



**TRANSFORMING VETERANS'
EXPERIENCES DURING MILITARY-TO-
CIVILIAN TRANSITION:
GAPS AND OPPORTUNITIES**

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... and to the Veterans, families and community members who shared their stories and offered us a glimpse into their experiences with military transition.

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Table of Contents

INTRODUCTION: WHY REEVALUATE MILITARY-TO-CIVILIAN TRANSITION?	2
WHAT IS MCT?	6
A Paradigm Shift in the Federal Government’s Integrated MCT Policy	7
A Definition of MCT.....	8
Learning from Analogous Populations in Transition.....	9
MCT Frameworks	10
Common Criteria Within Existing Frameworks	10
THE NEED FOR MORE AND BETTER DATA	13
Evaluating MCT Success.....	14
Reimagining Our MCT Data Needs.....	15
Toward a Federated Data Acquisition Strategy.....	17
MCT Personas and Predictive Outreach	18
GAPS IN MCT SUPPORT	19
Moving MCT Preparation Upstream.....	19
Self-Actualization in Civilian Life.....	21
Anticipating Mental Health Needs Specific to MCT.....	22
Transition Literacy: Making Better Choices.....	23
The Military Family in MCT	25
CONCLUSION AND NEXT STEPS	27
A Paradigm Shift in the Federal Government’s Integrated MCT Policy	27
A Definition of MCT.....	27
Learning from Analogous Populations in Transition.....	27
Common Criteria Within Existing Frameworks	28
Evaluating MCT Success.....	28
Reimagining Our MCT Data Needs.....	28
Toward a Federated Data Acquisition Strategy.....	28
MCT Personas and Predictive Outreach	28
Moving MCT Preparation Upstream.....	28
Self-Actualization in Civilian Life.....	29
Anticipating Mental Health Needs Specific to MCT.....	29
Transition Literacy: Making Better Choices.....	29
The Military Family in MCT	29
APPENDIX: BIBLIOGRAPHY	30

INTRODUCTION: WHY REEVALUATE MILITARY-TO-CIVILIAN TRANSITION?

Most veterans undergoing separation from the military are taught to view military-to-civilian transition (hereafter referenced as MCT) as a basket of economic choices: one must secure employment; pursue additional education or vocational training; possibly relocate; secure housing; access health care and benefits – all with the intent to assume a new role as a satisfied, productive and purposeful civilian. Here we propose a different conception. MCT is fundamentally a psychological and cultural evolution, in which veterans need to find a path to reorientation and self-redefinition, sometimes while acclimatizing to a new definition of wellness, but always while moving quite abruptly from a collectivist community to an individualist one.

Life transitions of any kind are some of the most challenging, most impactful, and often misunderstood experiences in the human condition. Everyone will undertake a transition during life – some voluntary, some not, and many inevitable: from child to adult; from living with parents to living independently; from student to worker; from single to married; from married to single; from employed to unemployed. Every transition has complexity, and individuals respond with great variety to the challenges that they present. Transition is not synonymous with change, which is more situational— one may change jobs, healthcare providers, accommodations, communities, and more, without necessarily undertaking a transition. The key difference is that a transition is, at its core, a psychological process precipitated by change, not only the change itself.¹

The transition from the military to post-military life is but one type of evolution among many undertaken every day around the world, but rare in that it encompasses so many dimensions of an individual's life at once: economic, physical, familial and social, psychological, and cultural.²

Given the scope of the challenge that any transition presents, as well as the number of dimensions of an individual's life often impacted by it, it should not be surprising that more than two-thirds of veterans report difficulty undertaking MCT³ and adjusting to civilian culture⁴, and felt un- or under-

¹ This nuanced understanding of change and transition features prominently in the work of William Bridges, who has written extensively on various types and modes of transition and practiced for 40 years as a consultant to individuals, companies and public agencies. Some of our understand of transition comes from his books, *Transitions* (2004) and *Managing Transitions* (2009).

² The concept of transition does not fit easily into a single academic discipline and while academic literature on transition itself is sparse, much relevant information can be found on its disparate components from literature in sociology, anthropology, psychology, psychiatry, economics, and more.

³ Carl Andrew Castro, Sara Kintzle and Anthony Hassan, "The State of the American Veteran: The Los Angeles Veterans Study" (2014), 20-21. Accessible from: <http://cir.usc.edu/research/research-projects/los-angeles-veterans-survey>.

⁴ Corri Zoli, Rosalinda Maury and Daniel Fay, "Missing Perspectives: Servicemembers' Transition from Service to Civilian Life." (2015), 3. Accessible from https://ivmf.syracuse.edu/wp-content/uploads/2016/05/MissingPerspectives_Forward.pdf.

prepared to do so.⁵ Many military spouses, too, report experiencing difficulty with MCT, especially when the spouse is under- or unemployed.⁶

It is probably unavoidable that MCT will be difficult for the nearly 200,000 veterans, on average, separating from the military each year: the sacrifices inherent to military service imposed on both the veteran and immediate family will always be great; the culture of the military, of course, cannot and should not model that of civilian society; the paucity of connection and comprehension between military and civilian communities is unlikely to change; the demands of military service will never allow for sufficient time prior to separation for the veteran and immediate family to prepare fully for post-military life. However, there is evidence that the difficulties can be further reduced, the stresses better managed, the quality of the veterans' experiences improved, the progress better measured, and the successes better defined.

It is clear that MCT will have great bearing on the entire post-military lives of veterans and their families, and on their propensity for success in all dimensions of post-military wellness. Acknowledging this, the Department of Veterans Affairs Center for Innovation (VACI) hypothesized that advancing a more complete understanding of the veteran's MCT experience and the determinants of MCT outcomes would enable veteran service providers and, importantly, veterans themselves, to improve MCT outcomes, and the means by which we measure and evaluate those outcomes.

Therefore, in the spring of 2016, the VACI began an expansive reexamination of MCT, looking beyond the existing public and private resources and programs supporting transitioning veterans to consider how they experience this process of moving between two very distinct cultures to find post-military success, as well as to better understand the variables impacting that experience. This is a position paper. It is informed by existing literature, that which is focused on veterans and the resources that support them, but importantly also by research on other topics and constituencies still relevant to veterans. It is also based on dozens of interviews and conversations with veterans and supporters of various types.

