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RE-ENTRY AND TRANSITION FOR MILITARY MEMBERS: A PHASED DECOMPRESSION APPROACH

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JCSP 37

Master of Defence Studies

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PCEMI 37

Maîtrise en études de la défense

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RE-ENTRY AND TRANSITION FOR MILITARY MEMBERS: A Phased Decompression Approach

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ABSTRACT

This research paper focuses specifically on identifying the military as a unique culture within the greater society, thus requiring specific approaches in order to manage challenges with their reintegration after returning from overseas deployments. Through an exploration of re-entry and transition theories, current decompression programs, and therapeutic options, a determination that group therapy is the preferred method for assisting military members is prescribed. Combining research on what military members want on return from deployment with the factors of culture and group therapy, a re-entry model for military members is proposed that leads to a staged transition program designed to specifically assist military members successfully reintegrate back into Canadian society.

RE-ENTRY AND TRANSITION FOR MILITARY MEMBERS:

A Phased Decompression Approach

The Canadian Forces (CF) exists to provide a capability to Canada, as promulgated through governmental policy. The current defence policy provides a requirement to deploy CF personnel overseas to achieve identified objectives to meet the political end goals as decided through Canadian Foreign Policy[1] and international organizations that Canada belongs to. The current political climate requires the maintenance of an armed force by Canada that can be deployed as needed.

As long as we send CF members into conflict situations there will be repercussions for those actions upon the CF members themselves[2] and the family and society in which they return to[3]. Canada has many CF members deployed in international conflicts as listed in the Current Operations of Canadian Expeditionary Force Command, such as Op ATTENTION, GLADIUS, JADE, PROTEUS, CALUMET, SOPRANO, SATURN, CROCODILE, SCULPTURE, HAMLET, METRIC, FOUNDATION, SNOWGOOSE, KOBOLD and SAIPH[4]. By sending our CF members into these conflict situations, they are subjected to experiences that are not normally experienced by regular civilian members of Canada. Through the repeated deployments into conflict situations experienced by our military members, there are thousands of CF members who have been deployed overseas. The experiences of being deployed have an effect on members, which must be addressed in order to maintain a functioning military. Some known major effects

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[1] Nelson Michaud. *"Values and Canadian Foreign Policy-Making: Inspiration or Hinderance?" In Readings in Canadian Foreign Policy: Classic Debates and New Ideas* (Don Mills, On: Oxford University Press, 2007), 347.
[2] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).
[3] Holly McLean. *A Narrative study of Traumatized Soldiers* (Unpublished Doctoral Dissertation, 2006).
[4] Current Operations for Canadian Expeditionary Force Command. (2009, October 6). Retrieved October 6, 2009, from http://cefcom.mil.ca/sites/page-eng.asp?page=1102

experienced by CF members are derived from existing in a unique military culture, returning to Canadian society after a deployment, and the development of PTSD.

This paper proposes that the CF is an isolated sub-culture of Canadian society, initially created by indoctrination training. CF members are trained differently than other jobs in Canadian society. The members are also expected to be placed in harms way to further the goals of the Canadian government. A unique military ethos is created alongside rules and regulations that the rest of Canadian society is not subjected to. The National Defence Act more closely restricts the rights of military members as compared to the general Canadian public. The creation of this sub-culture causes different perspectives and belief systems to emerge, which must be understood when looking after CF members.

CF members will experience challenges through the process of deploying overseas and the experience of coming back home[5]. When a person's cultural values and experiences cause them to view the world in a different way than the society around them, the experience of re-entry can be extremely complex[6]. The CF currently has a 5 day decompression program designed to assist CF members to return home. This program is a good initial attempt to assist CF members to better adapt to coming home, but it could use some adjustments in order to increase its effectiveness. It is important for the CF to deal with this transition appropriately, and be based in research.

The other effect experienced by many CF members who are deployed is Post Traumatic Stress Disorder (PTSD) as defined by the Diagnostic Statistics Manual IV -

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[5] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Military Members From Overseas Deployoments*. (Doctoral Dissertation, 2010).
[6] C.M. Brody. *White Therapist and Female Minority Clients: Gender and Culture Issues.* (Psychotherapy, 1987), 108-113.

Revised (DSM IV TR)[7]. A more in depth look at PTSD will be conducted later in the paper, as there is a high incident rate indicated in CF members. The Department of National Defence (DND) Ombudsman Report in 2002 by Marin[8] interviewed 200 people at random on a Canadian Forces Base and found that 100 of those interviewed suffered from PTSD. Although this sampling occurred on one base, it does allude to an approximate 50% occurrence rate of PTSD, which even if slightly high, is still a serious concern for the Canadian Forces and for the Canadian public. It is important to clarify that this study does not identify if the members who were diagnosed with PTSD served overseas, nor does it identify those members who suffer from Post Traumatic symptoms that did not meet the criteria to create a diagnosis.

With coming from a unique culture, the experiences that occur through deployment and the likelihood of PTSD or PTSR within this population, managing their re-entry into Canadian society must be looked at and considered. Current programs exist to assist members with their re-entry, which is a success compared to having nothing available to members who struggle with the transition. With more research comes a better understanding of what CF members need on return and how to best prepare them to come home. The CF spends months or years preparing their members to go overseas to be adequately prepared, but there is relatively very little focus or time spent on preparing them to come home. Due to the unique culture of Canadian military members, experiences with deployments and PTSD, the decompression program, transition theories and re-entry approaches after deployments need to incorporate a more deliberate phased

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[7] American Psychiatric Association. *Diagnostic and statistical manual of mental Disorders, 4th Edition, Text Revision*. (Washington, DC, 2000)

[8] A. Marin. *Systemic Treatment of CF Members with PTSD*. (Ombudsman Special Report, 2002)

transition process in order to better deal with specific cultural challenges experienced by CF members.

This research paper intends to incorporate current knowledge and theory in this area to propose a specific phased decompression program to better prepare CF members for their return to their families and Canadian society thus enhancing the effectiveness of members throughout their employment in the Canadian Forces. Through the literature review, it will be shown that the military is a unique culture within Canadian society through a conceptual analysis about what is military, and the unique development of interpersonal trust. A further look into how exposure to other cultures and PTSD also add to the unique challenges faced by military members who return after deployments. A review of the re-entry and transition theories, and decompression programs will provide insight into what already exists to structure a way to help military members with their re-integration. A review of the literature surrounding therapeutic options already being used to assist military members with their transition leading to the conclusion that group psychotherapy is the preferred method will be conducted. Using this knowledge, a proposed phased transition program to replace the current decompression program will be provided through the development of a theoretical Re-Entry model combined with insights from a study focused on what military members want on return from deployments.

LITERATURE REVIEW

In order to better understand the proposal of a new decompression program for the Canadian Forces through the creation of a new theoretical Re-Entry model that may be better suited for today's military members, a review of how the military is a unique

culture, the current re-entry and transition theories that exist, decompression/ decompression programs, and therapeutic options will be conducted. Through this literature review it will become clear how the proposed model and decompression program are based in research and are better capable of addressing the transition experience and concerns of CF members returning from overseas deployments.

Unique Military Culture

The Canadian Forces is a unique military culture that is separate from the general Canadian society due to the experiences associated with service. To show how the Canadian Forces is a unique culture, a conceptual analysis will be conducted that outlines the thematic components associated with the military culture. Furthermore a look into military culture and the concept of interpersonal trust as a key cultural difference that sets military members apart from general society will be explored.

Conceptual Analysis of Military Culture

The conceptual analysis of military culture will utilize the author's personal experiences and understanding of the military to create thematic components, and the idea that the military moves to a sense of personal construction of "we" not "I".

Thematic Components of Military Culture

The following thematic components come from a conceptual analysis of what is military about military culture conducted by the author's own knowledge and experience from within the Canadian Forces over the last 18 years. The very first thing that is involved with joining the military is a basic indoctrination into a new way of life. This military culture is isolated from regular society, fulfilling all essential needs from within the military instead of from within society. This indoctrination includes a basic training

that devalues the individual and values work as a team through a series of strenuous physical and mental activities for a continuous period of time. Military members are taught in the art of warfare that includes proficiency and use of all weapons for the purposes of defence and assault, use of levels of force, operating within Rules of Engagement (ROE), and are expected to be able to use these weapons and abilities when required to injure or kill others. Military organizations are required to be in high-risk, life-threatening situations as part of their work, where death is a real possibility. The military operates beyond government jurisdiction, and actually operates as an international agent. Military organizations are organized in a hierarchical authoritarian-like style where a person exercises command over others lives. They are governed by policies and rules specifically designed to regulate how the military system will operate outside of society, ensuring no political affiliation, and includes distinct punishments for disobedience that are different than those used to punish the general public.

It is arguable that other organizations may have similar aspects or elements to that of the military. Those organizations would be called paramilitary organizations, and there seems to be a gradation to the level of military-like an organization is. The RCMP is such an organization that is most similar to a military organization, having many of the previously discussed elements that make them military-like. The indoctrination period of basic training, use of weapons, capability of injuring/killing others through use of force and ROE, high-risk life-threatening situations, and working beyond the limits of the job itself are aspects of this similarity. It is through these similarities that we label the organization a paramilitary organization. What separates paramilitary from military organizations is that they are not authorized to operate outside their country of origin,

they do not attack others when not in the defence of oneself or others and they do not have their own isolated living areas, and are not subject to laws imposed in addition to those of regular society.

The separation from society that occurs through the indoctrination of military members distinguishes them from civilian society and creates a distinct and unique culture. This culture has its own ways, traditions, rituals, and beliefs. It is only through first trying to understand how the military as a culture exists and how they live both similarly and differently can those that are not part of the military attempt to provide aid and assistance to military members returning from deployments.

Military Members as "We" not "I"

More than just creating a distinct culture, a distinct identity is created through indoctrination and the continuation of military training on a person. The military removes the traditional sense of "I" and creates a sense of "we" that is engrained within all aspects of military life. If military members train together, live together, defend together, and become injured together, then it only follows that military members would do best to be healed together. Although not the currently held view in military medical circles, the sense of community that is created through military life would be an ideal environment to heal the mental and social challenges of military members returning after deployment. Furthermore, it is from a group of military members working together to accomplish a common aim that true acceptance and understanding can be found. This common aim does more than just provide acceptance, it also provides a way to take back the missing sense of "I" by starting from the "We".

Separate Military Culture

It is not easy to understand military culture if you are not within it. Societies are inundated with fictitious stories through books and film that portray military culture in a way that does not reflect the reality of it[9]. Due to this misrepresentation, many assumptions are made and are imposed on the culture. This gap in understanding the military culture by civilians is exacerbated by the aging of our veterans who have successfully left the military and the limited number of currently serving members that leave the military into civilian occupations[10]. This lack of familiarity and exposure to military culture creates an atmosphere of mystery and concern about what it actually means to be in the military in today's global climate. With this lack of familiarity and growing concern of our military's purpose, feelings of fear about the military are engendered, which further isolates the culture from the civilian world[11].

