R* = .10, beta = .31, *p* < .001); whereas readiness was responsible for adding approximately 6% (*F* (3, 133) = 8.87, *R* = .16, beta = –.28, *p* < .01). Combined, control and readiness accounted for approximately 16% of the variance in life satisfaction,

indicating a small to medium effect size. None of the other variables (confidence, support, decision indepen-dence) explained any statistically significant portion of life satisfaction.

Table 2

Multiple Regression with Life Satisfaction and Career Transition Variables

	ß	R^2 Change	R^2	*F* Change
Control	.31	.098	.098	14.603***
Readiness	−.28	.056	.155	8.868**

**p < .01. ***p < .001.

Discussion

Control was the primary variable connected to life satisfaction among transitioning military members, with a small but significant correlation with life satisfaction. Control has been present in several studies which indicate its positive influence on the transition process (Heppner, Cook, Strozier, & Heppner, 1991; Latack & Dozier, 1986; Lerner, Levine, Malspeis, & D'Agostino, 1994; Perosa & Perosa, 1983). While the correlation between control and life satisfaction was significant, one should also note that it was small. As such, control of one's career transition may not be an essential component of life satisfaction post-transition (Robertson, 2010).

Confidence had a small correlation to life satisfaction, despite the fact that earlier studies cite confidence as an essential element for career transition success (Heppner et al., 1991; Latack & Dozier, 1986). While respon-dents indicated moderate to high confidence on the CTI, it should be noted that many of those who responded to the survey indicated that they were in the post-transition phase, having already began their teaching career. These respondents would exhibit and respond with great confidence in the success of their transition, with the knowledge that they had already navigated the experience with success (Robertson, 2010).

Readiness contributed slightly to the findings and also is present in earlier research as a as a means of cop-ing with transitions (Ebberwein, Krieshok, Ulven, & Prosser, 2004; Oyserman et al., 2004). The terms *ready* and *motivated* are often used to describe U.S. military service members. While readiness and motivation did not present substantial outcomes in this study, it is important to explore the feelings of readiness and motivation in military members making a career transition, particularly those who have less control over their military separa-tion and may not feel ready for the transition.

Implications for Counseling Practice

Counselors should recognize that confidence, control and readiness may play a role in the life satisfaction of current or former military members' career transition. Counselors may wish to help military clients in transition examine their perceptions of control. A difficult economy and rising joblessness rates may cause clients to feel a lack of control. For military members transitioning to the civilian sector, controlling their own career deci-sions can be a new and challenging concept. However, counselors can assist clients in examining transition from angles that they can control, including attitude or effort toward the transition or their job search. Counselors may wish to help clients identify areas of control that are present before, during and after the transition. Mili-tary members who had no control over their military separation (e.g., being passed over for promotions, injury,

medical discharge, other than honorable discharge) can explore with counselors how the circumstances of their separation from the military do not determine their life satisfaction post-transition.

Counselors working with current and former military members should explore the clients' confidence both toward completing the transition process and their life post-transition. Military communities have a unique military culture, and separation from one's military culture may impose a lifestyle loss (Simmelink, 2004), which may be more difficult than moving from civilian job to civilian job. Regardless of how or where a military member spent their career (e.g. abroad, state-side, combat, or non-combat), they may go through a period of culture shock in their post-military career (Wolpert, 2000; Robertson, 2010). The military member's confidence may contribute to their ability to manage that change and loss. Counselors also may wish to address confidence of the military member before, during and after the transition process. Specifically, counseling activities that both assess and enhance confidence may help clients obtain greater life satisfaction in their post-military career. Confidence may be viewed as emotional readiness to navigate the career transition process.

Counselors can help clients assess their readiness for the military-to-civilian career transition, including both emotional and practical preparation. Emotional preparation may include preparing for lifestyle loss (Simmelink, 2004), specifically the transition from close-knit military communities, structured employment environments and regular promotions/pay increases to the ambiguous and uncertain realm of civilian employment. Earlier studies on career transition for civilians (Latack & Dozier, 1986) emphasize the presence of grief and loss in career changers. These feelings of loss and longing were also present with this population (Robertson & Brott, 2013), in that service members often feel that their civilian careers are less meaningful, less significant, or less important than their military careers (Spiegel & Shultz, 2003). Counselors must help prepare military members for these emotional aspects of the military-to-civilian transition, as well as the logistical aspects, such as preretirement planning, job searching, benefits, and relocation.

Limitations

The primary limitation of this research was the large number of individuals in the post-transition stage, which impacts the ability to generalize results to all military personnel. Generalizations should not be made to populations with low representation in this sample, which includes females, minorities and the unmarried. Generalizations also should not be made to different occupations (e.g. individuals moving from non-military careers and to non-teaching careers). Respondents for this research were volunteer participants, as opposed to randomly selected. Outcomes were self-reported, which includes the risk that responses may be impacted by other, unintended factors. This is particularly relevant since some respondents were asked to reflect on their past transition experience as opposed to those who were currently undergoing transition (Robertson, 2010).

Challenges with Post-Transition Respondents

The research design was intended to capture respondents in the pre-, mid- and post-transition phases. However, since the *CTI* is designed for veterans who are currently experiencing transition, instructions were adjusted to ask post-transition respondents to reflect on their transition process and respond as they remembered their transition experience. While these changes raise questions as to the validity of including the post-transition participant responses, three factors support reporting the findings.

