Service to American Heroes: Exploring the Experiences of Veterans Suffering from PTSD Transitioning from Military Service to Civilian Careers

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Service to American Heroes: Exploring the Experiences of Veterans Suffering from PTSD Transitioning from Military Service to Civilian Careers

A Dissertation by

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Service to American Heroes: Exploring the Experiences of Veterans Suffering from PTSD Transitioning from Military Service to Civilian Careers

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People travel through life and never find their purpose. I was gifted by God with mine, my children, Samuel Scaife IV, Anaya Scaife, and Kree Scaife; Krelia, thank you for all you have done for me and with raising our children.

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I am just a kid from the southside of Chicago who started from humble beginnings. It is my hope everyone reading this dissertation who believes they cannot make their dreams come true know this, “You can.” Chicago will always be home. It is my hope I make my family and city proud, always.
This dissertation is dedicated to: Samuel Scaife Sr. (Grandfather), Dolores Scaife (Grandmother), Valencia Scaife (Aunt), Delano Scaife (Uncle), Elizabeth Anderson (Grandmother), Glenn Anderson (Uncle), Samuel Scaife IV (a legend and future NFL Hall of Famer), Anaya Scaife (the most brilliant and beautiful young woman in the world), Kree Scaife (the sweetest and most amazing young man you will ever meet), and all men and woman who ever served in our Armed Forces. Thank you!

There are so many others I can thank. Please do not blame my heart and appreciation if I left anyone out. Blame my memory and emotions as I write this acknowledgment page.

“It’s a couple every generation. I wasn’t supposed to make it out, but decode the matrix, and when they get to speak, it’s like a coded language. Reminds us of our strength and all the stolen greatness.”

– Ermias Joseph Asghedom
ABSTRACT

Service to American Heroes: Exploring the Experiences of Veterans Suffering from PTSD Transitioning from Military Service to Civilian Careers

by Samuel Scaife III

Purpose. The purpose of this multiple case study was to explore the experiences of post-9/11 veterans suffering from PTSD residing in California who transitioned from military service to civilian careers within the last 3-5 years, through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

Methodology. A qualitative case study was used allowing for in-depth exploration. A multiple case study was selected to explore the lived experiences of PTSD veterans who recently transitioned from military service to civilian careers in San Diego, CA. The primary method of data collection was semi-structured interviews to gather the stories and perceptions of three veterans suffering from PTSD.

Findings. Analysis of the results led to seven major findings organized by the Schlossberg’s 4S model. The factor of situation revealed the veterans mental health disorders and prioritizing their personal needs were motivational factors in transitioning. For the factor of self, veterans shared the availability of disability benefits and their desire to adjust to civilian life contributed to their decision to separate from the military. For the factor of social support, veterans indicated ongoing support from family and friends was critical to successfully transitioning to civilian careers. The factor of strategies had the most findings, which included veterans relying on their self-determination and motivation, using other veterans or VA supports, and managing stress through therapy, all of which aided in their successful transition to civilian careers.
Conclusions. Seven conclusions were established based on the findings. These conclusions impact programs and policies for the Department of Labor, Department of Defense, and Department of Veterans Affairs regarding their military personnel programs prior to and after separation.

Recommendations. Recommendations for future research include conducting studies on the support of family and friends of veterans who successfully transitioned and examination of obstacles impeding successful transition as perceived by veterans.
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PREFACE

Following discussions and considerations regarding the opportunity to study military transition and post-service careers with many populations, three doctoral students, referred to as peer researchers, in collaboration with Brandman University faculty members, developed a common interest in exploring military transition and how transitioning veterans used Schlossberg’s transition model to successfully begin a civilian career. This resulted in a military-based thematic study conducted by a research team of three doctoral students. This multiple case study was designed with a focus on Schlossberg’s four transition factors (4S) of situation, self, social support, and strategy. Each researcher administered 12 interview questions to three post-9/11 transitioning veterans to ascertain how the 4S factors manifested themselves across the transition and to identify what factors they perceive as most important in transitioning from active duty service to civilian careers. To ensure thematic consistency and reliability, the team developed the purpose statement, research questions, term definitions, interview questions, and study procedures collaboratively under the guidance of faculty. Throughout the study, the term peer researchers is used to refer to the three researchers who conducted the thematic study. The peer researchers studied post-9/11 veterans in California with the following populations: David Cowhig focused on post-9/11 veterans; Tumona Austin focused on post-9/11 female combat veterans; and this researcher, Samuel Scaife III, focused on post-9/11 veterans diagnosed with PTSD.
CHAPTER I: INTRODUCTION

Something is due to the Man who puts his life in his hand, hazards his health & forsakes the sweets of domestic enjoyments

–President George Washington

Americans are so consumed with their busy lifestyles they often forget about the sacrifices U.S. military men and women make to protect and serve the nation. The war on Afghanistan began October 7, 2001 and the Iraq war began March 20, 2003. More than 3.7 million veterans served in the post-9/11 era, which constitutes a new era of veterans (Zogas, 2017). The Department of Veteran Affairs (VA) predicted by the year 2043, post-9/11 era veterans will constitute 32% of living veterans (“Returning Home,” 2014; VA, 2016b). After they complete military service, these veteran heroes face many challenges transitioning from active duty service to civilian lives.

Many veterans who served in combat suffer from posttraumatic stress disorder (PTSD). Of the approximately one million veterans who suffered from PTSD in 2015, more than 200,000 of them served after 9/11 (Chandrasekaren, 2014; Costello, 2015). Beginning in World War I, PTSD was acknowledged as a form of combat stress reaction and identified as a mental illness resulting from war (Chandrasekaren, 2014; Costello, 2015). Many researchers defined PTSD as severe emotional stress that can lead to critical complications and be further exacerbated if treated improperly or left untreated (Baker, 2011; Binneveld, 1997; E. Jones, Fear, & Wessely, 2007; Moore & Reger, 2007; Sherman, 2016; Stagner, 2014). PTSD may lead to other serious conditions such as suicide, substance abuse, and homelessness (Bateman, 2011; Chandrasekaren, 2014; Costello, 2015). These problems experienced by post-9/11 led to unemployment, which related to and reinforced homelessness and substance abuse (Bonvissuto, 2008; Engels &
Harris, 2002; Lutwak, 2013; Mankowski & Everett, 2016; Megan, 2012; Reppert, Buzzetta, & Rose, 2014; Silva, 2008; Zogas, 2017).

In 1990, the U.S. Congress wanted to increase the success rates for military veterans transitioning from active duty military service to civilian life. The Transitional Assistance Program (TAP) was established to address some of the challenges related to being underprepared for competitively entering the job market and securing gainful employment (Bascetta, 2002; VA 2016). TAP is a five-day program consisting of a transition advisor providing tools and resources to support veterans transitioning into the civilian workforce. Although the program achieved some success, none of the previously aforementioned problems and challenges were significantly reduced; unemployment and suicide rates remain high for post-9/11 veterans (Ashford, Kreiner, & Fugate, 2000).

Military men and women separate from active service daily due to medically related issues (VA, 2019). The Disabled Transitional Assistance Program (DTAP), an extension of TAP, was created specifically to address the unique needs of transitioning disabled veterans. The sole purpose of DTAP is to educate and advise service men and women on the benefits afforded to them through the Vocational Rehabilitation and Employment (VR&E) program. However, DTAP is not a required element for service members and is only suggested during TAP workshops. Though not mandatory, DTAP supports transitioning disabled veterans with more in-depth information and additional custom services (VA, 2019). Currently, DTAP is not effective because of the amount of information missed during the two-hour briefing (Accettola, 2013; Zogas, 2017). Ahern et al. (2015) stated many veterans were not provided proper education through TAP and DTAP about how the benefits worked, especially if veterans were unaware of the
seriousness of their disorder. Although modifications to the federal programs helped, they remain insufficient to support veterans in terms of the high homelessness and suicide rates (Ashford et al., 2000; Halligan & Yahuda, 2000). As such, further research is needed to identify and address the needs of transitioning veterans with PTSD.

**Background**

Veterans separate from military service with many health concerns, but PTSD is the most prevalent medical issue. Veterans transitioning from military service to civilian life with PTSD face many challenges transitioning with this disability. Due to the increase of Iraq and Afghanistan veterans going on more than one deployment, the number of these veterans having symptoms of PTSD increased from 4% to 20% (“Returning Home,” 2014). Further, it was found 44% of returning troops reported combat-related difficulties after they returned (“Returning Home,” 2014). This led to many investigations by medical examiners and the government to help combat veterans transition back into life outside the military (VA, 2016a).

More than 200,000 post-9/11 veterans suffer from PTSD, which offers complications to life such as increased risk of suicide, substance abuse, and homelessness (VA, 2016c). Over 170,000 veterans sought care for PTSD in the VA medical systems (Bateman, 2011; Chandrasekaran, 2014; Costello, 2015; Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Situations contributing to PTSD include combat exposure and certain personality types pre-disposed to be more susceptible to PTSD (Anestis, Harrop, Green, & Anestis, 2017; Koenen et al., 2015). Additionally, many service men and women were unaware of the effects the war zone had on them; thus, they were oblivious to negative psychological, behavioral, and
physiological symptoms experienced after returning home (Bonvissuto, 2008; Engels & Harris, 2002; Lutwak, 2013; Mankowski & Everett, 2016; Megan, 2012; Reppert et al., 2014; Silva, 2008; Zogas, 2017).

Table 1 summarizes the percentages of post-9/11 veterans who separated from military services from 2001 to 2017 by branch of service, which reveals the Army transitioned most veterans.

Table 1
Post-9/11 Veteran Separations from 2001 - 2017

<table>
<thead>
<tr>
<th>Service Branch</th>
<th>Separations (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>67</td>
</tr>
<tr>
<td>Air Force</td>
<td>9</td>
</tr>
<tr>
<td>Navy</td>
<td>11</td>
</tr>
<tr>
<td>Marines</td>
<td>13</td>
</tr>
</tbody>
</table>

*Note. Source: National Center for Veterans Analysis and Statistics (2019).*

Military men and women took an oath to serve this country, knowing they would likely face deployment to dangerous operations such as in Iraq and Afghanistan. Service members undergo extensive, ongoing training to prepare them for combat. However, during the transition phase to the civilian world, they are often less prepared for new jobs in a culture completely different from that of the military. Ware (2017), Costello (2015), and Flournoy (2014) reported many veterans felt abandoned and alone while out-processing.

**Psychological Effects of War on Veterans**

Since World War I (WWI), both men and women were part of conflicts within a combat zone (Bullock, Braud, Andrews, & Phillips, 2009). Many of these veterans witnessed traumatic events associated with combat. Exposure to such events often triggered combat-related disorders. In WWI, combat-related issues were called
shellshock (Costello, 2015). Today, the prevailing combat-related psychological disorder is called PTSD. The magnitude of this problem and resulting impact on individual veterans, their families, workplace, and communities strongly suggested further research was needed to improve understanding of how to support veterans suffering from these conditions as they return to civilian lives and careers.

**Posttraumatic stress disorder (PTSD).** Currently, over one million veterans suffer from PTSD-related issues (Chandrasekaren, 2014; Costello, 2015). PTSD is defined as a mental health disorder resulting from experiencing or witnessing a terrifying event or traumatic series of events, such as terrorist acts, accidents, war, rape, natural disasters, and additional ferocious occurrences. The American Psychiatric Association (APA; 2013) identified many different symptoms categorized by criteria that can occur among those diagnosed with PTSD. PTSD brings about many side effects for those diagnosed with it, including mood swings, violent outbursts, troubling feelings, nightmares, anxiety, flashbacks, and traumatic thoughts about the event (Koenen et al., 2014; Xue et al., 2015).

PTSD sufferers may also experience physical, cognitive, emotional, and physiological symptoms, including uncontrollable thoughts, intrusive memories, and physical reactions such as extreme anxiety in response to anything reminiscent of the trigger event (Costello, 2015). Emotional responses to PTSD include intense irritability, self-destructive behaviors, guilt, difficulty concentrating, and insomnia. Veterans returned with countless medical issues and traumas (Eaton, 2013; Gilbert, 1994; Heinz, Makin-Byrd, Blonigen, Reilly, & Timko, 2015; Karairmak & Guloglu, 2014; Stagner, 2014). Cognitive and mood symptoms of PTSD include relationship difficulty, inability
to experience positive emotions, memory problems, and melancholy (APA, 2013). Prior to the use of the term PTSD, similar mental health conditions were referred to as shellshock and combat stress reaction.

**Shellshock.** Shellshock was the term used to describe veterans returning from WWI dealing with mental and emotional issues related to combat. Shellshock issues included extreme nightmares, severe anxiety, confusion, and fatigue (Sherman, 2016; Stagner, 2014). During WWI, veterans were so overcome with anxiety, fear, and concern they would sometimes abandon their combat stations, leaving them exposed to even more danger in a combat zone (Binneveld, 1997; Gilbert, 1994). At the time, medical doctors were unaware of the medical condition resulting in these behaviors. It was later determined veterans were dealing with combat-related issues resulting in shellshock. Researchers found exposure to death, violence, and related war injuries contributed to the presence of shellshock (Baker, 2011; Binneveld, 1997; E. Jones et al., 2007; Moore & Reger, 2007; Stagner, 2014).

Combat or war-related PTSD is the most common mental health condition faced by modern veterans (Baker, 2011; Binneveld, 1997; E. Jones et al., 2007; Stagner, 2014; Moore & Reger, 2007). PTSD and shellshock have similarities such as experiences of trauma associated with war, but PTSD is a more recently defined medical condition (APA, 2013; Betthauser, 2016; Burns, 2016; Finley, 2009; Schottenbauer, Glass, Arnkoff, & Gray, 2008). Mental health professionals conducted studies to identify the causes of shellshock and to determine if it was a separate construct unique from PTSD (E. Jones et al., 2007). Table 2 shows how shellshock and PTSD have similar symptoms.
Table 2
Comparison of Shellshock and PTSD Symptoms

<table>
<thead>
<tr>
<th>Shellshock</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme Nightmares</td>
<td>Distressing memories of the traumatic event</td>
</tr>
<tr>
<td>Severe Anxiety</td>
<td>Distressing dreams</td>
</tr>
<tr>
<td>Confusion</td>
<td>Flashbacks</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Physiological reactions</td>
</tr>
</tbody>
</table>

Note. Adapted from Dayan and Olliac (2010), Shively and Perl (2012), and Young (2004).

**Combat stress reaction (CSR).** In 1917, CSR was labeled *war neurosis*, and the war veterans returning with related illnesses and fatigue were described as *maligners* (Goldsmith, 2015; Moore & Reger, 2007). During that time, symptoms of CSR included slowed response, the inability to make decisions, fatigue, and lack of awareness of surroundings (Goldsmith, 2015; Moore & Reger, 2007; Sherman, 2016). CSR and PTSD were similar as they related to the negative psychological impacts of war on veterans but differed with respect to tenure and severity.

Psychological effects of war on veterans were observed dating back to WWI and shellshock and CSR negatively impacted wartime veterans’ lives once they returned home from combat. Cohen, Zerach, and Solomon (2011) stated “CSR also shares some characteristics with acute stress disorder, such as the functional impairment and the predictive value for chronic psychopathology such as PTSD” (p. 689). CSR is an acute reaction that can lead to even more severe psychological issues such as PTSD. Veterans who experienced traumatic events often avoid excitement and triggers associated with the circumstance that contributed to CSR and PTSD, which results in becoming numb to everyday life (APA, 2013; Betthauser, 2016; Burns, 2016; Finley, 2009; Schottenbauer et al., 2008).
Transitioning from Active Duty to Civilian Careers

The five branches of the U.S. military are the Army, Air Force, Navy, Marine Corps, and Coast Guard. Each military branch has a unique date of inception; the Army was the first branch established in 1775, followed by the Navy, Marines, and Coast Guard in 1790 and the Air Force in 1947. Each branch except for the U.S. Coast Guard, is under the leadership of the Secretary of Defense; the Coast Guard is under the leadership of the Department of Homeland Security and the only military branch outside the Department of Defense (DOD).

Flournoy (2014) asserted transitioning from active duty back into the civilian sector was a change in career and in life and lifestyle. The military culture is different than civilian culture and has unique values, norms, and lifestyles that shape the way military members communicate and interact with society (Brown, 2012; Coll & Weiss, 2017). Civilian culture functions differently from military culture, which can lead to miscommunication from both sides.

Veterans from each branch have a difficult time transitioning out of the service because of how different the military structure is compared to civilian structures. Many veterans are unaware of service offerings and fail to seek needed support due to comprehensive training demands, strict leadership, mission readiness requirements, and difficulty accessing services (Ware, 2017). TAP and DTAP were established to assist veterans with the transition. According to the VA (2016a), these transitional programs are available to all service members who served honorably regardless of military branch.

**Transition assistance programs.** TAP and DTAP were established to improve transition success for service men and women. TAP is run by the Department of Labor
DTAP is an extension of TAP more specific to those transitioning out of the service due to medical disabilities. DTAP is a two-hour briefing to give a more personalized transitional plan to those exiting out of the military due to a service-connected disability. DTAP is offered in addition to TAP with a focus on providing detailed information about the VR&E program and their entitlements. The VR&E program is where post-service veterans with service-connected disabilities are mentored and guided on how to locate, plan, and retain employment based on their disability limitations and experience (VA, 2016a).

**Barriers and Challenges to Successful Transition to Civilian Careers**

PTSD is a major concern for veterans separating from military service (Hyatt, Davis, & Barroso, 2014). The VA offers services to veterans with disabilities and other service-related entitlements. However, many veterans are unaware of all the services afforded to them due to their status as veterans; those who seek care and services often struggle to get effective treatments and support within the VA (Ahern et al., 2015; Buckley, 2013; Hyatt et al., 2014; Kelley, 2012; Lazaro-Munoz & Juengst, 2015). Lack of care and access to services led to difficulty in finding jobs, leading to homelessness, drug addiction, suicide, and other ailments (Finely, 2009; Kelley, 2012). Many veterans lacked proper education through the VA transitional programs about how the benefits worked and how to properly access the benefits they earned (Ahern et al., 2015). Translating military experience and transferable skills to civilian job equivalents is
difficult and has negatively impacted veterans transitioning into civilian careers (Brannon, 2013; Stern, 2017).

Drinking from a firehose is an adage often used to describe TAP (Stern, 2017). Although the information dispensed is indisputably useful, the program does not allot enough time for participants to absorb the key learnings and practice the behavioral changes needed to support a successful transition. Veterans are often overwhelmed by the sheer abundance of transition-related resources and services; methods of delivery (e.g., lecture style classroom setting); context of delivery (e.g., 10 hours of primarily verbal instruction with limited breaks and experiential activities); and timing of information (often at the 30-90 days out stage of the service members’ careers and/or before an End of Active Service [EAS] deployment to meet the requirements of the Marine Corps). Their negative experience of TAP subsequently creates additional transition-related barriers and challenges for service members transitioning from active duty service to civilian careers (Brannon, 2013; Stern, 2017).

**Theoretical Foundation**

As a foundation to understanding the theoretical framework used for this study, it is important to first recognize previous theories regarding the development of frameworks specific to military transitioning. These foundational frameworks guide and inform the work of military transitions. The following sections provides information on the social identity theory.

**Social Identity Theory**

Social identity theory, introduced in 1979 by Henri Tajfel and John Turner, refers to an individual’s identity of self based on his or her group membership(s). As such, the
individual’s membership in a specified group typically provides him/her with pride and self-esteem (McLeod, 2019). This theory is a way in which one can explain and describe intergroup behavior (Turner & Tajfel, 1986). These behavioral patterns are based on the perceived group status differences, legitimacy, stability of status differences, and ability to move from one group to another (Turner & Tajfel, 1986). In studying veterans transitioning from military service to civilian careers, it is crucial to understand how that shift in group identity could impact the individual. Therefore, it is important to understand the military culture in general and how shifting from one group to another could impact service members. A lens that can help understand the group identity shift is the Schlossberg (1981) 4S transition model. Silverstein (1994) reported many veterans undergo an identity crisis when transitioning from military to civilian life. This study used the Schlossberg (1981) 4S transition model to explore how veterans suffering from PTSD successfully transitioned into civilian careers.

**Theoretical Framework**

Understanding transition theory is important in learning how veterans with PTSD can become more strategic in navigating the shift from military to civilian careers. Schlossberg (1981) developed a 4S transition model, also called the Schlossberg adult transition theory, using four factors of situation, self, social support, and strategies. This 4S framework was used to explore how veterans with PTSD could become more strategic in navigating the shift from military to civilian careers. The 4S model explains the dynamics associated with adults transitioning into new environments and behaviors associated with that change (Arman, 2016; Goodman & Anderson, 2012).
**Situation**

Service members eventually become veterans and must transition from active duty to the civilian sector. Thus, it is imperative the nature of veteran transition to civilian life be understood, including the associated challenges, navigation techniques, and reconnection approaches (Ahern et al., 2015; Bateman, 2011; Flournoy, 2014; Hyatt et al., 2014; Kelley, 2012). Schlossberg’s (1981) situation variable encompasses multiple components, such as triggers, timing, control, role change, duration, prior experience, concurrent stress, and personal appraisal. The situation context for veterans is wide-ranging and PTSD is pervasive in the situation. For example, potential triggers for PTSD include risk-taking behaviors by the veteran and panic at hearing loud noises that approximate shots fired. The types of potential triggers are abundant and extend to naturally occurring processes such as aging and retirement (Chambers, 2015; Hughes, 2009; Marlene, 2017; McClelland, 2013).

**Self**

Self refers to personal and demographic characteristics, including psychological resources (Schlossberg, 1981). Self includes the body and mind. The self factor is known as the individual’s concept of his/her own nature, character, and persona as related to culture, ethnicity, and perceived identity (De Munck, 2013; Schlossberg 1981). Among PTSD veterans, associated increased health risks included a propensity for violent acts and a self-appraisal that help was either unavailable or undeserved (Putrich, 2006). Self in this study looked at how the PTSD veterans viewed their level of readiness, aptitude, and willingness for transition. This factor furthered involved how PTSD veterans took the initiative to pursue significant memberships and affiliations.
Social Support

Family, friends, institutional, and community relationships comprise social support. The assistance these relationships offer relates to the quality of the relationship and perceived value of the parties involved (Romero, Riggs, & Ruggero, 2015). Employee assistance programs may be a viable option to support career success for transitioning service members with PTSD; community programs and services can also play a major role in the transition processes (Barrera & Ainlay, 1983; Sarason & Sarason, 2006; Schlossberg, 1981; Voydanoff, 2005). This factor helped the researcher examine the social supports available for veterans with PTSD transitioning out of the military.

Strategy

Strategies include taking deliberate action, coping, knowing and practicing techniques and behaviors intended to modify a situation, controlling the assigned meaning, and managing stress in the aftermath (Chandrasekaren, 2014; Costello, 2015). Coping strategies such as virtual reality, yoga, meditation, and animal therapy potentially help in the transition from military service to civilian employment and career (Elliott, Golub, Bennett, & Guarino, 2015; Putrich, 2006). Understanding the experiences of veterans suffering from PTSD who successfully transitioned from military service to civilian careers could shed light on the transition process.

Using Schlossberg’s (1981) model as a theoretical framework, this research could help the field understand the aspects of successful transition to civilian careers for veterans with PTSD. In addition, gaining knowledge of their experiences could help inform changes needed to improve the transition programs and better meet the needs of transitioning veterans.
Statement of the Research Problem

According to the VA (2016b), in the next 20 years more than 30% of post-9/11 veterans will be diagnosed with PTSD. After completion of military service, these veteran heroes face many challenges transitioning from active duty service to civilian careers. According to Stern (2017), more than one-third of these veterans face some type of mental health disorder. Statistics revealed approximately one million veterans suffer from PTSD (Zogas, 2017). The negative experiences of post-9/11 veterans led to unemployment, which in turn led to issues such as suicide, homelessness, and other similar problems (Bonvissuto, 2008; Engels & Harris, 2002; Lutwak, 2013; Mankowski & Everett, 2016; Megan, 2012; Reppert et al., 2014; Silva, 2008; Zogas, 2017).