We intended for this project to examine the universal elements and nature of transition – that it should be relevant to every veteran and family undertaking MCT, not prioritizing the experiences or needs during MCT that are unique or disproportionately important to subsets of that population. That said, we acknowledge that are additional factors requiring additional scrutiny for subsets, including women veterans, minorities, LGBTQ veterans, those managing physical or mental health

⁵ Carl A. Castro, Sara Kintzle, and Anthony M. Hassan, "The Combat Veteran Paradox: Paradoxes and Dilemmas Encountered With Reintegrating Combat Veterans and the Agencies That Support Them" (2015), *Traumatology* Vol. 21, No. 4, 299–310

⁶ Trougakos, J., Bull, R., Green, S., MacDermid, S., & Weiss, H., "Influences on Job Search Self-Efficacy of Spouses of Enlisted Military Personnel," (2007), accessed from <https://www.mfri.purdue.edu/publications/reports.aspx>.

considerations, those managing certain economic considerations relevant to transition, and those separating from the military with “bad paper” discharges.⁷

We sought to apply fresh eyes to the entire ecosystem into which veterans transition – the large and diverse array of public and private benefits and service providers, advocates and employers. Our intent was not to discount or devalue the existing apparatus in support of transitioning veterans and their families, but rather to consider the MCT experience in a manner agnostic of any existing set of interventions or available resources.

The key findings of this examination are twofold.

- First, our ability to effectively support veterans and their families as they undertake MCT is hamstrung by our poor understanding of their experiences and outcomes – more and better veteran-centric data is vital if we are to improve the quality of support the entire ecosystem provides.
- Second, we recommend what amounts to a paradigm shift in how VA and the entire ecosystem view the challenges of MCT: Transition is, first and foremost, a psychological and cultural evolution for which a great many veterans are under-prepared, rather than primarily a basket of economic choices.

While the VA may not need or be able to assume the full burden of this challenge, there is a clear role for the Department to play in advancing a more complete understanding of the components of MCT, for directly meeting the needs of transitioning veterans where possible and desirable, and in indirectly supporting them through other arms of government, civil society and other assets in the MCT support ecosystem.

Throughout this exploration, we remained cognizant of VA’s commitment to improve veterans’ actual and perceived quality of life and self-reported wellness, to make meaningful improvements to veterans’ capacity for contributing to the health and prosperity of their family, their community, and their country, and to return veterans and their families as close as is possible to a state of individual wellness and productivity to which they were entitled prior to serving.

Existing literature and data on MCT, as well as interviews with more than 100 veterans and professionals supporting veterans undertaking MCT have led us to conclude that there are a number of ways in which MCT experiences and outcomes might be improved for all veterans and their families,

⁷ The phrase “bad paper” refers to any discharge type below General (Under Honorable Conditions). Veterans with “bad paper” are ineligible for most veterans benefits despite, in many cases post-9/11, having received campaign or sea service deployment medals and/or managing service-connected medical conditions. An important primer on this subset of the veteran population was published last year by the San Francisco-based Veteran Serving Nonprofit, Swords to Plowshares, based on research by the Veterans Legal Clinic at Harvard Law School. (“Underserved: How the VA Wrongfully Excludes Veterans With Bad Paper,” (2016), accessed February 2017 from <https://www.swords-to-plowshares.org/2016/03/30/Underserved>).

and in which all of the various assets in the ecosystem of support for MCT might be better harnessed to meet the needs of this community.⁸

⁸ We have taken pains throughout this project to tailor our recommendations to the benefit of all transitioning veterans and their families, and not to focus our attentions on the needs or experiences of any particular subgroup of that population. While we certainly acknowledge that veterans with physical or hidden injuries, or those transitioning into an environment that may make them at greater risk for homelessness, for example, have particular needs during MCT, we sought to advance a greater understanding of MCT for the broadest possible definition of transitioning veteran and family.

WHAT IS MCT?

In recent years the VA and other assets in the veteran support ecosystem have developed a much improved understanding of veterans' experiences in accessing healthcare and benefits, securing employment, housing, and more. But this effort has been largely self-referential for service providers and policymakers, focused on veterans' access to and the performance of various benefits, services and programs. The crux of our argument is this: As a nation, we need, and do not yet have, a commitment across the entire veteran support ecosystem to understanding, prioritizing, and relentlessly pursuing positive veteran outcomes in MCT. This requires a paradigm shift from a focus on the systems of veterans support – the handoff between Federal departments and to the private sector, and the performance of our services – to a posture that elevates veteran outcomes above all else. Moreover, we are not guided by a definition of MCT and an understanding of success that is relevant to every individual veteran and family members undertaking MCT, no matter their needs or level of engagement with VA and other assets in ecosystem.

This shift begins with an abiding commitment to bettering our understanding of our veterans' experiences. After demographic detail and labor participation rates, the qualitative and quantitative data VA collects from and about the veteran population largely focuses on its awareness and use of VA and other government benefits and services. We are not well equipped to evaluate when and if a veteran has been, in the words of the Bradley Commission, "return[ed] ... as nearly as possible to the status they would have achieved had they not been in military service."⁹

The need to have better individual-veteran-level qualitative and quantitative data during the period of MCT cannot be overstated. It is nearly impossible at this time to accurately evaluate both the performance of veterans and their families undertaking MCT, and, just as importantly, the efficacy of various interventions – the programs, services and benefits provided across the veteran support ecosystem to the MCT population. As a result, most efforts to connect outcomes to these interventions are statistically invalid. The further a veteran gets from her/his separation date, the less we know at an individual level about her/his quality of life: physical, mental and economic health; social connectivity; productivity and self-actualization; and more.¹⁰ We consider the problems with our acquisition and use of data in greater detail in the next section.

⁹ The President's Commission on Veterans' Pensions, "Veterans' Benefits in the United States" (1956), 4. Accessible from:

http://www.veteranslawlibrary.com/files/Commission_Reports/Bradley_Commission_Report1956.pdf

¹⁰ The inadequacies of current data and measurement instruments have been observed widely in academia. Citations on this point are too many to list comprehensively, but they include:

- U.S. Department of Veterans Affairs Office of Enterprise Integration, "Veterans Policy Research Agenda: Fiscal Year 2017" (2016), 3. Accessible from: http://www.va.gov/op3/docs/StrategicPlanning/FY_2017_Veterans_Policy_Research_Agenda.pdf.