First, transition is viewed as a process that occurs over time, not as an event that ends when one becomes employed. Schlossberg (2011) considers it important to identify where one is in the transition process including before, during and after the transition. While individuals may have already secured a teaching job, it does not necessarily imply that they have successfully adapted to the transition. Secondly, when validating the French version of the CTI, Fernandez et al. (2008) utilized a sample of over 1,000 participants who were experiencing

varying types of career transition. Heppner herself (1998) identified three types of career transition: task change, position change and occupational change. Task changes and position changes usually occur within the same workplace settings, while occupational changes involve an entirely new occupation. These variations on transition were incorporated in the results of the CTI. Heppner's (1998) own validation of the CTI included stages of transition. This factor emphasizes the variability in which transition occurs as reported by participants, and this variability has been incorporated into the development of the CTI.

Finally, the findings of this research, originally from a dissertation, support and supplement earlier studies regarding midlife career transition, life satisfaction and transition variables. For example, Baruch and Quick's (2009) study of senior admirals who had left the Navy addressed the difficulty of the transition and adaptability. They specifically addressed the admirals' ability to move away from past roles and toward future roles, reinforcing the concept of transition over time. Spiegel and Shultz (2003) also examined a variety of transition variables in their study of retired naval officers. A pilot project by the BPW Foundation (2007) examined female veterans transitioning to civilian employment and emphasized the importance of both practical and psychological supports during and after the transition. These studies demonstrate that the variables examined by the CTI are being examined in other military transition research.

It was predicted that distribution among respondents' participant groups (pre-, mid-, and post-transition) would be somewhat balanced; however, the results were not as anticipated. Yet the findings yield valuable results in understanding veterans and the career transition process. *T*-tests also yielded no significant differences between mentors (primarily post-transition) and members (pre-, mid- and post-transition).

Future Research Opportunities

Future research opportunities exist to replicate the present research with populations that exhibit greater diversity, including veterans in various stages of transition and veterans from various demographic backgrounds. A random sample survey would provide results that are less likely to be influenced by personal factors. Longitudinal studies, following service members from their time in the military, through their transition, to their post-service employment, perhaps via interviewing and qualitative research, would provide personal experiences and insights on service members' transitions. Opportunities exist to diversify the careers being studied (Robertson, 2010). For example, many universities offer "career changer" programs for individuals transitioning to teaching, who are not necessarily military members. Another option would be to utilize post-service military organizations (e.g., U.S. Department of Veterans Affairs, Veterans of Foreign Wars, or Iraq and Afghanistan Veterans of America) to examine the transition experience of military members to other careers besides teaching. University career centers may have access to data examining student veteran career transition information. Further, life satisfaction scores could be compared to other populations beyond those studied here, thus illuminating whether these results were a condition of military experience, teaching careers, or other factors pertaining to the career transition experience.

Summary

This research provides insight into life satisfaction and career transition, specifically for military members pursing teaching careers. Military members indicated that their control and confidence throughout the transition process was slightly correlated with life satisfaction. Results indicated that their control and readiness during the transition process may explain a small portion of their life satisfaction. However, previous literature indicates that relationships exist (Robertson, 2010), which were not found in the present study. For example, previous researchers have indicated that family support impacts the career transition process (Perone & Civiletto, 2004; Eby & Buch, 1995); however, family support was not one of the variables considered in this study. One reason

for these differences may be the limited sample size and distribution; yet it is also possible that military experiences are not well examined through traditional assessments. The main limitation of the study was an uneven distribution of the data, including a large number from those post-transition, males, whites and those who were married. Generalizing results to other areas and populations should be discouraged (Robertson, 2010). Counselors who have the opportunity to work with military members transitioning to the civilian workforce, or those who have already transitioned, may wish to address how confidence, control and readiness contribute to the life satisfaction of the transitioning military member.

References

Baruch, Y., & Quick, J. C. (2007). Understanding second careers: Lessons from a study of U.S. Navy admirals. *Human Resource Management*, *46*, 471–491. doi:10.1002/hrm.20178

Baruch, Y., & Quick, J. C. (2009). Setting sail in a new direction: Career transitions of US Navy admirals to the civilian sector. *Personnel Review*, *38*, 270–285. doi:10.1108/00483480910943331

Brown, D. (1995). A values-based approach to facilitating career transitions. *The Career Development Quarterly*, *44*, 4–11.

Burnett-Zeigler, I., Valenstein, M., Ilgen, M., Blow, A. J., Gorman, L. A., & Zivin, K. (2011). Civilian employment among recently returning Afghanistan and Iraq National Guard veterans. *Military Medicine*, *176*, 639–646.

Business and Professional Women's Foundation. (2007). Women veterans in transition: A research project of the Business and Professional Women's Foundation. Retrieved from http://bpwfoundation.org/resources/women_veterans_project/

Chae, M. H. (2002). Counseling reentry women: An overview. *Journal of Employment Counseling*, *39*, 146–152. doi:10.1002/j.2161-1920.2002.tb00846.x

Diener, E., Emmons, R. A., Larsen, R. L., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, *49*(1), 71–75. doi:10.1207/s15327752jpa4901_13

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (2009). *Satisfaction with Life Scale: SWLS translations*. Retrieved from http://internal.psychology.illinois.edu/~ediener/SWLS.html

DiRamio, D., Ackerman, R., & Mitchell, R. L. (2008). From combat to campus: Voices of student-veterans. *NASPA Journal*, *45*, 73–102.

Ebberwin, C. A., Krieshok, T. S., Ulven, J. C., & Prosser, E. C. (2004). Voices in transition: Lessons on career adaptability. *The Career Development Quarterly*, *52*, 292–308. doi:10.1002/j.2161-0045.2004.tb00947.x

Eby, L. T., & Buch, K. (1995). Job loss as career growth: Responses to involuntary career transitions. *The Career Development Quarterly*, *44*, 26–42.