The military to civilian transition challenge is exacerbated by starting over in an unfamiliar culture, where the hierarchical structure of the military may no longer be relevant in the dynamic, innovative businesses of today (Megan, 2012; Silva, 2008; Stern, 2017; Ware, 2017). Likewise, decision-making may be more collaborative, business dress is not a uniform, and interactions may not be as formal. It is further amplified by interacting with individuals who possess little to no understanding of the military, intricacies of active duty service, or the nature of PTSD (Stern, 2017). Although studies investigated the effects of combat environments such as Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) on post-9/11 veterans suffering from PTSD (Ganzer, 2016; Van Til et al., 2013), little research was conducted on veterans making the transition to civilian careers.

Various programs focused on employment, training, and education to support the transition of veterans (Bascetta, 2002; VA, 2016a). Transitioning service members are
informed of available resources during the formal and active transition from active duty service to veteran status and programs available beyond the gates of the military base. Although numerous social support systems and programs exist, a multitude of veterans are still not gainfully employed (Barrera & Ainlay, 1983; Sarason & Sarason, 2006; Voydanoff, 2005).

Schlossberg (1981) led the way on studying transitions of varying types, such as marriage to divorce, high school to college, career changes, and female athletes in transition. Her work identified four factors in successful transitions: situation, self, social support, and strategy (4S). Some studies explored the nature and effectiveness of military transitions to higher education and training. For example, Ryan, Carlstrom, Hughly, and Harris (2011) used the 4S model for military transition to higher education programs that prepare veterans for careers. However, the literature associated with the transition from service to a civilian career was limited (Schlossberg, 1981; Wilson, 2016).

A great deal of research was conducted on PTSD and Schlossberg’s 4S factors, but limited research existed on how these four factors led to a successful transition viewed through this lens. Few studies examined how military veterans transitioned from the armed services to civilian careers. Thus, more information and research are needed to explore the experiences of veterans with PTSD who successfully transitioned to civilian careers to better determine how Schlossberg’s 4S factors may influence their transition.

**Purpose Statement**

The purpose of this multiple case study was to explore the experiences of post-9/11 veterans suffering from PTSD residing in California who transitioned from military
service to civilian careers within the last 3-5 years, through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

**Research Questions**

This multiple case study was guided by one central research question and four sub-questions. The central research question was: What are the experiences of post-9/11 veterans suffering from PTSD transitioning from military service to civilian careers, using the Schlossberg transition model factors of situation, self, social support, and strategies?

**Sub-Questions**

1. How do post-9/11 veterans suffering from PTSD use the factor of situation in transitioning from military service to civilian careers?
2. How do post-9/11 veterans suffering from PTSD use the factor of self in transitioning from military service to civilian careers?
3. How do post-9/11 veterans suffering from PTSD use the factor of social support in transitioning from military service to civilian careers?
4. How do post-9/11 veterans suffering from PTSD use the factor of strategies in transitioning from military service to civilian careers?

**Significance of the Problem**

Veterans returning home from OEF/OIF war zones diagnosed with PTSD are often unable to secure jobs for which they are qualified (Chase, 2014; Erbes, Curry, & Leskela, 2010; Hoge, Auchterlonie, & Milliken, 2006; Savitsky, Illingworth, & DuLaney, 2009). The transition for these war heroes is in serious disarray. Veterans often wind up homeless, divorced, sick, and suicidal. A good deal of research about PTSD and
Schlossberg’s four factors as they relate to other types of transitions exist, but no research has shown how these four factors can help a military veteran transition from the armed services to a civilian career. This study sought to fill this gap in the research.

Increasingly veterans with PTSD returning home from war zones are not utilizing the medical care available (Chase, 2014; Erbes et al., 2010; Hoge et al., 2006; Savitsky et al., 2009). This research could help identify the reasons for this and offer helpful ideas for making services more user-friendly to those overseeing the various care options. The findings could also help lawmakers and agencies determine what should be funded to improve the transition experience. This research could assist PTSD veterans transitioning into civilian careers to successfully adapt to unfamiliar environments as civilians. The findings could be used to improve the VA programs, the processing of services, and the support programs veterans should be able to rely upon during transition. These results could be used by veterans struggling to transition to careers in a civilian world.

Definitions

**Combat.** A conflict between armed forces that requires military action.

**Culture.** The programming of mind that establishes differences between groups of people based on value orientations and cognitive viewpoints (Feitosa, Grossman, & Salazar, 2018; Hofstede, 1993). An individual’s behavior is composed of many unique elements, characteristics, and differences influenced based on the meaning and expectations associated with the role they hold within the sociological group (Katz, 2015; F. Smith, 2016; P. Smith & Long, 2006).

**Discharge.** A discharge completely alleviates a veteran of any military service obligations. Although several types of military discharges exist and terminology may
vary based on the branch of service, the two most well-known types are honorable and dishonorable. Discharge profoundly impacts a veteran’s ability to receive veteran benefits, eligibility to serve in government employment, reenlistment in the military, and much more (Guina, Rossetter, DeRhodes, Nahhas, & Welton, 2015). Types of discharges include other than honorable, bad conduct discharge, entry-level separation, medical separation, and separation for government convenience.

**Medical separation/medical retirement.** When a military member has a medical condition (including mental health conditions) that renders him or her unfit to perform required duties, he or she may be separated (or retired) from the military for medical reasons. The process to determine medical fitness for continued duty involves two boards: the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB). If it is determined the member has a medical condition incompatible with continued military service, the case is referred to the PEB for a formal fitness-for-duty and disability determination (Powers, 2019).

**Military culture.** The unique values, norms, and lifestyle shaping the way military members communicate and interact, which encompasses rules, regulations, policy, vocabulary, and discipline focusing more on structure and teamwork than individuality and freedom (Atuel et al., 2016; T. Brown, 2009; Coll & Weiss, 2017; Hall, 2011; Strom et al., 2012).

**Military transition.** The process in which a military member changes from active duty service to civilian life while learning to adapt and navigate from one environment to another (Ahern et al., 2015).
Post-9/11 veteran. Gulf War-era veterans who served after September 2001 and participated in conflicts, with the two most significant conflicts since 9/11 being OEF and OIF (Ganzer, 2016; Van Til et al., 2013).

Posttraumatic stress disorder (PTSD). A mental health disorder an individual sustains after experiencing an extreme, life-altering situation such as war, trauma, or violence (Chan, 2015; Griffin & Albert, 2015).

Retiree. Career service member who typically completed a minimum of 20 years of active duty service. Retiree was recently expanded to include the Temporary Early Retirement Authority Program (U.S. Marine Corps, 2019). Another retirement classification when being considered for disability separation is known as medical retirement—those approved for these cases of early retirement must have a retirement date occurring within the time frame a disability separation or retirement is expected.

Schlossberg transition model factors (4-S). The 4S factors include:

- **Self.** The individual’s concept of his or her own nature, character, or persona, as related to culture, ethnicity, and perceived identity (De Munck, 2013; Schlossberg 1981). Self is how individuals view their level of readiness, ability, and willingness to embrace change. It involves the initiative to pursue significant memberships and affiliations, knowledge of resources, and how to acquire resources that serve to meet individual needs.

- **Situation.** In the context of transition, inclusive of the nature, duration, and perceived significance of and readiness for transition, including the nature of the separation, tenure, job market, family situation, and finances (Morin, 2011; Schlossberg, 1981). Transition from active duty service is a process as
a member does not simply arrive at a state of transformation, and each novel situation dictates its own state of readiness for the onset of the transition process.

- **Social support.** Networks such as family, friends, professional providers, community programs, and services playing a role in the transition process (Barrera & Ainlay, 1983; Sarason & Sarason, 2006; Schlossberg, 1981; Voydanoff, 2005a, 2005b). Sarason and Sarason (2016) suggested the important aspect of supportive behavior of others conveyed care and value, and was part of a network of communication and the presence of a mutual obligation. Sarason and Sarason (2016) postulated health (both physical and mental) was strongly affected by social aspects of the environment.

- **Strategies.** The behavioral component of deliberate action, execution, follow-through, and course correction. Additionally, strategy embodies preparative steps to help develop future possibilities such as coping responses, building resiliency, seeking information, directing action, and inhibiting action with the ability to evaluate strengths, weaknesses, opportunities, and possible threats (Schlossberg, 1981; Wilson, 2015).

**Separatee.** An individual in process of separation from active military service. A separation from the military can be voluntary or involuntary and may leave additional unfulfilled military service obligation that will need to be carried out in the Individual Ready Reserve (Guina et al., 2015).
**Transition.** A change involving letting go of an aspect of self-identity and former roles, and learning how to adapt from one environment into the next (Anderson & Goodman, 2014; Buzzetta et al., 2017).

**Transitional assistance program (TAP).** A mandatory transition program assisting separating military members in job searches, constructing transitional plans, and other related services to help efficiently integrate back into civilian sector (Edwards, 2015; Hogan, 2016; Sharkey, 2011).

**Veteran.** A person who served in the U.S. Military Armed Forces on full-time, active duty status (Lopez, 2016).

**Delimitations**

This study was delimited to U.S. armed forces veterans in California. In addition, this study was delimited to post-9/11 veterans with PTSD who transitioned from active duty service to a civilian career within the past 3-5 years and were members of the local San Diego chapter of the California Veterans of Foreign Wars (VFW) 2082.

**Organization of the Study**

Chapter I introduced the study, including background information, statement of the problem, purpose statement, research questions, and delimitations. Chapter II provides an extensive literature review and background of key research variables, the theoretical background, and research gaps explored. Chapter III presents the methodology, including the research design, population, sample, instrumentation, data collection process, and data analysis techniques. Chapter IV provides the study findings. Chapter V describes the conclusions, recommendations for future research, and implications for action. The study concludes with related appendices and reference list.
CHAPTER II: REVIEW OF THE LITERATURE

Chapter II presents a review of literature on the experiences of veterans suffering from posttraumatic stress disorder (PTSD) and the transition process from military service to civilian careers, as well as the theoretical framework used to guide this study, Schlossberg’s 4S factors of situation, self, social support, and strategy. The review of literature focuses on an extensive pool of related topics: (a) Transition Assistance Programs (TAP), (b) Disabled Tradition Assistance Program (DTAP), (c) the Department of Veteran Affairs (VA), (d) PTSD, (e) transitions from active duty to civilian careers, and (g) Schlossberg’s 4S transition model. Historical data are presented through each of these areas.

Key terms were used for this literature review through in-depth research utilizing the Chapman University Library, military websites, public libraries, and other related online resources. Key terms used included: war zones, PTSD, combat-related PTSD, mental health, veterans, disabled veterans, post-9/11, disabilities, VA medical systems, TAP, DTAP, active duty, psychological adjustments, treatments, social roles, transitioning from active duty to civilian sector, relationships, culture change, shellshock, combat stress reaction, barriers and challenges, transition theory, and Schlossberg’s 4S factors. In conjunction with the key terms, a synthesis matrix was developed to distinguish the collective themes between the references used.

Transition Assistance Program

Implemented by the United States Congress in the 1990s, TAP was introduced to support veterans transitioning out of active duty into the civilian lifestyle. This was initiated due to the downsizing of the military (Bascetta, 2002; Heflin, Hodges, &
The main purpose of TAP was to help transitioning veterans make suitable choices based on their career fields and training experiences while serving active duty. Moreover, this program focuses on educational and professional arenas. The Department of Labor (DOL), Department of Defense (DoD), and VA took part in shaping TAP. Once everything was finalized, these organizations configured the roles and responsibilities of both the service members and all active duty branches (DoD, 2014; DOL, 2002; Heflin et al., 2016).

When all the configurations of the program were concluded, Congress required each military branch conduct pre-separation counseling to all service members at least 90 days before they separated from active duty. The formalities of this pre-separation were that all separating service members must complete their pre-separation checklists. These lists include information on services afforded them once out of the military, as well as different workshops and programs veterans may access. The purpose was to ensure all members were educated on what to do, how to do it, and what was available for them. As such, Congress specified what each military branch performs in their pre-separation counseling for exiting veterans and placed different reprimands and structural trainings if it was brought to the attention of leadership these elements were not followed. The separation process must include:

1. Educational rehabilitations
2. Vocational rehabilitations
3. Military reserve options
4. Occupational counseling
5. Career exploration and placement info
6. Relocation aid services
7. Medical and dental benefits
8. Counseling on the effects of career change

The DOL provides a workshop for transitioning veterans in addition to TAP. These workshops are 1-3 days depending on the state or location and include job search approaches, resume building, and a personal transitional handbook that offers further information on all available resources for veterans (DOL, 2002). DOL offers these additional workshops to: (1) further eradicate unemployment among veterans, (2) reduce unemployment financial aid disbursed to veterans, and (3) improve retention of veterans. As this program progressed from 1990 to 2001, DOL reported disbursing more than “$5 million in the fiscal year 2001 to provide about 3,200 workshops, in addition to the funding spent on transition assistance by the military branches” (Bascetta, 2002, p. 4).

The General Accounting Office (GAO) works for Congress to help examine how tax dollars are used and how federal agencies can improve programs, meet objectives, and work more efficiently (Bascetta, 2002). Although these studies and reports are not completed annually but more on a case-by-case basis, it was most relevant to this study to examine how government officials and associated agencies handle issues within VA programs. One of the most current testimonial reports from the GAO, authored by Cynthia A. Bascetta, Director Education, Workforce, and Income Security Issues, revealed how each military branch used their funding for transitional assistance for veterans in 2001 (Figure 1).
Figure 1. Transition assistance funding by military branch for fiscal year 2001. Source: Bascetta (2002, p. 4).

These funds were used to provide pre-separation counseling and TAP workshops. Although this is a required process, not all active duty service members fully partake in this process (Bascetta, 2002; DOL, 1995; Hicks et al., 2017; Nicholson, 2015; Ware, 2017). The audit report further showed GAO data that presented the use of pre-counseling and TAP workshops from each military branch for fiscal year 2001 (Figure 2).

<table>
<thead>
<tr>
<th></th>
<th>Army</th>
<th>Air Force</th>
<th>Marine</th>
<th>Navy</th>
<th>Coast Guard</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding (in millions)</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>10.3</td>
<td>4.0</td>
<td>13.5</td>
<td>8.9</td>
<td>0.0</td>
<td>36.7</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>5.3&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.5&lt;sup&gt;b&lt;/sup&gt;</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16.8</td>
<td>8.9</td>
<td>4.0</td>
<td>10.3</td>
<td>0.5</td>
<td>42.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number held</th>
<th>Length (in days)</th>
<th>Average class size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transition Assistance Workshops&lt;sup&gt;c&lt;/sup&gt;</strong></td>
<td>1,207</td>
<td>2-3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>1,115</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>520</td>
<td>3-4</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>1,075</td>
<td>4</td>
<td>38</td>
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<td></td>
<td>33</td>
<td>4</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,950</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Figure 2. Participation in pre-separation counseling and workshops by military branch, fiscal year 2001. Source: Bascetta (2002, p. 5).

Leading up to 2017, the GAO shared how they had not updated the 2002 audit report yet. In fact, the GAO (2017) said they are making:

Six recommendations that the DOD improve transparency in reporting TAP participation and career readiness rates and monitor certain key areas.
of TAP implementation. DOD generally agreed with all but the one on access to additional 2-day classes. GAO believes this recommendation is still valid. (p. 51)

As it is known, each military branch can design its transitional program to fit its needs, as long as all required elements are included. As such, TAP is tailored by the different military branches, each providing transitional services intended to help veterans understand all information needed to create a smooth transition out of active duty. Each branch has different mission requirements and prerequisites, so leaders can creatively add to or develop further transitional agendas to fit what they believe is essential for their service members (DoD, 2014; Hanssen, 2008; Hicks et al., 2017).

**Unique Military Branch Program Designs**

All military branches serve one mission, protect and serve the United States of America. However, each branch addresses different needs of the country. Thus, the Army, Navy, and Marine Corps added to the required transitional program to better support their service members, whereas the Air Force and Coast Guard rely on the current regulations and guidelines TAP provides. The following sections describe the additions made to TAP by the Army, Navy, and Marine Corps.

**Army.** The Army calls its version of TAP the Army Career and Alumni Program (ACAP). ACAP is for those retiring and separating out of active duty. The Army allows retiring service members two years from their retirement date to begin pre-counseling processes and regular separating service members may begin a year out from their separation date. The Army did this because they felt lifelong members needed additional
processing time to transition and exit active duty into the civilian sector (United States Army, 2019).

ACAP has an online system where service members can access occupational support information, transitional assistance information, job listings, and miscellaneous information the Army deemed necessary (Hanssen, 2008; United States Army, 2019). The Army provides a graphic of the transitional assistance elements and process for retiring and separating service members (Figure 3).

![Transition assistance elements](image)

*Figure 3. Transition assistance elements. Source: United States Army (2019, p. 7).*

ACAP includes the following elements as required by Congress: (1) pre-separation counseling, (2) transition assistance referral, and (3) employment assistance training (Hanssen, 2008; United States Army, 2019). According to the Army (2019), the purpose of ACAP is to concentrate on service members and assist them and their families. Rather than just focusing on service members, the Army found including
families helped the transition process. The Army believes ACAP provides transitional information service members need to effectively transition, identifies what service members need to move into the civilian sector, and assists them with personal and family needs. The US Army goes over how ACAP accomplishes these goals through high-quality guidance, training, resources, and support through the transitions (United States Army, 2019). Although the Army offers many services through the ACAP process, the only portion required is the pre-counseling course.

**Marine Corps.** The Marine Corps Transition Assistance Management Program (TAMP) and the Spouse Transition and Readiness Seminar (STARS) are transitional programs the Marine Corps deemed necessary for exiting service members and families. TAMP is a traditional program offering service members employment help, job-related assistance, and transitional information needed for transitioning veterans (Forkin, 2015; Hanssen, 2008; United States Marine Corps, 2019). Within TAMP, the Marine Corps added the Transition Readiness Seminar (TRS), which provides Marines with more targeted information on education, entrepreneurship, post-service budgets, and future career options (Forkin, 2015; Hanssen, 2008; United States Marine Corps, 2019). TRS is also available to spouses of exiting Marines, and it is promoted to the Marines that TRS is most beneficial when their partners are present (United States Marine Corps, 2019).

In addition to TRS, spouses may participate in STARS, which was specifically developed for the needs of transitioning spouses (United States Marine Corps, 2019). The Marine Corps found spouses were also transitioning with their services members and needed proper guidance. STARS informs spouses of the transitional changes and helps with planning to create a successful transition. The Marine Corps found when spouses
were educated and aware of their service member’s transitional aspects, it was clearer to all parties what needed to happen. Although these services are offered to all service members and their families, the only required process is the pre-counseling session. For the Marine Corps, the pre-counseling transition process entails a transition overview; resilient transitions (e.g., considerations for families, value of a mentor); the military occupational code crosswalk; financial planning; a DOL workshop; a review of VA benefits; and individual transition planning (United States Marine Corps, 2019).

**Navy.** The Transition GPS (goals, plans, and success; TGPS) and DoD Career Readiness Standards (CRS) are transitional programs the Navy implemented to ensure service members properly transitioned into civilian life. The Navy adjusted its transitional program as a tool for retention and recruiting (Heflin et al., 2016; Navy Live, 2015; Navy Personnel Command, 2019). In addition to the 3-5 day TAP workshop, the Navy added an extra day to offer further and more in-depth information pertaining to military benefits available to its service members. The Navy’s goal was to offer a transitional program far from basic that presents rigorous material on job-related practices drawn out during their military careers. For example, service members are required to participate in a pre-separation counseling session where a Command Career Counselor (CCC) provides guidance based on the pre-separation counseling checklist, benefits registration form, individual transition plan checklist, verification of military education and training form, recent leave and earnings statement, joint service transcript, and results from the O*NET interest profile (Navy Personnel Command, 2019).

All service members are required to schedule appointments with their CCC for this process. The Navy lays out this process clearly and fully so service members can
receive the services they need to transition. TGPS was purposely shaped to assist Navy personnel more vigorously with VA benefits, employment workshops, and finical planning (Heflin et al., 2016; Navy Live, 2015; Navy Personnel Command, 2019). The Navy’s CSR transitional program was developed to help service members understand their abilities and provide specific material required for prospective occupations. The Navy believes these updated transitional programs support sailors more accurately when exiting out of active duty by providing all the proper information needed (Heflin et al., 2016; Navy Live, 2015; Navy Personnel Command, 2019). However, just like the other branches listed, these services are offered but pre-counseling is the only required portion of the transition process.

**Disabled Transition Assistance Program**

As part of TAP, DTAP was developed specifically for men and women separating from the military because of a service-connected disability obtained while on active duty (TAP, 2019; VA, 2018a). Once a service-connected disability is confirmed, the VA qualifies them for the Vocational Rehabilitation and Employment (VR&E) program, also known as a Chapter 31. The purpose of DTAP is to educate and advise service men and women on the benefits afforded them through the VR&E program and promote the importance of them using the program. Rather than focusing on job placement and educational services, DTAP helps focus more on rehabilitation for the service members’ disabilities so they can get back into their field of employment. This program is not a required element for service members and is only suggested during TAP workshops. Furthermore, it only offers this information to service men and women with a confirmed service-connected disability.
DTAP is a two-hour session providing a supplementary transition outlook to those identified as having service-connected disabilities (TAP, 2019; VA, 2018a). DTAP was designed to encourage disable veterans to use the VR&E program, which includes assessments to determine abilities, skills, and interests; vocational counseling and rehabilitation planning; job training and job search skills; resume building and work readiness assistance; employer incentives and job accommodations; apprenticeships, mentorships, and unpaid work experiences; higher education opportunities; rehabilitation with case management, counseling, and medical referrals; and independent living services for those unable to work (VA, 2018a).

VR&E has a basic period of eligibility for and requirements of participation. The VA (2018) stated active duty service members qualify if they anticipate an honorable discharge, obtain a service-connected disability rating of 10% or more, and apply for VR&E services. Service members are also eligible if they participate in the Integrated Disability Evaluation System (IDES) or are otherwise identified as having a severe illness or injury, and are evaluated by a VR&E counselor before separating from active duty. Veterans are eligible if they were honorably discharged, received a service-connected disability rating of at least 10% from the VA, and applied for services. The time for qualification closes 12 years from the military separation date or the date a veteran was first informed by the VA of his or her disability rating, although the time of qualification might be broadened if a recovery advisor distinguishes a service-connected handicap (VA, 2018a).

DTAP offers several hopeful elements, although research revealed low numbers of eligible veterans using the program or finishing the training. Historical data showed
the program was not reaching adequate numbers. For example, the VA Inspector General conducted an audit and found 33 of 58 (57%) applicants withdrew involvement from DTAP (VA, 2007). The primary reasons were:

- Veterans did not understand the program, and some lost interest after learning of the time commitment or the amount of subsidy they would receive
- Travel distances to the VAROs [Veteran Affairs Resource Office] discouraged veterans from completing the program
- Veterans with learning disabilities needed extra time to complete assignments, and the course work seemed too difficult to successfully complete
- Veterans perceived VR&E staff had specific professions and jobs they wanted veterans to pursue and disregarded the veterans’ personal goals and interests
- Veterans wanted to acquire an education but not necessarily want to find a job
- Personal and family problems, including financial and health issues, created barriers to completing the program
- One veteran stated that he had relapsed into substance abuse (VA, 2007, p. 8).

Based on the audit, it was concluded a disconnect exists between what is offered and what is needed for service members separating from active duty. The primary focus of DTAP and VR&E is to rehabilitate and transition veterans effectively into the civilian lifestyle. The audit found:

[Review of the] 1,377 case files for veterans who were rehabilitated or discontinued during the first 11 months of FY 2006, showed that 1,136 (82 percent) had discontinued their participation without being rehabilitated.

The results also showed that 983 (87 percent) of the 1,136 discontinued
veterans were eligible and entitled to Chapter 31 benefits but did not complete the program. The remaining 13 percent were either ineligible or not entitled to benefits after applying for the Chapter 31 program and were not included in the methodology used to calculate the rehabilitation rate. (VA, 2007, p. 8)

The audit indicated high numbers of eligible veterans were dropping out of the VR&E program, but little information was known as to why they were dropping out. As such, it was documented, “We recommend that the Under Secretary for Benefits develop a methodology and establish procedures to determine why veterans discontinue participation in the Chapter 31 program before they are rehabilitated” (VA, 2007, p. 8). Although VR&E was designed to help disabled veterans be fully rehabilitated to re-enter the workforce and/or pursue adult education, historical data disclosed many were not fully rehabilitated or using the services. Also, more current research is needed to identify why veterans are not using the services and what could be done to improve the transition from active duty to civilian life for disabled veterans (VA, 2007).

