



School of Social Work

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FROM WAR TO WORKFORCE

**Assisting Veterans as They Return into the
Workforce**

A report on the conference held May 9, 2014 at the
University of Maryland School of Social Work

USC Social Work

*Center for Innovation and Research
on Veterans & Military Families*

FROM WAR TO WORKFORCE

Assisting Veterans as They Reintegrate into the Workforce

University of Maryland School of Social Work, Baltimore, Md.—May 9, 2014

Prepared by the Center for Innovation and Research on Veterans & Military Families

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OVERVIEW

Since 2001, more than 2.6 million troops have been deployed to Iraq and Afghanistan. Their reintegration back into civilian society can often be met with difficult transitions, such as depression, health challenges and unemployment. Alone, they are unique struggles to overcome, but, as is often the case, many of these challenges overlap and can have an adverse impact on a veteran's functioning and quality of life.

Securing gainful employment has been seen as a key goal to a successful transition from military to civilian life. Not just for the financial stability it creates for a veteran, but also for the social secondary benefits it engenders for the veteran and the community at large. Veterans are leaving a military culture that promotes unit cohesion, leadership and mentorship. In the civilian workplace, veterans are looking for teamwork, structured work schedules and social activities, all of which can promote a successful transition and improve their quality of life and well-being.

Nonetheless, despite numerous efforts, the unemployment rate for post-9/11 veterans remains stubbornly high. According to the U.S. Bureau of Labor Statistics, the May 2014 jobless rate was 5.3 percent for this population, but 9.7 percent for those aged 20-24.

Obstacles exist in educating civilian employers about the strengths and challenges facing veteran workers. Once hired, veterans would also benefit from employee assistance programs and social workers in human service agencies who can understand and mitigate some of those challenges.

From War to Workforce: Assisting Veterans as they Reintegrate into the Workforce was presented by the University of Maryland School of Social Work, in partnership with Prudential and the Center for Innovation and Research on Veterans & Military Families (CIR) at the USC School of Social Work. This is the third collaboration between Prudential and CIR aimed at bringing together front-line workers to discuss best practices to help transitioning veterans find and retain meaningful employment.



KEYNOTE ADDRESS

Anthony M. Hassan, EdD, LCSW

*Director, Center for Innovation and Research on Veterans & Military Families
Clinical Professor, University of Southern California School of Social Work
Major, U.S. Air Force (Ret.)*

The keynote address at *From War to Workforce: Assisting Veterans as they Reintegrate into the Workforce* was given by Anthony Hassan, director of the Center for Innovation and Research on Veterans & Military Families at the University of Southern California School of Social Work, where he also chaired the school's Military Social Work program. A retired Air Force officer, Hassan previously directed a master's program in counseling and leadership at the Air Force Academy in Colorado Springs.

Addressing a crowd of more than 125 social workers and practitioners, Hassan said that the challenges facing this generation of

veterans are great. After 13 years of war and no end in sight to international conflicts and stressors, transition challenges and issues—both physical and psychological—would be inevitable. American men and women are returning weary and coming home to communities that might be ill-equipped to meet their needs.

Social workers are in a prime position to help ease these transitions, especially when veterans return to civilian workplaces.

Understanding military culture is essential for employers and behavioral health practitioners to be most effective with this new

generation of veterans. They should understand the military culture that has guided veterans for years. Unit cohesion, discipline and teamwork hold high value in the military, which are skills that employers can appreciate. On the other hand, the appearance of weakness leads many veterans and service members to delay treatment of any kind, but primarily for mental health services.

Hassan told those present that they would need to acknowledge and help bridge this cultural divide. This is vital to working toward dispelling the stigma that seeking mental health services will ruin a career.

Mental health issues do not ruin a military career, Hassan said. More damaging to a career is the behavior that stems from undiagnosed and untreated mental health issues.

Oftentimes, untreated mental health issues manifest into disruptive and dangerous behaviors, such as aggression, fighting, domestic abuse, excessive drinking and DUIs. These are the issues that can spill out of someone's personal life and negatively affect their professional military career.