Feistritzer, C. E. (2005). *Profile of Troops to Teachers*. Washington, D.C.: National Center for Education Information. Retrieved from http://ncei.com/NCEI_TT_v3.pdf

Fernandez, A., Fouquereau, E., & Heppner, M. J. (2008). The Career Transitions Inventory: A psychometric evaluation of a French version (CTI-F). *Journal of Career Assessment*, *16*, 384–398. doi:10.1177/1069072708317384

Goodman, J., Schlossberg, N. K., & Anderson, M. L. (2006). *Counseling adults in transition: Linking practice with theory* (3rd ed.). New York, NY: Springer.

Heppner, M. J. (1991). *The Career Transitions Inventory*. Columbia, MO: University of Missouri.

Heppner, M. J. (1998). The career transition inventory: Measuring internal resources in adulthood. *Journal of Career As-*

sessment, *6*, 135–145. doi:10.1177/106907279800600202

Heppner, M. J., Fuller, B. E., & Multon, K. D. (1998). Adults in involuntary career transition: An analysis of the relationship between the psychological and career domains. *Journal of Career Assessment*, *6*, 329–346. doi:10.1177/106907279800600304

Heppner, M. J., & Hendricks, F. (1995). A process and outcome study examining career indecision and indecisiveness. *Journal of Counseling and Development*, *73*, 426–437.

Heppner, M. J., Multon, K. D., & Johnston, J. A. (1994). Assessing psychological resources during career change: Development of the Career Transitions Inventory. *Journal of Vocational Behavior*, *44*, 55–74. doi:10.1006/jvbe.1994.1004

Heppner, P. P., Cook, S. W., Strozier, A. L., & Heppner, M. J. (1991). An investigation of coping styles and gender differences with farmers in career transition. *Journal of Counseling Psychology*, *38*, 167–174. doi:10.1037//0022-0167.38.2.167

Jepsen, D. A., & Choudhuri, E. (2001). Stability and change in 25-year occupational career patterns. *The Career Development Quarterly*, *50*, 3–19. doi:10.1002/j.2161-0045.2001.tb00884.x

Latack, J. C., & Dozier, J. B. (1986). After the ax falls: Job loss as career transition. *Academy of Management Review*, *11*, 375–392. doi:10.5465/AMR.1986.4283254

Lerner, D. J., Levine, S., Malspeis, S., & D'Agostino, R. B. (1994). Job strain and health-related quality of life in a national sample. *American Journal of Public Health*, *84*, 1580–1585. doi:10.2105/AJPH.84.10.1580

Messer, M. A., Greene, J. A., & Holland, J. L. (2013). *The Veterans and Military Occupations Finder: Online edition.* Lutz, FL: PAR. Retrieved from http://www.self-directed-search.com/docs/default-source/default-document-library/sds_vmof_online_edition.pdf?sfvrsn=2

Oyserman, D., Bybee, D., Terry, K., & Hart-Johnson, T. (2004). Possible selves as roadmaps. *Journal of Research in Personality*, *38*, 130–149. doi:10.1016/S0092-6566(03)00057-6

Pavot, W., & Diener, E. (2008). The Satisfaction with Life Scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology*, *3*, 137–152. doi:10.1080/17439760701756946

Perosa, S. L., & Perosa, L. M. (1983). The midcareer crisis: A description of the psychological dynamics of transition and adaptation. *Vocational Guidance Quarterly*, *32*, 69–79.

Perrone, K. M., & Civiletto, C. L. (2004). The impact of life role salience on life satisfaction. *Journal of Employment Counseling*, *41*, 105–116. doi:10.1002/j.2161-1920.2004.tb00884.x

Robertson, H. C. (2010). *Life satisfaction among midlife career changers: A study of military members transitioning to teaching* (Doctoral dissertation). Retrieved from http://scholar.lib.vt.edu/theses/available/etd-05122010-100341/unrestricted/Robertson_HC_D_2010.pdf

Robertson, H. C. (2013). Income and support during transition from a military to civilian career. *Journal of Employment Counseling, 50,* 26–33. doi:10.1002/j.2161-1920.2013.00022.x

Robertson, H. C., & Brott, P. E. (2013). Male veterans' perceptions of midlife career transition and life satisfaction: A study of military men transitioning to the teaching profession. *Adultspan Journal*, *12*, 66–79. doi:10.1002/j.2161-0029.2013.00016.x

Robbins, S. B. (1987). Predicting change in career indecision from a self-psychology perspective. *The Career Development Quarterly*, *35***,** 288–296.

Savickas, M. L. (1997). Career adaptability: An integrative construct for life-span, life-space theory. *The Career Development Quarterly*, *45*, 247–259. doi:10.1002/j.2161-0045.1997.tb00469.x

Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist*, *9*(2), 2–18. doi:10.1177/001100008100900202

Schlossberg, N. K. (2011). The challenge of change: The transition model and its applications. *Journal of Employment Counseling*, *48*, 159–162. doi:10.1002/j.2161-1920.2011.tb01102.x

Simmelink, M. N. (2004, December 1). Lifestyle loss: An emerging career transition issue. *Career Convergence Magazine.* Retrieved from http://ncda.org/aws/NCDA/pt/sd/news_article/4992/_PARENT/layout_details_cc/false

Spiegel, P. E., & Shultz, K. S. (2003). The influence of preretirement planning and transferability of skills on naval officers' retirement satisfaction and adjustment. *Military Psychology*, *15*, 285–307. doi:10.1207/S15327876MP1504_3

Strazdins, L., D'Souza, R. M., Lim, L. L.-Y., Broom, D. H., & Rodgers, B. (2004). Job strain, job insecurity, and health: Rethinking the relationship. *Journal of Occupational Health Psychology*, *9*(4), 296–305. doi:10.1037/1076-8998.9.4.296

Wolpert, D. S. (2000). Military retirement and the transition to civilian life. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.), *The military family: A practice guide for human service providers* (pp. 103–119). Westport, CT: Praeger.