A Paradigm Shift in the Federal Government's Integrated MCT Policy

We are arguing in this report that Federal policy should emanate directly from a shared definition and conceptual framework for MCT, and that these should be anchored to veterans' experiences and outcomes. It follows, therefore, that if there is not a shared definition and conceptual framework, or if they are ill-defined, the policies that follow will miss the mark. This is the state in which we believe the Federal Government currently resides. We have a fragmented approach that exacerbates the somewhat inevitable inter-departmental seams in service: While an oversimplification, we believe the Department of Defense's (DoD) policies on MCT revolve around the concept of a "warm handoff"¹¹ of veterans and their families from their rosters to, primarily, the Department of Veterans Affairs (VA) for healthcare and most benefits, to the Department of Labor (DoL) for support in retaining employment, and to the Small Business Administration for support in starting a company or sole proprietorship. For their part, the policies of VA and the other departments might best be described as ensuring access to, and sometimes quality of experience with, their benefits and services. Our data collection efforts follow this, as do our approaches to measurement and definitions of success. Our recommendations in this report amount to a paradigm shift in Federal policy, through which we begin by anchoring our definitions of success to, above all else, veterans' outcomes and experiences during MCT. It is insufficient to effect a "warm handoff" from one department to another and to ensure access to benefits and services without setting goals for veterans' holistic quality of life after separating from service and tracking their progress toward them.

In our view, this begins with more and better data on veterans' and families' MCT outcomes at an individual level. First, though, in order to acquire this, there needs to be a broader agreement among key assets in the veteran support ecosystem on the definition of MCT, and a framework for supporting veterans' success in transition. This agreement will allow for more consistency in what data on MCT we need, how we acquire it and over what duration.

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- Sayer, Frazier, Orazem, et al. "Military to Civilian Questionnaire: A Measure of Post-Deployment Community Reintegration Among Veterans Using Department of Veterans Affairs Medical Care," (2011), *Journal of Traumatic Stress*, 660-670
 - Resnick, Plow, Jette, et al. "Development of CRIS: Measure of Community Reintegration of Injured Service Members" (2009), *J Rehabil Res Dev*, 469-480
 - Interviews conducted with researchers from the Jackson Foundation For the Advancement of Military Medicine's Veterans Metrics Initiative, from Indiana University, from Syracuse University, from the University of Southern California Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans and Military Families, and from VA Medical Center Boston and VA Medical Center San Diego.

¹¹ This phrase was emphasized to us in nearly every interview with DoD and uniformed military personnel. While present in some of the printed and online collateral related to MCT, in conversations it usually emerged as the centerpiece of DoD's approach to MCT, which is why we are suggesting here that it is the de facto policy, absent an official one.

Next Steps:

Collaboratively develop an integrated MCT policy formalized for all Federal Government departments that is anchored to veterans' outcomes and experiences instead of Federal inputs and outputs.

A Definition of MCT

There is no widely held, consistent, coherent definition of MCT, neither at VA, nor across other relevant arms of government, civil society and the private sector. Our intent here is to propose a set of criteria for a definition that is inclusive of all veterans, agnostic of any particular profile, type of discharge, set of needs, or whether or not the veteran is a customer of the VA. We seek to further an understanding of the nature of MCT as not only a process of seeking post-service occupation, education and training, health care and benefits, but, most importantly, as a psychological and socio-cultural evolution that culminates in a renewed sense of purpose and an understanding of one's place in the larger context of civilian society and the military and veteran community.

Precise language for a definition of MCT should be developed and adopted in partnership with leading researchers and practitioners in the veteran support ecosystem, but based on the commonalities we see in existing literature, we believe the following to be a good starting point for a collaborative definition:

“Military-to-Civilian Transition is defined as the process through which military veterans and their immediate family members achieve and maintain a stable level of psychological, physical and economic well-being. They are satisfied with their abilities to meet their immediate and long-term economic needs and are committed to a post-military identity and sense of purpose that allows them to engage in productive work and social connectivity commensurate with individual goals, desires and abilities.”

While no competing definition of transition exists in broad use at VA or DoD, this definition differs from approaches we have observed across USG by prioritizing the quality of experiences of veterans and their family members throughout the course of MCT, and defining outcomes of self-actualization and productivity, not only access to and awareness of the suite of benefits and services available to them during MCT.

Next Steps:

Convene a working group of VA, DoD and civil society thought leaders and practitioners to generate a definition of MCT that adheres to the essential criteria (quality of experience, rooted in self-actualization and productivity outcomes), and that can be

disseminated and supported broadly across VA, DoD and the entire veteran support ecosystem.

Learning from Analogous Populations in Transition

Veterans and their families are not alone in undertaking a transition that brings to bear so many dimensions of an individual's life. Although little evidence exists in the literature directly comparing MCT to analogous populations' transitions, some comparisons are possible, even helpful in developing a definition of transition that draws on the common experiences of multiple constituencies undertaking variations on transition. The majority of literature on transitions focuses on the processes and experiences of childhood development, movement between stages of education, from schooling to the workforce, and from the workforce into retirement and toward end-of-life. While there are undoubtedly lessons to be drawn from each of these transitions, we suggest that a closer examination of distinct subsets of the broader population would be most instructive. To this end, we paid particular attention to the processes and experiences of the formerly incarcerated, and of immigrants, expatriates and elite professional athletes.

Many would be reluctant to draw a comparison between the veteran population and the population of formerly incarcerated individuals, and yet there is documented consistency in these two groups' transition experiences: stress associated with extreme cultural shift; the movement from a system in which most individual needs are anticipated and met by persons other than the individual, to one where far greater executive function, practical intelligence and cultural and contextual fluency are necessary for success; the loss of identity and, in some instances, a cohesive community of support; the need to identify and develop additional trade, professional and personal hard and soft skills to be employable in the broader society; and the need to manage conditions acquired through traumatic experience.¹²

We might also recommend looking to the experiences of immigrants, expatriates, and elite professional athletes, although the literature and support services for these communities are far fewer than for the veteran population or the formerly incarcerated. These populations, too, undertake transitions with some of the same elemental components. We see value in these comparisons, because studying alternative contexts for similar problem sets is likely to yield more creative solutions and to work against the notion that only veteran-specific resources can be engaged to solve veteran-specific challenges.

¹² Although we found no literature comparing the transition experiences of analogous populations, the experiences of the formerly incarcerated undertaking reintegration have been studied extensively. A wealth of relevant information can be found in the research of the Urban Institute's six-year study, "Returning Home: Understanding the Challenges of Prisoner Reentry," a longitudinal, multistate study conducted in Maryland, Illinois, Ohio and Texas in the 2000s. These papers can be found at <http://www.urban.org/policy-centers/justice-policy-center/projects/returning-home-study-understanding-challenges-prisoner-reentry>.