According to VA officials (as cited by GAO, 2014), the “VA faces challenges, such as training enough personnel to facilitate the revised VR&E briefings to help offer and promote services to veterans” (p. 25). GAO (2014) further shared for the VA to better ensure transitioning veterans participate in VR&E services and complete the programs, they need to provide TAP information to active service members under their direct commands, explaining this would help exiting service members better prepare for and understand the importance of using available VR&E services. The VA (2018b) shared as of 2018, 165,943 disabled veterans received VR&E counseling services, but
only 125,513 veterans participated in a plan of services, which meant 40,430 veterans who received counseling services did not move forward in the program.

**The Department of Veteran Affairs**

On July 21, 1930, Executive Order 5378 signed by President Herbert Hoover formed what is now known as the VA to help combine and organize events distressing combat veterans (VA, n.d.). This brought together three agencies that became bureaus within the VA, which continued to grow. The mission statement of the VA is: “To care for him who shall have borne the battle, and for his widow, and his orphan by serving and honoring the men and women who are America’s veterans” (VA, n.d.).

Following World War II, there was a vast increase in the Veteran population, and Congress enacted large numbers of new benefits for war veterans…Modernizing the VA for a new generation of veterans was crucial, and replacement of the “Old Guard” World War I leadership became a necessity. (VA, n.d., p. 1)

Historical data showed many philosophies on how the government took major interest in helping veterans and their wellbeing for decades, which is why the VA system changes time and time again. From 1636, Plymouth assisted in extending a helping hand to disabled veterans during the colony’s war against the Indians by providing currency compensation to disabled veterans (VA, n.d.). Moving to the Civil War era, in 1861 over 80,000 individuals from both nonmilitary backgrounds and former war veterans were inducted to serve. By the end of the Civil War, more than 1.9 million veterans served. In 1862, under the leadership of President Abraham Lincoln, an act was founded to aid
disability compensation to war veterans deemed injured. This act also offered small amounts of benefits to both disabled veterans and their dependents (VA, n.d.).

Records showed in 1812, physical medical attention for combat veterans was only offered at the Naval home in Philadelphia, Pennsylvania (VA, n.d.). No other facilities at the time offered such help. All combat wounded veterans were taken to this facility for medical care. This led the VA to expand to two more medical establishments in Washington DC; the Soldiers’ Home was established in 1853 and St. Elizabeth’s Hospital in 1855. Another major change was enactment of the Disabled Veterans Rehabilitation Act in 1943, which led to development of the vocational rehabilitation program for all disabled combat veterans who served in WWII after December 6, 1941. Over 621,000 wounded WWII veterans sought employment instruction after coming home (VA, n.d.).

The evolution of time became an everlasting circle for the VA. Many wars grew and the system changed to meet the needs of veterans. The government’s focus was to help veterans as best as possible during times of change and need. Moving into how the VA evolved to today, it enlarged its medical systems from 54 facilities in 1930 to 172 facilities in 2019 (VA, n.d.). However, data from 2019 revealed disabled veterans were not taking advantage of these facilities; of the 3,536,802 disability compensated veterans at the time, only 121,236 (3.4%) took advantage of the rehabilitation assistance available through the VR&E program (VA, 2019). Although the VA remains progressive in supporting disabled combat veterans, statistical data show something is being neglected or overlooked.
VA Roles and Responsibilities

Although the roles and responsibilities of the VA should be clear, changes over time may result in a misunderstanding as to what veterans should do or who they should contact when it comes to the VA. Thus, it is important to understand the true obligations of the VA. In general, the VA provides transitional services to all veterans, whether disabled or not. Services offered by the VA includes healthcare, benefit curricula, and nationwide cemetery admission.

Guiding all aspects of the VA are its core values, referred to as I CARE, standing for integrity, commitment, advocacy, respect, and excellence (VA, 2014). These core values are seen on the walls throughout all VA facilities across the US. The VA established these values to support their ethos, operations, and delivery of supports to veterans and their families. Based on the core values, the VA’s roles and responsibilities are to offer the best quality and care for all veterans. It is also their responsibility to support veterans on all transitional needs, particularly veterans with combat injuries. Despite this, data revealed their offered services were not being used by numerous veterans (VA, 2012). For example, in 2000, 2,308,186 veterans were disability compensation recipients but only 50,281 (2.2%) were using VR&E services, which increased to 3.4% by 2012 (VA, 2012). Essentially, 3,415,566 disabled veterans were not using the VR&E system, which indicates the system is still a work in progress and a gap exists in the VA system. The question remains, why are veterans not taking advantage of services offered.

With service-connected disabilities, veterans receive a percentage rating corresponding to the compensation afforded to them through the VA. Veterans with a
greater level of disability are rated at a higher percentage. Unlike most disability rating systems in the U.S., the VA can grant a 0% rating to veterans with service-connected disabilities. For example, a veteran could have symptoms related to service-connected conditions, but it is not severe enough to warrant a rating higher than 0%. When this happens, the VA does not give monetary compensation, but veterans can partake in the free programs offered to disabled veterans and the VA healthcare system. This also helps veterans down the line if service-connected disabilities worsen because the veteran can go through the process to increase their disability percentage (VA, 2019).

In 2018, the VA reported on the number of disabled veterans using the VR&E program and receiving monthly compensation based on their disability rating percentage. Figure 4 presents data about how many veterans applied for the VR&E program, participated in the actual programs, and were fully rehabilitated through the program. In this chart, the numbers also reveal fewer veterans applied compared to those who participated. The reason these numbers differ is due to the fact that when the VA was looking at their numbers, they included only the 2018 applicants and some veterans who participated in the VR&E program applied to the program before 2018.
Figure 4 further discloses that among disabled veterans with a percentage rate of 0%, there were 355 applicants, 66 participants, and only 5 classified as rehabilitated. On the other end of the spectrum, disabled veterans with a percentage rate of 100%, 21,558 participated and 1,669 were classified as rehabilitated. Looking at total numbers for the 2018 fiscal year, 113,792 veterans applied, 125,513 participated, and only 12,126 were considered rehabilitated.

**VA Advantages and Disadvantages**

Understanding the advantages and disadvantages of VA services for veterans is key to this research study. Looking at the advantages of the services offered to disabled veterans shows many positives for veterans in the transitional process. Some advantages include unlimited access to VA facilities and services; health services, employment services, rehabilitation, and education services; access to assisted living and home healthcare; and prescription drug coverage (Ware, 2017).
These advantages are key aspects for veterans and many would say veterans are highly fortunate to have these services offered at no cost. One might think with such services, veterans have the tools needed to fully and effectively transition. The VA does what it can to help disabled veterans transitioning and the services they offer are beneficial. Moreover, the VA noted over nine million veterans enrolled into its healthcare program (VA, 2019). These data alone show the VA has been highly progressive and is making great strides to help disabled veterans. It could be concluded the VA is offering the services transitioning veterans need if the data were based on enrollment numbers alone.

Certainly, advantages exist for veterans using the VA, but disadvantages also emerged. Disadvantages include the lack of effective treatments, time to obtain services, side effects related to the transition (e.g., depression, drug additions, homelessness), and insufficient services for the number of veterans needing assistance (Ware, 2017). These shortcomings are highly concerning. Research showed efficient medical treatments are not occurring within the VA and countless disabled veterans are wanting proper care and attention when it comes to their disabilities, but are unable to get the medical care needed in a suitable timeframe (Ahern et al., 2015; Buckley, 2013; Gaudet, 2014; Hyatt et al., 2014; Kelley, 2012; Lazaro-Munoz & Juengst, 2015). Many of these researchers discussed how the VA is lacking in many areas, primarily in the field of medical care. Looking more closely, these researchers shared a common area of concern that VA medical facilities lack an efficient number of doctors to serve veteran needs (Ahern et al., 2015; Buckley, 2013; Gaudet, 2014; Hyatt et al., 2014; Kelley, 2012; Lazaro-Munoz &
Juengst, 2015). This led to many serious side effects among veterans, especially those with PTSD, including suicides, depression, and drug addictions.

According to the VA (2016c), suicide rates continue to increase among veterans, which remains a national public concern. An average of 20 veterans take their own lives every day. The VA (2016c) stated “there were more than 6,000 veteran suicides each year from 2008 to 2016” (p. 4), many of whom struggled with the transition from military life. Further data revealed “80% of veterans diagnosed with PTSD are given psychiatric drugs. Of them, 89% are given antidepressants” (Costello, 2015, p. 1). This highlights possible serious gaps related to communication between the VA and veterans regarding available services and support.

More current data from the VA (2017) stated the number of veteran patients who sought mental health treatment and were diagnosed with a mental health issue from 2001 to 2014 increased by 18.4% to 65.6 suicides per 100,000 people. The VA (2017) data also showed veterans with a mental health issue and substance use disorder were committing suicide at a rate of 68.2 per 100,000 in 2014; although still high, this was a decrease from 89.8 per 100,000 in 2001. From this data, it could be concluded that although suicide rates among veterans decreased from 2001 to 2014, the numbers are still high despite getting treatment from the VA.

The data also showed veterans seek and obtain care but may still not get fully rehabilitated. Many veterans believe the VA has become less interested in their medical care and more invested in medical research programs and survival of the organization (Gaudet, 2014; Hicks et al., 2017; Panangala, 2016). Approximately 3.7 million veterans served in the post-9/11 era, which constitutes a new era of veterans (Zogas, 2017). The
VA predicted that by 2043, post-9/11 era veterans will comprise 32% of living veterans (“Returning Home,” 2014; VA, 2016). Based on the data, it could be said the VA faces many challenges among the veterans who utilize their services.

**Posttraumatic Stress Disorder**

The American Psychiatric Association (APA; 2013) defined PTSD as a psychiatric disorder that occurs when people face or observe traumatic events such as terrorist acts, accidents, war, rape, natural disasters, and additional ferocious occurrences. PTSD brings about many side effects, including mood swings, violent outbursts, troubling feelings, and feelings related to the experience. The APA’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) identified different symptoms among those diagnosed with PTSD and categorized them using eight criteria (Table 3).

Table 3

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion A: Stressor</strong></td>
<td>The person was exposed to death, threat of death, actual or threat of serious injury, or actual or threatened sexual violence, as follows: (1 required) 1. Direct exposure. 2. Witnessing, in person. 3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental. 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect nonprofessional exposure through electronic media, television, movies, or pictures.</td>
</tr>
<tr>
<td><strong>Criterion B: Intrusion Symptoms</strong></td>
<td>The traumatic event is persistently re-experienced in the following way(s): (1 required) 1. Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play. 2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).</td>
</tr>
</tbody>
</table>
3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiologic reactivity after exposure to trauma-related stimuli.

**Criterion C: Avoidance**
Persistent effortful avoidance of distressing trauma-related stimuli after the event: (1 required).
1. Trauma-related thoughts or feelings.
2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

**Criterion D: Negative Alterations in Cognitions and Mood**
Negative alterations in cognitions and mood that began or worsened after the traumatic event: (2 required).
1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
5. Markedly diminished interest in (pre-traumatic) significant activities.
6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

**Criterion E: Alterations in Arousal and Reactivity**
Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (2 required).
1. Irritable or aggressive behavior.
2. Self-destructive or reckless behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems in concentration.

**Criterion F: Duration**
Persistence of symptoms (in Criteria B, C, D and E) for more than one month.

**Criterion G: Functional Significance**
Significant symptom-related distress or functional impairment (e.g., social, occupational).

**Criterion H: Attribution**
Disturbance is not due to medication, substance use, or other illness.

*Note*: Source: APA (2013, p. 271)

Examine PTSD and how it is diagnosed is important to understand how veterans are categorized based on different traumas. Since WWI, U.S. military service men and women served in combat war zones and returned with countless medical issues.
and traumas (Eaton, 2013; Gilbert, 1994; Heinz et al., 2015; Karairmak & Guloglu, 2014; Stagner, 2014). Constant exposure to violence, death, bombs, and explosions in combat zones brought about PTSD issues among veterans. About 50% of veterans who served in post-9/11 wars directly knew a veteran killed or injured at war and 10% expressed they were injured so severely they were hospitalized (B. Anderson, 2013). Additionally, nearly 20% of the veterans who served in post-9/11 wars were officially diagnosed with PTSD or similar mental health symptoms (Hoge et al., 2006; Hoge et al., 2004). Prior to use of the term PTSD were two psychological conditions: shellshock and combat stress reaction (CSR).

**Shellshock and Combat Stress Reaction**

WWI brought about both shellshock and CSR, which carry the same specifications as combat PTSD today. Shellshock was considered a psychological suffering in which veterans suffered from being exposed to war zones. The most common side effects were fatigue, anxiety, extreme nightmares, loss of concentration, mood swings, and confusion (Moore & Reger, 2007; Sherman, 2016; Stagner, 2014). WWI had many combat veterans escaping war zones due to their fear of obtaining shellshock side effects, which caused these veterans to be identified as malingerers or weaklings. WWI exposed many issues pertaining to mental health disorders as war veterans endured so much trauma it led them into mental health disorders such as shellshock. As time passed, medical doctors found they needed to further research the medical effects of war on these veterans.

Medical experts found shellshock was misdiagnosed or conflated with PTSD symptoms among combat veterans (J. Jones, 2013; Moore & Reger, 2007; Sherman,
Researchers found war wounds and combat zones were severely disturbing and brought on mental health issues like shellshock. This led many medical experts to raise red flags and analyze combat veterans. Combat mental health disorders can differ from person to person, which is why specialists studied this field for many years. Medical experts found war-related PTSD was the most documented diagnosis among veterans (Betthauser, 2016; Halligan & Yehuda, 2000; E. Jones et al., 2007; Stagner, 2014). Shellshock is considered a form of PTSD, and both continue to affect veterans.

CSR was first defined in 1917 during WWI. CSR was often conflated with PTSD. From the start, CSR was first recognized as war neurosis, parallel to shellshock; WWI veterans were returning with combat-related illness and were viewed by many as malingerers (Goldsmith, 2015; Moore & Reger, 2007). Symptoms of CSR included weakness, trouble deciding, delayed reaction, and incoherence (Goldsmith, 2015). Sharing parallel symptoms of PTSD, CSR was recognized in 1999 by the DoD. Medical examiners stated CSR was a temporary side effect of war, whereas PTSD can have a long-term effect on veterans. CSR is not PTSD, but a similar mental effect obtained from war zones just like PTSD (Goldsmith, 2015). “CSR is also considered a major risk factor for PTSD, which is the most common and conspicuous war-induced chronic psychopathology” (Cohen et al., 2011, p. 689). CSR brings about mental health side effects just like PTSD, and war veterans continue to experience problems related to CSR (Cohen et al., 2011; Ruscio, Weathers, King, & King, 2002; Solomon, 1993). Medical experts revealed veterans who encountered CSR became numb to everyday life and separated themselves from the life they once lived (Cohen et al., 2011; Goldsmith, 2015;
Moore & Reger, 2007; Sherman, 2016). Whether it is shellshock, CSR, or PTSD, combat war zones have taken a toll on veterans since WWI.

Understanding mental health and PTSD among post-9/11 veterans is imperative to find the missing pieces to help them successfully transition to civilian life. Current studies found PTSD after deployment among veterans returning home ranged differently based on ethnicity, age, branch of service, and other identified criteria. The percentages ranged anywhere from 4% to 20%, depression ranged from 5% to 37%, and alcohol abuse ranged from 5% to 39% (Eber et al., 2013; Erbes et al., 2010; Hodge et al., 2004; Hoge et al., 2006; SAMHSA, 2013). Some early studies by the VA (2015b) shared what impacted OEF/OIF veterans; these soldiers were exposed to serious combat stressors, which deeply affected them (Figure 5).

<table>
<thead>
<tr>
<th>Combat Stressors</th>
<th>Seeing dead bodies</th>
<th>Being shot at</th>
<th>Being attacked/ambushed</th>
<th>Receiving rocket or mortar fire</th>
<th>Know someone killed/ seriously injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq Army</td>
<td>95%</td>
<td>93%</td>
<td>89%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>Iraq Marines</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Afghanistan Army</td>
<td>39%</td>
<td>66%</td>
<td>58%</td>
<td>84%</td>
<td>43%</td>
</tr>
</tbody>
</table>

*Figure 5. Combat stressors of OEF/OIF war veterans from 2002-2005. Source: VA (2015b, p. 5).*

Among Army and Marine Corps service members deployed in Iraq, up to 95% reported seeing dead bodies, up to 97% reported being shot at, and 87% knew someone seriously injured or killed (VA, 2015b). Such experiences provided ample opportunities for one to develop PTSD and explained some of the ongoing issues veterans face in their transition from military service into civilian life. These experiences are why the VA developed VR&E programs to assist veterans with the transition process. Experts
disclosed continued exposure to combat can reduce a veteran’s daily capabilities because of mental and physical health issues that affect everyday life (Church, 2009; Ostovary & Dapprich, 2011). However, researchers found post-9/11 veterans suffering from PTSD are less likely to continue their transitional programs and medical treatments (Erbes et al., 2010; Fontana & Rosenheck, 2008; Ramchand, Karney, Osilla, Burns, & Caldarone, 2008).

**Transitions from Active Duty to Civilian Careers**

Transitioning from active duty into civilian careers has been a topic of concern among veterans for numerous years. Civilian culture functions differently than military culture, which leads to miscommunication from all sides. According to Flournoy (2014), “the transition from uniform duty to civilian status is not just a change of jobs, it’s a change in virtually every aspect of life: their careers, responsibilities, jobs, homes, communities, lifestyle, healthcare, training, and more” (p. 2). For example, for service members with a family, the transition process affects them and their spouse, significant other, parents, siblings, and children. The readjustment period affects all involved, not just the service member. It takes great determination, energy, time, and planning to ensure the transitional process runs smooth with limited barriers (Flournoy, 2015).

Hyatt et al. (2014) explained how PTSD is a highly concerning issue and worry for many veterans today. *Mental Illnesses* (2015) detailed how alcohol and drug addiction diagnoses went from 63,767 veterans in 2006 to 100,580 veterans in 2007 based solely on VA reports. The report also explained better support for transitioning veterans is needed to help eliminate many of these side effects and shed light on how the
current TAP process seems to be failing veterans (*Mental Illnesses*, 2015). Ware (2017) further discussed the difficulties of transitioning, sharing,

> Letting go of the past is no easy task, especially for medically injured war veterans who must create a whole new life outside of the military. Going from their active duty title to just a regular civilian title with disabilities obtained from war, is traumatic for these vets. (p. 74)

Other researchers confirmed the difficulties veterans have transitioning. Hale (2013) described how transitioning into civilian life was difficult for many veterans and how the cultural aspects of the military were not accepted in the civilian business world. Tsai, Kasprzak, Kane, and Rosenheck (2014) stated among current veterans, 8.5% testified to lifetime homelessness in their adult life, yet only 17.2% of veterans used VA homelessness services. Current numbers from the Bureau of Labor Statistics (2018) found 326,000 post-9/11 veterans were unemployed; of this, 54% were 25-54 years old, 40% were over the age of 55, and 6% were between the ages of 18-24. These statistics indicated further investigation on the transitional system and support mechanisms are needed. Researchers urged veteran communities to help classify the characteristics of the transitional processes among veterans to help lead to more successful transitions (Austin, 2019; Coll & Weiss, 2017; Hale, 2013, Tsai et al., 2014; Ware, 2017).

**Theoretical Foundation**

As a foundation to understanding the theoretical framework used for this study, it is important to first recognize previous theories on the development of frameworks specific to military transitioning. These foundational frameworks guide and inform the work of military transitions.
Social Identity Theory

Introduced in 1979 by Henri Tajfel and John Turner, social identity theory refers to an individual’s sense of self based on group membership(s). As such, the individual’s membership in a specified group typically provides him/her with pride and self-esteem (McLeod, 2019). This theory can explain and describe intergroup behavior (Turner & Tajfel, 1986). These behavioral patterns are based on perceived group status differences, legitimacy, stability of status differences, and ability to move from one group to another (Turner & Tajfel, 1986). In studying veterans transitioning from military service to civilian careers, it is crucial to understand how the shift in group identity can impact an individual. Therefore, it is important to understand the military culture in general and how shifting from one group to another impacts service members. A lens to help understand the group identity shift is the Schlossberg (1981) 4S transition model. Silverstein (1994) reported many veterans undergo an identity crisis when transitioning from military to civilian life. This study used the Schlossberg (1981) 4S transition model to explore how veterans suffering from PTSD successfully transition into civilian careers.

Schlossberg’s 4S Transition Model

The theoretical framework used for study was Schlossberg’s 4S transition model. Schlossberg (1981) developed the 4S transition model using the four factors of situation, self, social support, and strategies. The 4S model helped frame this study to determine how veterans with PTSD can become more strategic in navigating the shift from military to civilian careers. Service members eventually become veterans and must transition from active duty to the civilian sector. Thus, it is imperative the nature of veterans’ transition to civilian life, including associated challenges, navigation techniques, and
reconnection approaches, be fully understood (Ahern et al., 2015; Bateman, 2011; Flournoy, 2014; Hyatt et al., 2014; Kelley, 2012). The 4S model was a suitable framework for this study because it classified the analysis of how veterans with PTSD described their transition into four factors. Figure 6 shows the individual factors of the 4S model and the coping resources of situation, self, social support, and strategies.


**Situation**

The situation factor encompasses numerous mechanisms such as triggers, timing, control, role change, duration, prior experience, concurrent stress, and personal appraisal. The situation perspective for veterans is extensive and PTSD is prevalent in the factor. For example, potential triggers for PTSD comprise of risk-taking behaviors by the veteran and hearing loud noises akin to gunshots. The different forms of potential triggers are abundant and can encompass naturally occurring developments, such as aging.
and retirement (Hughes, 2009; Marlene, 2017; McClelland, 2013). This factor examines the situation of the transition, inclusive of the nature, duration, and perceived significance of and readiness for transition (Morin, 2011; Schlossberg, 1981). This can include the nature of the separation, tenure, job market, family situation, and finances. Transitioning from active duty service can be a life-long process, as a service member does not simply arrive at a state of transformation. This factor also examined the readiness aspects of the service members for transition.

Goodman, Schlossberg, and Anderson (2006) described how individuals moving into a circumstance need to acclimate themselves with the guidelines, standards, and desires of the new framework. High-impact learning activities can occur, resulting in growth, learning, and personal and professional development (Sweitzer & King, 2013). Murray (2019) proclaimed, “being self-aware allows for individuals to understand the driving force behind their behavior, or the trigger, before and after they react and common trigger management practices” (p. 1). Such practices include exercising, counseling, resting, meditating, joining a support group, using positive distractions, and reframing.

**Self**

The self factor refers to personal characteristics and psychological resources. This factor includes the mind and body aspects of a transitioning person. As it pertains to veterans with PTSD, there are known health dangers connected to transitioning veterans. Health issues can include a propensity for violent acts and an unavailable or undeserved self-appraisal (Putrich, 2006). Markman (2016) recommended goal setting and creating support networks for dealing with role change. With respect to aging, Dilworth-
Anderson (2017) suggested physical and emotional needs must be proactively addressed with a focus on familial and economic support. A formal transition program for active duty and a post-service workshop was created to support navigation of the job market.

The self factor is known as the individual’s concept of his or her nature, character, and persona as related to culture, ethnicity, and perceived identity (De Munck, 2013; Schlossberg 1981). Self in this study examined how the veterans viewed their level of readiness, aptitude, and motivation to change. This factor further involved how the veterans pursued significant memberships and affiliations. It comprises knowledge of resources and how veterans acquire resources to meet their needs.

**Social Support**

The social support factor includes family, friends, institutional, and community relationships. The support these associations offer related to the quality of the relationship and perceived value of parties involved (Romero et al., 2015). The VR&E program could be a feasible opportunity for social support for PTSD veterans transitioning out of the military. Community programs and services can also play a major role in the transition processes (Barrera & Ainlay, 1983; Sarason & Sarason, 2006; Schlossberg, 1981; Voydanoff, 2005). Similarly, Austin (2019) explained how the practice of peer mentoring and utilization of formal mentoring networks was an effective way to build social support.