Zivin, K., Bohnert, A. S. B., Mezuk, B., Ilgen, M. A., Welsh, D., Ratliff, S.,…Kilbourne, A. M. (2011). Employment status of patients in the VA health system: Implications for mental health services. *Psychiatric Services*, *62*, 35–38. doi:10.1176/appi.ps.62.1.35

Zivin, K., Campbell, D. G., Lanto, A. B., Chaney, E. F., Bolkan, C., Bonner, L. M.,…Rubenstein, L. V. (2012). Relationships between mood and employment over time among depressed VA primary care patients. *General Hospital Psychiatry*, *34*, 468–477. doi:10.1016/j.genhosppsych.2012.05.008

nbcc

Using a Cognitive Information Processing Approach to Group Career Counseling with Visually Impaired Veterans

Lauren K. Osborne

Unemployment continues to be a growing concern among both civilian and veteran populations. As 14% of the veteran population currently identify as disabled because of service, this population's need for specialized vocational rehabilitation is increasing. Specifically in Veterans Affairs (VA) Blind Rehabilitation Centers (BRC) where holistic treatment is used in treatment and rehabilitation, career services may be useful in improving quality of life for visually impaired veterans. A group approach to career counseling with visually impaired veterans is discussed using the principles and theory of the cognitive information processing (CIP) approach. This approach emphasizes metacognitions, self-knowledge, occupations knowledge, and the use of a decision-making cycle to improve career decision states and decrease negative career thinking. A group outline is provided and discussion of special considerations and limitations are included.

Keywords: **veterans, cognitive information processing, group, career counseling, visually impaired**

As of August 2014, the Bureau of Labor and Statistics (BLS) reports the unemployment rate for all veterans as 6.0% (U.S. Bureau of Labor Statistics, 2014b). For men and women who once held steady employment as part of the armed services, this lack of security can prove stressful. All branches of the military are required to provide some sort of preseparation counseling to service members and offer workshops aimed at providing assistance for veteran transitions out of the military. There is limited data on the effectiveness of these programs (Clemens & Milsom, 2008), and it has been estimated that only one out of five veterans is aware of vocational services provided by the U.S. Department of Veterans Affairs (VA; Ottomanelli, Bradshaw, & Cipher, 2009). As troops continue to withdraw from current operations and unemployment remains high among all Americans, the outlook for postmilitary careers can seem bleak to transitioning veterans and veterans who have been out of service for longer periods of time.

While many transition variables may affect employment opportunities, veterans with disabilities are particularly vulnerable to unemployment and to the perception that employment is not possible (Mpofu & Harley, 2006). The BLS estimates that as of March 2014, approximately 15% of all veterans reported having service-related disabilities (U.S. Bureau of Labor Statistics, 2014a). Bullock, Braud, Andrews, and Phillips (2009) found that 15% of veterans reported that they viewed their physical disability as an obstacle to gaining employment. Of the many types of disabilities reported by veterans, it is estimated that more than one million of these are low vision, with likely over 45,000 veterans having been diagnosed as legally blind (Williams, 2007). In recent years, the VA has put forth a substantial amount of effort to establish a system of inpatient Blind Rehabilitation Centers (BRC) that are designed to improve overall quality of life to veterans with visual impairment (Williams, 2007). As part of this care, a team of rehabilitation and counseling specialists attend to patients and assist veterans in building strength, skills and confidence in the face of their disability (Williams, 2007). One inadequate

Lauren K. Osborne is a doctoral student in counseling psychology at the University of Southern Mississippi. Correspondence can be addressed to Lauren K. Osborne, 118 College Drive, #5025, Hattiesburg, MS 39402, lauren.osborne@eagles.usm.edu.

aspect of the VA's attempts to increase these individuals' quality of life is providing quality interventions aimed at improving veterans' views of employment opportunities as well as their ability to acquire employment.

Current Use of Evidence-Based Interventions

Approximately 67% of veterans attended at least one counseling session in 2006 and of these, 24.1% attended at least one group therapy session with the average number of group visits being approximately 15.9 (Hunt & Rosenheck, 2011). Veterans with service-connected disabilities are more likely than those without disabilities to engage in counseling, and typically the number of sessions veterans may make is unlimited (Hunt & Rosenheck, 2011). Most group intervention research regarding veterans incorporates a combination of cognitive behavioral therapy (CBT), trauma-focused therapy, interpersonal problem solving, and relapse prevention, and focuses on treatment of mental health diagnoses like post-traumatic stress disorder (PTSD) and depression (Ready et al., 2012). These approaches have been found effective in relieving symptoms of such diagnoses through implementation of theory- and evidence-based techniques (Ready et al., 2012).

Holistic approaches to treating the overall wellness of veterans is a growing trend in research. The use of a combination of interpersonal strategies and cognitive behavioral techniques such as behavioral activation also has been found to improve overall wellness in veterans, even as physical functioning is diminished because of chronic illness (Perlman et al., 2010). Across treatment approaches, a common finding is that veterans perceive the use of groups positively. In one study using interpersonal and cognitive-based approaches to aid transitioning veterans, the researchers found that the group-based format was the key factor in positive outcomes (Westwood, McLean, Cave, Borgen, & Slakov, 2010). Likewise, Ready et al. (2012) attributed low dropout rates to strong group cohesion and resulting positive peer pressure. Hunt and Rosenheck (2011) noted that veterans are likely to prefer group therapy because of reduced perceived stigma and increased cost effectiveness for all involved.