Next Steps:

Initiate comparative studies on analogous populations undertaking transitions. Look for commonalities in transition variables and individuals' responses, efficacy of interventions, and indicators of success or failure.

MCT Frameworks

Why do we know so little about veterans' quality of life after service? Significantly, because we do not adhere to a consistent definition of MCT, as previously discussed, and a conceptual framework for how to support it. Absent a consistent, coherent and comprehensive understanding of veterans' journeys through MCT, including the processes and experiences therein, acquiring rich qualitative and quantitative data on veterans' outcomes during this phase in their lives is impossible. As our colleagues in the VA Office of Enterprise Integration highlighted in the office's most recent research agenda, "the absence of a broad consensus on a unifying or conceptual framework for MCT has been identified as a significant gap that may impede the development of effective policies, programs, and services to support service members, veterans, and their families."¹³

Common Criteria Within Existing Frameworks

Leading centers of research on veterans issues have developed conceptual frameworks or theories for MCT, including the University of Southern California¹⁴, Syracuse University¹⁵ and the Center for a New American Security¹⁶. Each of these frameworks differs in emphasis, timeline and detail, but exhibits notable consistencies, too. In calling for broad consensus on a conceptual framework, we do not suggest that one single version be adopted across the veteran support ecosystem – this is unrealistic

¹³ U.S. Department of Veterans Affairs Office of Enterprise Integration, "Veterans Policy Research Agenda: Fiscal Year 2017" (2016), 3. Accessible from: http://www.va.gov/op3/docs/StrategicPlanning/FY_2017_Veterans_Policy_Research_Agenda.pdf.

¹⁴ Carl Andrew Castro, Sara Kintzle and Anthony Hassan, "The State of the American Veteran: The Los Angeles Veterans Study" (2014), 14-15. Accessible from: <http://cir.usc.edu/research/research-projects/los-angeles-veterans-survey>.

¹⁵ Nicholas J. Armstrong, COL James D. McDonough Jr., USA (Ret.) and Daniel Savage, "Driving Community Impact: The Case for Local, Evidence-Based Coordination in Veteran and Military Family Services and the AmericaServes Initiative" (2015). Accessible from: <https://ivmf.syracuse.edu/wp-content/uploads/2016/06/Driving-Community-Impact.pdf>.

¹⁶ Nancy Berglass and Margaret C. Harrell, "Well After Service: Veteran Reintegration and American Communities" (2012). Accessible from: <https://www.cnas.org/publications/reports/well-after-service-veteran-reintegration-and-american-communities>.

and in opposition to the benefits of a competitive marketplace of ideas – but we do reinforce the need that researchers and practitioners alike should use a conceptual framework for guiding their MCT support efforts, and that a viable framework should adhere to a few key tenets¹⁷:

1. A framework for successful MCT begins significantly upstream of the separation date.
2. A framework for successful MCT extends significantly downstream of the separation date.
3. A framework for successful MCT encompasses multiple dimensions of transitioning veterans' wellness, including the following (which may, of course, be worded differently):
 - a. Mental Health
 - b. Physical Health
 - c. Family
 - d. Housing
 - e. Transportation
 - f. Occupation/Employment
 - g. Education and Training
 - h. Financial Health
 - i. Legal Interactions
 - j. Social Capital & Connectedness
 - k. Self-Actualization¹⁸
 - l. "Transition Literacy"¹⁹
4. A framework for successful MCT stipulates required roles and responsibilities for:
 - a. The individual veteran
 - b. Her/his family
 - c. Federal government (notably the departments of Veterans Affairs, Defense, Labor, and the Small Business Administration)
 - d. State and local government
 - e. Community-based support assets (including civil society, faith-based, and the private sector)
 - f. Private sector healthcare providers, when relevant
 - g. Employers

Incentivizing and encouraging widespread adoption of a consistent set of frameworks for MCT that adhere to the above criteria is an appropriate leadership role for VA within the veteran support ecosystem, and, if successful, would notably improve the efficiency and effectiveness of that ecosystem; in so doing, VA would empower local community navigation and coordination efforts,

¹⁷ The underpinnings for these minimum requirements for a viable conceptual framework are too numerous to list here, but are based in the consistencies between leading frameworks, in the literature on MCT, and on more than 100 interviews conducted over the course of the development of this report.

¹⁸ This topic is addressed in section 4.3 of this report.

¹⁹ This topic is addressed in section 4.4 of this report.

increase the consistency and quality of services provided, and indirectly improve MCT outcomes for veterans themselves.

Next Steps:

Convene a working group of VA, DoD and civil society thought leaders and practitioners to develop an agreed-upon set of minimum criteria for any MCT framework to which individual frameworks can adhere, and that can be disseminated and supported broadly across VA, DoD and civil society.

THE NEED FOR MORE AND BETTER DATA

With a widely held definition and criteria for conceptual frameworks, researchers, practitioners and policymakers will be equipped to acquire better data on veterans' transition outcomes, as well as progress toward those outcomes and utilization of the various resources available to them in the veteran support ecosystem. We should seek richer information on individual transitioning veterans' progress toward established MCT goals: success and key performance indicators in the domains of preparedness for MCT prior to separation, adjustment to post-military life (following separation), physical and mental health, economic performance, social connectivity and other dimensions of holistic wellness. As we suggested in the introduction to this report, VA's data acquisition strategies follow policy, which we believe means they were designed to guide VA services and to meet the needs of Congress and other Federal departments, not to assess veterans' MCT outcomes or to resource service providers and the public at large with useable data on veterans' experiences, outcomes and needs during MCT. This is an opportunity for VA and the entire veteran support ecosystem to improve our understanding of the population of veterans undertaking MCT and to equip all types of service providers with essential data.

It is also possible and desirable to seek comparative data from civilian peer sets, so as to better understand veterans' performance in relation to the rest of civilian society. Demonstrating that military service is not inherently injurious and, indeed, often contributive to career and personal fulfillment and productivity, is important in the era of the All-Volunteer Force. As researchers from the Center for a New American Security have argued, "There is arguably a connection between the economic success of veterans after service, the propensity of veterans and non-veteran adults to recommend service, and the propensity of youth to join the military."²⁰ While the argument that veterans should expect to benefit from their service in their post-military careers is strong enough to stand alone, the inability to demonstrate this with data and a compelling narrative may also have negative repercussions for military recruiting, readiness and, therefore, our national security.

