

Facilitating Reintegration for Military Service Personnel, Veterans, and Their Families: An Introduction to the Special Issue

Christine A. Elnitsky and Ryan P. Kilmer
University of North Carolina at Charlotte

More than 2.6 million U.S. military service members have deployed in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) since September 2001 (Institute of Medicine [IOM], 2012). While members of all military branches have been deployed, more than half of the active duty force was in the Army, and one third of the force was activated National Guard and reserves (NG/R; IOM, 2013). Over 85% of those deployed were from enlisted ranks, and approximately 12% were women (IOM, 2013). Moreover, service members were deployed an average of 1.7 times, and the length of deployment averaged 7.7 months (IOM, 2013) to 14.6 months (Phillips et al., 2016). In addition, the average age of deployed service members was 33.4 years, nearly 60% were married, and 50% had dependent children (IOM, 2013), numbers that underscore the potential impact of these deployments on spouses, partners, and families. Overall, compared with those from previous war eras, OEF/OIF/OND service members have had distinct experiences, including multiple deployments and, in some cases, longer deployments and shorter times at home. Furthermore, these operations have involved increased deployment of women and NG/R. Critically, these deployments have also commonly included exposure to potentially traumatic events and conditions, which can have meaningful implications for the service members, veterans, and their families.

As these service members return from active duty and, in some cases, exit the military, they face a process of reintegration (also referred to as *community reintegration*) as they seek to resume participation in their life roles as civilians. Facilitating this dynamic process of reintegration for service members, veterans, and their families—including outlining potential strategies for support-

ing this return to civilian life and its demands, roles, and responsibilities—is the focus of this Special Issue, guest edited by Christine Elnitsky, Ryan Kilmer, Virginia Gil-Rivas, and Kathryn Magruder. Reintegration has been framed as a national priority (U.S. Department of Veterans Affairs, 2015) and has been a point of emphasis of efforts at federal, state, and local levels. As the articles in this issue suggest, multiple public, private, and voluntary systems and the communities to which service members, veterans, and their families return can help influence their health outcomes and, ultimately, their reintegration.

Selected Background: Reintegration Challenges

The literature suggests that many OEF/OIF/OND returnees have readjusted with little difficulty, while others have experienced hardships returning home to their families, employment, and school (e.g., IOM, 2014). Findings indicate that a significant minority have meaningful psychological concerns, such as post-traumatic stress disorder (PTSD; e.g., National Center for PTSD, 2015), and many returnees have had to navigate disruptions in their family life. A range of factors have been found to influence service members' postdeployment adaptation and, more broadly, their reintegration experiences. For instance, combat exposure may lead directly to injury or contribute to the development of mental health challenges such as PTSD, depressive and anxiety disorders, and substance use; these issues are also associated with challenges, including caregiving burden, for spouses or partners and families (e.g., Khaylis, Polusny, Erbes, Gewirtz, & Rath, 2011; Ramchand et al., 2014). Moreover, the degree of hardship experienced by service members, veterans, and families increases with the service members' level of trauma exposure (IOM, 2014). It bears mention that members of the NG/R may also evidence postreturn differences from active military service members, perhaps because they may receive less formal training or support services (e.g., they may experience greater financial difficulty and relationship strain; Shea & Lamb, 2013) and may have higher prevalence of PTSD and depression (Milliken, Auchterlonie, & Hoge, 2007; Thomas et al., 2010; Vogt, Samper, King, King, & Martin, 2008).

Significant advancements in health care for U.S. military service members have led to greater survival rates among injured OEF/OIF/OND service members relative to those from past war eras. At the same time, in light of the traumatic injuries that characterize the current war era, this enhanced survival rate presents challenges for long-term specialized medical care and rehabilitation (Phillips et al., 2016) and contributes to multiple physical and mental health

Editor's Note. This is an introduction to the special issue "Facilitating Reintegration for Military Service Personnel, Veterans, and Their Families." Please see the Table of Contents here: <http://psycnet.apa.org/journals/ort/87/2/>.—JDM and WS

Christine A. Elnitsky, School of Nursing, College of Health and Human Services, University of North Carolina at Charlotte; Ryan P. Kilmer, Department of Psychology, College of Liberal Arts and Sciences, University of North Carolina at Charlotte.