A text on military culture defines it as the attitudes, beliefs and behaviours of those personnel wearing a service uniform in support of their country[12]. This culture includes the families that support them and participate in the organizational structures that surround them, helping to develop a common mindset. Common bonds form between service personnel through shared experiences and training programs, lifestyle expectations, camaraderie, esprit de corps, group cohesiveness and a series of regulated tenets laid out by the military specifically designed for inclusive membership. The military culture is created through intense training, indoctrination, and learned social experiences that enhance the ability for people to defend with arms a strategic goal or to

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[9] H. Harper. The Military and Society: Reaching and Reflecting Audiences in Fiction and Film. (Armed Forces & Society, 2001), 240.
[10] J.J. Collins. *The Complex Context of American Military Culture: A Practioner's View.* (The Washington Quarterly, 1998),212.
[11] J.J. Collins. *The Complex Context of American Military Culture: A Practioner's View.* (The Washington Quarterly, 1998), 215.
[12] G.P. Krueger. *Military Culture. In International Encyclopaedia of the Social and Behavioural Sciences*. (Washington D.C.: American Psychological Association, 2000).

attack others when directed to do so. This culture moves beyond the action of work, and into what some call a 'brotherhood of men' that transcends civilian connections and friendships. How this 'brotherhood of men' concept relates to women in the military is unknown at this time, and is worth further inquiry to understand the differences that women in combat arms trades bring to a traditionally male-based camaraderie. Sorsdahl[13] found that there is a bond and connection through interpersonal trust development that is unlike any other found in the civilian world. It is a bond that forces you to trust the person next to you with the most important thing in the world, your life, and possibly not trust them to pay you back money they have borrowed. This formulation of obscure trust bonds is not easily understood by civilians, and creates a unique cultural experience for military members.

Harrison[14] provided some statistics of the CF which is composed of approximately 60,174 members that include both regular and reserve force members. Approximately 86.6% of all CF personnel are men and 67% of all members are married. The military culture includes spouses and dependents that live with active service personnel, and so that increases the membership of this culture[15]. With the majority of CF membership being men, it is not uncommon to see the culture as hypermasculinized. Rosen, Knudson and Fancher[16] explain the bonding that occurs in male only peer groups that can cause some negative social consequences such as aggression. It is also suggested

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[13] Michael Sorsdahl. *Interpersonal Trust in the Canadian Forces Transition Program for Peacekeepers and Veterans*.(Unpublished master's thesis, 2005).

[14] D. Harrison. *The Role of Military Culture in Military Organizations' Responses to Woman Abuse in Military Families.* (The Sociological Review, 2006), 550.

[15] A.P. Baker. *Daughters of Mars: Army Officers' Wives and Military Culture on the American Frontier*. (The Historian, 2005) 20-42.

[16] L.N. Rosen, K.H. Knudson, and P. Fancher. *Cohesion and the Culture of Hypermasculinity in U.S. Army Units.* (Armed Forces & Society, 2003), 325.

by Rosen et al. that both the inclusion of women in the CF and spouses has minimized the large negative social consequences associated with stereotypically exaggerated violent behaviours. The military culture includes members, spouses, and dependents, creating an environment that is inclusive to those members and exclusive to everyone else. As the family support unit is very important to military culture, support programs and services for military families have been developed for their well-being, as well as for the service personnel themselves.

King[17] discusses British military culture in an anthropological way that speculates that the culture is brought about through doctrines that regulate the behaviour and activity of military actions. These doctrines are writings that explain exactly how to deal with almost all possible eventualities, providing a structure and rigid decision matrix that creates similarity and control in a very specific way. Through the implementation of these doctrines, the culture emerges in a way that supports the required behaviours of its members. King further argued that if we wrote these doctrines down and provided them to the civilian public, then the military culture might be better understood by the civilian public. He also believes that through combined operations with other militaries, a more cohesive international military culture is inevitable to a certain extent. To further the understanding of the institutional nature of military culture, Danderker[18] explains that through legitimized violence and the unlimited liability of a military member's employment contract, the written regulations and strict rules, or doctrine, is the only way to control the result of those leniencies in people's behaviour.

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[17] A. King, *Towards a European Military Culture?* (Defence Studies, 2006), 257-277.
[18] C. Dandeker. *The Military in Democratic Societies*. (Society, 2001), 20.

Civilian organizations also utilize elements of military culture in the effective techniques of management[19]. Enhancing discipline within their members, promoting group solidarity and group cohesion to achieve better labour results, and emphasizing the military value of efficiency have all been used to improve the work ethos of civilian organizations. There is also the concern of some undesirable characteristics of military culture in civilian agencies, including a win-lose dichotomy, and a top-down communication style[20]. Garsombke cites Skjelsbaek's critique of military culture which he claims supports the development of ideologies that view human life as cheap and dispensable, understand human nature as weak and evil, condone violence against outside groups, regard revenge as acceptable, and support threats based on fear as acceptable behaviours to control others. This perspective supports the writings of Collins[21] that the civilian elite are losing their capacity to relate to military culture on a personal level. Historically, the military culture was synonymous with concepts of honour, pride and respect. These adjectives are no longer thought of when thinking of military culture. Dandeker[22] discusses the connection of the military to politicians, whereby the military is directed what to do by the society or country that they serve. To move a society beyond the need of a military, and therefore its culture, requires more than an attack on the military itself. The general actions and behaviours of the military are at the direction of the current governing agency, providing an opportunity for the powerful civilian elite to

[19] D.J. Garsombke. *Organizational Culture Dons the Mantle Of Militarism.* (Organizational Dynamics, 1998), 46-56.
[20] Ibid, 48.
[21] J.J. Collins. *The Complex Context of American Military Culture: A Practioner's View.* (The Washington Quarterly, 1998), 216.
[22] C. Dandeker. *The Military in Democratic Societies*. (Society, 2001), 20.

utilize the military to their own ends. The military generates a culture that does exactly what is asked of them, and nothing more[23].

The culture that is generated emerges from the acts and behaviours that are required of our CF members in the execution of their duties. To do these acts requires a specific way of being, which becomes a culture, that bears consequences. Eisen, Neuman, Goldberg, True, Rice, Scherrer and Lyons[24] conducted a study that shows the connection between the psychological trauma experienced by military members and an increase in physical ailments upon their return from deployments. Langston, Gould and Greenberg[25] explain that military personnel are an at risk group who are vulnerable to psychological distress and mental health problems including PTSD, depression, family violence, substance abuse and occupational functionality. To belong to this culture creates an inherent risk of challenges experienced through the nature of their work.

The military has not focused on researching the military as a culture, although they do prescribe to the idea that it is a culture. The Canadian Military does not have any uniformed military psychologists, only Personnel Selection Officers that study the psychological testing of applicants to determine their suitability to specific trades[26]. The U.S.'s military has generated entire training plans and procedures to equip military psychologists with the tools needed to handle multicultural experiences of their service

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[23] J. Warren. *Small Wars and Military Culture*. (Society, 1999), 56-61.
[24] S.A. Eisen et al. *Contributions of Emotionally Traumatic Events and Inheritance to the Report of Current Physical Health Problems in 4042 Vietnam Era Veteran Twin Pairs*. (Psychosomatic Medicine, 1998), 533-539.
[25] V. Langston, M. Gould, and N. Greenberg. *Culture: What Is Its Effect on Stress in the Military?* (Military Medicine, 2007), 931-935.

[26] T.J. Prociuk. *Applied Psychology in the Canadian Forces: An overview of current research.* (Canadian Psychology, 1988), 94-102.

members[27]. Field[28] wrote an article about the three elements of successful leadership. These elements were to establish a vision, consider the culture you are working in, and to surround yourself with capable people. The most salient point is to consider the culture in which you are working. It is important to focus on the larger military culture since it comes with certain elements that must be understood in order to better help the members of that culture. One of these elements is interpersonal trust development that is different for military members than for others in Canadian society.

Interpersonal Trust Development for Military Members

Interpersonal trust makes a key challenge with military members seeking help with re-entry. Therapists working with military members found it to be one of the largest gaps in creating a therapeutic alliance. Brody[29] claims that therapists not of the same culture need training and understanding of their client's culture. He further explains that when the client's cultural values and experiences cause them to view the world in very different ways the situation is more complex. The military is an isolated subculture of the larger national culture in Canada. Members of the military culture in Canada are subjected to "abnormal" events that most of our Canadian citizens never have to experience. Saunders and Edelson[30] claim adults with childhood abuse experience difficulties with interpersonal trust development. As members of the military experience traumatic events as part of their work, the creation of a complex interpersonal trust development is understandable.

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[27] C.H. Kennedy, D.E. Jones, and A.A. Arita. *Multicultural Experiences of U.S. Military Psychologists: Current Trends and Training Target Areas*. (Psychological Services, 2007), 158-167.
[28] T.A. Field. *Taking Charge: Three Elements of Successful Leadership*. (Infantry, *2005)*, 15.
[29] C.M. Brody. *White Therapist and Female Minority Clients: Gender and Culture Issues*. (Psychotherapy, 1987), 108-113.
[30] E.A. Saunders and J.A. Edelson. *Attachment Style, Traumatic Bonding, and Developing Relational Capacities in a Long-Term Trauma Group for Women*. (International Journal of Group Psychotherapy, 1999), 465-484.

Trust is even more problematic for Canadian military members as it was not until the last 15-20 years that the medical records and information of members were made confidential from supervisors. Trusting the military medical systems will most likely take time to be established. Military members still fear being released from the military based on experiencing any physical or mental difficulties from their employment.

Deluga's[31] study investigated the importance of trust between the supervisors and subordinates in the military. This study explained that trust is extremely important within the military context, and that time should be spent on building this trust in order to increase productivity by subordinates. As explained by Gibb[32], trust is a difficult concept to understand, and so a focus on what trust means to individuals is important to working with anyone working through issues, and more specifically, important to military members.

Exposure to other cultures

Another key issue for military members making them a unique culture involves the exposure to other cultures which necessarily change their perspectives. When a person moves into a different culture and then returns home, challenges associated with cultural identification also occur[33]. Experiences of expanded awareness around true poverty, terror and fear shift the perspectives of many who return home feeling conflict or guilt about the differences in society. Sadness, anger and resentment are a normal

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[31] R.J. Duluga. *The Relation Between Trust in the Supervisor and Subordinate Organizational Citizenship Behavior*.(Military Psychology, 1995), 1-16.
[32] J.R. Gibb. *Trust: A New View of Personal and Organizational Development.* (Los Angeles, CA: The Guild of Tutors Press, 1978).
[33] S.M. Walling, et al. *Cultural Identity and Reentry in short-term student missionaries*. (Journal of Psychology and Theology, 2006), 153-164.

resultant emotion on return home due to this change of perspective[34]. Knowing what the current challenges are and what support networks are provided to returning military members is the first step in helping to understand their re-entry experience and serves as a cornerstone for creating needed support networks.