In the arena of vocational psychology, a substantial amount of research exists regarding career decision making, specifically using the cognitive information processing (CIP) approach developed by Sampson, Reardon, Peterson, and Lenz (2004) to conceptualize employment concerns. One of the largest components of the research here focuses on dysfunctional career thoughts and their ability to hinder effective career decision making. Bullock et al. (2009) specifically found that dysfunctional career thoughts can stunt readiness for career choices. Furthering this assertion, Bullock-Yowell, Peterson, Reardon, Leierer, and Reed (2011) found that negative career thoughts in fact mediate the relationship between life stress and career decision states. A CIP approach to career counseling with veterans has only been applied in individual cases in the research, and in such applications, significant progress toward making career decisions and improving satisfaction with current career situations has been reported (Clemens & Milsom, 2008).

Components of a CIP approach to career counseling such as homework assignments, providing resources, and empowering clients to complete research have been found to contribute to positive career outcomes (Ryder, 2003). Similarly, a de-emphasis on pathology and a shift in focus toward coping skills and concrete goals have been found to play a part in veterans' commitment to group therapy (Perlman et al., 2010). Veterans with increased awareness of available vocational services and opportunities have been shown to be five times more likely to return to work after service-related injuries than those without knowledge of available resources (Ottomanelli et al., 2009). Evaluations of veterans' interests, skills and abilities according to John Holland's RIASEC (realistic, investigative, artistic, social, enterprising, conventional) theory have found that veterans endorse a wide range of Holland interest codes, which can characterize both people and career choices (Bullock et al., 2009). That is, when reporting aspects of career development according to the six areas delineated by Holland (listed above), veterans report a wide range of career-related interests, skills and abilities (Bullock et al., 2009). Through education regarding these factors and the variability among both employees and employers, further

options for employment may be considered that were not considered before engaging in career counseling. Because Bullock et al. (2009) did not find significant differences between veterans and the general adult population regarding their skills, abilities and interests, this article asserts that counselors can readily apply the evidence-based CIP approach to veterans' career issues without great concern that dramatic differences may hinder effectiveness of the approach.

Using CIP Groups as Career Interventions for Veterans

The CIP Model: Theoretical Framework

The CIP approach to counseling as developed by Sampson et al. (2004) is based on two core concepts: (1) the pyramid of information-processing domains, and (2) the CASVE cycle of decision making. This approach focuses on the holistic nature of careers, the process of choosing a career path and the generalizability of the decision-making process to areas beyond occupations (Bullock-Yowell et al., 2011). The CASVE cycle refers to a decision-making process that involves five steps to make up the acronym, which are communication, analysis, synthesis, valuing and execution. The first step is communication, which entails identifying what decision needs to be made or "identifying the gap" between where one is and where he or she wants to be following implementation of a decision (Sampson et al., 2004). The following step, analysis, involves one identifying his or her own value as an employee and what he or she wants to receive from a career or job (Sampson et al., 2004). Following this, during synthesis, one elaborates and crystallizes the occupational options available depending on the self-knowledge gained (Sampson et al., 2004). After identifying top choices, the next step is valuing, in which the individual engages a cost-and-benefit analysis of the options available, and using the self-knowledge gained during analysis, ranks the options that have been identified (Sampson et al., 2004). The final stage of the CASVE cycle is execution, in which the decider puts his or her action plan into place and carries out the choice or decision made through the process (Sampson et al., 2004).

The four assumptions underlying the process and theory of CIP are the following: (1) emotions and cognitions can influence career problem solving and decision making; (2) effective problem solving requires both gaining knowledge and thinking about the knowledge gained; (3) what is known about the self and the environment is constantly interacting and evolving, and organization of this information occurs in complex ways; and (4) career problem solving and career decision making are skills that can be improved through learning and practice (Sampson et al., 2004). CIP-focused career counseling uses cognitive behavioral-based techniques such as cognitive restructuring, behavioral activation, and homework to facilitate the basic aims of the counseling process (Bullock-Yowell et al., 2011).

Application of CIP Model to Veteran Interventions

As stated previously, approximately 15% of the veteran population report having service-related disabilities and of this group, more than one million suffer from service-related visual impairment (U.S. Bureau of Labor Statistics, 2014a; Williams, 2007). The purpose of a group-based approach to vocational intervention is to further the current goals set forth by existing VA BRC: of enhancing and improving quality of life for these disabled individuals (Williams, 2007). In addition to medical rehabilitation activities such as mobility training and orientation, veterans deemed likely to benefit from mental health treatment should also engage in individual and/or group counseling (Kuyk et al., 2004). The purpose of rehabilitation activities is to increase veterans' independence through improving their self-efficacy toward tasks that become extremely difficult for visually impaired individuals (Kuyk et al., 2004). Offering vocational counseling in addition to these skill-building activities is meant to further enhance this purpose by providing insight and progress toward satisfying independence for these individuals in vocational domains. The group format would best be served in conjunction with current treatment offered to veterans in established VA BRC.

The CIP approach aims to assist people in making appropriate career choices through education and practice of problem-solving and decision-making skills (Sampson et al., 2004). As the world of work continues to evolve, even for civilians who have been a part of it for decades, teaching disabled veterans how to approach this new world is extremely relevant to helping them further adapt to this dynamic environment (Sampson et al., 2004). Career counseling in general has this goal of assisting clients in recognizing and resolving issues (McAuliffe et al., 2006), and the CIP approach provides a standardized outline to address this need. In the case of visually impaired veterans, as with most disabilities, the need for advocacy also plays a part in approaching career counseling (Bullock et al., 2009). It will be important for counselors to continue monitoring perceived barriers and assessing how veteran participants may be able to overcome these independently, while also recognizing when advocacy may be appropriate (Clemens & Milsom, 2008).