Correspondence concerning this article should be addressed to Christine A. Elnitsky, School of Nursing, College of Health and Human Services, The University of North Carolina at Charlotte, 9201 University City Boulevard, Charlotte, NC 28223-0001. E-mail: celnitsk@unc.edu

consequences. In turn, the high prevalence of comorbid injuries often results in difficulty for the service members or veterans transitioning from military service and reintegrating to civilian roles in the community as well as their families (APA Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007; Elnitsky et al., 2013; IOM, 2013).

In a similar vein, recent research involving treatment-seeking OEF/OIF/OND veterans suggests that the prevalence rates for pain (87%), which may contribute to mental health consequences (e.g., anxiety, depression) and for multiple psychiatric disorders (80%) are quite high (Phillips et al., 2016). Given their backgrounds and deployment experiences, polytrauma (i.e., multiple traumatic injuries), and the coprevalence of pain, PTSD, and traumatic brain injury (TBI) are common among OEF/OIF/OND veterans (Lew et al., 2009). These co-occurring challenges have consequences—for instance, veterans with co-occurring pain and PTSD report greater frequency of additional health problems (Hoge, Terhakopian, Castro, Messer, & Engel, 2007), more disability and functional impairment (Otis, Keane, & Kerns, 2003), and greater use of health care services (Hoge et al., 2007).

Although increasing attention has been focused on returning military service members, substantive gaps in knowledge remain. For example, a variety of programs exist to support the needs of returning OEF/OIF/OND service members, veterans, and their families; however, there is little evidence to document their effectiveness (IOM, 2013). Furthermore, the findings and conclusions yielded by many studies are limited by the use of cross-sectional designs and convenience samples and minimal qualitative insights to the experiences of reintegration (e.g., Elnitsky, Blevins, Fisher, & Magruder, 2017). It is clear that further research is needed to enhance understanding of the reintegration process and the trajectories of adaptation evidenced by returnees.

Notwithstanding these limitations, the extant literature conveys that the diverse challenges faced by OEF/OIF/OND service members, veterans, and their families result from multiple interacting factors and issues that may be addressed via efforts encompassing prevention, treatment, rehabilitation, education, community support, and outreach (Danish & Antonides, 2013; IOM, 2013). The necessary well-targeted, multilevel response requires the coordination of providers and communities, as well as policy and funding mechanisms that support this work.

The Special Issue: Reintegration Needs, Challenges, and Strategies

This Special Issue focuses on the reintegration of service members, veterans, and their families. The articles identify reintegration needs, challenges, and barriers in addressing reintegration; issues in evaluating reintegration; and actionable strategies for facilitating reintegration. This is a salient set of issues affecting military personnel, veterans, and their families across the country. The articles in this Special Issue seek to (a) enhance understanding of returnees' needs as well as potential interventions and system- or community-level efforts or modifications, and (b) guide recommendations for researchers, practitioners, and policymakers.

The literature suggests that it is necessary to address needs and barriers that may occur across multiple domains for returning service members, veterans, and their families, including within such areas as physical health, mental health, education, vocational

training and employment, parenting, and culture (Elnitsky et al., 2017). Although it is not possible to address each domain of relevance in a circumscribed Special Issue, the articles discuss critical domains and highlight key issues for returnees, their spouses and caregivers, and their families.

One set of articles considers selected biopsychosocial issues related to reintegration of OEF/OIF/OND service members, veterans, and their families, including the unique physical health challenges faced by this population, mental health challenges, and psychosocial needs. Laying important groundwork for the Special Issue, Elnitsky, Blevins, Fisher, and Magruder (2017) critically analyze 15 years of literature on reintegration. Finding no clear, consistent definition or comprehensive theorizing about reintegration, the authors linked findings from the literature to provide a unified definition and adapted an ecological systems model to guide research and practice regarding the reintegration of service members, veterans, and their families. They identified distinct individual, interpersonal, community, and societal domains, or levels, of challenges and facilitators, as well as gaps in the literature on reintegration. Among the noteworthy gaps, they identified little evidence of evaluated interventions for physical and behavioral health conditions, rehabilitation, and employment, or of effective models of integrated health systems. Overall, the authors found that the literature does not adequately account for context, or more than a narrow set of potential influences on reintegration, and provided an adapted ecological model to guide the future efforts of researchers and practitioners.