Post Traumatic Stress Disorder

PTSD is a diagnosis highly prevalent in the unique military culture and is found in the Diagnostic Statistic Manual of Mental Disorders 4th Edition Text Revision (DSM IV (TR))[35] that involves actual or threatened death from an experience that a person or persons are exposed too. There are several criterion symptoms that must be exhibited to gain this diagnosis. When people exhibit some of the symptoms but not all of them, it is referred to as a case of Posttraumatic Stress Reaction (PTSR)[36]. The military uses terms such as Combat Stress Reaction (CSR), or Occupational Stress Injury (OSI) to include symptoms that may or may not lead to a full diagnosis of PTSD as per the DSM IV (TR). Black, Westwood and Sorsdahl[37] explain that physical and psychological injuries, health issues, substance abuse, family discord, and identity issues from their time in the military arise from the transitioning into civilian life. The Canadian Forces (CF) continuously looks for ways to provide support for these members, and particularly have focused on

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[34] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Military Members From Overseas Deployoments*. (Doctoral Dissertation, 2010).
[35] American Psychiatric Association. *Diagnostic and statistical manual of mental Disorders, 4th Edition, Text Revision.* (Washington, DC, 2000)
[36] Marv Westwood, Tim Black, and Holly McLean. *A re-entry program for peacekeeping soldiers: Promoting personal and professional transition*. (Canadian Journal of Counselling, 2002), 221-232.
[37] Tim Black, Marv Westwood, and Michael Sorsdahl. *From the front line to the front of the class: Counseling students who are military veterans. In J. Lippincott & R.B. Lippincott (Eds.) Special Populations in College Student Counseling.* (American Counselling Association, 2007), 3 – 20.

this challenge over the last few years[38]. Although there has been some progress in providing services to military personal in the CF, it is not sufficient to solely implement programs without a full understanding of what is required by military members on return from deployment.

Most, if not all, of the research that has been done in the recent past has been focused on the concern for PTSD, PTSR, and CSR for combat-experienced veterans. PTSD is not the only concern for the personnel that are coming back from overseas deployments. Blais, Thompson, and McCreary[39] found that reintegration and the process that CF members go through on return has not been researched, and that studies suggest re-entry after a deployment is associated with complications and stress in the family and social circles of those members returning. Trauma reactions can also affect social and family circles thereby creating stress and challenges with re-entry to both members and family members[40].

Re-Entry and Transition Theories

Re-entry and transition theories are limited in the current research. Sorsdahl[41]'s study that focused on the family, social, psychological and physical health factors that helped and hindered military members returning form overseas deployments was the first study since Faulkner and McGaw back in 1944. Faulkner and McGaw[42] focused on the

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[38] CANFORGEN 143/09 CMP 060/09 061917Z Aug 09. Be the Difference – Canadian Forces Mental Health Awareness Campaign and G.J. Blais. *Mental Health Awareness*. (Director of Casualty Support Management, Department of National Defence, 2009)

[39] A. Blais, M.M. Thompson, & D.R. McCreary. *The Development and Validation of the Army Post-Deployment Reintegration Scale.* (Military Psychology,2009), 365-386.

[40] Holly McLean. *A Narrative Study of Traumatized Soldiers*. (Unpublished doctoral dissertation, 2006).

[41] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).

[42] R.R. Faulkner and D.B. McGaw. *Uneasy Homecoming: Stages of Re-entry Transition of Vietnam Veterans.* (Journal of Contemporary Ethnography, 1977), 303-328.

process for military members returning to the US from Vietnam. The circumstances since the time of Vietnam have changed, the types of conflicts have changed, and the current cultures from which military members are drawn from have changed, thus outdating that theory. New theoretical models need to be developed to explain the re-entry experience, keeping in mind the current state of political and social affairs, and what our military members are experiencing overseas. Useful theoretical models need to accommodate theories around acculturation, cultural identity and transition processes in general. From these areas of transition, a more comprehensive understanding of what may be happening to military members on re-entry can be explored.

From earlier, and the agreed acceptance that the military is its own unique culture, the transition from an isolated military culture deployed back into the larger societal culture is essential for a successful re-entry experience. Rudmin[43] explains acculturation theories that have been used over time. Thomas & Znaniecki in 1918 put forward three typologies of acculturation to include the *Bohemian*, *Philistine* and *Creative*. The Bohemian type let go of their old cultural affiliation and adopted the new one. The Philistine held onto their old culture and separated themselves from the new culture. Finally, there was the Creative type of person that held their own beliefs from their old culture but took on aspects of the new culture as well. Other acculturation theories exist, but the fourfold theory by Berry, Kim, Power, Young and Bujaki in 1984 is the most widely known[44]. There are four types of acculturation in this theory: assimilation,

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[43] F.W. Rudmin. *Critical History of the Acculturation Psychology of Assimilation, Separation, Integration, and Marginalization*. (Review of General Psychology, 2003), 3-37.

[44] F.W. Rudmin. *Critical History of the Acculturation Psychology of Assimilation, Separation, Integration, and Marginalization*. (Review of General Psychology, 2003), 3-37.

separation, integration and marginalization. Assimilation is where the person adopts the mainstream culture, letting go of the old. Separation is where the person holds their traditional cultural beliefs and separates from the dominant culture. Integration is where the person holds onto their traditional culture, but brings in aspects of the dominant culture. Marginalization is where the person both loses their traditional cultural beliefs and also does not adopt the dominant beliefs either.

The fourfold theory of acculturation seems to accurately describe military transition. The military indoctrinates their personnel upon joining into the unique military culture. Through military education and training, people adopt the beliefs and traditions of the military culture. Through deployment, military personnel are removed from the societal culture and inculcated within the military culture in order to survive. On return from deployment, members of the military are likely to follow an experience of acculturation back into the dominant culture back home. According to the fourfold theory, members may experience this re-entry differently. The unique experiences of acculturation by military members aligns with the Adlerian belief of identity development that posits that each individual must be seen as a holistic self therefore allowing people to see differences within one culture or across cultures[45]. Through being in the military, the member's identity is partly formed by this affiliation. Cultural beliefs are formed through the groups one chooses to associate with, meaning that through acculturation into a different cultures even in adulthood, our identity changes. Allen[46] goes further to explain influences of the family change personality development. So,

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[45] M. Cheung and P. Leung. Adlerian Theory. In Multicultural Practice and Evaluation: A Case Approach to Evidence-Based Practice. (Denver, CO: Love Publishing Company, 2006)

[46] B.P. Allen. *Personality Theories: Development, Growth, and Diversity 3rd ed.* (Boston: Allyn and Bacon, 2000)

logically, as the military becomes a form of family, this indicates that the military would also have influence on the personality or identity development of the individual. With the experiences through training and education, deployment and long term association, the military has great impact on the development of identity of a person.

Walling et al.[47] discuss that there is a cultural adaptation that occurs when an individual or group goes from their home culture into a new one for a short period of time and then returns. People adapt differently to different roles, routines, and unfamiliar social norms which bring altered perceptions of global reality. On return home, the re-entry process may be more difficult due to those changes[48]. Travelers may not feel they "fit in" anymore. Anger and other negative reactions are known to be common by those returning, and a shift in cultural identity is experienced. This lends credence to the theory that identity is at least in part formed through cultural affiliations. Similar findings were reported by Sussman and Raschio[49].

Black, Westwood, and Sorsdahl explain that the experience of military members returning is cross-cultural[50]. Black further focused on transitioning military members upon release from the military into the civilian society, resulting in large challenges integrating[51]. These social challenges can be a source of negative emotion and stress

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[47] S.M. Walling et al. *Cultural Identity and Re-entry in short-term student missionaries.* (Journal of Psychology and Theology, 2006), 153-164.
[48] Ibid
[49] N.M. Sussman. *The dynamic nature of cultural identity throughout cultural transitions: Why home is not so sweet.* (Personality and Social Psychology Review, 2000), 355-374. And R.A. Raschio. *College students' perceptions of reverse culture shock and re-entry adjustments.* (Journal of College Student Personnel, 1987*),* 156-162
[50] Tim Black, Marv Westwood, and Michael Sorsdahl. *From the front line to the front of the class: Counseling students who are military veterans. In J. Lippincott & R.B. Lippincott (Eds.) Special Populations in College Student Counseling.* (American Counselling Association, 2007), 3 – 20.
[51] Tim Black. *Making it on Civvy Street: An Online Survey of Canadian Veterans in Transition.* (Manuscript submitted for publication, 2009)

during the re-entry process, just making the experience of re-entry more difficult for military members.

The focus of re-entry has been very limited recently. Our traditional wars that would inherently have us looking at the process are not the norm, instead we run Operations like DESERT STORM in 1991 and the proverbial "WAR ON TERRORISM" in Afghanistan. The challenges that have surfaced from these operations are the increase in PTSD and programs that deal with PTSD and Combat Stress instead of the general transition and re-entry experience of all deployed members.

Faulkner and McGaw[52] outline 3 phases for re-entry. The disengagement phase focuses on when members start to separate from their experiences of being deployed and the people they were deployed with. This was required because military members replaced their home families with their military family, and their whole day to day life revolved around the military operations. This disengagement results in members having to grieve the loss of what was. These losses include the loss of time from their civilian experiences, loss of a part of themselves like naivety, and a loss of others when they lost friends. The second phase is the Re-entry phase. This phase involved readjustment of their perspectives around home life, discontinuity of problematic behaviours from wartime, and feelings of isolation and separation from civilians who would not understand. Managing violent impulses, feelings of isolation and minimal support created very challenging re-entry experiences. The last phase was the reintegration phase. This phase had the military members integrating back into society. Typically there were opportunities of peer group relationships, which allowed for a shift in acceptable self-image. An increase in their commitments to the social world, and a general acceptance of

[52] Ibid

these members by the social world was seen to occur. Reintegration is still found to be important today as seen through Blais et al.'s creation of a Post-Deployment Reintegration scale to use with Canadian soldiers who return from overseas deployments[53]. This theory of re-entry outlines the challenges around reintegration issues experienced by Vietnam veterans returning home. To have a good theory that outlines how to help current military members return home after deployments, a look at reintegration issues that are experienced in modern day is important.

Reintegration Issues

Although current theory around specific re-entry processes are lacking, there is a plethora of research that exists on the challenges experienced by military members when they return from overseas deployments. Looking at factors that affect the experience of returning military members from overseas deployments will aid in the development of theory and the creation of a model. Manderscheid looked at how to help U.S. veterans of Afghanistan and Iraq conflicts reintegrate back into the community[54]. There are strategies that have been developed to help military members with psychological challenges, substance abuse, and physical injuries that return from deployment. Blais and Thompson explain their concern around the minimal decompression experienced by CF members when they return from overseas deployments. When they return home too quickly to the regular roles and activities in personal, family and organizational functions it leads to greater difficulty and a significant stressor[55]. King, King, Vogt, Knight and Samper found

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[53] A. Blais, M.M. Thompson and D.R. McCreary. *The Development and Validation of the Army Post-Deployment Reintegration Scale*. (Military Psychology, 2009), 365-386.

[54] R.W. Manderscheid. *Helping Veterans Return: Community, Family, and Job.* (Archives of Psychiatric Nursing,2007), 122-124.

[55] A. Blais and M.M.Thompson. *Development of a Multidimensional Measure of Post deployment Reintegration*. (Presented at American Psychological Association Conventio, 2004*).*

that combat exposure was linked to an array of negative health issues including PTSD, depression, substance abuse, and other aspects of physical health[56], which highlight the broad spectrum of factors that influence the re-entry process. Furthermore, King et al. claim that social support is essential for this re-entry process[57]. Taft et al have shown that members with a PTSD diagnosis have increased aggression connected with alcoholism and dissociative symptoms that hinder the social acceptance of the members upon return from deployments[58]. Understanding historical issues provides a framework in which we can structure the current issues experienced by CF members, especially in the family, social, psychological and physical health areas as explored by Sorsdahl[59].