**Strategies**

The strategies factor includes how one knows and practices techniques while transitioning in life events. This factor examines the behaviors intended to modify a situation, control the assigned meaning, and manage stress in the aftermath.
Strategies focus on activities veterans may attempt to pursue, such as seeking information, directing action, or inhibiting action. Strategies may include virtual reality, yoga, meditation, and animal therapy. Deliberate actions may include enrolling in a post-service career workshop, utilizing educational benefits, and completing a vocational education program. Understanding the strategies used by veterans could be helpful in the transition from military service to civilian career (Elliott et al., 2015; Putrich, 2006). Gaining knowledge of veteran experiences through this factor could help identify potential changes needed to improve TAP and better meet the needs of all transitioning veterans.

Moreover, Austin (2019) found “veterans who applied grit, resilience, personal fortitude, drive and motivation were able to overcome and persevere despite the challenges inherent in the transition from military to civilian life” (p. 156). The behavioral component of the strategies factor includes deliberate action, execution, follow-through, and course correction through a cycle of evaluating strengths, weaknesses, opportunities, and possible threats (Schlossberg, 1981; Valentin, 2001; Wilson, 2016).

Elliott et al. (2015) stated, “Coping strategies as they have been studied within psychological research include all forms of thought and behavior used to manage or regulate stressors and their impacts in an individual’s life” (p. 62). Approach-based and avoidance-based PTSD coping strategies help address how PTSD veterans use different coping mechanisms to address their transitioning stress issues.
Summary

The review of literature in Chapter II revealed historical data and current research on post-9/11 PTSD veterans who transitioned from military service to civilian careers. This chapter described TAP, DTAP, the VA, PTSD, transitions from active duty to civilian careers, and Schlossberg’s 4S transition model. Historical data were presented as this chapter brought forth many issues veterans face when transitioning from the military.

Data further exposed the collective effects of transitioning veterans’ experience, including health problems, employment issues, maladaptation to civilian lifestyles, and permanent consequences of confronting troubling events. Although much research showed the negative effects of transition, the researcher found no studies focused on the experiences of veterans suffering from PTSD in transitioning from military service to civilian careers using Schlossberg’s model.

Chapter III details the methodology used for this study, including the research design, population, sample, and data analysis techniques. Chapter IV presents the data and findings from the study. Chapter V draws conclusions based on the findings and provides implications for action, recommendations for future research, and closing remarks.
CHAPTER III: METHODOLOGY

Chapter III presents the qualitative multiple case study methodology used for this research. Many military veterans are transitioning from active duty to civilian life with posttraumatic stress disorder (PTSD). As such, countless service members are faced with severe challenges while transitioning. Qualitative methods are suitable when looking to discover the lived experiences of a group (Flipp, 2014; Patton, 2015). This qualitative multiple case study explored the experiences of post-9/11 veterans suffering from PTSD who transitioned from military service to civilian careers within the last 3-5 years using Schlossberg’s 4S transition model factors of situation, self, social support, and strategies. This chapter includes the purpose statement, research question, research design, population, sample, instrumentation, validity and reliability, data collection, data analysis, and limitations.

Purpose Statement

The purpose of this multiple case study was to explore the experiences of post-9/11 veterans suffering from PTSD residing in California who transitioned from military service to civilian careers within the last 3-5 years, through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

Research Questions

This multiple case study was guided by one central research question and four sub-questions. The central research question was: What are the experiences of post-9/11 veterans suffering from PTSD transitioning from military service to civilian careers, using the Schlossberg transition model factors of situation, self, social support, and strategies?
Sub-Questions

1. How do post-9/11 veterans suffering from PTSD use the factor of situation in transitioning from military service to civilian careers?

2. How do post-9/11 veterans suffering from PTSD use the factor of self in transitioning from military service to civilian careers?

3. How do post-9/11 veterans suffering from PTSD use the factor of social support in transitioning from military service to civilian careers?

4. How do post-9/11 veterans suffering from PTSD use the factor of strategies in transitioning from military service to civilian careers?

Research Design

Patton (2015) described case studies as examining a system bound by time and place. Bounded means being unique according to the time, place, and participant characteristics (McMillan & Schumacher, 2010). A multiple case study also concentrates on a particular issue (Range, 2013). Therefore, a multiple case study was selected to explore the lived experiences of PTSD veterans who recently transitioned from military service to civilian careers in San Diego, CA.

Patton (2015) described three types of data that contribute to qualitative findings: documentation, interviews, and field observations. Interviews ask questions to gain insight into participant opinions, experiences, perceptions, and feelings. This study comprised of face-to-face interviews with post-9/11 veterans suffering from PTSD to gain insight into their experiences transitioning out of the military to civilian careers.

McMillan and Schumacher (2010) identified nine fundamental characteristics of qualitative research that should be incorporated in a study, including natural settings,
sensitivity to context, detailed description, inductive analysis, and participant perspectives. Using these characteristics improved this qualitative multiple case study by ensuring the post-9/11 PTSD veteran participants had a natural environment in which they were comfortable and the researcher, by virtue of his own experience, was aware of the sensitivity of information provided. The researcher collected all data in-person directly from participants. The process was structured by a team of three peer researchers studying military transitions to careers under the guidance of three faculty advisors. The interview questions were structured to elicit depth to contribute to a rich narrative description of participant perspectives. The data were analyzed using NVivo to discover themes and patterns in the complex explanation of this important topic.

**Rationale**

The use of qualitative case studies is justified for exploratory research (Ponelis, 2015). Interviews are the ideal method to generate new insights and details. Interviewing post-9/11 PTSD veterans helped build greater knowledge and understanding related to challenges veterans face when transitioning out of military service. Yin (2014) shared three reasons to use a case study methodology: (1) for research embedded in the investigation of how and why a phenomenon occurs; (2) when ongoing activities need to be explored (e.g., transition from active duty service); and (3) limited researcher control and resources. Qualitative research contains a thorough narrative description, participant viewpoint, and context sensitivity (Patton, 2015). These elements are important to this study as it relates to gathering the personal, intimate stories and insights of veterans with PTSD.
Population

McMillan and Schumacher (2010) stated a research population is “a group of individuals or events from which a sample is drawn into which results can be generalized” (p. 129). The focus of this research was post-9/11 veterans with PTSD in the United States who transitioned from military to civilian life in the last 3-5 years. About 2.6 million veterans served in post-9/11 wars (VA, 2015a). Based on the premise 20% of veterans suffer from PTSD (Hoge et al., 2006; Hoge et al., 2004), the population was estimated at 520,000 (20% of 2.6 million). Due to the large size of the population, the researcher used a targeted group of veterans to fit the needs of this research. When the population is too large to fully examine, a target population that mirrors an actual group is ideal (Roberts, 2010).

Target Population

McMillan and Schumacher (2010) explained how a target population is a mixture of people who fit a certain criterion under study. The target population for this study was the approximately 355 veterans associated with the local San Diego chapter of the California Veterans of Foreign Wars (VFW) 2082, a nonprofit organization specific to veterans. Of the 355 members of the VFW, it was estimated approximately 71 (20%) were diagnosed with PTSD due to serving in post-9/11 combat and transitioned from military service within the last 3-5 years (VFW, n.d.). Narrowing and focusing on this selected population allowed the researcher to focus on the experiences of local transitioning post-9/11 PTSD veterans.
Sample

A sample in multiple case study research is a group of participants selected from the target population from which the researcher collects data. Nonprobability, purposive sampling was used to select the sample. Purposive sampling is the selection of participants who meet specific criteria; participants with experience of the central concept are used in a case study (Wright, 2013). “The underlying principle in selecting appropriate cases is the preference for cases that are information-rich with respect to the topics under investigation, and therefore using purposive sampling is justified” (Patton, 2015, p. 64).

Nonrandom convenience sampling, which involves choosing a sample easily accessible to the researcher, was used to identify the cases. Emerson (2015) described convenience sampling “as one that facilitates the opportunity for the researcher to gain direct access to a group and or population being studied” (p. 47). This is useful when a researcher has direct access to the population. The sample was limited to the geographic location of San Diego, CA and specifically members of the VFW 2082 nonprofit organization. This geographic area was selected due to the large military presence and proximity to the researcher. To be included in the study, participants needed to meet the following criteria:

- Member of VFW 2082 in San Diego, CA
- Post-9/11 veteran diagnosed with PTSD
- Transitioned out of the military in the last 3-5 years
- Successfully employed in a career of his or her choice for at least one year
Multiple methods were used to recruit participants, focusing on social media outlets, professional flyers, and verbal communication channels. Through his personal network at the VFW, the researcher encouraged other post-9/11 veterans and members of the VFW with PTSD to spread the word about this study. A recruitment flyer (Appendix A) was posted at the VFW to increase visibility of the study and recruit participants. Those interested in the study were encouraged to contact the researcher to determine their eligibility based on the selection criteria.

With help from the leadership at the VFW 2082, eligible participants were contacted to schedule interviews. A total of three veterans met the criteria and were nominated by leadership to participate in the interviews. Qualitative samples should be large enough to obtain enough data to answer the study’s research questions. In case study designs, the researcher is studying “a phenomenon of some sort in a bounded context” (Miles, Huberman, & Saldana, 2014, p. 28); therefore, a case could be “an individual, a role, a small group, an organization, a community, or even a nation” (Miles et al., 2014, p. 28). In case study designs, it is important the sample is large enough to gather rich data yet ensure participants meet specified criteria for the study (Patton, 2015). Qualitative sample sizes may best be determined by time allotted, resources available, and study objectives (Patton, 1990). The sample size for this study was three based on time allotted, available resources, and objectives of the study.

**Instrumentation**

The primary method of data collection consisted of semi-structured interviews. “Semi-structured interviews consist of several key questions that help to define the areas to be explored, but also allows the interviewer or interviewee to diverge in order to
pursue an idea or response in more detail” (Gill, Stewart, Treasure, & Chadwick, 2008, p. 291). To increase accuracy, the researcher piloted the interview questions to maintain data consistency. Pilot test participants provided feedback about the clarity of the questions to ensure they would be understood by the participants.

Instrument development was completed with a military-based thematic team. With the direction of the Brandman University (BU) faculty members, the thematic team developed 12 interview questions addressing the aspects of the 4S factors of situation, self, social support, and strategies (Appendix B). The interview questions were designed to address each of the four factors and the thematic dissertation team generated a set of seven probing questions for expansion of dialog or to gain more information if the veteran did not fully address the question. The thematic team was separated into three different sections based on the researchers’ area of interest, which included post-9/11 veterans, post-9/11 veterans with PTSD, and post-9/11 female veterans.

With strategic collaboration, the thematic team worked with the BU faculty advisors to evaluate the generated interview questions. During this process, it was discussed as to whether the questions needed further development or revision. The thematic team assessed these questions for alignment to the purpose of the study and research questions.

**Background of Researcher**

The researcher is known as the prime instrument when conducting qualitative research (Patten, 2012; Patton, 2015). The researcher brought ample experience with the U.S. Armed Forces population as a former Chief Petty Officer in the United States Navy. His experiences in the Navy included advancement, retention, and attrition focused on
military transition processes and procedures. He had experience while on active duty and as a civilian providing human resources (HR) administration functions. The researcher also worked with the VFW 2082 where he helped wounded war veterans with transitional issues pertaining to VA disability compensation and related questions. At the time of this study, the researcher served as a full-time HR Analyst for a large unified school district, overseeing the district’s classified layoff and reemployment process.

In addition, the researcher held a master’s degree in business administration with a specialization in HR management. Based on his personal experiences, the researcher wanted to make changes to help post-9/11 PTSD veterans in their transitional processes, which he did by volunteering for the VFW, learning the functionalities of the VA system, and understanding how to appropriately approach veterans and engage with them about their transitional needs.

Validity

McMillan and Schumacher (2010) stated, “Validity is the degree to which scientific explanations of phenomena match reality” (p. 104). Validity provides generalizability and transferability of the data and findings; validity is a vital component in forming creditability and consistency in research. Patten (2017) also stated “a measure is valid to the extent that it measures what it is designed to measure and accurately perform(s) the functions it is purported to perform” (p. 71). Interview questions were developed by a team of three peer researchers under the guidance of three faculty researchers with collectively over 50 years of experience in qualitative research. The pilot interview helped validate the interview process and questions to ensure data collected would address the research questions.
Pilot Interview

A pilot interview was conducted before initiating formal data collection. This helped the thematic team understand the effectiveness of the interview process and questions and identify any inadequacies that needed to be modified. Each thematic team member conducted a pilot interview using the 12 interview questions. Pilot interviews were conducted with a veteran who met the study criteria but was excluded as a participant. All research procedures were followed and conducted as if it were the interview process for the study.

The pilot interview was observed by an individual with a doctorate experienced conducting qualitative research to assess the researcher’s technique. When the pilot interview was completed, the researcher, interviewee, and observer evaluated the process and questions. An interview critique form (Appendix C) and observer feedback questionnaire (Appendix D) were used to assess the pilot interview. The feedback helped the researcher understand the effectiveness of the questions and refine his interviewing technique.

Triangulation

The researcher used several strategies to increased validity throughout this study. The researcher followed the three strategies recommended by McMillan and Schumacher (2010):

- Replication across multiple veterans interviewed by three peer researchers
- Audio recordings to accurately capture participant responses
- Participant review of transcripts for accuracy
Reliability

Reliability indicates consistency and replicability. A script was developed to ensure consistency across all interviews (Appendix B). All participants were given the same detailed information and asked the same questions throughout the study. External reliability provides generalizability of the accumulated outcomes and results from the perspectives on the selected participants (Patton, 2017), which was not a focus of this study. Rather, the study looked for internal reliability. The pilot interview allowed the researcher to improve internal reliability by increasing the consistency in which questions were asked and ensuring the interview questions would elicit responses to address the research questions.

Creswell (2013) explained how reflexivity should be used in qualitative studies: “The inquirer reflects about how their role in the study and their personal background, culture, and experiences hold potential for shaping their interpretations, such as the themes they advance and the meaning they ascribe to the data” (p. 186). Reliability with reflexivity is vital in qualitative research. As such, the researcher used inductive analysis to derive codes from the qualitative data. Patton (2015) explained how credibility in research undergirds research principles. Thus, the researcher used reflexivity to help improve the study’s reliability. For example, the researcher used a reflective journal and field notes to record personal thoughts and ideas during each interview to help reduce possible bias. According to Krippendorff (2004), “Analysts can check the reliability by duplicating their research efforts under various conditions and check the similarities and differences in readings, interpretations, responses to, or uses of given texts or data” (p. 128). Intercoder reliability was built into data analysis to increase internal reliability; a
peer researcher reviewed 10% of the data and reached the standard of 80% agreement between researcher and peer reviewer on interpretation of results.

Data Collection

Prior to any recruitment or data collection activities, the researcher obtained approval to conduct the study from the BU Institutional Review Board. Once approved, the process began by communicating with the San Diego VFW to confirm it was appropriate to conduct this study with participants from the organization; once approval was granted by the Commander of the VFW (Appendix E), recruitment and data collection began. The research commenced by promoting this study at the VFW by posting a recruitment flyer (Appendix A) and asking all representatives at the organization to inform their members about the study. Veterans interested in participating were instructed to contact the researcher, who verified their eligibility to participate. Determination of eligibility relied exclusively on an integrity method, meaning it was assumed veterans gave truthful responses about being diagnosed with PTSD and having transitioned out of military service within the last 3-5 years and held a job successfully for at least a year. Once it was determined the individual met the study criteria, an interview was scheduled at a time and place convenient to the participant. The researcher communicated participation in the study was voluntary, all information shared would be kept confidential, and interviews could be stopped if they felt uncomfortable during the processes.

At the beginning of each interview, the researcher provided a copy of the interview protocol (Appendix B), participant bill of rights (Appendix F), and informed consent form (Appendix G) to each veteran participant. Each participant received a
thorough explanation of each form. Participants were asked to sign the informed consent form. Additionally, the researcher asked participants to complete a demographic data sheet to gather information about participant age, gender, ethnicity, discharge date, reason for military separation (e.g., retirement, medical, expiration term of service/ETS), PTSD diagnosis, and length of time at their current job (Appendix H).

During the interviews, the researcher followed the interview protocol using probes as necessary. Each interview was recorded and transcribed. Upon completion of the interview, participants were thanked for their time and asked to review the transcript for accuracy. It was also explained to the interviewees that all data would be kept confidential in a safe place where only the researcher had access. As stated in the informed consent form, all data were destroyed three years from the date of the interview. Furthermore, after each interview the researcher completed his field notes and personal journal to document the interaction. Both the field notes and personal journal helped increase reflexivity as it pertains to study bias. The field notes helped the researcher better understand context and non-verbal expressions such as body language, voice stability, and overall observations when asking the different interview questions. Once the transcripts were completed, they were sent to the respective participant for review, after which they were prepared for data analysis.

**Data Analysis**

“Qualitative analysis is a relatively systematic process of coding, categorizing, and interpreting data to provide explanations of a single phenomenon of interest” (McMillan & Schumacher, p. 367). The researcher organized the data to facilitate the
coding process following McMillan and Schumacher’s (2010) general process of inductive data analysis (Figure 7).

![Diagram of inductive data analysis process]

*Figure 7. General process of inductive data analysis. Source: McMillan and Schumacher (2010, p. 368).*

NVivo was used as a data analysis tool for this qualitative research study. NVivo is qualitative research software that helps with the coding processes. Using this qualitative software helped in sorting the codes into families of common themes, giving substance and understanding to the data. Inductive coding was used in which codes were derived from the data. “Inductive analysis is the process through which qualitative researchers’ synthesize and make meaning from the data, starting with specific data and ending with categories and patterns” (McMillan & Schumacher, 2010, p. 367).

The researcher followed the steps in analyzing qualitative data presented by McMillan and Schumacher (2010). These steps outlined the processing of data obtained from the interviews. Figure 8 shows these steps and process used by the researcher to code the data.
Figure 8. The steps in analyzing qualitative data. Source: McMillan and Schumacher (2010, p. 369).

**Theoretical Framework Application in Data Coding**

Application of Schlossberg’s 4S factors aided in exploring how veterans with PTSD can become more strategic in navigating the shift from military to civilian careers. Service members eventually become veterans and must transition from active duty to the civilian sector. Thus, it is imperative to understand the nature of veterans’ transitions to civilian life, including the associated challenges, navigation techniques, and reconnection approaches (Ahern et al., 2015; Bateman, 2011; Flournoy, 2014; Hyatt et al., 2014; Kelley, 2012). As such, Schlossberg’s transition model was selected as the most appropriate framework for this study to describe post-9/11 PTSD veterans’ transition from military to civilian careers. The 4S factors were used as a lens from which the data were examined. Appendix J summarizes how the theoretical framework was used to align the research questions, interview questions, and probes for data analysis.

**Limitations**

Limitations are known as variables in a study typically beyond control of the researcher. “Limitations are features in your study that you know may negatively affect the results or your ability to generalize” (Roberts, 2010, p. 162). All research studies
have limitations. It is important for researchers to clearly state limitations. For this study, the researcher identified the major limitations as: sample size, researcher bias, participant self-response, and diagnosis of PTSD.

- **Sample Size.** The researcher focused on three post-9/11 veterans diagnosed with PTSD who are members of the San Diego VFW 2028. The small sample size was a limitation of this study. With such a small sample size, the results of this study may not reflect the perceptions of the population and thus cannot be generalized.

- **Researcher Bias.** The researcher brought inherent bias into study, which was another limitation. The researcher’s background affected the data collection; as a fellow veteran, his personal experiences influenced how the data were coded and findings interpreted. His personal emotions and connection to participants were also factors to consider. To reduce researcher bias, interview questions were strategically developed and aligned with the research questions. Feedback from the observer used during the pilot test and journaling after each interview helped control any personal bias.

- **Participant Self-response.** This study relied on self-report, creating a possible limitation. The researcher relied on interviewees to answer all questions honestly and completely. However, it is possible participants did not fully disclose all relevant information when answering the questions or provided information they thought the researchers wanted to hear. Although there was no reason to believe participants were not truthful, this cannot be guaranteed. To reduce the potential for inaccurate data, participants were
guaranteed confidentiality and able to skip any questions for which they were not comfortable answering.

- **PTSD.** The fact the veteran participants were diagnosed with PTSD was also a possible limitation of this study. PTSD could affect the way interviewees responded to the questions, meaning the questions could have triggered an emotional or physical response during the interview. Thus, it was possible participants shut down when looking deeper into their personal experiences and lifestyle changes and did not fully answer the interview questions. To limit this potential, the researcher attempted to ensure participants felt comfortable throughout the interview.

**Limitation Safeguards**

For the researcher to decrease the impact of limitations in this study, certain safeguards were enacted to decrease possible negative outcomes. To diminish researcher bias, interview questions were strategically developed to align with the research questions. This helped ensure the research process was in order and nothing was out of line. It further helped participants feel comfortable by viewing the interview transcripts to eliminate possible triggers. It was further addressed to the participants that all data gathered were confidential, only the researcher would see the data; and all data were destroyed after three years. The researcher gave the interviewees authority to withdraw from the interview at any time if they felt uncomfortable. This helped further safeguard any possible issues in this study. It was the researcher’s main mission to guarantee every participant felt at home and comfortable enough to be authentic.
Summary

Chapter III presented the methodology for this qualitative case study exploring the experiences of veterans diagnosed with PTSD who transitioned from military service to civilian careers within the last 3-5 years. This chapter presented the purpose statement, research questions, research design, population, sample, instrumentation, validity and reliability, data collection, data analysis, and limitations. Chapters IV and V present the findings from the data, including conclusions, implications for action, and recommendations for future research.
CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

Chapter IV presents the major findings of this study based on the data. This qualitative multiple case study explored the experiences of post-9/11 veterans suffering from PTSD who transitioned from military service to civilian careers within the last 3-5 years using Schlossberg 4S transition model factors of situation, self, social support, and strategies. This study is one of three military-based thematic studies utilizing Schlossberg’s 4S transition model. Each of the members of the thematic research team addressed different groups of veterans based on interest, which included post-9/11 veterans, post-9/11 veterans with PTSD, and post-9/11 female veterans. Data were coded based on themes aligned to answering the research question and sub-questions. The data and findings are presented followed by key findings and a summary.

Purpose Statement

The purpose of this multiple case study was to explore the experiences of post-9/11 veterans suffering from PTSD residing in California who transitioned from military service to civilian careers within the last 3-5 years, through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

Research Questions

This multiple case study was guided by one central research question and four sub-questions. The central research question was: What are the experiences of post-9/11 veterans suffering from PTSD transitioning from military service to civilian careers, using the Schlossberg transition model factors of situation, self, social support, and strategies?
Sub-Questions

1. How do post-9/11 veterans suffering from PTSD use the factor of situation in transitioning from military service to civilian careers?

2. How do post-9/11 veterans suffering from PTSD use the factor of self in transitioning from military service to civilian careers?

3. How do post-9/11 veterans suffering from PTSD use the factor of social support in transitioning from military service to civilian careers?

4. How do post-9/11 veterans suffering from PTSD use the factor of strategies in transitioning from military service to civilian careers?

Population

The focus of this research was post-9/11 veterans within the United States with PTSD who transitioned from military to civilian life in the last 3-5 years. About 2.6 million veterans served in the post-9/11 wars (VA, 2015a). Based on the premise 20% of veterans suffering from PTSD (Hoge et al., 2006; Hoge et al., 2004), the population was estimated at 520,000 (20% of 2.6 million).

Due to the large size of the population, the researcher used a targeted group of veterans to fit the needs of this research. The target population for this study was the approximately 355 veterans associated with the local San Diego chapter of the California Veterans of Foreign Wars (VFW) 2082, a nonprofit organization specific to veterans. Of the 355 members of the VFW, it was estimated approximately 71 (20%) were diagnosed with PTSD due to serving in post-9/11 combat and transitioned from military service within the last 3-5 years (VFW, n.d.). Narrowing and focusing on this selected
population allowed the researcher to focus on the experiences of local transitioning post-9/11 PTSD veterans.

**Sample**

The sample was limited to the geographic location of San Diego, CA and specifically members of the VFW 2082 nonprofit organization. This geographic area was selected due to the large military presence and proximity to the researcher. To be included in the study, participants needed to meet the following criteria:

- Member of VFW 2082 in San Diego, CA
- Post-9/11 veteran diagnosed with PTSD
- Transitioned out of the military in the last 3-5 years
- Successfully employed in a career of his or her choice for at least one year.