The sequelae of TBI have garnered increasing attention, and the next three articles include a focus on the consequences of TBI—and other postdeployment factors and concerns—on the reintegration experiences of service members and others in their families (such as caregivers) or broader social contexts. In the first article in this section, Libin and colleagues (2017) explore the experience of involuntary discharge from the military among veterans with mild TBI and how they negotiated their transition from the military, faced subsequent rehabilitation for their traumatic injuries, and coped with reentry to civilian life. These accounts convey a rich picture of the reintegration process for those with TBI, which the authors depict via the Civilian—Military—Civilian Transition Model for Community Reintegration. The framework emerging from this work contributes to knowledge regarding the individual and psychosocial issues that may compound mild TBI symptoms and impose barriers on successful reintegration. Moreover, the findings and resultant model have helped inform the development of a research instrument to measure community reintegration and, critically, can also guide intervention strategies.

Building on this focus on TBI and related adverse experiences, Griffin and colleagues (2017) draw on stress and coping theory to examine data from the Family and Caregiver Experiences Study and assess the experiences of family members providing intensive care to U.S. service members and veterans with TBI/polytrauma who received inpatient care in a Polytrauma Rehabilitation Center. They describe how the consequences of veterans' TBI/polytrauma relate to caregiver burden and poor mental health and, in so doing, expand the evidence base regarding factors that may support or harm family caregivers' health and capacity to assist and support veterans with TBI/polytrauma as they reintegrate back into their civilian roles. The authors consider caregiver burden and mental health and, drawing on these factors, describe how to support and promote the well-being of caregivers which, in turn, can benefit the reintegration of veterans.

Findings have implications for policy change in support of increased resources to reduce risks to caregiver well-being, thus facilitating veteran and caregiver reintegration.

Similar issues are investigated by Freytes, LeLaurin, Zickmund, Resende, and Uphold (2017) as they explore the functioning and postdeployment experiences of veterans with PTSD and TBI and their significant other family members. Guided by the McMaster Model of family systems (Ryan, Epstein, Keitner, Miller, & Bishop, 2005), the authors identify major reintegration themes for these families, focusing on individual and relationship changes, coping strategies, and finding the “new normal” as they reintegrate within the family. Freytes and colleagues (2017) frame reintegration as an outcome of a complex interplay of individual and family factors in sustained family relationships and, as a substantial asset, this study captures the experience of the veterans and their significant others a number of years postdeployment.

In view of the need for service systems to support reintegration, considerable recent work has sought to describe the mental health needs, service utilization, and service gaps among returning military service members. Building on this base, Primack, Borsari, Benz, Reddy, and Shea (2017) examine patterns of mental health service utilization among OEF/OIF NG/R with and without formal mental health diagnoses in the first year following return from deployment. The findings suggest that, although a majority of the returnees with diagnosed mental health concerns accessed mental health services, most of them reported fewer than three service contacts in the 12 months since returning. Moreover, a sizable proportion of those meeting criteria for diagnosis did not seek services. Regardless of diagnostic status, the experience of distress was associated with treatment seeking and use. In the analysis of their findings, Primack and colleagues point to potential barriers to treatment seeking and commitment and describe means of addressing these obstacles and strategies for connecting with returning veterans and engaging them in proper treatment services to help them meet the challenges they face throughout the reintegration process.

Extending beyond this focus on physical health and behavioral health needs, access, and utilization, Borsari and colleagues (2017) outline findings from recent and current literature regarding issues facing veterans and service members who are reintegrating to postsecondary education. They summarize the personal and contextual challenges (e.g., social and identity changes, mental health concerns, need for financial assistance, need for disability services) that those seeking higher education may experience, factors that may contribute to lower levels of academic success among student service members and veterans relative to other students. These authors critically analyze the knowledge base and outline multiple recommendations for supporting this student population across key domains, including educating faculty, staff, and students about the returnees’ experiences; enhancing screening, access to, and engagement in mental health services; improving academic support for this population; and improving efforts to evaluate rigorously programs designed for this population.