Group Goals Using the CIP Model

The group's goals are in line with the majority of research regarding veteran transitions and career counseling for individuals with disabilities (Clemens & Milsom, 2008; Perlman et al., 2010; Westwood et al, 2010). However, the goals of the CIP approach to career counseling (Sampson et al., 2004) should be noted and incorporated according to established veteran goals regarding employment and careers. Goals include the following: (1) decreasing negative career thoughts and increasing confidence in one's ability to make career decisions, (2) increasing knowledge of an effective career decision-making process and how to apply it to decisions outside occupational domains, (3) increasing self-knowledge regarding skills, abilities and interests in relation to decision making, (4) increasing independence through education and practice of completing work outside group sessions, and (5) creating a cohesive and safe environment for participants to feel comfortable to make both mistakes and progress.

Individual Factors to Consider

Suggested Inclusion and Exclusion Criteria

In attempt to achieve the aforementioned goals, prescreening for inclusion in the suggested group should occur in individual settings with the group leader. The group is formatted such that it is a closed group, but because of the nature of most treatment facilities, staggered start and end dates may allow for continuous enrollment in the protocol. Optimally, groups will be composed of five to eight patients and meet once a week for an hour over the course of 7 weeks. Suggested prescreening should include evaluation of eligibility as well as completion of assessments to aid in achieving group goals. Some assessments may be used as outcome measures to assess effectiveness, while some serve informative purposes for the group participants.

Inclusion criteria that should be considered are an individual diagnosis of visual impairment, current receipt of treatment at a VA BRC where groups may be conducted, and ability to articulate a career-related gap that can benefit from the CIP approach. Exclusion criteria to consider include current clinically significant substance abuse or dependence, unwillingness to engage in group work or work outside group, and extreme distress as assessed by the Depression Anxiety Stress Scale (DASS) or other assessments used by the rehabilitation center to assess psychopathology. Extreme distress may be characterized by "severe" classifications according to scores on any scales or "moderate" classification of scores on the depression scale of the DASS. Further, individuals who are only able to identify a single question that needs to be addressed or noncareer-related goals would likely not benefit from the group as outlined. Additionally, individuals with complete blindness may be excluded from the group-based CIP treatment, as they are likely to need more focused treatment. These individuals should be offered the option of engaging in the protocol on an individual basis, because of the need for additional augmentation and specialized attention with regard to completing and interpreting assessments, as well as adapting homework assignments.

Suggested Assessments to Include

The outlined assessments are suggested for use in evaluating eligibility of participants, measuring outcomes, and as informative tools for participants to use in sessions:

Career Thoughts Inventory (CTI). The CTI (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996) is a measure of negative or dysfunctional career thoughts that interfere with career decision making. It is a 48-item self-report inventory that uses a 4-point Likert scale ranging from 0=*strongly disagree* to 3=*strongly agree*. This inventory includes items such as "I'm so confused, I'll never be able to choose a field of study or occupation," and "I'm afraid that if I try out my chosen occupation I won't be successful." The CTI has three subscales—decision-making confusion, commitment anxiety, and external conflict—which are used to measure negative career thoughts.

Career Planning Confidence Scale (CPCS). The CPCS (McAuliffe et al., 2006) is a 39-item measure of career planning confidence. It uses a 5-point Likert Scale ranging from 1=*no confidence* to 5=*completely confident* with items such as "ready to invest time and energy necessary to make a career decision" and confidence in "finding general career information." The CPCS has six subscales: readiness to make a career decision, self-assessment confidence, generating options, information-seeking confidence, deciding confidence, and confidence in implementing one's decision.

Depression Anxiety Stress Scale (DASS). The DASS (Lovibond & Lovibond, 1995) is a 42-item self-report measure of depression, anxiety and stress. It consists of three subscales using a 4-point Likert scale that ranges from 0=*did not apply to me at all* to 3=*applied to me very much, or most of the time*. Scales are measured using items such as "I couldn't seem to experience any positive feeling at all" and "I felt sad and depressed," and the three subscales are depression, anxiety and stress.

Self-Directed Search (SDS). The SDS (Holland, Fritzsche, & Powell, 1994) is an interest inventory based on Holland's RIASEC theory, which yields a three-letter code to classify individual interests. The assessment requests that test takers rate their preferences or perceptions of tasks, capabilities, occupations and self-estimates. Items on the SDS require yes or no responses in each RIASEC area and scale. Users can enter codes yielded from this assessment on the O*NET website, which will generate occupational options in line with their codes and information regarding individual occupations. The recently developed fifth edition of this measure added to the resources available for veterans with the development of a Military Occupations Finder. This resource allows veterans and active-duty military to link military occupation titles with civilian titles that can aid in transferring skills and experiences to civilian employment.

All measures except for the SDS are recommended to be administered at completion of the group protocol to assess treatment outcomes. After initial screening and assessment, all participants will engage in a pregroup meeting as well as six sessions outlined according to recommendations by Sampson et al. (2004) regarding applications of CIP theory to career counseling (refer to Appendix for session outlines).