Furthermore, it is not currently possible to provide a verifiable cost to the American taxpayer of a veteran's sub-optimal MCT outcomes. There is already an active movement to build a strong business case for veteran support that goes beyond charitable ambition and a sense of national obligation; this case would only be strengthened were we able to demonstrate – in parallel to the costs associated with veterans support by both public and private actors – the costs of veterans' sub-optimal MCT outcomes, enabling a more accurate accounting of veterans support, and a stronger case for improved and increased interventions.²¹

VA's Office of Data Governance and Analysis²², the U.S. Census Bureau²³, local assets²⁴, and various private research institutions²⁵ will continue to be a source of essential data on veteran population

²⁰ Phillip Carter, Katherine Kidder, Amy Schafer and Andrew Swick, "AVF 4.0: The Future of the All-Volunteer Force" (draft) 19-20

²¹ Chris Ford, founder and chief executive officer, the National Association of Veteran-Serving Organizations, has been at the forefront of thought leaders and practitioners in making this argument

²² National Center for Veterans Analysis and Statistics, <https://www.va.gov/vetdata>.

demography and geography, and on utilization and awareness of VA services and benefits. Likewise, the U.S. Bureau of Labor Statistics²⁶ provides rich data on veteran employment, pay and benefits, spending, and more. These data sources, however, currently leave gaps in our understanding of veterans' MCT progress and outcomes for two important reasons: first, they do not target veterans by weeks, months and years from separation, and cannot track how these various indicators change over time during MCT; second, they offer detail about aggregated veteran populations, not individual performance in MCT.

Next Steps:

Initiate a research project to assess public costs of sub-optimal transition outcomes.

Evaluating MCT Success

Without any consistent set of frameworks on MCT, it is difficult to define successful MCT outcomes comprehensively, beyond the confines of any individual dimension of transition. While considerable, essential attention is paid to veterans' outcomes in key dimensions (homelessness, mental and physical health, criminal justice involvement, and more), these do not, in aggregate, amount to a definition of success. As one veteran interviewed for this project emphasized, "The avoidance of bad outcomes should not substitute for achieving good ones. If that's the measure, then the bar is set much too low." This sentiment recurred in innumerable other interviews we conducted with veterans and supporters alike. Moreover, this is a key tenet in the medical profession: absence of disease does not necessarily indicate health.²⁷ We require an affirmative definition of MCT success, with supporting metrics and a means to evaluate them.

²³ U.S. Census Bureau, <http://www.census.gov/topics/population/veterans.html>.

²⁴ For example, the Tristate Veterans Community Alliance is an excellent source of demographic data on veterans in the Ohio-Kentucky-Indiana tri-state area. <https://www.tristatevca.org/data>

²⁵ Of particular note:

- Syracuse University's Institute for Veterans and Military Families (<https://ivmf.syracuse.edu/research/data-tools/veteran-strategic-analysis-research-tool/>)
- The Center for a New American Security (<https://www.cnas.org/publications/reports/needs-assessment-veterans-in-the-dallas-fort-worth-region>)
- The University of Southern California Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans and Military Families (<http://cir.usc.edu/research/research-projects>)
- Blue Star Families (<https://bluestarfam.org/research-policy/>)

²⁶ U.S. Bureau of Labor Statistics, <http://www.bls.gov>.

²⁷ This is a common tenet in healthcare, but perhaps most commonly cited from the Constitution of the World Health Organization, which begins, "Health is a state of complete physical, mental and social

Next Steps:

Develop and test improved, veteran-centered success metrics and outcomes for MCT.

Reimagining Our MCT Data Needs

To properly understand MCT processes, experiences and outcomes, we first require far greater detail about the individual transitioning veteran's service history, including:

- Duty station from which the veteran separates
- Home of record maintained throughout time in service
- Military Occupational Specialty/specialties
- Number and duration of deployments, and time between last deployment and separation
- Combat experience and trauma
- Time in grade and service
- Negative interactions within the Uniformed Code of Military Justice and with financial services
- Changes and notable events in the veterans' family status

Over time it may be possible to identify which of these variables, if any, are correlated to MCT outcomes, and then to design additional supports or interventions for those veterans at a greater risk for sub-optimal MCT outcomes.

From there, there are host of indicators that can illuminate veterans' progress toward successful transition. Based on conversations with VA staff and other social workers, psychologists, researchers and veterans, a rudimentary list of these indicators should include:

- Mental Health: (1) Presence, severity and change over time of indicators of mental health conditions, including post-traumatic stress, depression, anxiety, suicidal ideation and actions, sexual trauma, and alcohol and drug use, satisfaction. (2) Access to mental health providers and other non-medical counselors (e.g. chaplains and lay counselors): ease of access and frequency of treatment, satisfaction.
- Physical Health: (1) Presence, severity and change over time of pain and other symptoms; satisfaction. (2) Access to providers: ease of access and frequency of appointments; satisfaction.

well-being and not merely the absence of disease or infirmity." Accessed February 2017 at <http://www.who.int/about/mission/en>.

- Family: Marital/relationship status; parenting status; cohabitating or not; spousal employment status; family access to health care; family access to education anticipated changes to marital/relationship status; satisfaction.
- Housing: Current status (renting, owning, staying with family/friends, homeless); major relocation across county or state lines; recent changes to current status; anticipated changes to current status; satisfaction.
- Transportation: Access to modes of transport permitting regular attendance at employment, residence, healthcare providers, major commercial zones; satisfaction.
- Occupation/Employment: Current status (full-time, part-time, unemployed and actively looking, unemployed and not actively looking; unpaid occupation); type of work (public/private/self-employed; industry; career-level within industry); job satisfaction; tenure in current employment; recent changes to employment history; anticipated changes to employment history; reason for unemployment (if applicable); secondary occupation (volunteerism, supplementary work, etc.); utilization of resources (benefits, programs); satisfaction.
- Education/Training: Credentials held; in a full/part time program; applying to a program; frequency of attendance; progress to completion; anticipated impediments to completion; confidence that programs/credentials will lead to employment; satisfaction.
- Financial Health: Using a personal/family budget; income; savings; percentage of income put to savings; debt; insurance protection (health, life, home, etc.); satisfaction.
- Legal Interactions: Itemizing pending or past criminal and civil legal issues, detentions or incarcerations.
- Social capital and connectedness: Self-reported connectedness in social, family and work environments; other evidence of community engagement (participation in membership organizations, recreational sports, volunteerism opportunities, community activism, etc.); satisfaction.
- Self-actualization: This refers to the realization or fulfillment of one's talents and potentialities across the broadest definition of a person's aspirations – work, family, community – especially considered as a drive or need present in everyone. A variety of instruments exist for the measurement of self-actualization or purposefulness, including several that are commonly employed in psychotherapy and have received NIH funding: Shostrum's Personal Orientation Inventory, the Seeking of Noetic Goals (SONG) test, the Life Purpose Questionnaire (LPQ), the Meaning in Suffering Test, and Life Attitude Profile Revised (LAP-R).
- "Transition Literacy": "Transition literacy" is the umbrella heading under which we are categorizing the set of practical and intangible skills we believe necessary for veterans' to make productive choices during MCT. More detail can be found elsewhere in this report.