Family

Reintegration first occurs when the military member returns home. One's family includes spouses, children, parents and sometimes close friends. This is the family that says good bye to the military member, and presumable welcomes them home when they return. For this reason, it seems the family could be a great source of support, or a great source of challenge, depending on the reintegration experience. Mateczun and Holmes claim military members return, readjust and reintegrate into their family first[60], terming it the '3 R's of reunion. Holly McLean researched the effects of PTSD diagnosed military

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[56] L.A. King et al. *Deployment Risk and Resilience Inventory: A Collection of Measures for Studying Deployment-Related Experiences of Military Personnel and Veterans.* (Military Psychology, 2006), 89-120.
[57] Ibid
[58] C.T. Taft et al. *Posttraumatic Stress Disorder Symptoms, Physiological Reactivity, Alcohol Problems, and Aggression Among Military Veterans*. (Journal of Abnormal Psychology, 2007), 498-507.
[59] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).
[60] J.M. Mateczun and E.K. Holmes. *Return, readjustment, and reintegration: The three R's of family reunion. In Ursano, R.J., Norwood, A.E. Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations.* (Washington, DC: American Psychiatric Association, 1996)

members on their family, finding vicarious trauma and some physical abuse were experienced by their families[61].

Burrel, Durand and Fortado found that the more the family members endorsed the member being in the military, the more integrated a family was with the military and the member[62]. This integration was seen in the acceptance by the family of what the member experienced and went through, and the understanding that it is not always simple to reintegrate. They also found that when there was no family support on the military member's return, those members experienced increased physical, behavioural and psychological health issues as compared to others that received support. Family connection is found to be extremely important in the re-entry experience, showing that social network provide structure and support for those returning from overseas. Without the supportive family network, secondary trauma was experienced by members through having to deal with the reactions of the family members to their primary trauma reactions.

Social Issues

Social issues are also a known source of conflict for returning military members, as it stems from the connection to the family. Being accepted by the society in which the military member is defending when overseas is an important element when they return[63]. Benedek and Grieger[64] and Killgore, Cotting, Thomas, Cox, McGurk, Vo, Castro and

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[61] Holly McLean. *A Narrative study of Traumatized Soldiers* (Unpublished Doctoral Dissertation, 2006).
[62] L. Burrell, D.B. Durand and J. Fortado. *Military Community Integration and Its Effect on Well-Being and Retention*. (Armed Forces & Society, 2003), 7-24.
[63] Michael Sorsdahl. *Interpersonal Trust in the Canadian Forces Transition Program for Peacekeepers and Veterans*. (Unpublished master's thesis, 2005).
[64] D.M. Benedeck and T.A. Grieger. *Post-deployment violence and antisocial behaviour: The Influence of Pre-Deployment Factors, Warzone Experience, and Posttraumatic Stress Disorder.* (Primary Psychiatry, 2006), 51-56.

Hoge[65] indicate that people that are deployed do have some difficulty relating with general society on return. Furthermore, Killgore et al. identified returning service members take increasing risks through unsafe behaviour by engage in more high risk activities. Also, they were more likely to be intoxicated and be more aggressive to members of the general public. Benedeck and Grieger found a significant increase in post deployment violence by returning veterans[66].

Manderscheid believes that it is the lack of connection to the civilian culture when the military members are deployed that leads to this conflict[67]. Societies need to focus on creating social networks for assisting military members in their reintegration, as it is found to be beneficial in their transition. Specific social networks and activities have not been researched as of yet, but it would be a good first step in the inclusion of military members into society. Connecting with both military and civilian organizations will be more helpful for the re-entry process.

Psychological Issues

PTSD, as the most well known effect of overseas military deployments, has been investigated at a high rate in response to challenges within society. PTSD is not the only challenge experienced though. Major Depressive Disorder (MDD) also has a high incident rate in military members[68]. Military members can experience both combat and contextual stressors that affect the experience of the traumatic reactions, making it

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[65] W.D.S. Killgore et al. *Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployments*. (Journal of Psychiatric Research, 2008), 1112-1121.
[66] D.M. Benedeck and T.A. Grieger. *Post-deployment violence and antisocial behaviour: The Influence of Pre-Deployment Factors, Warzone Experience, and Posttraumatic Stress Disorder.* (Primary Psychiatry, 2006), 51-56.
[67] R.W. Manderscheid. *Helping Veterans Return: Community, Family, and Job.* (Archives of Psychiatric Nursing,2007), 122-124.
[68] Ibid

different than civilian-based trauma[69]. Combat stressors may include repeated exposure to threats to a person's life, deaths of friends, and the deaths of other people in the same area of operations. Other contextual stressors include family or spousal issues, financial issues, and separation anxiety issues. The combination of both combat and contextual stressors create an environment for compounded trauma reactions that may lead to more serious stress reactions and challenges for the person. Lower levels of well-being were experienced by CF members that had higher occupational stress[70]. Psychological challenges on re-entry to the civilian society will happen to many military members, and they need to be dealt with effectively to help members deal with those issues.

Another challenge is that military members that return from overseas deployments have been shown not to discuss their issues with anyone, choosing instead to repress or deal with the issues on their own[7172]. Britt indicated that one of the causes of this failure for military members to report their psychological issues is due to the negative stigma attached to being perceived with a psychological problem by the military. Without the knowledge of psychological issues by military members, the CF system cannot adequately help these members. As an example, Fikretoglu et al. found that one-third of CF members with PTSD failed to seek any form of treatment in their lifetime[73]. Another compounded factor to psychological issues is that it takes time for some people to realize

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[69] C.D. Lamerson and E.K. Kelloway. Towards a Model of Peacekeeping Stress: Traumatic and Contextual Influences. (Canadian Psychology, 1996), 195-204.
[70] T. Dobreva-Martinova et al. *Occupational Role Stress in the Canadian Forces: Its Association with Individual and Organizational Well-Being.* (Canadian Journal of Behavioural Science, 2002), 111-121.
[71] T.W. Britt. *The Stigma of Psychological Problems in a Work Environment: Evidence From the Screening of Service Members Returning From Bosnia*. (Journal of Applied Social Psychology, 2000), 1599-1618.
[72] D. Fikretoglu et al. *Mental Health Treatment Seeking by Military Members with Posttraumatic Stress Disorder: Findings on Rates, Characteristics, and Predictors From a Nationally Representative Canadian Military Sample.* (The Canadian Journal of Psychiatry, 2007), 103-110.
[73] Ibid

they have challenges after returning from deployment. Psychological distress was higher when measured after 120 days of re-entry as compared to immediately upon return from the deployment[74]. As when people returning are excited to be home, it takes time to realize the differences and changes that are all around them until after the immediate feelings of excitement around being home are gone.

PTSD has its effects on marriage and family life through issues with vicarious trauma[7576]. According to Erikson's identity development, due to the identity formation that occurs in adolescents when military members are recruited, a greater amount of guilt results after traumatisation. As already asserted, if identity of the military member is partially formed through the military culture, when a person is unable to perform the tasks required within the spectrum of their identity, guilt and shame can ensue. This loss of self may result in further guilt reactions to trauma incidents if they are unable to manage themselves. Relationships suffer and marriages end, also resulting in further degradation of people's self esteem[77]. PTSD can also result in sexual dysfunction, sleep disturbances, marriage dissatisfaction and socially aggressive behaviour. These psychological challenges have large impacts on military members, and only make reintegration into society more challenging.

Physical Health Issues

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[74] T.W. Britt. *The Stigma of Psychological Problems in a Work Environment: Evidence From the Screening of Service Members Returning From Bosnia*. (Journal of Applied Social Psychology, 2000), 1599-1618.
[75] R. Silverstein. *Chronic Identity Diffusion in Traumatized Combat Veterans*. (Social Behaviour and Personality, 1994), 69-80.
[76] Holly McLean. *A Narrative study of Traumatized Soldiers* (Unpublished Doctoral Dissertation, 2006).
[77] B.S.N. Goff et al. *The Impact of Individual Trauma Symptoms of Deployed Soldiers on Relationship Satisfaction.* (Journal of Family Psychology, 2007), 344-353.

Physical health issues experienced by returning deployed members of the military include sexual dysfunction, sleep disturbances, brain trauma, limb-loss, hearing loss and other physical limitations[787980]. These physical challenges can make reintegration more challenging. If the military medically releases these members on return from deployment, then even greater challenges may ensue around purpose of life issues. Trudel et al. have shown that Traumatic Brain Injury (TBI) is a major health issue with military and veteran populations[81]. The actual challenges experienced by military members with physical limitations or degradations should be researched, as there is very limited information on that topic currently published.

Decompression and Decompression Programs

To deal with the reintegration issues of military members, decompression programs have been designed, which have very different approaches. Finding programs and techniques to help military members when they return from overseas deployment is extremely important. Several military and civilian organizations have created such programs designed to help members reintegrate more successfully. The decompression program was created by the US as a multi-faceted re-entry program designed for soldiers. Canada also has a decompression program designed to assist CF military members return to Canada after deployments. Civilian organizations like the Veteran Transition Program are also designed to assist military members and veterans in re-entry into Canadian

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78 T.M. Trudel F.D. Nidiffer and J.T. Barth. *Community-integrated brain injury rehabilitation: Treatment models and challenges for civilian, military, and veteran populations.* (Journal of Rehabilitation Research and Development, 2007), 1007-1016.

79 J. DaVanzo. *One Soldier's Story*. (The ASHA Leader, 2006)

80 H. Hasenauer. *Where the Recovery Begins*. (Soldiers, 2006*),* 8-17.

81 T.M. Trudel F.D. Nidiffer and J.T. Barth. *Community-integrated brain injury rehabilitation: Treatment models and challenges for civilian, military, and veteran populations.* (Journal of Rehabilitation Research and Development, 2007), 1007-1016.

society and the reintegration into the civilian world[82]. Occupational stress and injury support (OSIS) networks created by the CF, are designed to help military members with mental health challenges[83]. This program has existed for over10 years, but recently has been expanding and given additional funding in order to provide awareness and assistance for military members suffering from OSI.

There are several programs that exist for the U.S. military members that return from overseas[84]. These utilize different modalities of therapy to include one-to-one support, cognitive behavioural therapies and some group counselling techniques (including post-deployment adjustment, interpersonal processes, depression, and adjustment to military life, general life skills and anger management). The greatest challenge for US decompression programs is dealing with the Reserve and National Guard. The additional stress of not returning with your own unit, and being left to your own devices once the deployment is over, can be extremely problematic. Both in the US and in Canada, Reservists deal with the stresses of possible loss of civilian employment and inability to return to work on return. In Canada, the Canadian Forces Liaison Council (CFLC) is designed to assist reserve members in returning to their place of employment when the deployment is done. CFLC is designed to assist in getting the reserve force members time off civilian work to participate in operations and training.

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[82] Marv Westwood et al. *Coming Home: A Group-Based Approach for Assisting Military Veterans in Transition.* (The Journal for Specialists in Group Work, 2010), 44 – 68.

[83] J.D. Richardson et al. *Operational Stress Injury Social Support: A Canadian Innovation in Professional Peer Support.* (Canadian Military Journal, 2008), 57 – 63.

[84] M.E. Doyle and K.A. Peterson. *Re-entry and Reintegration: Returning Home after Combat.* (Psychiatric Quarterly, 2005), 361-370.