The sample size for this study was three based on time allotted, available resources, and objectives of the study.

**Research Methods and Data Collection Processes**

A multiple case study approach was selected to explore the lived experiences of post-9/11 veterans with PTSD who recently transitioned from military service to civilian careers in San Diego, CA. To gain a deeper understanding of these veterans’ lived experiences, qualitative interviews were used because they offer an ideal data collection method to gain deep insights into their experiences. Additionally, analyzing interview data of post-9/11 PTSD veterans helped build greater knowledge and understanding related to strategies veterans used to successfully overcome the challenges they face when transitioning out of military service.
Once it was confirmed potential participants met the inclusion criteria, an interview was scheduled. At the beginning of each interview, the researcher provided a copy of the required forms and participants were asked to sign the informed consent form and complete the demographic data sheet. During the interviews, the researcher followed the interview protocol using probing questions when necessary. After each interview, the researcher completed his field notes and personal journal to document the interaction. Once the interview transcripts were completed, they were sent to the respective participant for review, after which they were prepared for data analysis. Intercoder reliability was assessed; the researchers reached 84% agreement, which exceeded the threshold requirement of 80% to ensure reliability of data coding.

**Demographic Data**

The researcher used the demographic data sheet to collect information about: (a) gender, (b) age, (c) ethnicity, (d) separation date, (e) reason separated, (f) employment length, (g) PTSD status, (h) discharge status, and (i) service branch. This study consisted of two females and one male, all between 31-40 years old. Each veteran participant was honorably discharged from the United States Navy and completed the Transition Assistance Program (TAP) in either 2015 or 2016. Two of the veteran participants separated from the military due to expiration of term of service (ETS), whereas one veteran participant separated due to mental health and medical related issues. Further, two veterans shared they were employed with their current positions within the last three years, and the other for the last two. Two veterans were diagnosed with PTSD during active duty and the other diagnosed after transitioning out of the service. The summary of the veteran participant demographics is shown in Table 4.
Table 4

Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Age Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 to 40</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
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<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>2 or more races</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Separation Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>2016</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Reason Separated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration of Term of Service (ETS)</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Medical Separation</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>Current Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 years</td>
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<td>33.3</td>
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<tr>
<td>3 years</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>PTSD</td>
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<td></td>
</tr>
<tr>
<td>Diagnosed After Getting out the Military</td>
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<td>33.33%</td>
</tr>
<tr>
<td>Diagnosed During Active Duty</td>
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<td>66.67%</td>
</tr>
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</tr>
<tr>
<td>Honorable</td>
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</tr>
<tr>
<td>Service Branch</td>
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<td></td>
</tr>
<tr>
<td>U.S. Navy</td>
<td>3</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Presentation of Data

The data collection process began in August 2019 and involved three post-9/11 veterans with PTSD residing in California who transitioned from military service to civilian careers within the last 3-5 years. This study consisted of 12 interview questions collaboratively generated by peer researchers and faculty advisers. The intent was to capture rich content through the lens of Schlossberg’s 4S factors: situation, self, social
supports, and strategies. Once the interviews were completed, the researcher began to analyze the data and major themes emerged.

**Data Analysis**

“Qualitative analysis is a relatively systematic process of coding, categorizing, and interpreting data to provide explanations of a single phenomenon of interest” (McMillan & Schumacher, p. 367). The researcher organized the data to facilitate the coding process following McMillan and Schumacher’s (2010) general process of inductive data analysis. Once the data were collected, the researcher conducted an initial scan for potential themes present in the data. These themes were carefully named for alignment to answering the research question and sub-questions.

NVivo was used as a data analysis tool for this qualitative research study. After the themes were initially identified, the researcher used this software to assist with the coding process. Using this qualitative software helped in sorting the codes into families of common themes, giving substance and understanding to the data. Inductive coding was used in which codes were derived from the data. The researcher followed the steps in analyzing qualitative data presented by McMillan and Schumacher (2010).

Application of Schlossberg’s 4S factors aided in exploring how veterans with PTSD can navigate the shift from military to civilian careers. Service members eventually become veterans and must transition from active duty to the civilian sector. Using the lens of Schlossberg’s 4S factors provided a framework to understand the nature of veterans’ transition to civilian life, including the associated challenges, navigation techniques, and reconnection approaches.
Findings for the Central Research Question

This multiple case study was guided by one central research question and four sub-
questions. The central research question was: What are the experiences of post-9/11
veterans suffering from PTSD transitioning from military service to civilian careers,
using the Schlossberg transition model factors of situation, self, social support, and
strategies? The 12 interview questions developed for this study all answered the central
question. The interviews yielded examples of what PTSD veterans went through as they
transitioned out of the military into their new careers. Furthermore, they helped reveal
the participants reasoning for separation, decision to separate, process for preparing to
transition, action steps taken to establish a civilian career, service-connected disability
role in separation, use of their support systems while transiting, use of TAP programs,
reliance on support from a mentor or specialist, stress management strategies during
separation, use and influence of TAP, and strategies used to overcome obstacles. The 4S
model helped frame this study to determine how veterans with PTSD were strategic in
navigating the shift from military to civilian careers. Analysis of the findings revealed 22
major themes, which were organized by the four research sub-questions and resulted in 3-9
themes per research sub-question (Table 5).

Table 5
4S Factors with Frequency Counts and Themes

<table>
<thead>
<tr>
<th>4S Factor</th>
<th>Interview Frequencies</th>
<th>Total Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>20 (9%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Self</td>
<td>88 (40%)</td>
<td>9 (41%)</td>
</tr>
<tr>
<td>Social Supports</td>
<td>39 (18%)</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>Strategy</td>
<td>75 (34%)</td>
<td>5 (23%)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>222</strong></td>
<td><strong>22 (100%)</strong></td>
</tr>
</tbody>
</table>

Note. Respondents could give more than one answer (n = 3).
The factor of self was the focus of most of the interviews, producing nine themes, or 41% of all themes. Self-related themes were mentioned 88 times, accounting for 40% of coded data. Strategy-related themes were the next highest with five themes mentioned 75 times (34% of the data). The factor mentioned least was situation, which generated three themes and accounted for 9% of coded data.

It is important to note this study involved responses from a unique group of participants. As such, themes that appeared under one research sub-question sometimes were also themes related to other sub-questions. Themes were not compartmentalized to just one research sub-question; rather, there was a natural tendency to have one experience relate to multiple sub-questions.

Figure 9 provides information on the number of themes and percentage of coded data for each factors in the Schlossberg 4S model. As illustrated in Figure 9 the factor of self accounted for 41% of the themes with nine identified themes.

Figure 9. Number of Themes and Percentages for each of the Schlossberg 4S Model
Figure 10 indicates the frequency count for each of the factors. Self had the highest frequency count with 88 references accounting for 40% of coded data; however, it should be noted the factor of strategies was a close second. The factor of strategies had a frequency count of 75 (34% of coded data). Participants from this study indicated the factors of self and strategies were used most predominantly to successfully transition to civilian careers from the military.

![Figure 10. Frequency for each factor of the Schlossberg 4S model](chart.png)

**Findings for Research Sub-Question 1 – Situation**

Research Sub-Question 1 was: *How do Post 9/11 veterans suffering from PTSD use the factor of situation in transitioning from military service to civilian careers?*

Three interview questions were intentionally designed to help answer the research sub-question (Appendix B). Post-9/11 veterans suffering from PTSD shared experiences that fell within the factor of situation when transitioning from military service to civilian careers as revealed through there themes references a total of 20 times (Table 6).
Table 6

Themes for Research Sub-Question 1 – Situation

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Mental Health Disorders</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>1.2 Desire to Improve Quality of Life</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>1.3 A Feeling of Confusion</td>
<td>4 (20%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20 (100%)</strong></td>
</tr>
</tbody>
</table>

**Theme 1.1: Mental Health Disorders**

Schlossberg claimed the situational factor can affect transition as it relates to triggers, timing, control, role change, duration, previous experience, concurrent stress, and assessment (Anderson et al., 2012). Based on the factor situation, the first theme that emerged from the data was mental health disorders, which was expressed by all three participants. This theme was referenced 10 times, accounting for 50% of the coded data for Sub-Question 1. These veterans all suffered from PTSD and other mental health related issues. Their mental health status played a major role in their decision to separate from the military. Veteran 1 stated:

Before I deployed, there might have been a small chance that I thought I could stay in the Navy long term. Small chance, as in 2%. On deployment, there is nowhere to hide. There are no private spaces and there are no psych docs. While on deployment, I wasn’t able to fake it as well as I could on shore or even on short detachments. It wasn’t long before the girls in my berthing noticed me popping pills or commented on my strange eating and exercise habits. Once they started making comments, my panic attacks started in relation to PTSD.
Veteran 2 also suffered from PTSD, which situationally was a factor in her decision to transition to a civilian career. Veteran 2 elaborated on the contribution of her mental health to her decision to transition out of the military by stating:

I looked back on my reason for joining and reevaluated my priorities. I also noticed the military started to mess with my state of mind due to strategic details and always doing the right thing perfect. Things that once mattered like traveling, material things, and pursuing change of scenery was not as important in that regard versus my then new goals in life for better mental health.

She explained her altered state of mind was not conducive to her staying in the military; thus, the mental health disorder forced her to seek an alternative career outside the military. Veteran 3 expanded on the need to transition out of the military due to his mental health, saying:

For me, it was when I went through my chain of command and asked for help dealing with my mental illness and how I was treated or looked upon as weak. That let me know I was only a number and I had to take charge and do what’s best for me and my life going forward.

In the case of Veteran 3, the mental health disorder was further compounded by the notion having PTSD was looked down upon while in the military. The veterans’ responses illustrated mental health played a major role in their decisions to separate from the military and to take the necessary steps to live a healthier lifestyle.
Theme 1.2: Desire to Improve Quality of Life

Based on the factor situation, the second theme that emerged from the data was their desire to improve quality of life, which was expressed by all three participants. This theme was referenced six times, accounting for 30% of coded data for Sub-Question 1. All three veterans revealed they used assessment for the situational factor by evaluating events in their life and revealing a desire to improve their quality of life. Veteran 1 stated, “I loved my country and wanted to server my country as my career, but it was just not the life for me anymore.” Veteran 2 stated, “Sharing my life rather than my naval experiences with my family were not equivalently matched,” meaning she wanted to improve quality time with her family, which ultimately improved her quality of life. Lastly, veteran 3 shared:

I went through many difficult situations. I wanted to serve for life, but I learned that each person has to do what’s best for his or her situation and you can’t worry about what other people think or feel because we all have one life to live.

It was evident through each of their responses the veterans clearly understood what they needed to improve their quality of life and futures. Each veteran expressed they felt distraught the military would not be part of their future career plans and recognized they needed to separate because of their desire for an improved quality of life.

Theme 1.3: Feeling of Confusion

Based on the factor situation, the third theme that emerged from the data was a feeling of confusion. This theme was referenced four times, accounting for 20% of coded data for Sub-Question 1. Veterans 1 and 2 revealed they were given information during
the TAP program and experienced the opposite in the civilian employment world. The transfer of military job skills, the equivalency of job-related experiences, and transition training were not what they were led to believe it would be when they got out of the Navy. Veteran 1 shared:

The positions I was aiming for never called me back. I ended up taking the first and only job offered to me, an armed security guard at a casino on graveyard shift. That in and of itself was trigger after trigger of a past life I wanted to escape. The entire process was just confusing. My anxiety got much worse and I lost a lot of weight.

Veteran 2 further bolstered this idea by stating:

Being in the military is not just a job that you can easily adjust to once you move on to another job; it is a lifestyle and your mindset is what has to adjust, which it is difficult to re-program the mind to go from what you know your whole adulthood as a way of life to anything else. Ultimately, time is the biggest thing that helped me with my transition to the civilian sector.

The transitions these veterans experienced revealed they did not feel TAP was suitable for their transitional needs into civilian careers. Although the situational factors analyzed revealed these veterans sought out separation from the military based on their mental health status and the desire for a better quality of life, there was confusion based on the TAP program as to what to expect in civilian life. They reported the process was rushed, information was confusing, and none of the attributes of the program helped them successfully transition into their civilian careers.
Findings for Research Sub-Question 2 – Self

Research Sub-Question 2 was: How do post-9/11 veterans suffering from PTSD use the factor of self in transitioning from military service to civilian careers? For Research Sub-Question 2, three interview questions were intentionally designed to elicit responses shedding light on how the 4S factor of self contributes to transition from military service to civilian careers (Appendix B). Nine themes were identified based on the interview questions and are displayed in Table 7.

Table 7
Themes for Research Sub-Question 2 – Self

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Make Personal Needs a Priority</td>
<td>22 (25%)</td>
</tr>
<tr>
<td>2.2 Seriousness of PTSD Related Issues</td>
<td>12 (14%)</td>
</tr>
<tr>
<td>2.3 Need for Disability Benefit Resources</td>
<td>11 (13%)</td>
</tr>
<tr>
<td>2.4 Motivated to Adjust to Living a Civilian Life</td>
<td>11 (13%)</td>
</tr>
<tr>
<td>2.5 Access to Family Support and Social Networks</td>
<td>10 (11%)</td>
</tr>
<tr>
<td>2.6 Resourcefulness in Exploring Career Resources &amp; Opportunities</td>
<td>7 (8%)</td>
</tr>
<tr>
<td>2.7 Pursuit of Higher Education</td>
<td>5 (6%)</td>
</tr>
<tr>
<td>2.8 Determination to Pay Debt and Save Money</td>
<td>5 (6%)</td>
</tr>
<tr>
<td>2.9 Support from Career Organizations and VA System or Services</td>
<td>5 (6%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88 (100%)</strong></td>
</tr>
</tbody>
</table>

**Theme 2.1: Make Personal Needs a Priority**

The individuals’ psychological state plays a role in how veterans transition from military service to civilian careers (Anderson et al., 2012). The first theme that emerged from Sub-Question 2 was veterans felt they needed to make their personal needs a priority, which was referenced 22 times accounting for 25% of the coded data. Two of three veterans (66.6%) shared one key motivational driver to transition out of the Navy was due to their own personal needs. These two veterans stated they wanted to live in a better environment and have a better life. They each stressed they knew if they stayed in
the Navy, it would not provide a good foundation for the rest of their lives. For example, Veteran 2 shared:

[I] knew that in order to provide a roof over my son’s head and be able to nourish not only his body but his mind and spirit, I would have to be in a solid place with my finances, which would then ease one of the biggest stressors that most veterans face, money. The Navy was just not going to do this for me. If I was stressed about being able to provide for my son, I am not nourishing my own body, mind, and spirit, so I would not be able to provide that for my son.

Veteran 3 expressed this same sentiment by stating, “I knew I had to get out because I needed to focus on myself and my future. If I stayed in the Navy nothing good would have come from it.” These veterans stressed the Navy was just not going to make them who they needed to be or become in life. Each knew for them to live happier lives, they needed to transition out of the military because they could no longer navigate the dynamics within the military and maintain a healthy lifestyle.

**Theme 2.2: Seriousness of PTSD Related Issues**

The second theme related to Sub-Question 2 revealed PTSD-related issues increased the veterans’ desire to transition out of the Navy and into civilian life to have full access to their disability benefits. This was congruent with Schlossberg’s theory of self in that an individual’s personal characteristics and psychological state of mind plays a role in how he/she transitions. This theme was reference 12 times by two of the veterans (66.6%) and accounted for 14% of the coded data. Veteran 1 stated:
While I was in, I saw a psychiatrist regularly to help cope with what I diagnosed as OCD/PTSD. Since you are only able to spend one year in psychiatric care before they medically separate you, I pretended to be better so I could finish my enlistment and not lose everything I had worked so hard for. Once I was clear, I was transferred to a deployable unit and was sent to support the war shortly after. As time passed, I knew the seriousness of my mental health disorders needed better attention and the military could not give it to me.

Veteran 3 also spoke about PTSD related issues, sharing: “[I] wanted to seek therapy and help for my mental illness and still work a civilian job.” Each of these veterans expressed the serious side effects they experienced regarding mental health disorders associated with PTSD, which drove them to transition out of the Navy. Though all three participants had PTSD, only two stated their mental health was one of the factors that motivated them to seek better help, care, and understanding of the ways in which PTSD manifest itself in veterans.

**Themes 2.3: Need for Disability Benefit Resources**

The third theme that presented itself in the data based on Schlossberg’s theory of self was the veterans believed they would receive better care if they transitioned out of the military because they would have more access to mental health-related services because of disability benefits. This theme was referenced 11 times by all three participants accounting for 13% of the coded data. The veterans shared their service-connected PTSD diagnoses was the reason they could no longer serve in the Navy. Although one veteran reported his diagnosis of PTSD was after separation, he noted the
symptoms of this mental health illness, which manifested during active duty, were a catalyst to separation. Additionally, PTSD was not addressed openly with active military, making it difficult to receive care while still on active duty, so the need for disability benefits motivated veterans to separate.

Veteran 1 stated: “My anxiety and PTSD made it so I could no longer serve. I was able to ‘fake it’ to make it through, but there is no way I could have made it a full 20 hiding the way I did.” Veteran 1 further explained access to disability benefits motivated the decision to separate. Veteran 2 expressed this same sentiment, stating, “Applying for jobs in the federal sector gives you extra preference points for service-connected disabilities.” Veteran 2 elaborated by sharing her need for disability benefits played a factor in separating. Veteran 3 echoed this idea by explaining the benefits he got from his disability, including financial support and resources for higher education. He said:

My PTSD made it to where I can go to school and take more classes and graduate sooner and get benefits for college, and also it made it so I would not have to be so stressed out about work or anything until I finished my degree.

Each of these veterans shared having PTSD was difficult for them to navigate, and the availability of individualized services helped them focus on their mental health. This occurred through the availability of disability benefits, schooling, or financial support. It was evident their ability to receive benefits based on their service-connected disability played a positive role in transitioning into civilian careers.
Theme 2.4: Motivated to Adjust to Living a Civilian Life

The fourth theme that emerged was all three veterans were motivated to transition into a normal civilian lifestyle. This theme was reference 11 times by all three veterans accounting for 13% or the data. The personal aspirations of these three veterans in wanting a normal civilian life was another example of how post-9/11 veterans suffering from PTSD use the factor of self to transition from military service to civilian careers. Based on her personal experiences, Veteran 1 shared:

I wanted to have a family, which I felt I could not do while in the military. I wanted to be my own person and own my own life. The fact that I was on the clock 24/7 and could be deployed at any moment left me with crippling anxiety and fear of putting down roots.

Meanwhile, Veteran 2 stated:

Civilian life is the foundation… Whether you go back in 4 years or 20 years, going back is something the majority of us will do. For me, the military was to aid me in civilian life, especially working in a larger melting pot of people and fields. As with the majority of society, I feel that it is human nature to want to be successful and that was no different for me. I wanted to be successful and be able to provide for my son. My drive has and will always be my son, everything that I do and every move that I make in this world, I do with my son as the guiding point.

Veteran 3 gave the same feedback, saying:

I wanted to be able to spend time with my friends and family and try to build my life best as possible, so I felt this would be the best way as a
civilian working a regular job and being able to get help for my problems without being judged or looked at differently.

Being able to adjust to the normal lifestyle or civilian lifestyle was what all three veterans expressed in their interviews. The trauma they experienced on active duty helped them see separating from the military was the right decision based on their personal desires and characteristics. These normalized lifestyles aided in personal wellbeing.

**Theme 2.5: Access to Family Support and Social Needs**

The fifth theme that emerged for Sub-Question 2 was all three veterans felt they needed access to family support as a personal psychological resource. All three veterans mentioned this theme, which was referenced 10 times representing 11% of the coded data. All veteran participants shared they had the psychological support of family and other social networks to help them gain valuable knowledge. This knowledge and psychological resources helped them transition into a successful civilian career. Having access to an extended network of individuals helped make it easier for them to establish themselves outside the Navy. Veteran 1 stated, “I had my dad apartment hunt for me, since I was in the Persian Gulf, and he got me set up in my first apartment when I returned home.” Veteran 2 stated, “I was unemployed for four months and with some family help, I was able to get some items paid and establish myself a little better.” Similarly, Veteran 3 shared:

My steps were a roller coaster ride because I moved around so much and then I finally landed in Des Moines, Iowa, with family and got
professional help. This is where I finally started to get help and seek treatments for all of my problems.

These veterans each shared what steps they took to establish themselves outside the Navy. As was the case for each of them, relying on the psychological resources family and friends provided while seeking professional help aided in successfully transitioning into careers outside of the military.

**Theme 2.6: Resourcefulness in Exploring Career Resources and Opportunities**

The sixth theme for Sub-Question 2 was all the interviewed veterans thought it was necessary to use their own resourcefulness to seek career resources, efforts, and structured reentry programs to transition into civilian careers. This theme was referenced by all three seven times, accounting for 8% of coded data. They shared this was a lengthy process, but they eventually established themselves in the civilian workforce through time and their own resourcefulness. Schlossberg’s theory of transition illustrates a person’s outlook, commitment, and values play a role in self-advocating within transitions (Anderson et al., 2012). Veteran 1 stated, “Once home, I officially was able to file for divorce, and I began job hunting 6-8 hours a day and interviewing when I was called, eventually obtaining a suitable career.” Veteran 2 further stated:

Once I minimized my bills, I had to job hunt continuously because I still had rent to pay and unemployment was going to end in six months… After about two months with no responses from companies that I submitted applications to on USAJOBS, I decided to look into getting my MBA.
Veteran 3 further illustrated this point by stating:

I always wanted to own a nonprofit business so instead of going the traditional route…I focused on my goals and started my own business and now I am striving for happiness and to help others. This journey is something that I am focused to do and like any new business there will be ups and downs and I am learning so much and I have the opportunity to talk to and meet new people and try to make new people happy and able to reach some of their goals and dreams in life.

Each of these veterans’ responses showed they knew what important steps they needed to take to help them fulfill their passions. Whether getting a job, gaining a degree, or starting their own company, they said it took time and determination to be successful outside the Navy. Though some are still working on their goals, they further shared they will keep working to achieve success toward their civilian careers and futures. Ultimately, their own personal characteristic of resourcefulness and efforts contributed to successful transitions to civilian careers.

**Theme 2.7: Pursuit of Higher Education**

Another theme mentioned by two of the three (66.6%) veterans was knowing they had to pursue higher education to be successful in the civilian sector. This theme was referenced five times and accounted for 6% of the coded data. These veterans knew to stay competitive in the civilian sector, they needed to continue their education. Their personal characteristics of understanding this competitive edge coupled with their own desires for higher education contributed to the successful transition to civilian careers. Veteran 2 stated:
I decided to look into getting my MBA. My thought process was that I would make myself more competitive if I got a higher degree and since my undergrad degrees were in criminal justice and child psychology and I was not actively seeking employment in those fields, getting a MBA just made more sense to me. As fate would have it, I received a Federal job offer doing the exact same thing that I was doing when I was in. That job started December 31st and I started my MBA degree program December 17th, so I was able to use my post-9/11 G.I. Bill for school and get the BAH allowance to supplement my paychecks from my new job.

Veteran 3 stated: “I started learning about myself and then I got back into school and later finished up my degree and graduated.” These two veterans believed it was important to get degrees in their field of interest to better position themselves in the job market. Veteran 2 is employed fulltime due to pursuing a degree, and Veteran 3 is building his own nonprofit and thanks to his degree in a related field.

**Theme 2.8: Determination to Pay Debt and Save Money**

Theme 8 revealed each of the veterans believed it was important to take steps toward saving money or paying off debts to better establish their careers outside the Navy. All three veterans contributed to this theme, which was referenced five times accounting for 6% of the coded data. This personal drive illustrated these veterans’ determination was a significant factor in successfully transitioning. Veteran 1 stated: “I saved every single penny I got in order to ensure I would have as much time and money to support my transition as possible.” Veteran 2 shared:
When I separated I received medical separation pay, so the first thing I did was pay off some debts to try to ease some of the monthly bills that I had while I was in and knew that without the steady income that I was accustomed to I would not be able to pay. The two main bills that I paid off was my vehicle because I figured without a job there was no way I would be able to pay a $725 car payment. The next, my debt to the school I went to get my undergrad degrees so my transcripts would be released so I could enroll in a graduate program.