Unfortunately, the repercussions of this reticence to seek help can have far-reaching consequences. Aside from ending a military

career, it can impact the level of services available after discharge.

THE POST-9/11 GENERATION

Since an understanding of military culture is paramount to working effectively, attendees were presented with further information on the current conditions facing this generation of veterans.

Joanne Boyle, LCSW-C, team leader at the Baltimore Vet Center Readjustment and Counseling Services, said that the post-9/11 era is unique for its high number of injured service members and women in combat. There was also a heavy reliance on National Guard and Reserve units among the all-volunteer force.

All of these characteristics play an important role when a veteran is returning home. For example, injured veterans will require more services, female veterans could also be dealing with military sexual trauma. National Guardsmen and Reservists are generally older and pulled from already established civilian lives with careers and families. They also don't experience the same level of transition services as those from more the more traditional branches.

Some things are constant throughout all combat eras, though. Among the wide range of reintegration challenges, the common ones include isolation, depression, alcohol and substance abuse, job loss, homelessness, family and relationship issues, risk-taking behaviors, survivor's guilt and thoughts of suicide.

If practitioners understand these issues and normalize seeking help within companies, it will go a long way to helping ease a veteran into the civilian workplace.

Philip Carter of the Center for New American Security presented national and state-level data on veterans.



BREAKOUT SESSIONS

SUPPORTING VETERANS AND THEIR FAMILIES

This breakout session provided practical tips and information to help veterans and military families.

The Warrior Family Foundation is a nonprofit organization focused on improving the lives of military families. As the service member goes through the deployment cycle, it is important to note what can be happening for those family members left behind. For example, as preparations for deployment ramp up with increased training and longer hours, families can experience added stress associated with anticipated loss and separation. Upon return, it could be a challenge to fully integrate back into the family and family roles, especially if the service member is facing other transition challenges as well.

BRAIN, BODY AND WAR

Charles W. Hoge, MD, a nationally recognized expert on post-traumatic stress disorder, traumatic brain injury and other physiological reactions to war, shared the brain science behind the reality experienced by many veterans — “once a warrior, always a warrior.”

Military service members are trained to be highly functional in stressful environments. What are termed “symptoms” of PTSD and other trauma-related issues in the civilian world are necessary survival responses in combat zones (e.g., trouble sleeping vs. alertness, anger vs. adrenaline, detachment vs. emotional control). A successful transition home requires dialing-down these physiological reactions.

Five strategies for clinicians were provided: 1.) foster therapeutic rapport; 2.) understand how to apply evidence-based treatments; 3) attend to the physiology of combat; 4) facilitate social

connections and support; and 5) pay close attention to how you communicate.

MILITARY SUICIDE/PTSD

When a mission ends, some veterans have trouble finding a sense of purpose in the civilian world. In extreme situations, their transition challenges could include depression, apathy and suicidal ideation.

A presentation by the Tragedy Assistance Program for Survivors noted that not every suicide is preventable, but given key recommendations in services and attitudes with leadership, many could be.

Empowering leaders to establish a culture that fosters prevention, early intervention and normalizes “help-seeking” behaviors will go a long way toward reducing the stigma associated with mental health services. They also stressed focusing on overall well-being, fitness and resiliency.

SUPPORTING VETERANS IN RURAL AREAS

Rural areas have a population less than 50,000. They are generally defined by remoteness, isolation and, at times, poverty. In Maryland, more than 80,000 veterans live in rural areas.

The built-in barriers for this population of veterans, many of whom are older and have health issues, is a lack of primary care physicians and a long distance to service providers. Reaching these veterans will require extra steps, especially among behavioral health providers. The Department of Veterans Affairs created the Rural Access Network for Growth Enhancement (RANGE) as a mobile treatment program. Other remote programs, like Telehealth, are good options for engaging with this population of veterans.

KEY SPEAKERS & FACILITATORS

Dean Richard P. Barth
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Inside Cover: Deborah Gioia, PhD, of the University of Maryland School of Social Work receives a challenge coin from Prudential's Veterans Initiatives executives Stephen Robinson and Raymond Weeks.

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