Decompression programs for military members returning from operational environments are extremely important[85]. The decompression programs that exist are designed to help military personnel adapt to coming home gradually in order to minimize adjustment issues. Different countries have different decompression programs designed for their military members that vary on the amount of time and what location they do it in. American military programs occur in a separate location from the deployed location and the military member's home location. This is ideal as it allows military members to discuss their experiences in a relatively safe environment, with people that understand what they went through, and to deal with things prior to coming home. Canada utilizes a five day decompression period from operations[86]. There is little empirical evidence on the benefit of decompression; however, anecdotal evidence suggests that it is useful. Due to some issues around the length required for decompression, Hughes et al. researched the subject and found that the decompression program must be made appropriately for an appropriate amount of time depending on the specific people, length of tour, and exposure to combat[87]. A "one size fits all" decompression program may cause more problems than the challenges it wishes to overcome.

Other types of programs designed at assisting military members with decompressing and reintegrating into Canadian society is the Veteran's Transition Program, which has evolved in its composition over the years[88]. The program was originally designed to assist members with military experience to deal with their

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[85] J.G.H.H. Hughes et al. The Use of Psychological Decompression in Military Operational Environments. (Military Medicine, 2008), 534-538.
[86] J.G.H.H. Hughes et al. *The Use of Psychological Decompression in Military Operational Environments*. (Military Medicine, 2008), 534-538.
[87] J.G.H.H. Hughes et al. *The Use of Psychological Decompression in Military Operational Environments*. (Military Medicine, 2008), 534-538.
[88] Marv Westwood, Tim Black, and Holly McLean. *A re-entry program for peacekeeping soldiers: Promoting personal and professional transition*. (Canadian Journal of Counselling, 2002), 221-232.

psychological trauma challenges and to better reintegrate into society and their families[89]. In addition to the challenges associated with military traumatic experiences, CF members were also struggling with normal re-entry challenges experienced by anyone that left Canada for a prolonged period of time. Post-deployment stress reactions, including high anxiety, depression, restlessness, and insomnia, may very likely present the greatest health risk that military personnel have to face as they experience deployments.

The program was designed to help those people with military experience deal with the traumatic elements that were getting in the way of living their lives, and to help them re-adjust to what the world around them was now like. The program was designed to assist 6-8 member groups of people with military experience adapt and work together to gain skills and insights to better assist them in living a productive life. In its current version, the group would meet for two 4-day weekend periods, with a follow up 2 day session held in a remote establishment in the hope that this will reduce fears behind self-disclosure of injuries and help assist them during the processing portions outside of direct therapy group time[90]. This format allowed for intense therapy work to occur, maximizing the group dynamics that can occur in such a condensed period, and also with the 2 day follow-up, ensure the safety of the members who were taking their new found skills into their everyday life.

Westwood et al. explain that the program is structured into four phases including the initial group sessions, life review writing exercises, therapeutic enactment, and consolidation. The initial sessions focus on developing group cohesiveness, establishing trust and establishing safety. The life review writing exercises are a group-based

[89] Ibid
[90] Personal Communication with Dr. Marv Westwood, 2009.

intervention wherein participants write aspects of their life story at home and then share their stories to the group in a confidential setting. Therapeutic enactment is a group-based therapeutic intervention that focuses on the "acting out" of a participant's critical incidents from the past, present or future. The purpose of this intervention is for catharsis and cognitive re-integration of the experience to occur for the client. The catharsis is the release of feelings that underlie unresolved personal issues[91]. The final group phase focuses on the consolidation of learning from the previous sessions and on forming new goals and objectives for the future. It is at this stage that career counselling and assistance are offered, and where recognition and integration of the newly transferable skills occurs. Peer helpers are utilized throughout the entire group process, allowing for previous members of the group to help the new members in working through their initial fears of disclosing into a group. This seems to be in line with the complex trust development that forms with military members, allowing trust to form quickly and work in the group to be more productive.

This kind of group creates a safe environment for members with military experience to work through traumatic issues with other military members moving away from shame and into self-acceptance. According to Westwood et al. the program helps participants normalize their experiences on missions and share difficulties of re-entry into civilian life[92].

Research has provided preliminary evidence that programs designed to assist military members work through trauma and re-integrate in the civilian world are a move

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[91] Marv Westwood, Tim Black, and Holly McLean. *A re-entry program for peacekeeping soldiers: Promoting personal and professional transition*. (Canadian Journal of Counselling, 2002), 221-232.
[92] Marv Westwood, Tim Black, and Holly McLean. *A re-entry program for peacekeeping soldiers: Promoting personal and professional transition*. (Canadian Journal of Counselling, 2002), 221-232.

in the right direction towards helping our military members live a healthier life upon returning from overseas or transitioning to a life outside the military[93]. Studies have been conducted with both military members and on therapy[94], and on the Canadian Forces Transition Program. These studies are designed to help military members receive the assistance they need to move past the trauma created by the nature of their work and to acquire skills and assistance in reintegrating into civilian life. The CF Transition Program has been shown to reduce symptoms of trauma and PTSD, and allow for greater healing by the members[95].

Therapeutic Options

In looking at ways to help military members transition back into society, therapeutic options are important to be explored. These therapeutic options range in their effectiveness and are important to be kept in consideration when creating a theory of re-entry and a transition program designed to assist military members re-integrate into society. There are different versions of therapeutic options, but when comparing the differences, it seems that either therapists work with individual counselling or group counselling utilizing different styles of therapy in session. In individual counselling, the focus is on the Therapeutic Alliance, which Everly explains as the importance of the therapeutic alliance (TA) as the essential element creating a constructive, collaborative

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[93] Douglas Cave. *Enacting Change: A Therapeutic Enactment Group-Based Program for Traumatized Soldiers*. (Unpublished doctoral dissertation, 2003)

[94] E. Fantel. *Psychodrama in a veteran's hospital.* (Sociatry, 1948), 47-62. And E Fantel. *Psychodrama in an army general hospital*. (Group Psychotherapy 1951), 290-300. And E. Fantel. *Psychodrama in army and veterans administration hospitals: Summary*. (Group Psychotherapy, 1969), 290-300.

[95] Douglas Cave. *Enacting Change: A Therapeutic Enactment Group-Based Program for Traumatized Soldiers*. (Unpublished doctoral dissertation, 2003).

working relationship between the patient and the therapist[96]. The challenge in individual counselling is the development of interpersonal trust that creates the TA due to the destruction of trust by trauma. The long term goal for individual psychotherapy with regards to trauma is the creation of interpersonal trust, safety and self-reliance from within the client. This is why interpersonal trust is extremely important in working with any type of therapy that is dealing with military members.

Using group psychotherapy, there again is a specific kind that works well with psychological trauma and with military members. Psychodrama is one type of group therapy in treating military members that has been documented by many authors[97]. Fantel explained how psychodrama with World War II (WWII) veterans worked in treating trauma with veterans[98]. He also reviewed all the group-based treatment literature for PTSD, discovering that there was improvement on PTSD symptoms based on the Clinician Administered PTSD Scale (CAPS) for the participants after experiencing group therapy[99].

Therapeutic enactment, used in the Veteran's Transition Program, is the therapeutic technique that utilizes intentional and conscious recreation of events for therapeutic purposes. This is different than any unintentional and unconscious manifestations of re-creations of the traumatic event as they arise in the course of

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[96] G.S. Everly and J.M. Lating. *Personality-guided Therapy for posttraumatic stress disorder*. (Washington , DC, US: American Psychological Association, 2004)

[97] E. Fantel. Psychodrama in army and veterans administration hospitals: Summary. (Group Psychotherapy, 1961), 290-300. And D.R. Johnson et al. The therapeutic use of ritual and ceremony in the treatment of Post-Traumatic Stress Disorder. (Journal of Traumatic Stress, 1995), 283-298. And K.G. Ragsdale et al. Effectiveness of short-term specialized inpatient treatment for war-related Posttraumatic Stress Disorder: A role for adventure-based counseling and psychodrama. (Journal of Traumatic Stress, 1996), 269-283

[98] E. Fantel. *Psychodrama in a veteran's hospital.* (Sociatry, 1948), 47-62. And E Fantel. *Psychodrama in an army general hospital*. (Group Psychotherapy 1951), 290-300. And E. Fantel. *Psychodrama in army and veterans administration hospitals: Summary*. (Group Psychotherapy, 1969), 290-300.

[99] D.W. Foy, et al. *Trauma Focus Group Therapy for Combat-Related PTSD: An Update.* (JCLP/In Session: Psychotherapy in Practice, 2000), 907-918.

therapies[100]. Therapeutic Enactment (TE) is completely different from psychodrama[101], in that pre-planned, highly controlled enactments using a group setting are used to facilitate the repair and restoration of the individual client's experience of self, instead of uncontrolled spontaneous manifestations of trauma. Careful planning and preparation of the enactment is the highlighted different, and is what is used to ensure the group therapy is safe and controlled, allowing for a more successful revisit of those traumatic events. Brown-Shaw and Westwood also indicate the use of personal reflection when using group based enactment as a positive aspect of therapeutic enactment[102].

In comparing the differences between individual and group psychotherapy for military members, it is clear that a closer examination of why group psychotherapy is the preferred method for military members is needed.

Group Psychotherapy as Preferred Method for Military Members

In order to provide mental health recovery to military clients in a group, it is important to first understand group psychotherapy. To accurately discuss group psychotherapy as a method for therapy, a look at where group psychotherapy comes from, what group psychotherapy is, and how it differs from individual psychotherapy is essential. The major mental health challenge for military clients is PTSD[103], so the use of group psychotherapy with military clients with PTSD must also be addressed.

History of Group Psychotherapy

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[100] D. Brooks. *The meaning of change through therapeutic enactment in psychodrama*. (Unpublished doctoral dissertation, 1998), 8.

[101] Marv Westwood, Patricia Keats and Paula Wilensky. *Therapeutic Enactment: Integrating Individual and Group Counselling Models for Change*. (*Journal for Specialists in Group Work, 2003).*

[102] M. Brown-Shaw and M. Westwood. Integrating personal reflection and group-based enactments. (Journal of Aging Studies,1999), 109-120.

[103] A. Marin. *Systemic Treatment of CF Members with PTSD*. (Ombudsman Special Report, 2002)

Although it is true that group psychotherapy is officially a new psychotherapeutic method, it has unofficially been used for centuries to accomplish many tasks[104]. According to social psychology[105], a group is 2 or more people that interact with each other. So all social interactions occurs in groups, where group processing and theory are experienced practically. Group processes occur continuously around us, and have been around us ever since human beings evolved to live in groups. Scheidlinger references Janet indicating that the precursors to group therapy were found within the folk healers, troubadours and prophets who utilized group dynamics to promote well-being. Scheidlinger also discusses the other element of group relationships, which is the creation of a shared identity by moving away from "I" and becoming "we"[106], which is what happens in the military culture as well. Group dynamics occur regardless of whether we want them to or not, so group therapy combines group process with therapeutic intention.