Furthering the sentiments from the first two veterans, Veteran 3 stated, “I tried to save what money I could before getting out because I knew I would need it.” Each veteran showed they either needed to save money to pay off debts or help support them once they were out of the service. Their personal characteristic of determination allowed this to be reality, aiding in successful transition to civilian life and careers. This revealed they knew prior to separation from the military, they would need to take specific steps to ensure personal wellbeing through financial stability.

**Theme 2.9: Support from Career Organizations and VA System or Services**

The final theme for Sub-Question 2 showed all three veteran participants knew they needed to seek support from career organizations and VA systems or services. This theme was referenced five times accounting for 6% of the coded data. All veterans shared support from their current jobs and/or the VA system played a vital role when it came to their service-connected disability by providing psychological resources, which helped them successfully transition into civilian careers. Veteran 1 stated, “The VA services helped provide many benefits towards my disability.” Veteran 2 shared, “The
VA and my job were very helpful when it came to accommodations and services towards my disability.” Lastly, Veteran 3 stated:

It’s a great VA program that helps many veterans get on their feet while they are dealing with different situations in life. I am happy I served and was given an honorable discharge because some of the programs have opened up doors and allowed me to take risks to open my own program. I am very grateful for some of the programs that have helped me and people who have helped me along the way.

It was evident based on the responses from the veterans for the factor of self, specifically seeking out psychological resources for their personal characteristics was an important motivator in obtaining proper resources, including the VA services needed to transition appropriately into civilian careers. This aligned with Schlossberg’s theory on the utilization of psychological resources to be successful with transitions despite disability-related hardships.

**Findings for Research Sub-Question 3 – Social Supports**

Research Sub-Question 3 was: *How do post-9/11 veterans suffering from PTSD use the factor of social supports in transitioning from military service to civilian careers?*

For Research Sub-Question 3, three interview questions were intentionally designed to help answer the research sub-question (Appendix B). Five themes were identified based on the three interview questions and are displayed in Table 8.
Table 8
Themes for Research Sub-Question 3 – Social Support

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Family, Friends, and Other Supports Played a Huge Role</td>
<td>10 (26%)</td>
</tr>
<tr>
<td>3.2 Ongoing Financial and Emotional Support from Family</td>
<td>9 (23%)</td>
</tr>
<tr>
<td>3.3 Lack of Navy Appointed Mentor or Employment Specialist</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>3.4 The Transition Assistance Program was Not Useful</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>3.5 Success when Other Veterans Helped</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Total</td>
<td>39 (100%)</td>
</tr>
</tbody>
</table>

**Theme 3.1: Family, Friends, and other Supports Played a Huge Role**

The most prominent theme that emerged from the data on this factor illustrated social support played a huge role in the successful transition of veterans into civilian careers. All three veterans (100%) spoke to this theme, which was referenced 10 times and accounted for 26% of the coded data. Schlossberg’s theory states intimate relationships, family units, networks, and institutions and communities play a vital role in the ability for one to cope with stress and make a successful transition (Anderson et al., 2012).

The veterans interviewed shared social support systems such as family and friends played a major role in helping them transition into civilian careers. For example, Veteran 1 shared, “I did have some outside help from non-military people as far as social support goes. But that is really all. It did help getting a new opinion and voice from others who are not associated with the military,” elaborating that she relied on her family and friends for support. Veteran 2 stated:

Social support played a huge part in my transition. Having the support of friends and family is paramount in any stage of life. My friends and family were rocks for me, they were shoulders to cry on, my sounding
boards and basically just kept me sane and levelheaded through the whole process...having other veterans to reach out to was a life saver.

Veteran 3 shared, “In my support system I have friends and mentors who help me and advise me in crazy situations... It played a significant role.” While interviewing each of these veterans, they further shared they were grateful for their support systems and felt without them, they would not be where they are today. Each respondent was grateful for the opportunity to lean on friends and family to help during the transition.

**Theme 3.2: Ongoing Financial and Emotional Support from Family**

The second theme that emerged from the data for Sub-Question 3 was that all three veterans (100%) revealed they were self-motivated to transition out of the military because of the financial support and love from their families. This theme was referenced nine times, accounting for 23% of the coded data. This aligned with Schlossberg’s theory by illustrating social supports are crucial in the success of veterans transitioning into civilian careers. Veteran 1 shared, “The support of my family is what helped further support my decision to transition out of the Navy.” Veteran 2 shared, “With the support of family and friends, this helped me get back on my feet and motivated me to want to get out.” Veteran 3 went on to say, “My overall motivation to get out of the Navy was the support I had outside, family, friends, and their willingness to support me overall.” The veterans explained the crucial role family played in supporting them emotionally and financially. It was evident all three veterans were pleased they had family, friends, and financial support to help make their decision to transition out of the Navy. This emotional support with the financial help made it easier to focus on civilian career success., which contributes to a successful transition out of the Navy.
Themes 3.3: Lack of Navy Appointed Mentor or Employment Specialist

The third theme associated with Sub-Question 3, reported by Veterans 1 and 2, was the lack of mentors or employment specialists to help with their transition to civilian careers. Thus, these two veterans found they had to rely on other social supports rather than mentors or employment specialist. Veteran 1 stated,

[I] did not have a mentor or an employment specialist. The Navy never offered a mentor or employment help before, during, or after my transition. When I checked out of my command, I drove off base and never looked back. I never received follow-up phone calls, emails, mail communications from anyone, and I didn’t expect that.

Veteran 2 shared, “I did not really have a mentor or an employment specialist that assisted me during my transition. I basically did everything on my own.” These veterans revealed they went through the transition process relying on their own resourcefulness and support from family and friends rather than formal supports such as mentors or employment specialists. However, both veterans shared they wish they had more help through a mentoring relationship, but were able to navigate this area of the transition.

Themes 3.4: The Transition Assistance Program was Not Useful

The fourth theme that emerged from the data with regard to Schlossberg’s factor of social support showed Veterans 1 and 3 (66.6%) felt the TAP program and social networks this program promised were not useful and a waste of their time. This theme was referenced seven times accounting for 18% of the coded data. Veteran 1 stated:

I attended TAP class for one day and did not receive anything of use from it. There were no networking opportunities available to me, perhaps
because of where I was stationed or perhaps because those that worked our TRS class did not care. Because there was nothing available, there was nothing to use.

Further, Veteran 3 shared:

I went to one two-hour meeting where they discussed basic benefits and it was not much networking. My experience was not very good when separating and going through the programs to help veterans transition back to civilian life. Honestly, none of the programs helped me; they failed me until I went to the Veteran Affairs in Des Moines, Iowa. I did not have a good experience when I was transitioning from the U.S. Navy in San Diego, California.

While conducting these interviews, Veterans 1 and 3 were emotional. They expressed they were not happy with how they were treated going through TAP. Both veterans hoped this program would provide them with social networks they were seeking to transition to civilian lives and careers successfully; however, that did not happen.

**Theme 3.5: Success When Other Veterans Helped**

The fifth theme presented in the data concerning the factor of social support was the veterans were successful in the transition when other veterans helped them. Two participants (66.6%) referenced this theme six times, accounting for 15% of the coded data for this sub-question. Veterans shared help from other veterans played an important role in shaping their experiences when transitioning out of the Navy. Veteran 2 stated, “My military family/vets were very supportive on top of other processes.” Veteran 3 shared, “I still go to other veterans and word of mouth for most things that I need help
with.” These two veterans expressed they found it much easier to seek help from other veterans because it was easier to talk to them, as they were able to relate to the dynamics of the transition process.

The fact other veterans had been through the transition process themselves aided in their abilities to successfully guide these participating veterans through the process. Both veterans shared it helped them to communicate with other veterans because they could use military vernacular to communicate what they were experiencing and they had shared experiences.

**Findings for Research Sub-Question 4 – Strategy**

Research Sub-Question 4 was: *How do post-9/11 veterans suffering from PTSD use the factor of strategies in transitioning from military service to civilian careers?* For research Sub-Question 4, three interview questions were intentionally designed to help answer the research sub-question (Appendix B). Five themes were identified based on the three interview questions and are displayed in Table 9.

Table 9

<table>
<thead>
<tr>
<th>Themes for Research Sub-Question 4 – Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme</td>
</tr>
<tr>
<td>4.1 Determined and Self-Motivated</td>
</tr>
<tr>
<td>4.2 Managing Stress from Hardships through Therapy</td>
</tr>
<tr>
<td>4.3 Used Other Veterans or VA Support Systems Rather than IDPs</td>
</tr>
<tr>
<td>4.4 Proactively Pursued Educational Opportunities</td>
</tr>
<tr>
<td>4.5 Regularly Self-Medicated</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

**Theme 4.1: Determined and Self-Motivated**

The first theme in the data related to the factor of strategy was the veterans were determined and self-motivated to make a successful transition. All three participants
(100%) provided information related to this theme, which was referenced 42 times and accounted for 56% of the coded data. Schlossberg’s transition theory identified three strategies used to cope with stress: modifying the situation, controlling the meaning of the problem, and managing stress in the aftermath (Anderson et al. 2012). The veterans shared they were self-motivated and determined to be successful in their transitions, which allowed them to actively direct their outcomes.

Veteran 1 stated, “I am lucky to be a resourceful and driven person. If I had given up for even one second, I have no idea where I would be today.” Veteran 2 shared, “If it was not for my self-determination, I would not be in the place I am now. TAP cannot take credit for my success.” Veteran 3 also stated:

I was inspired and motivated to be successful in my process. But then my PTSD made it hard to cope so I had to learn to deal with it while also seeking help so I can live the most normal life as possible.

Self-determination and motivation played a major role with the success of going from active duty into civilian careers. The veterans all shared their motivation and drive to be successful helped them find resources and lean on their support systems. This strategy of self-determination made a difference in their successful transition to civilian careers.

**Theme 4.2: Managing Stress from Hardships through Therapy**

The veterans who participated in this study all stated they were dealing with hardship while managing stress and needed to seek support for coping strategies. This theme was referenced 12 times accounting for 16% of the coded data. This theme speaks directly to the difficulties the veterans faced as sought therapy and employed strategies to
cope with the stress of transitioning out of the military. The veterans shared it was difficult to manage their stress during their transition processes. Veteran 1 stated:

I was the physical manifestation of stress and there was nothing to help me manage it. Even once I got a job, the work I did was very hard on my emotions and my body and I began to look sick not long after I started working there. I felt lost.

Veteran 2 further supported the first veteran’s thoughts by stating:

Managing stress has and will always be a difficult task. Being a self-proclaimed perfectionist, everything has to be just so and I have to be able to control every environment that I am in. When you are transitioning through the program, there are times that you are not going to be able to control the world around you and things are not going to go as planned all the time and that can send your stress level through the roof.

Veteran 3 also shared, “I was so stressed because I felt like I had no help or support during this time period, and I did not know where to turn going through the transitional program.” These veterans found relying on family and friends reduced these stressors, and having the guidance of another veteran who went through the process decreased stressed. In addition, having disability benefits opened up possibilities for medical treatment for PTSD, and the increased tolerance to discuss mental health issues reduced these stressors.

All the veterans associated with this study looked for professional assistance in the areas of mental health and counseling to cope with the difficulties they faced pertaining to their transition into civilian life. These veterans relied on VA hospitals and
private insurance to access individual and group therapy. The Veterans Choice Program (VCP) allowed some of these veterans to access therapy through outside agencies.

Veteran 1 stated, “I had to seek help, therapy and classes, to help further cope with my stress.” Veteran 2 shared, “Going to stress management classes and individual therapy helped me better manage my stress.” Veteran 3 further supported the other veterans’ statements saying, “I had to get therapy help for my stress.”

The emotional expressions and tone of voice during the interviews suggested each of these veterans was emphatic about the importance of noting transitioning to civilian life was stressful, and they knew they needed professional therapy to cope with the transition to civilian life. They all wanted to be successful in their new career paths and knew therapy was an important strategy to cope with the stress of PTSD.

**Theme 4.3: Used Other Veterans or VA Support Systems Rather than IDPs**

The third theme in data was the idea participants knew it was important to engage with other veterans and VA support systems as a strategy to transition into civilian careers. This theme was referenced 11 times accounting for 15% of the coded data. All three veterans (100%) provided responses coded in this theme. Veteran 3 shared:

I made my own timelines and check list to keep my progress of how long I have been out and the progress I made. I also set goals on calendars to get the job that I really wanted to use. This was all guidelines that were given to me through…other veterans.

Further discussion with each veteran illustrated they felt more comfortable with people they knew helping them than strangers. The use of other veterans and VA supports such as disability benefits or financial support for higher education all positively
contributed to the successful transition from military to civilian careers. On the other hand, these participants also shared IDPs had little influence on their success with transitioning into civilian careers. Veteran 1 stated, “I did not get an IDP or use one. The only reason I was successful in my transition is because I wanted to be.” Veteran 2 stated:

Within my organization, IDP’s are not mandated; therefore, I chose not to utilize it. I did not think it would be a helpful tool for me. I am sure that it could be a useful tool in different organizations throughout the Department of Defense, just not mine.

Veteran 3 further supported this theme, stating:

The main strategies I used was to reach out to other veterans or friends or family who have been through this situation and prayed and I met my church family and they helped me and guided me through this process. But IDP and TAP was not really helpful. I did not use what they gave me as it was confusing.

However, Veteran 2 thought the IDP was a good idea, but was not able to use one. Veteran 2 stated:

I was able to use other support systems with my transition, as well as my own determination to get where I needed to go. Since the purpose of the individual development planning is to align employee training and development efforts with the mission and goals of the organization, I think they would be useful in an organization that has upward mobility or room for growth, which again my organization does not unfortunately.
Two veterans expressed they did not feel the IDPs were an effective use of their time as the plans were not directly linked to actions they needed to successfully seek and land civilian careers. Rather, these veterans reported it was their support systems and self-determination that aided in the transition. They further explained the system, including using IDPs as a strategy, needs to be revised to better suit the needs of veterans.

**Theme 4.4: Proactively Pursued Educational Opportunities**

Theme four illustrated the veterans feel proactively pursuing educational opportunities was an important strategy in effectively transitioning to civilian careers. Two of three veterans (66.6%) provided insights about this theme, which was referenced six times and accounted for 8% of the coded data. Veterans 1 and 3 shared to obtain a suitable career outside the Navy, they knew they needed a degree. Veteran 1 stated, “I needed my degree and the VA made it clear that I needed to get it in the field I had training in from the Navy to be successful.” Veteran 3 furthered this idea by stating, “I knew I had to get my degree to start my own nonprofit, so I did just that. I needed all the knowledge I could get.” It was evident to these two veterans proactively pursuing higher education was an important strategy to successfully obtain civilian jobs that would sustain them over the future.

**Theme 4.5: Regularly Self-Medicated**

Another strategy present in the data was that veterans regularly self-medicated as a means to deal with the stress of transitioning from the military. This theme was referenced four times, accounting for 5% of the coded data, and mentioned by two of the veterans (66.6%). Self-medicating referred to the use of alcohol, marijuana, and other substances that helped them cope with stress during their transition from the military into
civilian careers. Veteran 1 stated, “I drank a lot; I smoked a lot. I didn’t sleep very much and, unmedicated, I had many panic attacks. I was the physical manifestation of stress and there was nothing to help me manage it.” Veteran 3 shared, “I also noticed I would lean on other means of help such as self-medicating with extra drinks. It was a time I felt I needed to drink more and more to help cure my stress.”

These veterans were hesitant to share this personal information and it was evident they were on edge stating how they self-medicated as evidenced by their body posture, voice instability, and lack of eye contact. These veterans shared how they sought addiction counseling and services to help end these issues.

Key Findings

The key findings for this study were categorized into the 4S factors of situation, self, social support, and strategies. To determine the key findings, a criterion of a frequency of 10 or greater was utilized. Each 4S factor had at least one theme that met this criterion. The factors with the highest frequencies were self and strategies, 88 and 75 respectively. The factor of self had five themes with a frequency greater than 10 and the factor strategy had three themes that met this criterion. The factors of situation and social support each had a single theme that met the criterion of a frequency of 10 or greater.

Factor 1: Situation

- Mental health disorders were a major motivational factor for veterans transitioning out of the military
Factor 2: Self

- Veterans felt that they needed to make their personal needs a priority
- Veterans assessed the seriousness of their PTSD-related issues, which was a factor in choosing to transition out of the military
- Veterans were motivated to transition out of the military based on the availability of disability benefits and resources
- Veterans who successfully transitioned to civilian careers were motivated to adjust to civilian life and explore new careers
- Access to family support and social networks was a factor in successful transition from military into civilian careers

Factor 3: Social Support

- Veterans felt ongoing support from family, friends, and other supports were critical to a successful transition to civilian careers

Factor 4: Strategies

- Being determined and self-motivated helped veterans successfully transition out of military and into civilian careers
- Managing stress from hardships through therapy
- Veterans reported using other veterans of VA support systems rather than IDPs in their transition to civilian careers

Summary

The purpose of Chapter IV was to investigate this multiple case study to assist in understanding the experiences of post-9/11 veterans diagnosed with PTSD residing in California who transitioned from military service to civilian careers within the last 3-5
years using the 4S transition model. This chapter started by reviewing the purpose statement and research questions. The researcher then presented a summary of the research design, population, sample, and participant demographics. An introduction of findings for the central research question and four sub-questions was presented to illustrate the experiences of the veterans interviewed for this study. Dominant themes were identified pertaining to Schlossberg’s 4S factor model. Detailed narratives were utilized to help clarify the veteran participant reactions and to explain the themes. Chapter V presents the conclusions, implications for actions, and recommendations for future research.
CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Chapter V begins with a brief explanation of purpose statement, research questions, methodology, population, and sample. The remainder of the chapter presents the major findings, unexpected findings, conclusions, implications for action, and recommendations for further research. The chapter concludes with researcher remarks and reflections.

**Purpose Statement**

The purpose of this multiple case study was to explore the experiences of post-9/11 veterans suffering from PTSD residing in California who transitioned from military service to civilian careers within the last 3-5 years through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

**Research Questions**

This multiple case study was guided by one central research question and four sub-questions. The central research question was: What are the experiences of post-9/11 veterans suffering from PTSD transitioning from military service to civilian careers, using the Schlossberg transition model factors of situation, self, social support, and strategies?

**Sub-Questions**

1. How do post-9/11 veterans suffering from PTSD use the factor of situation in transitioning from military service to civilian careers?

2. How do post-9/11 veterans suffering from PTSD use the factor of self in transitioning from military service to civilian careers?
3. How do post-9/11 veterans suffering from PTSD use the factor of social support in transitioning from military service to civilian careers?

4. How do post-9/11 veterans suffering from PTSD use the factor of strategies in transitioning from military service to civilian careers?

**Research Methods**

A qualitative multiple case study design was used for this study. A multiple case study was selected to explore post-9/11 PTSD veterans who recently transitioned from military service to civilian careers in San Diego, CA. To gain a deeper understanding of their experiences, in-depth, semi-structured interviews were used because they offered an ideal data collection method to gain insights into the veterans’ experiences. Analyzing interview data of post-9/11 PTSD veterans helped build greater knowledge and understanding related to strategies veterans used to successfully overcome the challenges they face when transitioning out of military service.

**Population**

The focus of this research was post-9/11 veterans within the United States with PTSD who transitioned from military to civilian life in the last 3-5 years. About 2.6 million veterans served in the post-9/11 wars (VA, 2015a). Based on the premise 20% of veterans suffer from PTSD (Hoge et al., 2006; Hoge et al., 2004), the population was estimated at 520,000 (20% of 2.6 million).

The target population for this study was the approximately 355 veterans associated with the local San Diego chapter of the California Veterans of Foreign Wars (VFW) 2082, a nonprofit organization specific to veterans. Of the 355 members of the VFW, it was estimated approximately 71 (20%) were diagnosed with PTSD due to
serving in post-9/11 combat and transitioned from military service within the last 3-5 years. Narrowing and focusing on this selected population allowed the researcher to focus on the experiences of local transitioning post-9/11 PTSD veterans.

**Sample**

The sample was limited to the geographic location of San Diego, CA, and specifically members of the VFW 2082 nonprofit organization. This geographic area was selected due to the large military presence and proximity to the researcher. To be included in the study, participants needed to meet the following criteria:

- Member of VFW 2082 in San Diego, CA
- Post-9/11 veteran diagnosed with PTSD
- Transitioned out of the military in the last 3-5 years
- Successfully employed in a career of his or her choice for at least one year

Through his personal network at the VFW, the researcher encouraged other post-9/11 PTSD veterans and members of the VFW with PTSD to spread the word about this study. A recruitment flyer (Appendix A) was posted at the VFW to increase visibility of the study and recruit participants. Those interested in the study were encouraged to contact the researcher to determine their eligibility based on the selection criteria.

**Major Findings**

This study investigated the experiences of post-9/11 veterans suffering from PTSD transitioning from military service to civilian careers using the Schlossberg transition model factors of situation, self, social support, and strategies. Several major findings were discovered from this research study that provided insights for synthesis to ultimately generate conclusions and implications for actions. The key findings from
Chapter IV were generated using a criterion of a frequency of 10 or greater, which generated seven key findings:

1. Veterans’ reported mental health disorders, including the seriousness of their PTSD, coupled with making their personal needs a priority were major motivational factors for transitioning out of the military.
2. Veterans were motivated to transition out of the military based on the availability of disability benefits and resources.
3. Veterans who successfully transitioned to civilian careers had a desire to adjust to civilian life and explore new careers.
4. Ongoing support from family, friends, and social networks were critical to successfully transitioning to civilian careers.
5. Veterans who successfully transition to civilian careers from the military relied on their self-determination and motivation.
6. Veterans shared using other veterans or VA support systems rather than IDPs aided in their transition to civilian careers.
7. Veterans acknowledged managing stress from hardships through therapy contributed to their successful transition to civilian careers.

**Major Finding 1 – Making Their Mental Health Disorders and Personal Needs a Priority was a Key Reason for Leaving the Military**

The first major finding for this study related to the factor of situation. This finding was based on the fact participants’ mental health disorders, specifically their PTSD, played a major motivational role in transitioning out of the military. The participants referred to their mental health as a factor in their separation 10 times. In
addition, participants reported the seriousness of their PTSD was a factor in choosing to transition out of the military. Participants mentioned this 12 times during interviews. Beyond their mental health status, veterans shared making their personal needs a priority was a motivational factor in transitioning from military life to civilian careers. This necessity was mentioned 22 times throughout the interviews. Many veterans reported finding out through the transitional process they were not just suffering from PTSD, but other mental health related disorders as well. All three veterans expressed how they felt their mental state, at some point, was not where it should be and they were scared about what could transpire later in life, affecting themselves, families, and friends.

More than one million veterans face PTSD-related problems. Constant exposure to violence, death, bombs, and explosions in combat zones was linked to PTSD and related issues among veterans; however, research indicated post-9/11 veterans suffering from PTSD were less likely to continue their transitional programs and medical treatments (Erbes et al., 2010; Fontana & Rosenheck, 2008; Ramchand et al., 2008). Responses from this study provided insights into this phenomenon in that participants reported they did not like the treatment they were receiving and sought other sources. Statistical data from the VA should be interpreted with caution as it does not include veterans seeking outside care. This study confirmed veterans suffering from PTSD seek and utilize services outside the VA. These veterans reported they felt it was their duty to take it upon themselves to get the treatment and care they need from other sources.
Major Finding 2 – Availability of Disability Benefits and Resources Motivated Participant to Transition

The next major finding from this study related to the factor of self: participants were motivated to transition out of military based on the availability of disability benefits and resources. The participants referred to disability benefits and resources being a factor in their transition 11 times and specifically stated they believed they would receive better care if they transitioned out of the military. Disability benefits were accessible once these veterans transitioned out of the military, which allowed them more access to mental health-related services. Two of the veterans were identified as having a disability prior to separation and received some information on those benefits. However, the third veteran was not diagnosed with PTSD until after separation. The veteran diagnosed post-separation did not receive the same level of information on disability benefits and resources as the other two who were required to formally go through the transition assistance program (TAP) conducted by the Department of Labor in collaboration with the Department of Defense.

Major Finding 3 – The Desire to Adjust to Civilian Life and Explore New Careers was a Motivating Factor in the Decision to Transition

Another major finding for this study, related to the factor of self, was the veterans had a desire to adjust to civilian life and explore new careers. All three participants shared comments they were motivated to adjust to civilian life and explore new careers a total of 11 times. The personal aspirations of these three veterans in wanting a normal civilian life is another example of how post-9/11 veterans suffering from PTSD use the factor of self to transition from military service to civilian careers. These veterans
expanded by sharing their desires to have a family, find career success, provide for their children, have a satisfying career outside the military, and obtain work-life balance all contributed to their motivation to separate from the military.

