

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Iraq and Afghanistan War Veterans With Reintegration Problems: Differences by Veterans Affairs Healthcare User Status

Sayer, N. A., Orazem, R. J., Noorbaloochi, S., Gravely, A., Frazier, P., Carlson, K. F., & Oleson, H. (2014). Iraq and Afghanistan war veterans with reintegration problems: Differences by Veterans Affairs healthcare user status. *Administration Policy in Mental Health*, 42(4), 493-503. doi:10.1007/s10488-014-0564-2

**SUMMARY:** Veterans from OEF/OIF/OND participated in a clinical trial of expressive writing; Veterans Affairs (VA) users were compared to nonusers in terms of demographic and clinical characteristics. About half of the participants reported reintegration difficulties almost six years after returning from deployment. Military service variables and probable traumatic brain injury predicted use of VA healthcare services.

### KEY FINDINGS:

- Fifty-four percent of OEF/OIF/OND Veterans reported at least a little difficulty reintegrating, and report this difficulty almost six years after returning from deployment.
- VA user status was not related to minority status, indicators of socioeconomic status, or employment levels; military Service branch (Army), time since discharge, having a service connected mental or physical health condition, and probable traumatic brain injury were all significantly associated with being a VA user.
- Veterans from OEF/OIF/OND who had used VA healthcare with perceived reintegration difficulty were more likely to have probable traumatic brain injury and PTSD, and were more likely to report higher levels of psychological distress, physical symptoms, and reintegration difficulty compared to non-users.
- Although many of the assessed problems were more prevalent in VA users, nonusers also reported many difficulties; for example, probable PTSD exceeded 25% in VA nonusers.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Host trainings for service providers to increase awareness of post-deployment concerns and other common health problems in Service members
- Develop programming to facilitate routine follow up with Service members and their families over time to minimize reintegration difficulties
- Provide workshops to help deployed Service members' spouses learn about available supportive services to handle increased stress and difficulties

### IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs that involve the assessment and treatment of reintegration and deployment-related problems such as traumatic brain injury and PTSD
- Encourage collaboration among DoD programs and community-based organizations to support a smooth transition for departing Service members
- Continue to support programs that address the challenges deployed Service members and their families face

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## METHODS

- Data from the DoD Defense Manpower Data Center (DMDC) roster of all OEF/OIF/OND Veterans were used for the study. Researchers included those who had left Active Duty service, had assessment data from a randomized control trial of expressive writing, and reported perceived reintegration difficulty in the analysis; those with severe depression were excluded.
- Demographic and military status variables were included in the analysis; trauma history, distress, anger, physical symptoms, probable PTSD, social support, life satisfaction, health behaviors and health service use were all queried via online survey.
- Statistical analyses were used to predict VA user status and examine differences in characteristics.

## PARTICIPANTS

- Participants included 15,686 Iraq and Afghanistan Veterans, with an average age of 28.9 years and mostly male (89%).
- Sixty-six percent of the sample was White, 16% was Latino/Latina, 12% was Black, 14% was not reported.
- Among the sample, 66% represented the Army, 18% the Marines, 12% the Navy, and 10% represented the Air Force. Most of the participants were enlisted (89%) and 58% were Active Duty, while 38% were in the Reserves.

## LIMITATIONS

- Differences between responders and non-responders could have impacted the outcomes in unmeasured ways and this wasn't accounted for in the analyses.
- Those with severe depression were excluded and this could have resulted in lower estimates of mental and physical health symptoms.
- Researchers used a one-item measure of reintegration difficulty which likely didn't capture the construct's fully complexity.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine differences in user status in Service members with a range of reintegration difficulty
- Develop a multi-item assessment of reintegration difficulty and consider variables such as how far Veterans live from a VA in comparing users to nonusers
- Assess family characteristics and relationship status that may impact Service members' reintegration difficulties

## ASSESSING RESEARCH THAT WORKS



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