Special Considerations

There are several considerations to be made for use of a CIP group with the intended population. If used with groups of veterans as discussed, individuals will likely maintain interactions in other areas of their lives, which constitute increased contact outside group settings. Because of the nature of veteran groups and rehabilitation centers such as VA BRC, group members are also likely to engage in other treatment and social settings together, and thus, group leaders should carefully discuss confidentiality with all group members. Likewise, group treatment as part of a holistic approach by a treatment team is often the case at veteran treatment centers,

so issues regarding expectations of confidentiality should be addressed. Because of the hierarchical nature of the group content, consistent attendance is necessary, and group facilitators should explain this to participants and have a discussion regarding consequences for missing sessions, as a part of the initial group rules.

Group facilitators should pay attention to the intended participant pool and the potential for complicated interactions between disability, racial and other identities and worldviews that may influence perceptions and engagement in the group process (Mpofu & Harley, 2006). As career intervention research provides no evidence for specifically engaging in career counseling among blind veterans, it is critical to continually consider the nature of this disability as well as individual differences. The disability status of the veterans is likely not the only influential factor on career decisions and possibly not the primary lens through which participants may perceive career options and identities (Mpofu & Harley, 2006). As such, it is crucial that providers not make assumptions regarding their perceptions, and that each individual receives the opportunity to respectfully voice opinions and points of view.

For these visually impaired individuals, there will still be many barriers regarding implementing homework, completing assessments and carrying out career goals. The counselor must expect that there will be a need for both advocacy and additional individual assistance to members for them to complete the career group. Throughout sessions, continual assessment of perceived barriers by participants may aid in improving the decision-making process for veterans, especially as related to gaining employment. Patients at VA BRC may have access to state-of-the-art equipment that allows them to conduct online research and carry out tasks on their own, so with this in mind, clinical judgment will be critical in deciding when to step in and when to promote autonomy. In particular, administration of assessments must be adapted to accommodate visual disabilities. In treatment settings where this level of technology is not available, counselors should make special considerations for completion of homework. Specifically, finding the resources for group members should be a priority to allow for optimal retention of concepts.

Limitations to Consider

One significant limitation in conducting this group among visually impaired veterans is the emphasis placed on participants completing work outside sessions, as the participant pool will likely vary in level of visual impairment. The use of handouts will be limited unless the group leader adapts their formatting according to individual participants' visual needs. Another limitation is that the VA's individual treatment facilities may have policies and procedures that require altering some aspects of this proposal. Without previous research backing the use of this or any other vocational protocol for blind veterans, this approach may provide a promising avenue for future interventions; but because of stringent policies, counselors may not be allowed to create this group. Another possible limitation of group work with veterans is the use of a leader without service history. On one hand, the group members might view a civilian leader with respect for his or her experience in the civilian workforce; on the other, the group members might distrust a leader who lacks affiliation with military service and experiences. If this question is deemed significant, the use of a co-leader with military background may be beneficial to the group's success.

References

Bullock, E. E., Braud, J., Andrews, L., & Phillips, J. (2009). Career concerns of unemployed U.S. war veterans: Suggestions from a cognitive information processing approach. *Journal of Employment Counseling*, *46*, 171–181. doi:10.1002/j.2161-1920.2009.tb00080.x

Bullock-Yowell, E., Peterson, G. W., Reardon, R. C., Leierer, S. J., & Reed, C. A. (2011). Relationships among career and life stress, negative career thoughts, and career decision state: A cognitive information processing perspective. *The Career Development Quarterly*, *59*, 302–314. doi:10.1002/j.2161-0045.2011.tb00071.x

Clemens, E. V., & Milsom, A. S. (2008). Enlisted service members' transition into the civilian world of work: A cognitive information processing approach. *The Career Development Quarterly*, *56*, 246–256. doi:10.1002/j.2161-0045.2008.tb00039.x

Holland, J. L., Fritzsche, B. A., & Powell, A. B. (1994). *The self-directed search technical manual.* Odessa, FL: Psychological Assessment Resources.

Hunt, M. G., & Rosenheck, R. A. (2011). Psychotherapy in mental health clinics of the Department of Veterans Affairs. *Journal of Clinical Psychology*, *67*, 561–573. doi:10.1002/jclp.20788

Kuyk, T., Elliot, J. L., Wesley, J., Scilley, K., McIntosh, E., Mitchell, S., & Owsley, C. (2004). Mobility function in older veterans improves after blind rehabilitation. *Journal of Rehabilitation Research & Development*, *41*, 337–345.

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales* (2nd ed.). Sydney, Australia: Psychology Foundation.

McAuliffe, G., Jurgens, J. C., Pickering, W., Calliotte, J., Macera, A., & Zerwas, S. (2006). Targeting low career confidence using the career planning confidence scale. *Journal of Employment Counseling*, *43*, 117–129. doi:10.1002/j.2161-1920.2006.tb00011.x

Mpofu, E., & Harley, D. A. (2006). Racial and disability identity: Implications for the career counseling of African Americans with disabilities. *Rehabilitation Counseling Bulletin*, *50*, 14–23. doi:10.1177/00343552060500010301

Ottomanelli, L., Bradshaw, L. D., & Cipher, D. J. (2009). Employment and vocational rehabilitation services use among veterans with spinal cord injury. *Journal of Vocational Rehabilitation*, *31*, 39–43. doi:10.3233/JVR-2009-0470

Perlman, L. M., Cohen, J. L., Altiere, M. J., Brennan, J. A., Brown, S. R., Mainka, J. B. & Diroff, C. R. (2010). A multidimensional wellness group therapy program for veterans with comorbid psychiatric and medical conditions. *Professional Psychology: Research and Practice*, *41*, 120–127. doi:10.1037/a0018800

Ready, D. J., Sylvers, P., Worley, V., Butt, J., Mascaro, N., & Bradley, B. (2012). The impact of group-based exposure therapy on the PTSD and depression of 30 combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*, 84–93. doi:10.1037/a0021997

Ryder, B. E. (2003). Counseling theory as a tool for vocational counselors: Implications for facilitating clients' informed decision making. *Journal of Visual Impairment & Blindness*, *97*, 149–156.