**Major Finding 4 – Ongoing Support from Family, Friends, and Social Networks are Critical to Successful Transitions**

The fourth major finding for this study, related to the factor of social support, was ongoing support from family, friends, and social networks were critical to their successful transition. This major finding stemmed from two key Chapter IV findings:

- Access to family support and social networks was a factor in successful transition from military into civilian careers
- Veterans felt ongoing support from family, friends, and other supports were critical to a successful transition to civilian careers

All three participants shared remarks that reinforced these statements. Participants mentioned family and social network supports 10 times and mentioned the importance of family, friends, and other supports an additional 10 times. All veteran participants stated how they were able to successfully transition out of the military due to the endless financial and emotional support from family, friends, and other veterans.

Mancini, O’Neal, Martin, and Bowen (2018) stated, “Military families often identify with several communities” (p. 554). These veterans expressed heavily how they were able to rely on their significant others, associates, family members, veteran friends, and other nonmilitary comrades to help drive the transitional process into new civilian careers. Many shared how they did not have to worry about any burdens because they had the support of family, friends, and other veterans. This led them to worry less about
personal matters and focus on the professional actions needed to be successful in the
future. Positive relationships among friends and family help support individuals during
transitional events as they provide motivation and inspiration to achieve their end goals
(Robertson, 2013).

**Major Finding 5 – Being Self-Determined and Motivated Helped Veterans
Successfully Transition Out of Military and into Civilian Careers**

The fifth major finding related to the factor of strategies: veterans relied on their
self-determination and motivation to aid in their successful transition from military to
civilian careers. This finding had the second highest frequency. All three veterans
provided insights related to their self-determination and motivation being a factor in their
successful transition, referenced 42 times. The veterans studied reported their self-
determination and motivation allowed them to actively direct their outcomes. They
elaborated by sharing their drive and motivation helped them find resources and lean on
support systems they needed to be successful.

**Major Finding 6 – Using Other Veterans or VA Support Systems Were Perceived to
be More Valuable than IDPs**

An additional major finding related to the factor of strategies was veterans found
more value in using other veterans or VA support systems than their Individual
Development Plan (IDP). The IDP is a military form used to assist transitioning service
members seeking career opportunities as a civilian working for the department of the
Navy. All three participants remarked they benefited more from other veterans or VA
supports rather than the IDP process 11 times throughout the interviews.
Further discussion with each of these veterans illustrated they were more comfortable with people they knew helping them than strangers who do not know their passions and work ethics. The use of other veterans and VA supports such as disability benefits or financial support for higher education all positively contributed to the successful transition from military to civilian careers. Additionally, these participants shared IDPs had no major influence on their success with transitioning into civilian careers.

**Major Finding 7 – Managing Stress from Hardships through Therapy**

The final major finding related to the factor of strategies was veterans acknowledged managing stress from hardships through therapy contributed to their successful transition to civilian careers. This was mentioned by all three participants a total of 12 times during interviews. As these veterans all suffered from PTSD, there were unique challenges that needed to be addressed in the form of helping with coping strategies. Elliott et al. (2015) argued coping strategies include thoughts and behaviors used to manage stress and stated both approach-based and avoidance-based PTSD coping strategies helped address how PTSD veterans used different coping strategies to address their stress issues related to transitioning to civilian life and careers.

All the veterans associated with this study looked for professional assistance in the areas of mental health and counseling to cope with the difficulties they faced pertaining to their transition into civilian life. These veterans relied on VA hospitals and private insurance to access individual and group therapy. The Veterans Choice Program (VCP) allowed some of these veterans to access therapy through outside agencies.
Unexpected Findings

During interviews, two of the veterans voiced dissatisfaction with their transition processes; however, an unexpected finding was that one of the three veterans shared primarily positive comments regarding the transitional processes. Veteran 2 shared about positive processes and supports while transitioning from active duty into her civilian career. For example, Veteran 2 talked about the importance of friends and family during the transitions, which included military friends and other veterans. Similarly, Veteran 2 described,

The Navy offered a Transition Goals, Plan and Success (TGPS) course which was very useful. The course consisted of pre-separation counseling, TGPS seminars, TGPS career tracks, and capstone. The part of TGPS that I found the most useful and am glad that I used was the higher education track. It provided a list of and made comparisons of colleges based on my O*NET interest profile to help me pick the best path for what I was interested in going to school for and the career I was interested in. The capstone was also really helpful because they connect us with outside companies that offer additional assistance. The NAVNET company especially, they hold a networking breakfast once a month where you can meet and interact with various companies and they also send out frequent emails with job listing that I still get and review; sometimes I even pass the information along to other people.

This interview provided insights about aspects of the current program Veteran 2 found useful and beneficial. Veteran 2’s perceptions of how the Navy’s transitional
systems helped provide her a substantial amount of resources and how she was able to help other veterans indicated some aspects of the transitional system work for some veterans. It was evident from Veteran 2’s comments other components of the Schlossberg’s 4s model, such as social supports, contributed to her positivity as well.

**Conclusions**

After analyzing the major findings of this study, several conclusions were drawn. These conclusions were based on the findings and supported in the literature. The major findings resulted in seven conclusions.

**Conclusion 1 – Transition Programs for Veterans Suffering from PTSD must be Expanded to include Specific, In-Depth Preparation based on the Unique Challenges they face when Transitioning**

Based on the finding veterans were motivated to transition out of the military as a result of the seriousness of their PTSD, other mental health issues, and a desire to make their personal needs a priority, it was concluded transition programs must be expanded to include specific in-depth preparation based on the unique challenges veterans suffering with PTSD present. Veterans transitioning from military service to civilian life with PTSD face many challenges transitioning with their PTSD disability. During their transitional phases to the civilian world, they are often less prepared for new jobs in a culture completely different from that of the military. The veterans studied reported feeling abandoned while going through TAP. PTSD sufferers experience more physical, cognitive, emotional, and physiological symptoms, including uncontrollable thoughts, intrusive memories, and physical reactions (Costello, 2015; Ware, 2017), which need to be addressed through transitional services.
Conclusion 2 – All Individuals Beginning the Transition Process must Receive Education Regarding how to Access and Capitalize on Disability Benefits

Given the finding veterans were motivated to transition out of military based on the availability of disability benefits and resources, it was concluded individuals in the process of transitioning need education and resources regarding how to access and capitalize on disability benefits. Linking military personnel to these resources can help foster a positive transition to civilian careers. This information regarding how to access and capitalize on benefits should be for all service members preparing to transition in case they need these benefits in the future.

Conclusion 3 – Veterans Preparing to Separate from the Military Need More Preparation and Guidance in Exploring Satisfying Civilian Careers

As evidenced by the finding veterans’ desire to adjust to civilian life and explore new careers was a motivational factor to separate, it was concluded veterans need more preparation and guidance in exploring career paths that would be satisfying and rewarding upon separation from military. Service members receive intense technical training while in the military, yet there is minimal guidance in aligning and transferring those technical skills into the civilian labor market. For example, a Navy hospital medical corpsman’s job is similar to a civilian EMT or nurse, yet currently military training does not align to the civilian training and therefore service members are not eligible for these jobs after transition. Navy damage controlman has the same skills as a civilian firefighter, yet the military training is not recognized in the civilian job market after separation. Alignment of military training with civilian certifications/trainings,
coupled with increased guidance in exploring these military to civilian career paths, would aid service members in landing satisfying civilian careers.

**Conclusion 4 – Professional Guidance is Essential in Building Social Support Networks to Ensure Successful Transitions**

Based on the finding veterans felt ongoing support from family, friends, and social networks were critical to successful transitions to civilian careers, it was concluded professional guidance in supporting transitioning service members should include helping them access and build their social support networks prior to separation, including other veterans. Currently, TAP includes spouses in the process of accessing information and education on how to best transition to civilian life, yet it does not include friends or other individuals, like other veterans, who could serve as a role model. Based on the insights shared by the participating veterans, it would be beneficial to expand the supports beyond family and to utilize professional assistance in guiding a structured approach to identifying and developing social support networks.

**Conclusion 5 – Perseverance and Intrinsic Motivation Ingrained during Enlistment can be Intentionally Employed to help Veterans Successfully Transition into Civilian Careers**

As evidenced by the finding self-determination and motivation played a role in successfully adjusting to civilian life, it was concluded the perseverance and intrinsic motivation ingrained during enlistment can be intentionally employed to develop a personal plan helping veterans adjust to their new life while successfully seeking a new career outside the military. Participating veterans reported preparing for a new phase in life was challenging but their determination, motivation, and self-worth drove them to be
successful. According to Flournoy (2014), “The transition from uniform duty to civilian status is not just a change of jobs, it’s a change in virtually every aspect of life: their careers, responsibilities, jobs, homes, communities, lifestyle, healthcare, training, and more” (p. 2). It would be beneficial to garner the perseverance and intrinsic motivation ingrained during military duty to their new endeavors within the civilian world. It took participants great determination, energy, time, and planning to ensure their transitional process ran as smooth as possible, despite barriers encountered. These veterans never gave up and are still pushing forward today.

**Conclusion 6 – Individual Development Plan and Process Needs to be Reviewed and the use of Veterans and other VA Supports should be Prioritized as a Key Means to Ensure Successful Transitions**

Given the finding other veterans and VA support systems aided in their transition to civilian careers more than IDPs, it was concluded the IDP and process are inadequate and require deeper examination. Such as investigation should review other methods these participants indicated as successful, including having other veterans act as role models or mentors. Those methods then should be implemented as a better way to help successfully transition service members. This investigation should identify the specific VA supports, such as veteran mentors or role models, reported to be better than the institutionalized methods currently in place for helping enlisted military transition to civilian careers.

Community programs and services can also play a major role in the transition processes (Barrera & Ainlay, 1983; Sarason & Sarason, 2006; Schlossberg, 1981; Voydanoff, 2005). This study revealed how the practice of peer mentoring and use of
formal mentoring networks was an effective way to build social support networks and successfully transition into their selected careers. The participants spoke specifically about the mentoring offered from other veterans who successfully transitioned. Through this support, the veterans expressed how they were able to learn, grown, and succeed in their personal missions to be successful outside the military. All veteran participants shared they were able to take what they learned, including learning from the mistakes the mentor veterans shared, to help with their own transition. In addition, the participants were growing their social networks and gaining new friendships with other veterans. It would be immensely helpful to identify, develop, and train a paid or volunteer cadre of supportive veterans to mentor newly transitioned veterans until they were established in a new career and adjusted to civilian life.

**Conclusion 7 – It is Essential Transitioning Veterans be Thoroughly Educated on the Benefits of Therapy and How to Access It**

As evidenced by the finding veterans acknowledged managing stress from hardships through therapy contributed to their successful transition to civilian careers, it was concluded veterans benefit from knowing how to access, attend, and benefit from various therapy sessions or group therapy. Pre-separation, there is little to no information shared with veterans about how to access therapy or the benefits of therapy. As in the general population but amplified in military life, there continues to be a stigma about having mental health issues and accessing the needed supports for those mental health issues. Providing military personnel with this information prior to and after separation could benefit transitioning veterans.
Implications for Action

The findings of this study led the researcher to propose seven conclusions. Those seven conclusions created the following implications for action. These actions are directed to military personnel responsible for the development of transitioning programs as well as military agents that provide care for veterans during and after services.

Implication 1a - Invest Time and Money into Developing Transition Plans Based on the Unique Needs of Post-9/11 Veterans Suffering from PTSD

The VA must develop better career success transitional plans for post-9/11 PTSD veterans that help meet their unique needs. Based on the finding veterans were motivated to transition out of the military as a result of the seriousness of their PTSD, other mental health issues, and a desire to make their personal needs a priority, and the conclusion this specific group of veterans is faced with unique challenges based on their PTSD, it is recommended the VA invest time and money into assessing and tailoring transition plans considering the unique needs of post-9/11 PTSD veterans. These transitional plans need to meet this specific group’s psychological needs in addition to career readiness.

Implication 1b – First Treat and Address Veterans’ Mental Health Disabilities

For veterans with PTSD to be successful in acquiring and sustaining civilian careers, the military’s transitional plans need to first treat or address their mental health disabilities before stepping into new careers outside the military. It is recommended the first step in TAP for veterans with PTSD be a thorough assessment of their mental health status and a plan to provide them with tools and strategies (e.g. therapy, medication, yoga) to cope with their medical issues before pursuing careers in a new environment.
This would help alleviate anxiety, stress, and depression veterans with PTSD typically have that could be increased due to transitioning from active duty into the civilian sector.

This VA (2007) Inspector General’s audit and the findings from this study indicated a disconnect between what veterans with unique needs require versus what the VA is doing for transitional programs. The VA Inspector General’s audit found 33 of 58 (57%) applicants withdrew involvement in the TAP program because they did not understand it, lost interest after learning the time commitment, limited access to VA resource offices, difficult coursework, limited profession options, and personal reasons such as family, health, or financial issues. (VA, 2007). The final point of this audit aligned with this researcher’s assertion the individual’s mental health needs require attention prior to establishing a plan for education or civilian employment. The sole purpose of the program and plan is to rehabilitate and transition veterans effectively into the civilian lifestyle, and a successful transition requires a better developed career plan focused on the unique challenges of post-9/11 veterans with PTSD.

Implication 2a – Meeting with Guidance Counselors Regarding Accessing and Capitalizing on Disability Benefits

Prior to and immediately following active duty, service members should meet with guidance counselors who can provide them with information on accessing and capitalizing on their disability benefits. This implication is based on the finding veterans were motivated to transition out of military service based on access to disability benefits and resources and the conclusion individuals in the process of transitioning need education and resources regarding how to access and capitalize on disability benefits.
Implication 2b – Information on Disability Benefits should be Easily Accessible through Web-based Platforms

It is recommended information on disability benefits be made more easily accessible through web-based platforms, social media, and counseling resource services. Currently, information is difficult to find and access. It is typically paper-based and handed out upon request. Access via web-based programs would ensure veterans could access the information on an as-needed basis or when they are working with family, peers, or outside mentors for support and assistance.

Implication 2c – Extend TAP/DTAP to a Two-Week Program to Personalize Plans and Provide Guidance on Disability Benefits

It is recommended the Department of Defense collaborate with the Department of Labor in allocate funding to extend TAP and DTAP to two weeks. TAP provides information, tools, and training to help service members and their spouses get ready to successfully move from the military to civilian life. From start to finish, TAP guides users on veteran benefits, education options, federal assistance, and veteran employment help. The TAP process is broken down into five parts over a minimum 12-month timeline, although those getting ready to retire can start as early as 24 months out.

During the busy week of TAP courses, one session specifically addresses disabled individuals, DTAP. Minimal information is shared with disabled veterans and no information is shared with non-disabled service members on benefits and disability resources. In the TAP course, there is a mandatory week in which excessive amounts of information are shared with soon-to-transition service members. The addition of a second week would allow service members with existing disabilities to receive
specialized counseling regarding accessing and capitalizing on benefits. During the second week, separating service members would sit with a VA representative to complete their disability claim with professional guidance.

In addition, TAP does not specifically discuss disability benefits with non-disabled service members separating, yet could provide information to all transitioning service members regardless of medical status on potential need for and process of acquiring disability benefits in the future based on service-related medical issues. Rather than TAP feeling rushed and overwhelming with extreme amounts of information, the second week could be tailored to creating individualized plans through counseling and support. Beyond more extensive information shared in the second week of TAP regarding disability benefits, another benefit would be more time to work on writing resumes and preparing for interviews. During the second week, separating service members could be provided information on mental health supports and the benefits of these supports. This could include testimonials from veterans who benefited from therapy.

**Implication 3a – Create a Taskforce Charged with Aligning Military Technical Skills Acquired during Enlistment with Skills Needed for Civilian Careers**

It is recommended a taskforce be formed to investigate the best ways for military personnel to capitalize on various technical skills gained during service by aligning them with civilian careers. This is supported by the finding veterans desired to adjust to civilian life and explore new careers, which was a motivational factor to separate, and the conclusion veterans need more preparation and guidance in exploring career paths that would be satisfying and rewarding upon separation from military. The VA should create
a taskforce to align military technical skills with skills needed for civilian careers. The outcome of the taskforce should include materials that would then be incorporated into the TAP/DTAP process to inform the transition to appropriate civilian fields. Also, the taskforce would create recommendations to be shared with civilian industries who partner with the military to hire veterans.

**Implication 3b – Guidance with Resume Development**

Service members could benefit from formal guidance to identify their most transferrable skills and market those through formal resume development to help land the most desirable and satisfying civilian careers.

**Implication 4a – Extend TAP Support Program Beyond Family to Friends and Other Veterans as Role Models**

It is recommended TAP extends the support program beyond family to include friends and other support networks such as veterans who could serve as role models and mentors in the transition process. This is based on the finding veterans felt ongoing support from family, friends, and social networks was critical to successfully transitioning to civilian careers and the conclusion professional guidance in helping transitioning service members build their social support networks prior to separation would aid in a smooth transition.

**Implication 4b – Expand Service to Aid Veterans in Broadening their Support Networks**

It is recommended the VA expand its services to include helping veterans with PTSD build a broader network of support with other veterans suffering from PTSD who transitioned to civilian careers. The VA should build into its program a variety of ways
to keep veterans connected with other veterans within and across all phases of transitioning to civilian life. Some specific ways to do this are using social media such as closed membership accounts to allow for connection and support. Additionally, the VA should create weekly virtual online meeting times. Each week could have a theme and designated veteran who could share successful practices, challenges, resources, and support.

**Implication 4c – Educate Family and Friends on the Unique Challenges of Veterans Suffering with PTSD**

Given the participants in this study relied on family, friends, and other veteran supports coupled with the unique challenges of veterans suffering with PTSD, it is recommended family and friends receive education on PTSD so they can support the veteran’s transition. The VA should provide this education during the pre- and post-transition period through regular and ongoing workshops. These educational offerings should also be provided in an on-demand manner using web-based applications. The VA should set aside resources to pay a collaborative team of veterans, counseling staff, and experts for meaningful and significant content. The content should include the voices, stories, and experiences of veterans and their families and friends.

**Implication 4d – Add a List of Supports for Specific Aspects of Life into Goal Setting**

It is recommended part of the formal process of separating from military service include professional guidance in establishing and identifying who the veteran can rely on for support in specific aspects of life (e.g., finances, emotional support, structure). The VA should crate lists of individuals and/or organizations eligible and capable of
providing support in specified areas. This list would include choices vetted for their experience and success in supporting veterans and understanding their journey. Veterans would use the list during the goal setting process and beyond as necessary. Veterans would provide feedback on the degree of effectiveness of these organizations and individuals and the VA would update it on an annual basis.

**Implication 5 - Provide Guidance in Personal Goal Development to Military Personnel Prior to Separation by Helping Create a Comprehensive Goal Plan**

It is recommended training in developing daily goals be conducted by coaches and military personnel prior to the service member’s separation. This was based on the finding self-determination and motivation played a role in adjusting to civilian life and exploring new careers and the conclusion perseverance and intrinsic motivation ingrained during enlistment can be intentionally employed to develop a personal plan that helps veterans adjust to their new life outside the military. Whereas implication 2a and 2c discuss the use of guidance and plans, this specific action is to instill the skills and daily practices of setting goals and utilizing their self-determination and motivation to aid with a successful transition. It is also recommended veterans meet with a trained coach to develop personal goals in all areas that will help them successfully adjust to civilian life, including goals for family life, education, careers, and finances. This action could easily be added to the expanded two-week TAP/DTAP. It would involve assigning coaches to military personnel prior to TAP/DTAP and continuing this coaching from post-transition into civilian life. During the sessions, coaches would explicitly discuss the importance of their self-determination and motivation as components of their future success. Using
visual representations or phrases that help remind the transitioning military personnel of their fortitude could benefit the transition process.

**Implication 6a – Invest in a Mentoring Buddy Support**

It is recommended the VA create and implement a mentoring buddy system to connect transitioning service members with veterans who already successfully transitioned. This is based on the finding veterans used other veterans or VA support systems rather than IDPs in their transition to civilian careers and the conclusion the IDP and process be reviewed and other methods of utilizing veterans who successfully transitioned be explored. A further recommendation would be to invest in establishing and creating an electronic profile of the service member, including a complete needs assessment, so the service member is best matched with a veteran mentor buddy who successfully transitioned.

**Implication 6b – Implement Recommendations as Established through the Audit and Evaluation of the IDP and Process**

It is recommended the IDP and process be audited and reviewed for effectiveness based on feedback from recently transitioned veterans and the experiences shared by the participants. As part of this audit and evaluation, recommendations should be made that ensure transitioning service members are successfully placed into government support jobs. Such as audit could help refine the process and plans to help service members with PTSD successfully transition to civilian careers.
Implication 6c – Invest Time and Money into a Taskforce to Develop a Five-Year Plan to Align Services and Supports with Best Practices

It is recommended the VA invest time and money into a taskforce to develop a five-year plan that will expand transitioning veterans support systems based on best practices established through an audit and evaluation. This will ensure veterans are provided with the supports and opportunities established as successful based on feedback from veterans who made a successful transition. The audit is imperative and should be performed by an outside, impartial entity to ensure valid results. The findings of the audit would be reviewed and prioritized by the taskforce and written into the five-year plan to improve and expand veteran support systems.

Implication 7a – Invest in Resources to aid Service Members in Accessing Therapy

As evidenced by the finding veterans acknowledged managing stress from hardships through therapy contributed to their successful transition to civilian careers and the conclusion veterans can benefit from knowing how to access, attend, and benefit from various therapy sessions or group therapy, it is recommended the Department of Labor collaborate with the Department of Defense to invest in resources on how service personnel can access various therapy sessions or group therapy and this information be shared prior to separation.

Implication 7b – Mindset Shift in Destigmatizing Mental Health Supports

It is recommended both the Department of Labor and Department of Defense establish a taskforce to address and shift the mindset and stigma related to accessing mental health supports within the active military structure. A goal of the taskforce would
be creating a campaign to destigmatize mental health disorders and increase access to supports for active and veteran military personnel.

**Implication 7c – Expand Therapy Options through Veterans Choice Program**

It is recommended the VA expand therapy opportunities for veterans with PTSD through out-of-network services with the Veterans Choice program. Veterans in this study discussed the difficulty accessing VA therapy groups and reported they were able to access more supportive groups through the Veterans Choice Program, which allowed them to received therapy and services outside the VA. Therefore, due to lack of therapy services within the VA, the VA should invest funding and expand therapy opportunities for veterans with PTSD.

**Recommendation for Future Research**

The following are recommendations for future research on post-9/11 veterans suffering from PTSD who transitioned from military service to civilian careers. This future research can help expand and broaden the research body established by this study and help veterans transitioning into civilian careers.

- **Ethnographic study on the support of family and friends of veterans who successfully transitioned.** Whereas this study focused on the transitions of veterans with PTSD, one of the discoveries was the significant positive impact support from family and friends had on these transitioning veterans. This type of qualitative study could investigate the experiences of the families and friends, expanding the understanding of how family and friends contributed to veterans’ transition to civilian careers and their perception as to support and training that might help them to be at their best for transitioning veteran.
• **Ethnographic study on the support role of mentors for veterans who successfully transitioned.** Data from this study indicated participants relied on other veterans as informal mentors during their transition process. A study to investigate formal or informal mentors and the role they play could provide guidance on effective knowledge, skills, and strategies needed for mentoring during the transition process.

• **Systems theory study on the governmental systems involved with the transition.** Respondents from this study shared multiple times the massive systems created to help veterans with PTSD transition to civilian careers were complicated and difficult to navigate. A study investigating the various systems that support transitioning veterans and whether these systems work together efficiently and effectively could streamline the process for the better.

• **A qualitative study on the point of view of the VA through the eyes of family members.** This study examined veterans with PTSD transitioning to civilian careers from the veterans’ perspective. Gathering insights from another perspective could help improve the system. Therefore, an investigation into the same experience of post-9/11 veterans suffering from PTSD but from another perspective, that of the VA and family members could provide a broader perspective.

