

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Facilitating Culture-Centered Communication Between Health Care Providers and Veterans Transitioning From Military Deployment to Civilian Life

Koenig, C. J., Maguen, S., Monroy, J. D., Mayott, L., & Seal, K. H. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling*, 95(3), 414-420. doi:10.1016/j.pec.2014.03.016

SUMMARY: Reintegration can be a difficult process for Service members, including lots of different changes and adjustments. The experience of readjustment to civilian life after military deployment was examined among 31 OEF/OIF Veterans via semi-structured interviews. Participants articulated tensions between military and civilian cultures and their associated identities during reintegration.

KEY FINDINGS:

- Veterans described challenges with reverse culture shock related to the sociocultural differences between military and civilian cultures.
- As Veterans transitioned from military to civilian cultures, they created identities tailored to specific social and cultural contexts (e.g., intrapersonal, professional/educational, interpersonal).
- Some Veterans attempted to cope with the challenges by applying military values to their everyday lives.
- Many Veterans offered advice for others so they might learn from their experiences.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Educate family members about possible changes post-deployment (e.g., Service member communication, family relationships and roles) to prepare them for potential difficulties during reintegration
- Offer family activities that encourage Service members to openly communicate with their family members about the reintegration challenges they experience
- Provide classes for Service members that facilitate the reintegration process upon homecoming

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support reintegration programming for Service members and their families, both upon homecoming and long-term
- Recommend that communities form inter-agency partnerships in an effort to coordinate resources and supports for reintegrating Service members
- Encourage the continued tracking of mental health problems among Veterans in order to ensure they are offered the appropriate rehabilitation services

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METHODS

- Veterans who had returned from deployment in the past two years and had a positive screen for a mental health problem were identified via VA databases.
- Veterans were contacted by mail and phone, and 43% agreed to participate.
- Semi-structured interviews were used to collect information regarding challenges associated with reintegration and coping strategies.

PARTICIPANTS

- Participants included 31 Veterans (55% male) who were ages 20-25 years (10%), 26-30 years (45%), 31-35 years (23%), 36-40 years, or over 41 years (13%).
- Participants were either in the Army (48%), Navy (26%), Marines (16%), or Air Force (10%).
- Service members were 39% White, 23% Multi-racial, 19% Latino, 10% Black, and 10% Asian-American.

LIMITATIONS

- The response rate was poor (43%), and it is not known how the respondents differ from those who chose not to participate in the study.
- The sample consisted only of OEF/OIF Veterans with known mental health problems, and results may not generalize to other Service members.
- The framework used to interpret the findings was subjective; other interpretations are possible.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a similar study with a population that allows more generalization (e.g., not limited to Veterans with mental health problems or Veterans of specific conflicts) and with other types of data besides exclusively self-report
- Explore the similarities and differences between Service members' and family members' perspectives and experiences during the reintegration process
- Examine gender differences in the reintegration experience between male and female Service members

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