The use of intentional group therapy has been traced by Scheidlinger to as far back as Pratt who used the group medium in 1905 to help his tubercular patients cope with their disease. Many well-known psychotherapists then adapted different styles of group therapy to help specific clientele of their own. Alfred Adler used what he called "collective therapy" with children and adults, Rudolf Dreikurs founded the Adlerian school of group therapy, Trigant Burrow used family networks in therapy, and Jacob Moreno developed psychodrama[107]. Group therapy was utilized throughout World War II to work with an increased amount of clients requiring psychological assistance due to the atrocities experienced in war. Group therapy became the method of choice due to reduced

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[104] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.
[105] J.E. Alcock, D.W. Carment and S.W. Sadava. *A Textbook of Social Psychology 6th Ed.* (Toronto: Pearson Education Canada Inc, 2005).
[106] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.
[107] Ibid

cost and efficiency of service provision by the military psychiatrists[108]. Although this form of therapy was certainly used there was no research conducted that indicated if that therapy was successful or unsuccessful with military clients. Even through history, group psychotherapy has been used with military clients.

Scheidlinger provides some examples of current models of group psychotherapy to include Yalom's Interpersonal Group Therapy, the Freudian Psychodynamic Model of Group Therapy, Object Relations group therapy, Self-Psychology group therapy, and Social Systems group therapy. These methods of therapy are expanding and permeating the world as a valid psychotherapeutic technique. Scheidlinger states that at least one-half of all inpatient treatment centers use group treatments for their patients. As more documentation of the effectiveness of this mode of treatment is brought forward, it is conceivable that more group treatments will be utilized. Due to their reduced cost and ability to help more people faster, it seems only reasonable that this mode of therapy, if found therapeutically beneficial, be employed by the majority of agencies providing mental health care to those in need.

Group process has occurred since humans lived in groups. Group psychotherapy has evolved through the use of several therapists after WWII. Current forms of group psychotherapy provide an efficient and cost-effective mode of therapy. Group therapy as a mode of therapy for societies is not going away, and so must be dealt with directly to ensure the usefulness for and safety of clients.

PTSD and Group Psychotherapy

[108] Ibid

van der Kolk states "[i]t has become increasingly evident that cooperation for survival among members of the same species is a basic law of life."[109]. This means that survival of the human species is directly related to the creation and establishment of community. van der Kolk believes that it is through these interpersonal bonds of people we maintain the essential qualities of belonging and culture that make us human. We have built societies and communities to allow for shared support and experience, creating social networks that can result in traumatic experiences. The military is a historically necessary part of the societal pressures that are created by having these societies and therefore the traumas that arise from exposure to these experiences need to be addressed. Therefore it only makes sense that recovery and treatment for trauma would need the creation of social networks, which can only be created in groups.

Greene, Meisler, Pilkey, Alexander, Cardella, Sirois, and Burg indicate that vicarious learning is a therapeutic factor required for trauma recovery and that being actively engaged within that therapy is beneficial in recovery[110]. Herman explains that group work can be the antidote to trauma[111]. She explains that as trauma isolates people from others, groups can bring about a sense of belonging. As trauma shames and stigmatizes people that experience it, the group bears witness and affirms their place in society. As trauma degrades the victims, the group can exalt them through understanding. Finally, as trauma dehumanizes the victim, the group restores humanity through connection with others. The group creates a medium that is not only beneficial, but most likely essential to help people recover from trauma.

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[109] B.A. van der Kolk. The Role of the Group in the Origin and Resolution of the Trauma Response. In van der Kolk, B. Psychological Trauma. (American Psychiatric Press. Washington DC, 1987), 155.
[110] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[111] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992)

As indicated earlier, PTSD is one of the major mental health concerns of members who have served in the military. Several key symptoms that occur to those that have trauma are estrangement, isolation, and alienation[112]. Herman says "[t]raumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, or worth, of humanity depends upon a feeling of connection to others."[113]. van der Kolk explained that people's individual experiences are embedded within a social structure of experience[114]. Trauma occurs when trust is lost in a social context, and so social processes must be examined when dealing with repair. These social processes can only be examined through the use of groups. van der Kolk goes on to further explain that the community is lost after trauma through the victim's demoralization, disorientation, and loss of connection to others. This creation of shame that is generated through trauma can only be addressed through the use of others, as shame is connected to social experiences. This shame is connected with a tendency of trauma survivors to have inaccurate references to the events, which include misperceptions of their own responsibility for the outcome[115]. Shea et al. emphasize that trauma occurs in social environments, and so in order to deal with that injury we have to look at the individual in relation to others[116]. The group is a microcosm of someone's life experience and working within that for therapeutic ends allows for a greater ability of generalization of relational skills learned and experienced in group to their everyday

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[112] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)
[113] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992), 214.
[114] B.A. van der Kolk. *The Role of the Group in the Origin and Resolution of the Trauma Response. In van der Kolk, B. Psychological Trauma*. (American Psychiatric Press. Washington DC, 1987).
[115] J.I. Ruzek et al. *Do Post-Traumatic Stress Disorder Symptoms Worsen during Trauma Focus Group Treatment*. (Military Medicine, 2001), 898-903.
[116] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008).

lives. Herman explains that the group provides support and understanding that is not normally found in the outside world. She explains that the group can create an "adaptive spiral" where group acceptance increases self-esteem which in turn allows group members to be more accepting[117]. Only through acceptance by a group does the true healing of trauma occur.

Herman does not believe that group therapy is a replacement for individual therapy, only that it is a complimentary system that is essential in completing trauma recovery[118]. Shea et al. indicates that there is no empirical support to claim that group therapy is superior to individual, and there is also no evidence that indicates it is not the case[119]. More research is needed in this area, and it is important to note that group therapy is still found to be beneficial as compared to no treatment at all. Herman reports that although there is no difference between the effectiveness of individual and group therapy for trauma in the short term, in the long term, group therapy is superior in reducing symptoms over time[120]. Scheidlinger referenced Toseland and Siporing who indicated that one quarter of the studies they reviewed found group therapy more effective than individual therapy[121]. van der Kolk also warns of the risks of individual therapy that can occur when the client moves to an over-reliance on the therapist thus hindering the client's sense of mastery over the situation. In this way group psychotherapy is regarded

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[117] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992).
[118] Ibid
[119] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008).
[120] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992).
[121] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.

as the treatment of choice for many clients with PTSD, either as sole or an adjunct to individual therapy[122].

Sociological research supports the concept that support networks minimize the long-term symptoms of PTSD according to van der Kolk[123]. Furthermore, he states that people sharing a common experience of what happened back then are more likely to share how the effects of that experience occurs for them right now, which is what is essential in moving through the trauma and into recovery. Greene et al. indicate that group format provides a cost effective way of treating clients, by creating universality through a homogenous group that directly confronts typical isolative tendencies as well as integrating social skills[124]. They believe that moving clients into their own self-care, coping strategies, and other skills that help relate to others that the clients can move beyond being stuck with their trauma. Coalson discusses the four classes of successful group treatments that Halliday conducted with clients suffering from trauma that included analytic and cathartic techniques, storey-line alteration procedures, face-and-conquer approaches, and desensitization and Cognitive Behaviour Therapy (CBT) techniques[125]. Kanas reviewed Wallis' study that found that group therapy reduced trauma symptoms significantly compared to those who did not undergo any therapy[126]. Different kinds of group therapy have been used with PTSD afflicted clients to include CBT trauma exposure therapy, less structured psychodynamic groups focusing on affect and

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[122] B.A. van der Kolk. *The Role of the Group in the Origin and Resolution of the Trauma Response. In van der Kolk, B. Psychological Trauma*. (American Psychiatric Press. Washington DC, 1987).
[123] Ibid.
[124] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[125] B. Coalson. *Nightmare Help: Treatment of Trauma Survivors with PTSD*. (Psychotherapy, 1995)*, 381-388.*
[126] N. Kanas. *Research Reviews: Group Therapy for Patients with Chronic Trauma- Related Stress Disorders.* (International Journal of Group Psychotherapy, 2005), 161-165.

supportive groups focusing on increasing trust and feedback/support by other group members.

Shea et al. states "[g]roup therapy is one of the most common treatment modalities for PTSD"[127]. Group treatment modality is used in U.S. and Australian Veterans Administration (VA) systems. Comprehensive surveys indicate that up to one half of all inpatient settings in U.S. utilize group treatments[128]. Furthermore, Scheidlinger emphasizes that 3rd party payers of therapy have begun to show interest in group therapy as the medium for therapy as a way to cut costs. This was the same reason why group therapy had emerged after WWII. The way in which our culture works, efficiency and effectiveness work hand in hand, and so finding the most effective and efficient method for providing service to military clients is a valuable direction to pursue. It is therefore important to look at group therapy as a major method of therapeutic intervention to ensure that it is used appropriately and properly because it may become the method of choice for other reasons than solely its efficacy as a mode of treatment.

Shea et al. reviewed 14 studies that examined CBT therapy groups focusing on symptom reduction[129]. An example of CBT groups is trauma focus group therapy (TFGT), which shows benefits in combat veterans and in adults with sexual assault. Foy, Ruzek, Glynn, Riney and Gusman found TFGT as a beneficial alternative where individual therapy does not work well, or is not enough[130]. Ruzek found that TFGT was not associated with opening up memories that increased PTSD symptoms, and that

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[127] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008), 306.
[128] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.
[129] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)
[130] D.W. Foy et al. Trauma *Focus Group Therapy for Combat-Related PTSD: An Update*. (JCLP/In Session: Psychotherapy in Practice, 2002*)*, 907-918.

actually symptoms were found to improve after TFGT, which counters a concern of using group format for trauma by mental health practitioners[131]. Shea et al. reviewed a further 16 studies that looked at psychodynamic, interpersonal, process, and insight-oriented group therapy, finding that it warranted more studies and that they were found to be beneficial as indicated by the clients[132]. Schnurr, Friedman, Foy, Shea, Hsieh, Lavori, Glynn, Wattenberg and Bernardy compared TFGT and Person-centred group therapies, finding no difference in the reduction of symptoms of trauma, but did find a higher drop-out rate in TFGT[133]. Shea et al found no evidence in their comparison study to indicate that one form of group therapy was better than any other. There is still minimal empirical research comparing different group formats for PTSD treatment[134].

Societies cause the potential for PTSD. Military culture experiences trauma and PTSD symptoms as part of their service. Trauma is maintained through isolation and shame, which can only be countered through acceptance by others. A belief also exists that vicarious learning can occur through group psychotherapy as the antidote to PTSD symptoms. Current research has shown that group psychotherapy is neither superior nor inferior to individual therapy for PTSD treatment, although group psychotherapy is more cost-effective than individual therapy. Group psychotherapy seems to be an essential addition to the current use of individual therapy for the treatment of trauma and PTSD

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[131] J.I. Ruzek et al. *Do Post-Traumatic Stress Disorder Symptoms Worsen during Trauma Focus Group Treatment*. (Military Medicine, 2001), 898-903.

[132] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008).

[133] P.P. Schnurr et al. *Randomized Trial of Trauma-Focused Group Therapy for Posttraumatic Stress Disorder: Results from a Department of Veterans Affairs Cooperative Study*. (Archives of General Psychiatry, 2003*)*, 481-489.

[134] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)

symptoms, requiring more research to clarify which kind of group psychotherapy would be most beneficial.

Group Therapy for Veterans

From the previous section looking at the military as it's own unique culture, it is evident that they must be treated a little differently than the general population. van der Kolk implies that the military brings with it a sense of community, group support, and self-esteem[135]. This commences from the beginning of basic training, where we take new recruits are taken and shifted from their adolescent reliance on family to a reliance on the military for all support and direction. Scheidlinger discusses group dynamics moving from the "I" to "we" mentality, which is what the military emphasizes and cultivates through the process of indoctrination training[136]. The group cohesion that is so intensely formed within the military culture is broken after PTSD due to the symptoms of alienation and isolation[137]. Due to this break in support, and its profound effects on the individual a variety of psychological problems follow from combat experience[138].