• **A mixed methods study on the obstacles to successful transition as perceived by California veterans who transitioned in the last five years.** This study revealed several major obstacles veterans with PTSD faced when transitioning to civilian careers. A geographically bounded study specifically
targeting the barriers veterans with PTSD who recently transitioned experience and their suggestions for overcoming the barriers could provide insights for policy change to improve the transition process. This could also help service providers and mentors support veterans. The study could start with a survey of all the barriers listed in previous studies and then follow with a smaller number of in-depth interviews.

**Concluding Remarks and Reflections**

The day the soldiers stop bringing you their problems is the day you stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership.

– General Colin Powell

The words of General Colin Powell are especially poignant when honoring our American heroes, including our enlisted service men and women and our veterans. These words are especially powerful when considering veteran perceptions about the transition process, especially veterans with PTSD. It is our duty to ensure veterans continue to find the supports needed to successfully transition based on the service they offered to our country. Veterans often wind up homeless, divorced, sick, and suicidal. The transition situation is grave and worsening for America’s protectors. A good deal of research about PTSD and Schlossberg’s four variables as they relate to other types of transitions exist, but no research has shown how these four factors can help a military veteran transition from the armed services to a civilian career. This study sought to fill this gap in the research. Hopefully, the findings, conclusions, and implications for action can start to build a better system in which veterans can have confidence they are cared for and have the necessary supports to flourish.
Increasingly, veterans with PTSD returning home from war zones are not utilizing the medical care available. This study was conducted to help identify the reasons for this and offer helpful ideas for making services more user-friendly to those overseeing care options. The findings, conclusions, and implications can help guide lawmakers and agencies to determine what should be funded to improve the transition experience. The findings can also be used to improve VA programs, processing of services, and support programs veterans should be able to rely upon during transition. Finally, these results could be used by veterans struggling to transition to new careers in a civilian world.

Being a U.S. Navy veteran and suffering with many PTSD transitional issues like the participants presented in this study, I was inspired to pursue this research to expand upon my own knowledge and find ways to support transitioning veterans. I felt this study could benefit other veterans exiting out of the military by providing understanding and knowing what supports would be most beneficial. I hope this study is a steppingstone to improving the process for veterans transitioning out of the military. Night sweats, anxiety, frustration, issues with the transitional system, difficulties with family and friends, and adjustments to society were all issues I faced and still face today. I knew I could not be the only one experiencing these side effects. I just knew I needed a positive change and so I kept pursuing my dreams and completing this research study helped me fulfill one of those dreams. Hopefully it can benefit other veterans.

The Navy was no walk in the park and knowing I had to get out due to my own medical issues was something I could not face alone. Transitioning through TAP/DTAP was an experience I would not want to go through again. I remember it being rushed, disappointing, belittling, and a distrusting experience that failed me. I relied on my self-
determination when I transitioned out. I pursued this research to help find out why so many veterans, including myself, did not benefit from the government-funded systems in place to successfully transition veterans into civilian careers.

Knowing veterans separate from military service with many health concerns, including PTSD being the most prevalent, drove me to study this group. The negative experiences of post-9/11 veterans leading to unemployment, homelessness, suicide, and other similar problems was something I take to heart. One of the biggest reasons I wanted to pursue this study included the fact the rate of suicide for veteran who sought mental health treatment and were diagnosed with a mental health issues increased from 18.4 to 65.6 suicides per 100,000 people from 2001 to 2014. This is comparable to veterans with a mental health and substance use disorder who were committing suicide at a rate of 68.2 per 100,000 in 2014. I have a passion for helping veterans find success and happiness after military service and this study helped me in that pursuit.

It is with great honor I complete this study for my fellow veterans. This study was a glimpse into the of experiences these three veterans transitioning from the military with a PTSD diagnosis. I would like to thank all my veteran participants for helping me in this study. I appreciate your time, duty, loyalty, and contributions by sharing your experiences as a post-9/11 veteran suffering from PTSD transitioning to civilian careers. Because of you, this study was possible. To all my brothers and sisters at arms, your dedication and sacrifices are witnessed and appreciated. It is because of you the public can live free, be free, and speak freely. I hope you read this study and understand we are striving for a better transition for all service individuals. I thank you for your trust and support! Until next time, Semper Fortis!
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McClelland, M. (2013). Hearts and minds: PTSD is already at epidemic levels among returning vets. And now it's spreading to their families. *Mother Jones, 1*, 16.


APPENDICES

APPENDIX A – PROFESSIONAL PROMOTIONAL FLYER

INFORMATION ABOUT: A multiple-case study to explore the experiences of PTSD veterans transitioning from military service to civilian careers.

RESPONSIBLE INVESTIGATOR: Samuel Scaife III, MBA

PURPOSE OF STUDY: You are being asked to participate in a research study conducted by Samuel Scaife III, a doctoral student at Brandman University. The purpose of this multiple-case study is to explore the experiences of PTSD veterans transitioning from military service to civilian careers, using the Schlossberg transition model of: situation, self, social support, and strategies.

YOU ARE INVITED TO TAKE PART IN THIS IMPORTANT STUDY TO HELP OUR BELOVED VETERANS.

IF YOU ARE INTERESTED PLEASE CALL SAMUEL SCAIFE III 619-750-5759 OR EMAIL SSCAIFE@MAIL.BRANDMAN.EDU
“My name is _________________ and I (brief description of what you do). I’m a doctoral candidate at Brandman University in the area of Organizational Leadership. I’m a part of a team conducting research to explore the experiences of military veterans transitioning from military service to civilian careers. The model for transition used in this study is Schlossberg’s Transition Model and includes factors of situation, self, social support, and strategies. Military transition as it applies to this study is a military member changing from active duty service to the civilian life while learning to adapt and navigate from one environment to another.

Our team of three doctoral students are each conducting multiple case studies with military veterans like yourself. The information you provide, along with the information provided by others, will hopefully provide clarity and insight into the experiences of transitioning through the eyes of veterans who have made the transition to a civilian career.

Incidentally, even though it appears a bit awkward, I will be reading most of what I say. The reason for this is to guarantee, as much as possible, that my interviews with all participating military veterans will be conducted in the most similar manner possible.

**Informed Consent (required for dissertation research)**
I would like to remind you any information that is obtained in connection to this study will remain confidential. All the data will be reported without reference to any individual(s) or any institution(s). After I record and transcribe the data, I will send it to you via electronic mail so that you can check to make sure that I have accurately captured your thoughts and ideas.

You received the Informed Consent and Brandman Bill of Rights in an email and responded with your approval to participate in the interview. Before we start, do you have any questions or need clarification about either document?

We have scheduled an hour for the interview. At any point during the interview you may ask that I skip a question or stop the interview altogether. For ease of our discussion and accuracy I will record our conversation as indicated in the Informed Consent. Do you have any questions before we begin? Okay, let’s get started, and thanks so much for your time.

1. Here are the four factors of Schlossberg’s’ transition model that research suggests as a lens for studying transitions. These definitions may assist you during the interview (display on a 3 x 5 card).

   **SITUATION:** The context, inclusive of nature of the separation (tenure, job market, family situation and finances).

   **SELF:** The person’s view of their own nature, character, ethnicity, identity and their own perception of their ability and readiness to embrace the change.

   **SOCIAL SUPPORT:** The networks such as family, friends, community and professional providers that play a role in transition.

   **STRATEGY:** The preparation, steps and actions, including execution, follow through and course correction necessary for transitioning.
<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Interview Probing Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: What circumstances played a factor in your decision to separate from military service and seek a civilian career? <em>(Situation)</em></td>
<td>Probe: Can you expand on the factor that time played in relation to your decision to separate?</td>
</tr>
<tr>
<td>#2: Describe the situation that played the biggest role in your decision to separate from service? <em>(Situation)</em></td>
<td>Probe: What steps did you take to make your decision?</td>
</tr>
<tr>
<td>#3: What part of the transitioning process do you feel helped prepare you for your civilian employment? <em>(Situation)</em></td>
<td>Probe: Tell me more about the role of resources, benefits and/or the process?</td>
</tr>
<tr>
<td>#4: What personally drove your transition process from military to civilian employment? <em>(Self)</em></td>
<td>Probe: Can you give me a specific example or go deeper on your response?</td>
</tr>
<tr>
<td>#5: What are the steps you took in the period between exiting military and establishing your current civilian career? <em>(Self)</em></td>
<td>Probe: How did you build your knowledge of resources to assist with this aspect of the transition?</td>
</tr>
<tr>
<td>#6: What role did a service-connected disability play in your transition to a civilian career? Please explain. <em>(Self)</em></td>
<td>Probe: How did you identify and initiate access to care?</td>
</tr>
<tr>
<td>#7: What role did social support play in your transition from active duty military service to civilian career? <em>(Social Support)</em></td>
<td>Probe: Can you expand on what social support and/or support-group you participated in that had significant impact?</td>
</tr>
<tr>
<td>#8: How did you utilize the Transition (TRS) programs services and networking opportunities during your transition? <em>(Social Support)</em></td>
<td>Probe: Can you given me an example of a portion of TRS that gave you the most confidence regarding your transition to a civilian career?</td>
</tr>
<tr>
<td>#9: Can you describe the assistance you received from a mentor or employment specialist during your transition? <em>(Social Support)</em></td>
<td>Probe: Tell us a specific story or example of how their advice helped you to achieve your civilian career goals.</td>
</tr>
<tr>
<td>#10: How did you manage stress during the transition process? <em>(Strategies)</em></td>
<td>Probe: Can you provide some examples of specific actions?</td>
</tr>
<tr>
<td>#11: How did the individual development plan (IDP) and the completion transition readiness seminar (TRS) influence your successful transition? <em>(Strategies)</em></td>
<td>Probe: Please provide a specific example of how the IDP and/or TRS were helpful to you.</td>
</tr>
<tr>
<td>#12: What strategies did you use to overcome obstacles to the completion of any necessary training and/or licensure and certification</td>
<td>Probe: Did any of these strategies or actions lead you to implement a course correction of some kind? If so, can you please provide an example?</td>
</tr>
</tbody>
</table>
requirements to support your post-active duty career success? (Strategies)

“Thank you very much for your time. If you like, when the results of our research are known, we will send you a copy of our findings.”
APPENDIX C – INTERVIEW OBSERVER FEEDBACK REFLECTION QUESTIONS

Conducting face to face interviews is a learned skill set/experience. Gaining valuable insight about your interview skills and affect with the interview will support your data gathering when interviewing the actual participants. As the researcher, you should reflect on the questions below after completing the interview. You should also discuss the following reflection questions with your ‘observer’ after completing the interview field test. The questions are written from your perspective as the interviewer. However, you can verbalize your thoughts with the observer and they can add valuable insight from their observation.

1. How long did the interview take? _____ Did the time seem to be appropriate?
2. How did you feel during the interview? Comfortable? Nervous?
3. Going into it, did you feel prepared to conduct the interview? Is there something you could have done to be better prepared?
4. What parts of the interview went the most smoothly and why do you think that was the case?
5. Were there parts of the interview that seemed to be awkward and why do you think that was the case?
6. If you were to change any part of the interview, what would it be and how would you change it?
7. We the interview questions appropriate or should there be adjustments?
8. What suggestions do you have for improving the overall process?

Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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APPENDIX D – INTERVIEW CRITIQUE BY PARTICIPANTS (PILOT INTERVIEW)

As a doctoral student and researcher at Brandman University your assistance is so appreciate in designing this face to face interview instrument. Your participation is crucial to the development of a valid and reliable instrument.

Below are some questions that I appreciate your answering after completing the interview. Your answers will assist me in refining both the directions and the interview items. You have been provided with a paper copy of the interview, to remind you of the questions asked in case it is needed.

1. How many minutes did it take you to complete the interview, from the moment the interviewee spoke until closing? ________________________________

2. Did the question asked upfront for you to read the consent information and sign the agreement before the interview began concern you at all? ______ If so, would you briefly state your concern ________________________________

3. Was the Introduction sufficiently clear (and not too long) to inform you what the research was about? ______ If not, what would you recommend that would make it better? ________________________________

4. Were the directions clear, and you understood what to do? ________________
   If no, would you briefly state the problem ________________________________

5. Were the interview questions clear, appropriate, and easy to understand? ______ If not, briefly describe the problem ________________________________

6. As you progressed through the interview, were their questions that arose as to why the question asked was necessary or further explanation was needed regarding the question? ______ If so, would you briefly state so and the interview questions of concern (please provide the # here) ________________________________

Additional Comments:

________________________________________________________________________

Thanks so much for your help!
August 1st, 2019

Dear Commander of VFW 2082

I am an VFW member and current doctoral candidate at Brandman University. I am conducting a study to explore the experiences of Post 9/11 veterans residing in California who transitioned from military service to civilian careers within the last 3-5 years through the lens of Schlossberg’s 4S factors of situation, self, social support, and strategies.

I am asking you for your assistance by granting me the permission to recruit veterans within your organization to participate in this study. An email has been drafted for the purpose of recruiting veterans with PTSD who served in the OEF/OIF war zones transitioning out into civilian careers within the last 3-5 years. My recruiting method consist of sending the drafted email through your organization as a correspondence with your approval.

If you agree to afford me this opportunity, then please email me at sscscafe@mail.brandman.edu. A formal consent to conduct the research in the VFW on the organizations letterhead or through email that includes the VFW information would be greatly appreciated.

Please note that all data collected will be completely confidential. No names will be attached to any notes or records from the interview. All information will remain in the locked files accessible only to the researcher. No one will have access to the interview information other than the participants.

I am available at (619) 750-5759 or by email, to answer any questions you may have. Your contribution to this study would be greatly valued.

Sincerely,

Samuel Scaife III
RESPONSE TO CONFIRMATION REQUEST

The VFW 2082 has received your request to post a flyer to recruit participants and conduct your research at our VFW organization. You have been granted access to conduct your research at our facility and use anything necessary for your processes. We are very pleased with the work you are conducting with veterans. It is always great to here from our wounded veterans and the transitional effects they have going from active duty into the civilian workforce.

Your promotional research flyer will be posted until you tell us otherwise to help get the participants needed for your study. However, should any revisions need to be made with the flyer please consult with us first. We are here to help so anything else you need from us please do not hesitate to reach out. We want your research processes to be as smooth as possible. Our facility is also open for you to conduct your interviews at our location. We can have the hall available to you and your participants for confidentiality purposes.

Once your research is complete, we would appreciate if you would email or give us a hand copy of the final published research. We honor veterans helping veterans and want this to be successful. Please keep us in the loop on any changes or needs. All officers will be available for assistances. Again, we are honored you chose our VFW and wish you the best of luck!

Very Respectfully,

Tony Bordine

Tony Bordine
vfw2082@gmail.com
VFW 2082 Post Commander
BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Research Participant’s Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.

2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.

3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.

4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.

5. To be told what other choices he/she has and how they may be better or worse than being in the study.

6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.

7. To be told what sort of medical treatment is available if any complications arise.

8. To refuse to participate at all before or after the study is started without any adverse effects.

9. To receive a copy of the signed and dated consent form.

10. To be free of pressures when considering whether he/she wishes to agree to be in the study.
    be involved and during the course of the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.

Brandman University IRB
Adopted
November 2013
INFORMATION ABOUT: A multiple-case study to explore the experiences of PTSD veterans transitioning from military service to civilian careers.

RESPONSIBLE INVESTIGATOR: Samuel Scaife III, MBA

PURPOSE OF STUDY: You are being asked to participate in a research study conducted by Samuel Scaife III a Doctoral student at Brandman University. The purpose of this multiple-case study is to explore the experiences of PTSD veterans transitioning from military service to civilian careers, using the Schlossberg Transition Model of: Situation, Self, Social Support, and Strategies. Your participation in this study is voluntary and will include an interview with the identified student investigator, observation, and review of artifacts. The interview will take approximately 60 minutes to complete and will be scheduled at a time and location of your convenience. The interview questions will pertain to your perceptions regarding transition from a military to a civilian career and your responses will be confidential. You will also be requested to provide some artifacts that reflect how you your transition experience from the military to a civilian career. Artifacts could include newsletters, emails (redacted if necessary), websites, brochures, handouts, meeting agendas, letters, awards, minutes, etc.). Each participant will have an identifying code and names will not be used in data analysis. The results of this study will be used for scholarly purposes only.

I understand that:

a) The researcher will protect my confidentiality by keeping the identifying codes safe-guarded in a locked file drawer or password protected digital file to which the researcher will have sole access.

b) The interview will be audio recorded. The recordings will be available only to the researcher and the professional transcriptionist. The audio recordings will be used to capture the interview dialogue and to ensure the accuracy of the information collected during the interview. All information will be identifier-redacted, and my confidentiality will be maintained. Upon completion of the study all recordings, transcripts and notes taken by the researcher and transcripts from the interview will be destroyed.

c) My participation in this research study is voluntary. I may decide to not to participate in the study and I can withdraw at any time. I can also decide not to answer questions during the interview if I so choose. Also, the Investigator may stop the study at any time.

d) If I have any questions or concerns about the research, please feel free to contact Samuel Scaife III, at sscscaife@mail.brandman.edu or by phone at 619-750-5759; or Dr. Patricia White (Advisor) at pwhite@brandman.edu.

e) No information that identifies you me will be released without my separate consent and all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, you I will be so informed and consent re-obtained. There are minimal risks associated with participating in this research.
f) If I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor of Academic Affairs, Brandman University, at 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

I acknowledge that I have received a copy of this form and the “Research Participant’s Bill of Rights.” I have read the above and understand it and hereby consent to the procedure(s) set forth.

__________________________________________ Date: ________________
Signature of Participant or Responsible Party

__________________________________________ Date: ________________
Signature of Principal Investigator
APPENDIX H: DEMOGRAPHIC DATA SHEET

Title: Service to American Heroes: Exploring the Experiences of Veterans Suffering from PTSD
Transitioning from Military Service to Civilian Careers

Date of Interview: ________
Time Started: ________
Time Finished: ________

Participant Number (Veteran One, Two, etc.): ________
Age: ________
Gender: ________

Ethnicity
  American Indian or Alaska Native ________
  Asian ________
  Black/African American ________
  Native Hawaiian or other Pacific Islander ________
  Hispanic or Latino ________
  White ________
  Two or More Races ________

Military Discharge Date? ________
Reason for Separation (Retirement, Medical, Expiration term of service/ETS)? ________
PTSD Diagnoses (During or After Separation)? ________
Currently Employment Length? ________
Dear Samuel Scaife III,

Congratulations! Your IRB application to conduct research has been approved by the Brandman University Institutional Review Board. Please keep this email for your records, as it will need to be included in your research appendix.

If you need to modify your BUIRB application for any reason, please fill out the "Application Modification Form" before proceeding with your research. The Modification form can be found at IRB.Brandman.edu

Best wishes for a successful completion of your study.

Thank You,

BUIRB
Academic Affairs
Brandman University
16355 Laguna Canyon Road
Irvine, CA 92618
buirb@brandman.edu
www.brandman.edu
A Member of the Chapman University System

This email is an automated notification. If you have questions please email us at buirb@brandman.edu.
## APPENDIX J - APPLICATION OF THEORETICAL FRAMEWORK

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<th>Research Question</th>
<th>4S Factor Definition</th>
<th>Interview Question</th>
<th>Question Prompt</th>
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<tbody>
<tr>
<td>How do Post 9/11 PTSD veterans use the factor of situation in transitioning from military services to civilian careers?</td>
<td>The context of the transition, inclusive of the nature, duration, and perceived significance of and readiness for transition (Morin, 2011; Schlossberg, 1981); to include the nature of the separation; tenure; job market, family situation, and finances. Transition from active duty service is a life-long process as a member does not simply arrive at a state of transformation and each novel situation dictates its’ own state of readiness. Readiness is the service members’ readiness for the on-set of the transition process.</td>
<td>Q1. What circumstances played a factor in your decision to separate from military service and seek a civilian career? Can you expand on the factor that time played in relation to your decision to separate?</td>
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<td>Q2. Describe the situation that played the biggest role in your decision to separate from service?</td>
<td>What steps did you take to make your decision?</td>
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<td>Q3. What part of the transitioning process do you feel helped prepare you for your civilian employment?</td>
<td>Tell me more about the role of resources, benefits and/or the process?</td>
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<tr>
<td>How do Post 9/11 PTSD veterans use the factor of self in transitioning from military services to civilian careers?</td>
<td>Self is the individual’s concept of their own nature, character, persona, as related to culture; ethnicity; and perceived identity (De Munck, 2013; Schlossberg 1981). Self is how individuals view their level of readiness, ability, and willingness to embrace the change. It involves the initiative to pursue significant memberships and affiliations; Self includes knowledge of resources and how to</td>
<td>Q1. What personally drove your transition process from military to civilian employment? Can you give me a specific example or go deeper on your response?</td>
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<td>Q2. What are the steps you took in the period between exiting military and establishing your current civilian career?</td>
<td>How did you build your knowledge of resources to assist with this aspect of the transition?</td>
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<td>How do Post 9/11 PTSD veterans use the factor of social support in transitioning from military services to civilian careers?</td>
<td>Q1. What role did social support play in your transition from active duty military service to civilian career?</td>
<td>Can you expand on what social support and/or support-group you participated in that had significant impact?</td>
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<td>Social supports are networks: family, friends, and professional providers, and resources: community programs and services that play a role in the transition process (Barrera &amp; Ainlay, 1983; Sarason &amp; Sarason, 2006; Schlossberg, 1981; Voydanoff, 2005).</td>
<td>Q2. How did you utilize the Transition Readiness Seminar (TRS) programs services and networking opportunities during your transition?</td>
<td>Can you have given me an example of a portion of TRS that gave you the most confidence regarding your transition to a civilian career?</td>
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<td>Q3. Can you describe the assistance you received from a mentor or employment specialist during your transition?</td>
<td>Tell us a specific story or example of how their advice helped you to achieve your civilian career goals.</td>
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<td>The behavioral component of strategies is deliberate action, execution, follow-through, and course correction. Additionally, strategy is the preparation steps that will help develop future possibilities such as</td>
<td>Q1. How did you manage stress during the transition process?</td>
<td>Can you provide some examples of specific actions?</td>
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<td>Q2. How did the individual development plan (IDP) and transition readiness seminar (TRS) influence your successful transition?</td>
<td>Please provide a specific example of how the IDP and/or TRS were helpful to you.</td>
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coping responses, resiliency, information seeking, direct action, and inhibition action with the ability to evaluate strengths, weaknesses, opportunities, and possible threats. (Schlossberg, 1981; Valentin, 2001; Wilson, 2016).

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<tr>
<th>Q3. What strategies did you use to overcome obstacles to the completion of requirements to support your post-active duty career success?</th>
<th>Did any of these strategies or actions lead you to implement a course correction of some kind? If so, can you please provide an example?</th>
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**Population:** PTSD combat veterans who went through the Transition Assistance Program (TAP) and is a member of the Veteran of Foreign Wars (VFW) Post 2082.

**Purpose:** To identify research participants for the study

**Sender:** sscaife@mail.brandman.edu

**Message:** Greetings Fellow Veterans, my name is Samuel Scaife III, former Chief Petty Officer in the United States Navy (Veteran). I am currently a doctoral candidate in the Organizational Leadership program at Brandman University. As an advocate for veterans and a military transition expert, I am seeking a better understanding of the transition experience from active duty to civilian life of PTSD veterans, who are transitioning from active duty to civilian life, regarding their Transition.

The goal is to help the VA and Armed Forces in the tools needed to help veterans overcome possible barriers that restrict their use of the VA mental health services, earned benefits and transition programs. I would like to invite you to contribute to this important study by participating in an individual interview that will last approximately 60 minutes.

If you agree to participate in an interview, I can assure you that it will be completely confidential. No names will be attached to any notes or records from the interview. All information will remain in locked files accessible only to the researcher. No VFW leaders or members will have access to the interview information provided. You are able stop the interview and withdraw from the study at any time. You are encouraged to ask any questions, at any time, that will help you better understand the study.

To participate in this study, you must meet all the following conditions:
1. PTSD combat veteran Post 9/11
2. Exited military in the last 3-5 years
3. Employed in a career for at least 1-year

For any questions or concerns about your participation in this study please do not hesitate to contact me by email at sscaife@mail.brandman.edu or by phone at (619) 750-5759. You may also contact or write the Office of the Executive Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

Thank you for your time and your consideration in advance.

My Most Humble Regards,
Samuel Scaife III