A next set of articles focuses more explicitly on families. Gil-Rivas, Kilmer, Larson, and Armstrong (2017) synthesize relevant literature and use the ecological framework to summarize selected findings and, with those results as backdrop, articulate a range of actionable recommendations for research (e.g., assessing proximal and distal influences on families’ reintegration, evaluating family focused programs and interventions) and practice (e.g., improving

the accessibility, integration, and coordination of services) to facilitate adaptive reintegration experiences for military families and their members. This article serves as a relevant review, analysis, and action-focused piece. Indeed, these authors underscore the need to intervene across levels and contexts and recommend strategies for enhancing the capacity and resources of families’ natural settings, for providing long-term support for families, and for developing mechanisms for family support, including the utilization of paraprofessional reintegration specialists or a reintegration-focused family check-up.

In the final article, Pinna, Hanson, Zhang, and Gewirtz (2017) describe their randomized controlled trial evaluation of a modified version of an evidence-based parent training intervention program for NG/R families subsequent to parental deployment. A central finding was that participants in groups led by a military-connected facilitator exhibited higher levels of engagement (i.e., session attendance and completion of home practice assignments) than those with civilian facilitators; the groups did not differ meaningfully in satisfaction. In addition, the researchers found that mothers tended to report more positive group experiences, which they suggest may result from the group material being more relevant for mothers’ daily experiences. Although the outcome evaluation for this program is in process, the authors point to the salience of the present findings and their implications, including the need to consider the background and characteristics of those who deliver programs to military families, the location and accessibility of delivery sites, and the importance of tailoring program content to the specific needs and contextual stressors of reintegrating NG/R families.

Concluding Remarks: Implications and Future Directions

Together, these articles enhance understanding of the multifaceted biopsychosocial and cultural issues (Borsari et al., 2017; Elnitsky et al., 2017; Libin et al., 2017; Pinna et al., 2017) faced by OEF/OIF/OND service members, veterans, and their families, and selected methods to support reintegration. Although the specific samples, populations, methods, and analytic approaches vary across the articles in this Special Issue, these contributions underscore multiple key themes and implications.

First, the evidence indicates that during the reintegration process many service members, veterans, and their families experience meaningful challenges to their health and well-being, and to accessing services to address these concerns. Although the majority report functioning well and adjusting effectively during the process of reintegrating to civilian life, a noteworthy proportion faces a diverse range of functional challenges and ongoing adversities. For instance, those experiencing traumatic events may struggle with individual physical or mental health challenges and any one of these conditions may, in turn, be accompanied by associated coprevalent polytrauma conditions (e.g., TBI, PTSD, chronic pain) and sequelae that impact reintegration significantly.

Although the increased attention on reintegration in the last 15 years has contributed to important knowledge and informed initial intervention and response efforts, there are still gaps in the extant literature, such as the special needs of those with selected coprevalent polytrauma conditions (e.g., TBI, PTSD, chronic pain) and their families. In addition, although some research has emerged regarding how veterans with TBI process the experience of transition from the

military to civilian life, this area warrants further development to improve understanding of the reintegration experiences of veterans who involuntarily separate from the military as a result of TBI (e.g., Libin et al., 2017). Consistent with that notion, additional work is also necessary to clarify the experiences of veterans of different genders with TBI (Libin et al., 2017) as well as caregivers of veterans with TBI and other polytrauma injuries (Griffin et al., 2017). In a similar vein, additional investigation is needed to improve understanding of reintegration experiences for service members with a variety of traumatic injuries and rehabilitation challenges and for those reintegrating to civilian employment and other community roles (e.g., Elnitsky et al., 2017).

Although reintegration has been conceptualized as a dynamic and ongoing process that evolves over time, researchers have begun to examine indicators of reintegration outcomes for veterans and their families (e.g., Elnitsky et al., 2017; Freytes et al., 2017; Gil-Rivas et al., 2017). Freytes and colleagues (2017) provide information regarding the long-term functioning and reintegration experiences of veterans with PTSD and their significant others among couples evidencing resilient adaptation; however, additional work is needed to explore the varied trajectories experienced by couples over the course of the reintegration process, as well as key influences on their reintegration outcomes. Moreover, further investigation is needed into the nature of the reintegration process among couples who are early in their marriage, couples in which both members are veterans (e.g., Freytes et al., 2017), and couples who have had a child born during the service member's deployment. Indeed, more broadly, it is necessary for studies to examine reintegration for service members—and their significant others and children—within the context of varying partner and family compositions. Understanding the reintegration process and outcomes among those who may be at the greatest risk of poor outcomes, such as veteran couples with PTSD and coprovalent polytrauma injuries and veteran couples of the National Guard and reserve components, will be critically important.