Group therapy started in the U.S. out of necessity of dealing with the amount of psychologically injured veterans returning with PTSD and limited therapists to help them[139]. Greene et al. further explains that initially the rationale for group psychotherapy for military clients was that if you brought soldiers with a common history together, then something healing-like would happen. This was likely one of the reasons that Royal

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[135] B.A. van der Kolk. *The Role of the Group in the Origin and Resolution of the Trauma Response. In van der Kolk, B. Psychological Trauma*. (American Psychiatric Press. Washington DC, 1987),
[136] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.
[137] B.A. van der Kolk. *The Role of the Group in the Origin and Resolution of the Trauma Response. In van der Kolk, B. Psychological Trauma*. (American Psychiatric Press. Washington DC, 1987).
[138] D.W. Foy et al. Trauma *Focus Group Therapy for Combat-Related PTSD: An Update*. (JCLP/In Session: Psychotherapy in Practice, 2002*)*, 907-918.
[139] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).

Canadian Legions were created in every major city, providing a meeting place for veterans during and after service. Providing psychological support to this culture becomes a very important task. Rozynko and Dondershine explain that group therapy can be used for the treatment of veterans in order to develop a sense of belonging, to overcome isolation, and to restore the experience of the "broken" military group with one of understanding by other military members[140]. In line with Herman's notion about group being the antidote for trauma, Rozynko and Dondershine state that "[the group creates] a guilt-reducing, distortion-correcting, "fool proof" peer group"[141]. Greene et al. explain that the best way to conduct group therapy for veterans is to identify the helping group as veterans helping veterans[142]. The bond between military members of the group is much more important than the therapist. Greene et al. sees group cohesion occurring faster due to that sense of family that is generated through military training and experiences[143]. These groups focus veterans to remember and examine their military experiences and learn to integrate them with the rest of their experiences[144]. The military group is unique and ideal for the creation of acceptance by others that is required for trauma recovery. It is only through a group of other military members that a true believable acceptance can be found. Although there is no direct research that shows the superiority of group psychotherapy over individual therapy for veterans with PTSD, the historical reference and theories presented here about why and how group psychotherapy could be beneficial to military members provides a strong case for further investigation.

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[140] V. Rozynko and H.E. Dondershine. *Trauma Focus Group Therapy for Vietnam Veterans with PTSD*. (Psychotherapy,1991), 157-161.
[141] Ibid, 158.
[142] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[143] Ibid.
[144] V. Rozynko and H.E. Dondershine. *Trauma Focus Group Therapy for Vietnam Veterans with PTSD*. (Psychotherapy,1991), 157-161.

What is needed in Group Psychotherapy

There are many different aspects and elements of group psychotherapy that could be proven useful in creating a therapeutic tool for counselling military clients. Rozynko and Dondershine indicate that they believe that the group should consist of no more than 8-12 homogenous veterans who are committed to change[145]. There should be 2 group therapists to allow for better observation and assistance. Furthermore Rozynko and Dondershine emphasize four factors in the group to include physical safety, emotional safety, honesty, and control of distractions. Herman[146] and Shea et al.[147]agree that the group should remain homogeneous in their experiences. It is through the homogeneity of the group that cohesion is more likely to be created, because it is similar to the groups that military members are used to from their military experiences. Herman also agrees that there should be 2 highly trained group leaders that remain highly structured and active within the group to ensure safety is maintained and that the task of the group is clear[148]. Schnurr et al. warn of the co morbidity of depression, substance abuse and other functional impairment that occur within society by military members[149]. Groups that have such co morbidly diagnosed members must be structured to ensure that these other issues are contained and do not interfere with the trauma exploration. Combining a clear structure and strong group leaders is essential in building this safety.

There are several components of group psychotherapy for veterans that have been emphasized by many psychotherapists and researchers to be included in a successful

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[145] Ibid
[146] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992)
[147] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)
[148] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992)
[149] P.P. Schnurr et al. *Randomized Trial of Trauma-Focused Group Therapy for Posttraumatic Stress Disorder: Results from a Department of Veterans Affairs Cooperative Study*. (Archives of General Psychiatry, 2003*)*, 481-489.

trauma recovery group. The major component emphasized is safety maintenance[150]. Rozynko and Dondershine emphasize a focus on trauma exploration not re-experiencing of the trauma itself[151]. This can lead to re-traumatisation and the loss of a safe container for the entire group. Slowing down group processes to ensure safety is maintained for all members must be done. Four other elements required for treatment as explained by Rozynko and Dondershine are an analysis of the trauma in context of dissociated memories and affects, teaching regulation techniques, the discovery of "acceptable" meanings of the traumatic experience, and awareness that the trauma itself is a process that is comprehensible, manageable and compatible with leading a relatively normal life.

Foy et al. suggest that homework be provided in between sessions to ensure that continual processing occurs between group meetings and a discussion of both pre-military and peri-military experiences occur to allow for greater understanding and awareness[152]. Practicing anger management skills, communication skills, and self-management skills are also highly useful in treating military trauma[153]. The exposure to one's own therapy and to other people's stories of trauma allows for vicarious learning and exposure, thus increasing generalizability and improved self-esteem by helping one another[154]. The use of creative visual or dramatic arts with veterans has also been successfully used to allow for a structured medium for them to express their emotions

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[150] J. Herman. *Trauma and Recovery*. (Basic Books, New York, 1992)
[151] V. Rozynko and H.E. Dondershine. *Trauma Focus Group Therapy for Vietnam Veterans with PTSD*. (Psychotherapy,1991), 157-161.
[152] D.W. Foy et al. Trauma *Focus Group Therapy for Combat-Related PTSD: An Update*. (JCLP/In Session: Psychotherapy in Practice, 2002*)*, 907-918
[153] D.W. Foy et al. Trauma *Focus Group Therapy for Combat-Related PTSD: An Update*. (JCLP/In Session: Psychotherapy in Practice, 2002*)*, 907-918. And L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[154] P.P. Schnurr et al. *Randomized Trial of Trauma-Focused Group Therapy for Posttraumatic Stress Disorder: Results from a Department of Veterans Affairs Cooperative Study*. (Archives of General Psychiatry, 2003*)*, 481-489.

safely[155]. It is also important to remember that a discussion of dreams may provide insight into where unresolved events occur in the past[156].

A strong focus of moving veterans away from the group emphasis of "we" back toward "I" is extremely important in allowing them to access accountability and responsibility in their own role of healing. This concept of "we" is one of the largest forces that create cohesion in military groups, and it is also the same force that can hinder the progress of letting go of the trauma and moving back into the outside world of the group where "I" is important.

To make a beneficial and effective group psychotherapeutic experience for military members with PTSD, there are several requirements that seem to be needed. Groups should be held as small homogeneous groups of 8-12 clients with at least 2 highly trained and skilled group leaders. The focus should remain on building a sense of safety, a contextual analysis of trauma, building regulation techniques, a restructure of traumatic meaning and the increasing awareness of trauma recovery as a real possibility to ensure a productive group. Groups should include social skills training, vicarious exposure to other traumatic stories, and the use of creative visual or dramatic arts. Finally, focusing on the shift from "We" to "I" is essential in accepting a personal accountability for recovery. Groups that incorporate these elements of group structure will be more effective in treating military clients with PTSD.

Critique of Group Psychotherapy with military culture

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[155] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).

[156] B. Coalson. *Nightmare Help: Treatment of Trauma Survivors with PTSD*. (Psychotherapy, 1995)*, 381-388.*

The largest concern that comes out of conducting group psychotherapy with clients in the military culture is the belief that there is a possibility of vicarious trauma from exposure to other people's traumatic stories. With this in mind, it is important to remember that the military became "we" from the very first indoctrination training at the beginning of their military career. Since then, members of the military have lived together, eaten together, shared long periods of time together, fought together, and were injured together. It is reasonable to presume that there is a high probability that they may be better served through therapy together. The family of the military is shown to be strong and integral to the lives of these people. This being said, it is extremely important to look at what the concerns are that exist for trauma counselling to military members in a group format.

Concerns of Group Psychotherapy with Military Members

There are several concerns that have been raised by psychotherapists and others in the mental health profession about providing therapy in a group format to military members. Scheidlinger discusses the concern that there are possible deleterious effects that can occur when bringing up disparate personal problems and intense emotional arousal in a group of people[157]. This concern raise questions of the competence of group leaders to handle this kind of group dynamic and the possibility for injuries to occur through inappropriate disclosure by participants at the wrong time. There is a concern that group therapies such as TFGT will open up strong negative emotions and cause veteran's symptoms to worsen[158]. Also, the concern raised by Greene et al. that the banding of military clients together will scapegoat the group leaders as they are outsiders,

[157] S. Scheidlinger. *The Small Healing Group – A Historical Overview*. (Psychotherapy, 1995), 657-668.
[158] J.I. Ruzek et al. *Do Post-Traumatic Stress Disorder Symptoms Worsen during Trauma Focus Group Treatment*. (Military Medicine, 2001), 898-903.

will hinder the process of trauma recovery[159]. Past issues that have received wide publicity in group therapy normally fall around the inadequacy of group leaders or the inclusion of group members that were not adequately screened to ensure contraindicative symptoms were removed. These contraindications are members who are actively psychotic, have limited cognitive capacity, and who have current suicidal or homicidal ideation[160].

The concern that PTSD symptoms will worsen for veterans after TGFT has been shown to be unwarranted as the symptoms actually improve[161]. It is important to warn and discuss with group members that part of the change process as we deal with trauma is that relapse can occur, so as to diminish the shock when it happens[162]. Group leaders that are honest and forthcoming of information about the process may reduce the risk of becoming the scapegoat. Shea et al. reviewed a study that showed mild linear declines in heart rate from beginning to the end of group sessions by observers occurred[163]. This lowering of the heart rates indicate that a vicarious increase in symptoms did not occur, and in fact a vicarious decrease in the heart rates occurred which is indicative of a reduced anxiety level. The concern for safety of the clients in a trauma group is extremely important, and it seems that the most important factor that would reduce this concern is the skills and abilities of the therapists themselves whom are leading the groups. A look at group leader's behaviours and skills that maintain safety in the group should be done.

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[159] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[160] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)
[161] J.I. Ruzek et al. *Do Post-Traumatic Stress Disorder Symptoms Worsen during Trauma Focus Group Treatment*. (Military Medicine, 2001), 898-903.
[162] L.R. Greene et al. *Psychological Work With Groups in the Veterans Administration.* (Delucia-Waack et al in Handbook of Groups & Psychotherapy, 2004).
[163] M.T. Shea et al. *Group Therapy. In Foa, B., Keanie, M., Friedman, M & Cuhern, J. Effective Treatments for PTSD.* Guillford Press, 2008)

Concerns of using group psychotherapy for treating military clients with PTSD are resultant vicarious trauma, scapegoated group leaders and contraindicative symptoms by group members. All of these concerns can be managed by trained and highly skilled group leaders. So the greatest challenge in providing group psychotherapy to military clients with PTSD is ensuring highly trained and effective group leaders.