Next Steps:

Develop and test improved, veteran-centered indicators for MCT progress and outcomes.

Toward a Federated Data Acquisition Strategy

It is unreasonable to suggest that VA or any other public or private entity could conduct such an extensive evaluation of every transitioning veteran. However, a pilot research effort with a large representative sample of the population of veterans undergoing MCT would serve to validate an instrument for comprehensive evaluation of MCT progress and outcomes across a broad array of service providers.

Moreover, by making the instrument open-source and incentivizing widespread use and iterative improvement by assets across the veteran support ecosystem, including within VA itself, VA and the entire ecosystem can benefit from a broader data acquisition strategy with many owners and contributors. This federated approach would have three key benefits:

- First, VA could provide great value across the ecosystem as an aggregator and curator of continuously updated qualitative and quantitative data on veterans' performance and outcomes during MCT. Contributors to this effort should be from a broad array of service providers – VA, DoD, Department of Labor, the Small Business Administration, other departments in Federal and local government, Veterans Service Organizations (VSOs), Veteran-Serving Non-Profits (VSNPs) and other civil society organizations, and employers;
- Second, in fielding a federated data acquisition strategy rather than a top-down, prescriptive model, VA can enable the sharing information not anticipated by VA data planners. This might include qualitative and quantitative data from service providers unknown to VA, self-reported from surveys, scraped from social media platforms, literature and traditional media, and more.
- Third, this approach would add additional weight to other types of MCT data, including the kind of rich qualitative data on the experiences, satisfaction, desires and opinions and veterans and their families that VACI and VA's Veteran Experience Office (VE) have prioritized in recent years, and that is irreplaceable in furthering a more complete understanding of outcomes.

The success of such an effort would hinge on an effective strategic partnerships strategy, the development of a dashboard and data input tool, and an aggressive marketing and user acquisition strategy. Users of the instrument could be convened periodically for the sharing of best practices, improving the instrument, and creating what would effectively be a State of the Transitioning Veteran conference and report.

While this has the potential to have a dramatic impact on the ecosystem of support for veterans undertaking MCT, we believe its true value would not become apparent without a minimally viable product deployed to determine if and how the resource would be adopted, and by what types of organizations.

Combining a large-scale commitment to MCT data acquisition and outcomes measurement and evaluation with VA's ongoing commitment to a veteran-centered experience with VA services and benefits would, in time, help to demonstrate the outcomes and impact of that effort, and further a better understanding of the use and effectiveness of VA services and benefits in the context of the broader veteran support ecosystem.

Next Steps:

Expand VA's data acquisition strategy with a pilot for a federated approach to MCT data acquisition, including a public-facing dashboard and data input platform, and supporting strategic partnerships and user acquisition plan.

MCT Personas and Predictive Outreach

An important benefit of an expanded MCT data acquisition strategy is the development of a capability to create and employ detailed personas of transitioning veterans and immediate supporters (e.g., family members and caregivers), akin to the personas created by VACI in 2014.²⁸

Acknowledging that transitioning veterans and their families are not a monolithic group with similar experiences, motivations, capabilities and preferences, but rather about as diverse as the society from which they are drawn is, as VACI has shown, essential to improving quality of experience with VA and the entire ecosystem. These personas, informed by data and designer-led interviews with veterans and families undertaking MCT, would help service providers design and implement more responsive, veteran-centered programs, services, and products for those undertaking MCT in the same way the VACI personas have been essential in the development of VE's *Journeys of Veterans* map²⁹ and VE's design of improved services across VA.

Building from the work undertaken by VE and VACI, this effort would allow us to expand the sections of VA's *Journeys of Veterans* map that contain components of MCT, and facilitate the creation of additional "moments that matter" – the inflection points of MCT during which veterans may benefit from preemptive, predictive outreach from service providers, including VA.

Next Steps:

Initiate a design project to create MCT personas and an MCT journey map with "moments that matter."

Design a predictive outreach strategy to enable VA and other service providers to reach out to veterans during "moments that matter."

²⁸ VA Center for Innovation, "Voices of Veterans: Introducing Personas to Better Understand Our Veterans" (2014), accessed in January, 2017, from:

http://www.innovation.va.gov/docs/Voices_Of_Veterans_11_12_4.pdf.

²⁹ VA Veteran Experience Office, "Journeys of Veterans" (2016). This report is not available online.

GAPS IN MCT SUPPORT

There are many bright spots in the veterans support ecosystem's response to the needs of those undertaking MCT. The population continues to benefit from the "Sea of Goodwill"³⁰, within which there exist a great many impactful resources for transitioning veterans and their families. Following passage of the VOW to Hire Heroes Act of 2011, every servicemember is now required to attend the DoD's Transition GPS course, as well as mandatory modules on VA benefits and a Department of Labor employment workshop, and have various optional, supplementary modules available to them – a majority of veterans describe these curricula as helpful to their transitions³¹ and effective in explaining how to access various benefits. With the roll-out of a number of collective impact models for coordinated services in communities around the country, including VA's MyVA Communities effort, as well as variety of tools to help veterans locate services near them, those undertaking MCT have easier access to a more diverse group of service providers than ever before.

However, our assessment of the landscape has identified a number of gaps or inefficiencies in transition assistance that we believe can improve veterans' experiences and outcomes through MCT moving forward.

Moving MCT Preparation Upstream

"They spent 13 weeks turning me into a Marine, but only 3 days turning me back into a civilian."