The complexities of the reintegration process create a challenging and crucial time for diverse care providers and community services. Health care providers, if aware of deployment experiences and health exposures, will recognize the need to assess for complex coprovalent conditions and, with careful professional collaboration and coordination, consider the evidence for treating these conditions in combination. They will also need to be aware of family composition, as well as education and employment goals, to improve the availability and access to relevant support services for students (Borsari et al., 2017), families (Freytes et al., 2017), and family caregivers (Griffin et al., 2017).

To maximize the benefits of such efforts, provider training and ongoing professional development are necessary prerequisites to delivering culturally competent and evidence-based health care for service members and veterans of OEF/OIF/OND (e.g., Tanielian et al., 2014). A critical competency for such providers is that they understand military and veteran life, culture, and values, including the military norms and ethical codes which can influence returnees' use of services.

In other domains, such as higher education or community organizations, faculty, staff, and other employees can support reintegration of veterans. However, to do so, it is crucial that they have a better understanding of the sensitivities and needs of these veteran students, perhaps obtained through professional develop-

ment programs to increase their awareness of barriers to reintegration success (Borsari et al., 2017), the culture and strengths of veterans (Borsari et al., 2017; Tanielian et al., 2014), and the resources available in the community to help meet their needs.

Although there is often a tendency to focus on new or ongoing programs or services dedicated to a special population—and, clearly, many of those hold important value and play a significant role (e.g., Pinna et al., 2017)—many needs can be addressed and many strengths can be augmented via the settings and structures in which returning service members, veterans, and their families function naturally (e.g., Gil-Rivas et al., 2017). As such, as Gil-Rivas and colleagues (2017) assert in their article in this issue, there is utility to enhancing the capacities and resources within families, neighborhoods, schools, and communities and to creating opportunities for individual returnees and their families to connect with one another, provide support, and foster a sense of community (e.g., Boberiene & Hornback, 2014; see Gil-Rivas et al., 2017, for more).

Although a substantial number of services and programs have emerged in recent years, it is imperative to evaluate the processes and outcomes of these programs, services, and delivery systems (e.g., Borsari et al., 2017; Elnitsky et al., 2017; Gil-Rivas et al., 2017; Pinna et al., 2017). In general, the research in this area is less well-developed, and those conducting applied research and evaluations are just beginning to obtain early estimates of programs' or other initiatives' potential contribution to veteran reintegration (e.g., Griffin et al., 2017). Therefore, in many cases, the effectiveness of supports and services remains unclear.

Moving forward, use of a standard definition and an adapted ecological model that accounts for the broader sociocultural context (e.g., Elnitsky et al., 2017) can facilitate research, assessment, and intervention in MSMV reintegration. As the evidence base grows, researchers will be better equipped to help guide the design and improvement of national, state, and local programs and policies as well as benefit packages to support successful reintegration of service members, veterans, and their families.

Overall, the findings in this Special Issue highlight the need for the systematic implementation and evaluation of programs and services to build much needed evidence to support program development and improvement and to make relevant changes in practice or policy in support of service member, veteran, and family reintegration (Borsari et al., 2017; Elnitsky et al., 2017; Freytes et al., 2017; Gil-Rivas et al., 2017). As some authors in this issue note (e.g., Gil-Rivas et al., 2017), it is necessary for investigations to assess the diverse proximal and distal influences at play that may influence the reintegration process and, more broadly, the adaptation of service members, veterans, and their families (also see Danish & Antonides, 2013; Gewirtz & Zamirt, 2014). Such work can meaningfully increase the knowledge base in this area.