Benefits of Group Counselling with Military Culture

After addressing the large issues that arise with treating military clients with group counselling, it seems evident that there is no adequate reason identified through research to indicate that we should not use it. Furthermore, historically group counselling was used with military clients to promote reconnection to the culture in order to be accepted by the only peer group that matters to them. Royal Canadian Legions were created throughout Canada to allow a place for veterans to remain in contact with other veterans to provide support from a recognized social network. This lends credence to the idea that a group of peers is known to be important in the maintenance of welfare for military members. The best people to accept and understand the traumatic experiences that individuals come into therapy with are the very people who shared similar kinds of experiences with them.

One cannot separate someone's culture from the individual, as it is from culture that we learn how to be. When someone isolates themselves from their family or culture, they alienate themselves from their own support network, which can only worsen the situation that is rooted in shame. It is essential that military members who suffer from trauma be encouraged to attend group therapy with other military members where they can be accepted by the very culture in which they have been immersed and find support

by those they consider family. Creating a support network is one of the foundations of providing an effective trauma therapy, therefore using group therapy composed of the culture that can accept and support the individuals that are suffering only makes sense.

PROPOSED PHASED TRANSITION PROGRAM

In reviewing the theoretical components of re-entry and transition theory, the current programs that exist, and the current family, social, psychological and physical issues experienced by military members, it is clear that a new perspective is needed in addressing the issue of re-entry. In order to better adapt systems to be able to help military members re-enter society, a new theoretical model is needed.

Proposed Theoretical Model for Re-entry

Faulkner and McGaw's model of re-entry designed around Vietnam Veterans and their experiences and needs is the most recent model outlining the process of re-entry from a military deployment. The model is still very good as a starting point, but some adaptations are required to make it relevant to today's military members[164]. With looking at the study by Sorsdahl[165], an adapted version of the re-entry model is proposed.

Decompression was seen as very useful by Sorsdahl[166], and therefore the first phase is labelled the Decompression Phase. This phase looks at helping military members move away from the deployment environment and into an environment conducive for reflecting on and letting go of the past. This phase focuses on members of the same unit looking at the experiences they have had, and situating it into normality. Group work designed for exploration in order to normalize distraught feelings is the focus. This phase

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[164] R.R. Faulkner and D.B. McGaw. *Uneasy Homecoming: Stages of Re-entry Transition of Vietnam Veterans.* (Journal of Contemporary Ethnography, 1977), 303-328.
[165] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).
[166] Ibid.

works best in isolation from home and family, prior to returning back to Canada, but with other military members.

The second phase, called the Disengagement Phase, encompasses Faulkner and McGaw's first phase. This is the phase where members have to start separating themselves from one another in their unit, knowing that on return home their relationships between each other will not be the same as it was on deployment. Dealing with the grief and sadness of saying good-bye is important and essential, as well as disengaging from the deployment itself. This disengagement phase must be worked through in order to properly prepare the military member to return home. Realizing and accepting that life can become less exciting and that new ways of living will be required to replace the current experiences on deployment.

The Re-Entry Phase is also in line with Faulkner and McGaw's model, and looks at the experiences of the member as they re-enter their home society. This phase is very different when compared to the Faukner and McGaw's model, as it is the phase where members first meet with friends and family. The process is expected to occur during the first couple of months after returning. Members re-experience and try and understand all the changes that have occurred while they were away. These changes occur around societal groups, family connections and personal changes. This phase is marked by a time of disconnection and the need to relearn what life back at home is like, and how both the world around them at home and they themselves have changed.

The fourth and final phase is called the Reintegration Phase, where the member has to actually reintegrate back into their home and family life. This phase is markedly different from the Re-entry Phase. Where the Re-entry phase was more about

understanding the differences that have occurred, this phase focuses on the actual process of reintegration back into all aspects of the member's life. This is where some changes or adaptations of personal behaviour may be required by both the member and those around them. This is where the majority of psychological stressors come out and start to be a challenge. The member must look at how to re-insert themselves into the life they left.

As was alluded to by the acculturation theories, people experience these phases differently. Some members are faster at processing and moving through these phases than others, and others get stuck in certain phases. Some members may move through phases at a different pace and sometimes simultaneously, creating an overlap or confusion in what someone is dealing with. So there are aspects of previous phases that a member may be dealing with, even though they may mostly be shifted into the next phase. This model is not designed as a linear, chronological explanation of the process of reintegration, it is designed to elucidate the processes that are experienced by current military members re-entering into society after overseas deployments. As with the Fourfold acculturation model, each individual will re-enter differently depending on how they process their own re-integration. This model addresses categories of factors in family, social, psychological and health areas found in Sorsdahl's study to be important[167] for returning military members after deployments. The factors found by Sorsdahl support the literature with some very specific insight into what military members need on re-entry to Canada after overseas deployments.

Insights into Re-entry Process

[167] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).

In creating a decompression program that accounts for the newly proposed re-entry model, it is also important to look at some key insights from Sorsdahl's study that help to account for what is desired by current military members. The first major insight discovered was the great need for members to talk about their experiences. The need to talk ranged from wanting to talk to other military members about what happened, to talking to friends and family, and finally to talking to society about what they experienced. Any shame or isolation once experienced by the deployment was removed by the acceptance by others about what they did. The more that others listened to the military member's experiences and accepted them, the easier the transition occurred for them back into society.

Another new insight from Sorsdahl's study was the factor of length of re-entry experience. The longer the return to Canada took, the more adaptive the experience of re-entry. It seemed that the extended time that some people get on return from deployments allowed for a larger experience of integration of what happened prior to arriving home. Those deployed personnel in the Navy who took a month or so to transit back experienced less challenges in the decompression and disengagement phases. This leads to the conclusion that more time is needed to be given to the decompression program as currently the program lasts only 5 days in Canada.

The current decompression program is only 5 days, and Sorsdahl's study provided insight into some of the adaptations that need to be made to make this program more beneficial. The study claims that military members do desire a decompression program to assist in their re-entry[168]. The challenges experienced by the majority of the study

[168] Michael Sorsdahl. *Re-Entry and Transition Factors for Returning Canadian Forces Members From Overseas Deployments* (Unpublished Dissertation, 2010).

participants were that it focused only on PTSD and OSI symptoms only. It was missing the other challenges outside of PTSD and OSI symptoms that can be expected when they do return back to Canada. Challenges with family, friends, and work would have been beneficial. The decompression program focused on helping them 'blow off steam' through drinking alcohol rather than any other activity. Any desire to do other things cost the members money, and needed to be coordinated by them.

Another major insight was that the preferred way of helping oneself re-enter is through working with military members in groups. Whether it was for therapy or for instruction, they all preferred group-based work over one on one work with a specialist. Military members train together, live together, and become injured together. It is only logical that they would be healed best together.

Proposed Decompression Program

With the above insights, combined with the newly proposed model of re-entry, a proposed decompression program is possible. The proposed decompression program occurs in 3 stages, allowing for full integration back into Canadian society.

The first stage occurs upon departure of the operation that the members are deployed on and lasts approximately 5 days. They are taken to an area separate from where they were deployed, but with the members from their specific division/platoon. This stage is fully coordinated and managed, providing lectures and classes that focus on PTSD, OSI and other transition challenges that may be expected back home. This stage focuses on education and mental health, thus opening up help to both psychologically injured and healthy members alike. Communication skills, relationship skills and the ability to speak safely in a facilitated group where it is safe to talk will be provided. To

ensure a balance of education/facilitation and time to relax occurs, morning can be for lectures, while afternoons and evening can be open to coordinated activities that are free to members. More than just providing access to alcohol, the provision of other relaxing and enjoyable activities are offered.

The second stage of the decompression program moves everyone to another city for up to 5 days in order to plan for re-entry. This shift to another city also provides a place where those military members can meet with a loved one from home, who will be involved in their re-entry process on returning home. This stage allows for military members to be slowly re-introduced to their family life in a very controlled way. During this stage, these days would be filled with classes in the morning where the military member and their partner (whomever they brought out on this) work in groups with other couples to work on their communication skills and to look at key issues that will be faced on return home. The purpose of this stage is to utilize a facilitated environment to allow for communication between members and their partners to be cultivated so that on return home, it is easier to talk about the experiences with them. This stage also includes other coordinated activities that the military member and their partner can go on together. Educating family and member in a neutral environment prior to re-introducing them home can greatly reduce the shock of re-entry experienced by many members on return.

The third stage is the actual return home to Canada. This stage is where a celebration is created by the society and military to welcome the deployed members home. All friends, family and the community are invited to welcome the members home. The important part of this stage is to show an acceptance and approval by both the military and civilian community for the contribution made by the member who was

deployed. This marks the celebration by society that the members returned safely and the end of the deployment entirely. This stage is important to be done for all returning members to some degree, even if they return alone from deployment.

This new decompression program could cover many aspects of both what was found by Sorsdahl's study as helpful in the re-entry process and also removes aspects of what was found to be unhelpful. The military is certainly moving in the right direction, but adaptations to current programs to meet the needs of their military members can always be done.

CONCLUSION

The Canadian Forces is a distinct and unique culture in Canada, warranting a unique strategy that incorporates the uniqueness of that culture when managing their physical and mental health on return from deployments. CF members are asked to deploy overseas into conflict situation, which creates an exposure to other cultures that necessarily changes them. With those changes is the possibility of exposure to traumatic events, which may lead to PTSD in many CF members. These challenges compound the issues when those members return from deployments to Canada. There has been re-entry and transition theories that have tried to better explain the process, but nothing recent that takes into account the changes in warfare and traumatic events that exist today. Family, social, psychological and health issues occur to our deployment members that must be taken into account when attempting to assist in their re-entry process back to Canada.

Group psychotherapy has been used with military culture since WWII out of convenience of treatment. There is a push to find efficient and effective treatments in general, keeping in mind the cost of providing mental health services. Group therapy

provides both a less expensive mode of treatment that is also highly effective when working with military clients. This being said, it also has theoretically sound reasons why the use of group psychotherapy is beneficial, and potentially essential, in recovering from the trauma and PTSD symptoms suffered through military service. Group psychotherapy is best seen as an essential adjunct to individual counselling so that healing can be taken to the larger group which is important for generalizations and social functioning for military clients. There are of course many concerns and challenges in working with any populace in a group, including vicarious trauma, scapegoated leaders and contraindicative member symptoms, which can all be minimized through the use of highly trained and skilled group leaders. Maintaining safety in the group, providing traumatic contextual analysis, regulation techniques, social skills, vicarious exposure, creative visual and dramatic arts, restructuring traumatic meaning, shifting from "we" to "I", and increasing awareness that recovery is possible are all essential elements of a beneficial psychotherapeutic group for military clients with PTSD. Group psychotherapy is the preferred method to assist military members through the entire re-entry process.

In knowing that group psychotherapy may be the ideal method of assisting members cope and overcome their psychological and adjustment challenges, the idea of using that methodology within the current decompression program designed to help members return to Canada seems appropriate. A change in the current decompression program is also needed to address the plethora of challenges experienced by CF members due to their deployment experiences. The new re-entry model outlines a 4 phases, which can be used as a baseline to adapt the current decompression program to make it more beneficial to CF members. Using the theory, research and new knowledge that is being

produced, a serious restructuring of the decompression program to include a 3-staged approach over a longer period of time, would assist the CF in ensuring the maximum healing and productivity of all CF members both currently serving and released.

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