Sampson, J. P., Peterson, G. W., Lenz, J. G., Reardon, R. C., & Saunders, D. E. (1996). *Career Thoughts Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources.

Sampson, J. P., Jr., Reardon, R. C., Peterson, G. W., & Lenz, J. G. (2004). *Career counseling & services: A cognitive information processing approach.* Belmont, CA: Brooks/Cole.

U.S. Bureau of Labor Statistics. (2014a, April 4). Table A-5. Employment status of the civilian population 18 years and over by veteran status, period of service, and sex, not seasonally adjusted [Economic news release]. Retrieved from http://www.bls.gov/news.release/empsit.t05.htm

U.S. Bureau of Labor Statistics. (2014b). Economic news release: Employment situation of veterans summary. Retrieved from http://www.bls.gov/news.release/vet.nr0.htm

Westwood, M. J., McLean, H., Cave, D., Borgen, W., & Slakov, P. (2010). Coming home: A group-based approach for assisting military veterans in transition. *The Journal for Specialists in Group Work*, *35*, 44–68. doi:10.1080/01933920903466059

Williams, M. D. (2007). Visual impairment and blindness: Addressing one of the growing concerns of today's veterans. *Exceptional Parent*, *37*, 78–80.

Appendix

Session Outlines

Pregroup Meeting
Discussion regarding the nature of the group.
- Note differences between this and other groups they may engage in as part of rehabilitation treatment.
- Discuss expectations of the group (for both members and leaders).
- Outline overall goals and structure of sessions and importance of attendance.
- Discuss confidentiality limits.

Session 1
- Review expectations regarding group and confidentiality.
- Set group rules through discussion and agreement of group members.
- Conduct group member introductions and begin discussion regarding expected gains from group.
- Introduce CIP Pyramid and discuss Metacognitions domain.
- Return CTI and CPCS results and provide broad interpretation of scores.
    - Encourage discussion regarding reactions and thoughts about results.
- Introduce individual learning plan.
    - Homework: outlining specific goals for group process.
    - Discuss different types of goals: increasing confidence, outlining concrete career plans, find a new career path, and so on.

Session 2
- Review previous session: Metacognitions, assessment results, CIP Pyramid.
- Review homework. Allow for discussion regarding goals and process of writing them.
    - Discuss possible activities to be filled in, and allow for group member interaction and feedback.
- Introduce Self-Knowledge: link to homework and interests.
    - Introduce Holland's RIASEC model and theory, and allow for discussion of members' expected codes.
    - Discuss SDS results: reactions and thoughts.
    - Discuss how current knowledge, skills and abilities from military may fall in or out of this code.
    - Introduce Military Occupations Finder.
- Homework: Look up occupations related to Holland code on O*NET and finalize activities for Individual Learning Plan.

Session 3
- Review metacognitions and self-knowledge pieces of CIP pyramid.
- Review Individual Learning Plans and discuss difficulties regarding outlining activities.
    - Allow for discussion among group members regarding feedback or discussion about possible activities.
- Introduce options knowledge and review O*NET experience and feedback regarding information found or not found.
    - Discuss perceived barriers to employment in occupations of interest.
- Introduce CASVE cycle.
    - Allow for discussion of how decisions are currently carried out by participants.
    - Explain CASVE cycle and provide example regarding decision of when to disclose disability and disability needs to future employers.
    - Encourage participants to suggest new examples regarding their current state of decision making and where they may be in the cycle.
- Homework: Complete at least one activity on Individual Learning Plan and narrow down possible occupations to 3-5.
    - Discuss possible barriers to completing activities.

Session 4
- Review last session: CASVE cycle, options knowledge and self-knowledge.
- Review homework: experiences of completing activities, discuss what helped or hindered the process.
- Members will further discuss current individual positions in CASVE cycle.
  o Discuss process of synthesizing and valuing choices, and expand on purpose of homework to complete this process.
  o Ask for examples from participants regarding weighing costs and benefits of options.
  o Discuss perception of current confidence levels in making decisions.
- Homework: Complete two activities on Individual Learning Plan.
  o Discuss perceived barriers to completing these.

Session 5
- Review last session: CASVE cycle, synthesis and valuing.
- Review homework: Outcomes of completing activities, what helped or hindered the process? What is the next activity that should be completed?
- Conduct pretermination discussion regarding current status of participants in the CASVE cycle.
  o Where do you see yourself, and how much further do you need to go to execute your goals?
  o What would help you to further close your identified gap? Discussion regarding previously anticipated barriers and current perceived barriers.
- Homework: Develop a plan for execution of action needed to close gap.
- Administer post-CTI and CPCS.

Session 6
- Review homework: What are plans for closing gaps?
- Discussion regarding returning to Communication phase of CASVE cycle.
  o What will your life look like when gap is closed?
  o What other steps will be taken to close this gap?
  o How can you apply this decision-making process to other decisions outside careers?
- Discuss post-CTI and CPCS results and broad interpretation.
  o Encourage participants to share their reactions to changes in scores.
  o Discuss plans to continue to increase career planning confidence and decrease negative thoughts.
- Termination.
  o Discuss content: What has changed, what did you learn about decision making and career choices?
  o Discuss process: What did you learn from engaging in this process? About yourself, from others?
  o Provide further options for career counseling at the Rehabilitation Center, Veteran Centers and VA Hospitals. Administer post-DASS.

nbcc