The research reported in this Special Issue only touches on the methodological challenges faced by investigators and the array of policy issues that influence and impact reintegration among service members, veterans, and families of the current war era. The research base would be strengthened by the inclusion of salient group comparisons, the use of prospective-longitudinal designs, and the linkage of formative and summative evaluations of intervention programs and service initiatives. There may also be lessons to be learned (both good and bad) by studying veterans from previous war eras. Although the influences at play are many and the challenges complex, it is clear that efforts from investigators,

providers, and policymakers are needed to move the science and practice forward to facilitate the successful reintegration of service members, veterans, and their families.

References

- APA Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (2007). *The psychological needs of service members and their families: A preliminary report*. Retrieved from <http://www.ptsd.ne.gov>
- Boberiene, L. V., & Hornback, B. J. (2014). How can policy strengthen community support for children in military families? *American Journal of Orthopsychiatry*, *84*, 439–446. <http://dx.doi.org/10.1037/h0099862>
- Borsari, B., Yurasek, A., Miller, M. B., Murphy, J. G., McDevitt-Murphy, M. E., Martens, M. P., . . . Carey, K. B. (2017). Student service members/Veterans on campus: Challenges for reintegration. *American Journal of Orthopsychiatry*, *87*, 166–175. <http://dx.doi.org/10.1037/ort0000199>
- Danish, S. J., & Antonides, B. J. (2013). The challenges of reintegration for service members and their families. *American Journal of Orthopsychiatry*, *83*, 550–558. <http://dx.doi.org/10.1111/ajop.12054>
- Elnitsky, C. A., Andresen, E. M., Clark, M. E., McGarity, S., Hall, C. G., & Kerns, R. D. (2013). Access to the U.S. Department of Veterans Affairs health system: Self-reported barriers to care among returnees of Operations Enduring Freedom and Iraqi Freedom. *BMC Health Services Research*, *13*, 498. <http://dx.doi.org/10.1186/1472-6963-13-498>
- Elnitsky, C. A., Blevins, C. L., Fisher, M. P., & Magruder, K. (2017). Military service member and veteran reintegration: A critical review and adapted ecological model. *American Journal of Orthopsychiatry*, *87*, 114–128. <http://dx.doi.org/10.1037/ort0000244>
- Freytes, I. M., LeLaurin, J. H., Zickmund, S. L., Resende, R. D., & Uphold, C. R. (2017). Exploring the post-deployment reintegration experiences of veterans with PTSD and their significant others. *American Journal of Orthopsychiatry*, *87*, 149–156. <http://dx.doi.org/10.1037/ort0000211>
- Gewirtz, A. H., & Zamirt, O. (2014). The impact of parental deployment to war on children: The crucial role of parenting. *Advances in Child Development and Behavior*, *46*, 89–112. <http://dx.doi.org/10.1016/B978-0-12-800285-8.00004-2>
- Gil-Rivas, V., Kilmer, R. P., Larson, J. C., & Armstrong, L. M. (2017). Facilitating successful reintegration: Attending to the needs of military families. *American Journal of Orthopsychiatry*, *87*, 176–184. <http://dx.doi.org/10.1037/ort0000201>
- Griffin, J. M., Lee, M. K., Bangertter, L. R., Van Houtven, C. H., Friedmann-Sánchez, G., Phelan, S. M., . . . Meis, L. A. (2017). Burden and mental health among caregivers of veterans with traumatic brain injury/polytrauma. *American Journal of Orthopsychiatry*, *87*, 139–148. <http://dx.doi.org/10.1037/ort0000207>
- Hoge, C. W., Terhakopian, A., Castro, C. A., Messer, S. C., & Engel, C. C. (2007). Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq war veterans. *The American Journal of Psychiatry*, *164*, 150–153. <http://dx.doi.org/10.1176/ajp.2007.164.1.150>
- Institute of Medicine (IOM). (2012). *Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment*. Washington, DC: The National Academies Press.
- Institute of Medicine (IOM). (2013). *Returning from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. Washington, DC: The National Academies Press.