We heard this sentiment consistently from veterans and service providers alike: Transition assistance is too brief, and comes too late. In the same breath, however, most went on to say that they understand the imperatives of military duties preclude a separation process that mirrors intake at the beginning of a military career, saying with some frustration, "It's not DoD's job."

And yet, at some installations, DoD has enabled a far more aggressive timeline. Joint Base Lewis-McChord, in partnership with the Washington State Department of Veterans Affairs, has implemented a process that allows for transition assistance beginning at least 18 months prior to separation date, including extensive counseling, coursework and workshops.³² Similar efforts are being implemented at

³⁰ John Copeland and David Sutherland, "Sea of Goodwill: Matching the Donor to the Need" (2010), accessed January, 2017, from <http://r4alliance.org/wp-content/uploads/2014/10/White-Paper-Sea-of-Goodwill-17-May-2010.pdf>

³¹ Blue Star Families, "Military Family Lifestyle Survey" (2016), accessed December, 2016 from <https://bluestarfam.org/wp-content/uploads/2016/12/ExecutiveSummary-Survey16-Finalpages.pdf>

³² Joint Base Lewis-McChord Service Member For Life Transition Assistance Program (SFL-TAP). <http://www.dva.wa.gov/sites/default/files/SFL-TAP%20and%20WA%20State%20Transition%20Process%20Map%20-%202029%20Jan%202015.pdf>

Fort Riley³³ and Camp Pendleton³⁴. Because the processes exist and are available does connote impact on veterans' MCT, so additional research is needed to determine the degree to which these processes are widely used by commands and the separating veterans and families, and how they are affecting veterans' MCT outcomes.

The variability of the Transition Assistance Program is an underappreciated and critically important element of the Federal Government's response to the needs of veterans and families undertaking MCT. While the DoD Transition to Veterans Program Office and the Joint Executive Committee administering the Transition Assistance Program have, pursuant to the VOW Act, established minimum requirements for transition assistance³⁵, each service, and indeed each installation, may exceed those requirements, and so the experiences of the separating service member and family with transition assistance likely vary significantly around the world. There is no data to show comparative performance during MCT for veterans and families separating from different installations, as well as the impact to military commands' readiness of an upstream approach to transition, but such a study would be of tremendous value in making the case for a more stringent set of requirements across DoD.

Any consideration of the imperative to move MCT preparation further upstream of separation must be tempered by the fact that VA is statutorily constrained in its ability to access veterans and families prior to separation, severely limiting the department's ability to serve veterans prior to separation. However, VBA leadership is currently exploring means to improve this access, and there is broad recognition across the department that, in the words of VA's previous secretary, Bob McDonald, "the seams between VA and DoD must be further bridged if we're going to improve veterans' transition experiences."

Many veterans and service providers also acknowledge the tremendously valuable role that civil society and the private sector can – and sometimes do – play in MCT prior to separation, but here again the constraints are many and the current state is far from optimal. Affinity groups, mentorship and coaching programs, employer recruiting efforts and a great many programs administered by VSOs, Veteran-Serving Nonprofits, state and local governments help to fill in many of the large gaps in Federal Government MCT support, but access to military installations is problematic and all of these efforts are severely hamstrung in their ability to connect efficiently and effectively with veterans who would benefit tremendously from the value they provide. Addressing this missed opportunity, which goes far beyond the current efforts around coordination of services and enabling veterans to better navigate the ecosystem of support, must be a priority in any effort to expand MCT to the left.

Next Steps:

³³ Fort Riley Soldier for Life Transition Assistance Program.

<http://www.riley.army.mil/Portals/0/Docs/Services/SoldierSvcs/SFL/12-month%20SFLTAP%20Process%20with%20Events.pdf>

³⁴ MCCS Camp Pendleton Transition Readiness Program. <http://www.mccscp.com/transition/>

³⁵ Details of DoD TAP curricula and processes can be found at <https://www.dodtap.mil/>

In partnership with DoD, initiate a comparative study of veterans' experiences and outcomes with alternative TAP efforts at various installations, including impact on military readiness.

Explore current and aspirational statutory authority for VA to reach military personnel and families at least 18 months prior to separation.

Self-Actualization in Civilian Life

As described in the introduction to this report, it bears repeating that the current conception of MCT neglects that transition is fundamentally a psychological and cultural evolution, in which veterans need to find a path to reorientation and self-redefinition, sometimes while acclimatizing to a new definition of wellness, but always while moving quite abruptly from a collectivist community to an individualist one. Considerable attention has been paid to the divide that undeniably exists between the military and civilian society³⁶, but the lion's share of this focuses on the national security implications and not on the cultural differences and their bearing on MCT. This is unfortunate, because the culture shock is nearly a universal experience for veterans and their families during MCT, one that we have heard time and again has meaningful negative impact on experiences.

Self-actualization is a concept in clinical psychology that described the motivation to identify and realize one's purpose. Most commonly associated with Abraham Maslow and his hierarchy of needs³⁷, the concept recurs throughout psychological literature as an elemental psychological need, alternatively referred to as self-realization, the search for purpose, meaning or identity, or, in the work of neurologist and Holocaust survivor, Viktor Frankl, logotherapy, that striving to find a meaning in one's life is a primary motivational force.³⁸ Within the literature on MCT, this concept appears regularly as an experience common to many veterans: an imperative to find a post-military identity. The experienced isolation from civilian society, challenges to a veteran's sense of self, and an unrealized need to live purposefully - whatever that might mean to the individual's prioritization of work, family, community ties, etc. - after service is a near-constant refrain among recently separated veterans. If experienced more acutely, this may grievously impair a veteran in efforts to find or retain employment,

³⁶ Much has been written and discussed on this topic by veterans, service members, journalists and researchers, but two sources in particular are essential to an understanding of the Civilian-Military Divide:

- The research currently underway at the Center for a New American Security, with papers on the topic forthcoming.
- Kori Schake and Jim Mattis, "Warriors and Citizens: American Views of Our Military," Stanford, CA; Hoover Institution Press (2016)

³⁷ A.H. Maslow, "A Theory of Human Motivation" (1943), originally published in *Psychology Review*, 50, 370-396.

³⁸ Viktor E. Frankl, *Man's Search for Meaning* Boston, Beacon press, 1959.

build and maintain social relationships and connections, and, at its most dire, lead to depressive, self-destructive, or suicidal behavior.³⁹

That there are few recommendable interventions operating at scale to help individuals with self-actualization should not be viewed as an argument against its validity or importance, but rather as an indication of how difficult such an intervention is to manage at scale. It seems to us unreasonable that VA or any other single service provider should seek to aid the nearly 200,000 veterans undertaking MCT each year in self-actualizing, but, at a minimum, curricula addressing self-actualization should be made available to veterans – during TAP, but also proactively offered at the “moments that matter” during MCT before and after separation – and to counselors to prepare separating veterans for what data show is nearly a universally experienced component of MCT.