- Institute of Medicine (IOM). (2014). *Preventing psychological disorders in service members and their families: An assessment of programs*. Washington, DC: National Academies Press.
- Khaylis, A., Polusny, M. A., Erbes, C. R., Gewirtz, A., & Rath, M. (2011). Posttraumatic stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Military Medicine*, *176*, 126–131. <http://dx.doi.org/10.7205/MILMED-D-10-00094>
- Lew, H. L., Otis, J. D., Tun, C., Kerns, R. D., Clark, M. E., & Cifu, D. X. (2009). Prevalence of chronic pain, posttraumatic stress disorder, and persistent postconcussive symptoms in OIF/OEF veterans: Polytrauma clinical triad. *Journal of Rehabilitation Research and Development*, *46*, 697–702. <http://dx.doi.org/10.1682/JRRD.2009.01.0006>
- Libin, A. V., Schladen, M. M., Danford, E., Cichon, S., Bruner, D., Scholten, J., . . . Magruder, K. M. (2017). Perspectives of veterans with mild traumatic brain injury on community reintegration: Making sense of unplanned separation from service. *American Journal of Orthopsychiatry*, *87*, 129–138. <http://dx.doi.org/10.1037/ort0000253>
- Milliken, C. S., Auchterlone, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, *298*, 2141–2148. <http://dx.doi.org/10.1001/jama.298.18.2141>
- National Center for PTSD. (2015). *Mental health effects of serving in Afghanistan and Iraq*. Washington, DC: Department of Veteran Affairs. Retrieved from <http://www.ptsd.va.gov>
- Otis, J. D., Keane, T. M., & Kerns, R. D. (2003). An examination of the relationship between chronic pain and post-traumatic stress disorder. *Journal of Rehabilitation Research and Development*, *40*, 397–405. <http://dx.doi.org/10.1682/JRRD.2003.09.0397>
- Phillips, K. M., Clark, M. E., Gironde, R. J., McGarity, S., Kerns, R. W., Elnitsky, C. A., . . . Collins, R. C. (2016). Pain and psychiatric comorbidities among two groups of Iraq and Afghanistan era Veterans. *Journal of Rehabilitation Research and Development*, *53*, 413–432. <http://dx.doi.org/10.1682/JRRD.2014.05.0126>
- Pinna, K. L. M., Hanson, S., Zhang, N., & Gewirtz, A. H. (2017). Fostering resilience in National Guard and Reserve families: A contextual adaptation of an evidence-based parenting program. *American Journal of Orthopsychiatry*, *87*, 185–193. <http://dx.doi.org/10.1037/ort0000221>
- Primack, J. M., Borsari, B., Benz, M. B., Reddy, M. K., & Shea, M. T. (2017). Mental health treatment utilization in OIF/OEF National Guard and Reserve troops with and without DSM diagnoses. *American Journal of Orthopsychiatry*, *87*, 157–165. <http://dx.doi.org/10.1037/ort0000226>
- Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Epley, C., & Voorhies, P. (2014). *Hidden heroes: America's military caregivers*. Santa Monica, CA: RAND Corporation. Retrieved from <http://www.rand.org>
- Ryan, C. E., Epstein, N. B., Keitner, G. I., Miller, I. W., & Bishop, D. S. (2005). *Evaluating and treating families: The McMaster approach*. New York, NY: Routledge Taylor & Francis Group.
- Shea, M. T., & Lamb, G. (2013). *Psychological health issues in the National Guard and Reserves: Prevalence, barriers and treatment*. Defense Centers of Excellence. Retrieved from http://www.dcoe.health.mil/Libraries/Documents/DCoE_May_2013_Webinar_Presentation.pdf
- Tanielian, T., Farris, C., Batka, C., Farmer, C. M., Robinson, E., Engel, C. C., & Jaycox, L. H. (2014). *Ready to serve: Community-based provider capacity to deliver culturally competent, quality mental health care to Veterans and their families*. Santa Monica, CA: RAND Corporation.
- Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, *67*, 614–623. <http://dx.doi.org/10.1001/archgenpsychiatry.2010.54>
- U.S. Department of Veterans Affairs. (2015). *Veterans policy research agenda*. Washington, DC: VA Office of Policy and Planning. Retrieved from <http://www.va.gov>
- Vogt, D. S., Samper, R. E., King, D. W., King, L. A., & Martin, J. A. (2008). Deployment stressors and posttraumatic stress symptomatology: Comparing active duty and National Guard/Reserve personnel from Gulf War I. *Journal of Traumatic Stress*, *21*, 66–74. <http://dx.doi.org/10.1002/jts.20306>