Next Steps:

Initiate further study of the psychological experiences inherent to MCT, independent of other service-connected mental health conditions.

Pilot interventions to improve preparation for separating veterans for self-actualization, including curricula and/or workshops or coaching to develop post-military purpose and identity.

Pilot interventions to equip separating veterans with skills and awareness of resources for managing MCT-related stresses.

Anticipating Mental Health Needs Specific to MCT

The stresses specific to MCT must be acknowledged as real, common and in many cases independent of – or compounding – other service-related mental health concerns. These stresses that arise during, and perhaps initiated by, MCT are deserving of further study, pursuant to which it may prove necessary to offer and encourage use of mental health care during MCT to veterans who do not already separate from the military with a service-connected mental health diagnosis.

Among the many treatment options available to veterans identified as at-risk for a negative transition experiences is a psychotherapeutic intervention already emphasized by many VA mental health care

³⁹ Here, again, there is extensive evidence in the literature. Most notably:

- Carl Castro and Sara Kintzle, “Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect” (2014), *Current Psychiatry Reports*, 16, 460-469
- David Lester and Charles Thomas, *Why People Kill Themselves*, Springfield IL, Pergamon Press, 2000
- Sebastian Junger, *Tribe*, New York, Hachette Book Group, 2016.

providers in the treatment of post-traumatic stress. Acceptance and Commitment Therapy (ACT) is a mindfulness-based behavioral therapy proven to be effective in treating a broad array of clinical conditions, including depression, obsessive-compulsive disorder, workplace stress, chronic pain, anxiety, PTSD, drug abuse and schizophrenia.⁴⁰ ACT, moreover, has proven effective in helping individuals manage psychological suffering that does not fall into any category of clinical disorder: alienation, meaninglessness, low-self-esteem, loneliness, sexism and existential angst. Because we believe transition to be, at its core, a psychological experience, equipping veterans with ACT's coping strategies could serve to soften the jarring responses that many veterans will experience as they move from military to civilian contexts.⁴¹

Next Steps:

Initiate further study of the impact of MCT on veterans' mental health independent of other contributing factors.

Transition Literacy: Making Better Choices

In the course of understanding the veteran's experience of transition, we found ample evidence of attention paid across the veteran support ecosystem to developing veterans' requisite hard skills – applying for employment or education opportunities, disability, and accessing health care and various benefits. Far less consideration is given to addressing the internal processes at work as veterans seek to make good choices during transition. “TAP threw so much information at me when I wasn't ready for it and didn't know what to do with it. I didn't know how to put it all together.” This statement and minor variations on it were unquestionably the most common responses we heard from veterans – and indirectly through service providers – in our interviews. A consensus emerged that existing transition assistance resources were effective instruction manuals for accessing and using government benefits and services, but offer the veterans little guidance how to combine them to maximum effect, and how to develop a path toward a productive and satisfied post-military life.

Put another way, these programs are effective in supporting veterans' navigating – following a route from point A to point B – but did little to help veterans' build skills in wayfinding. Wayfinding is an important concept for the optimized design of a physical environment, but here a means to understand one's position in and make progress through a figurative space (transitioning from the military to post-military life across all dimensions of MCT) without necessarily knowing where points A and B are. Effective wayfinding relies on an individual's ability to orient herself and contextualize and comprehend information presented to her, thereby allowing her to make productive choices to get to where she wants to be.

⁴⁰ Russell Harris, “Embracing Your Demons: an Overview of Acceptance and Commitment Therapy,” (2006), *Psychotherapy in Australia*, 12, 4

⁴¹ Based on interviews with Niloofar Afari, psychologist, VA San Diego Health Care System

In the context of MCT, veterans and their families must employ self-assessment skills, perceive the broadest possible definition of their opportunities, and understand the context for each decision they make, all while moving into a social culture from which they have been years distant, and from which their experiences in uniform may have further separated them. Transition must, therefore, prioritize self-assessment, cultural adaptation, and the pragmatic setting of expectations on a path to self-redefinition and making productive economic and social choices after separation.

We group these skills under the rubric of “transition literacy,” the set of non-cognitive skills that enable veterans to adapt to their changing contexts and make optimal decisions in their self-interest. Our theory of transition literacy draws from bodies of knowledge in practical intelligence and tacit knowledge, cross-cultural competency, and tenets of acceptance and commitment therapy, all of which we believe have essential roles in enabling better transition outcomes.

Practical intelligence – colloquially known as common sense or “street smarts” – is a quantifiable category of intelligence distinct from IQ or academic intelligence that enables the individual to adapt to, shape and select environments to accomplish one’s goals within the context of one’s society and culture.⁴² Because practical intelligence is entirely rooted in experience with the interaction between oneself and one’s environment, and because the environment of civilian society is quite distinct from that of the active duty components of the military, it is likely that many veterans do not separate from the military with the practical intelligence needed to be optimally successful in civilian society. Transition, therefore, might be thought of as largely a process of acquiring the tacit knowledge – an elemental component of practical intelligence – needed to be successful in a new context.

Lacking the tacit knowledge needed to quickly succeed in civilian society, veterans’ transition literacy might be improved with interventions intended to develop cross-cultural competence, the ability to manage one’s responses to cultural differences and operate effectively in an intercultural context.⁴³ The military’s special operations community, as well as the foreign and clandestine services have all employed cross-cultural competence training to enable individuals to overcome their emotional responses to foreign cultures, often cited as anxiety, disconfirmed expectations, ambiguity, prejudice and ethnocentrism, and attribution, according to researchers at the University of Southern California Institute for Creative Technologies. It is feasible that numerous existing training resources might be applied to support the development of veterans’ cross-cultural competence.

Other noncognitive skills, which may also be considered to encompass practical intelligence and cross-cultural competence, are increasingly regarded as essential to success in both workplace and social interpersonal and intrapersonal interactions. There are a number of competing frameworks for

⁴² Robert J. Sternberg et al., *Practical Intelligence in Everyday Life* (Cambridge; Cambridge University Press, 2000)

⁴³ Based on interviews with researchers at the University of Southern California Institute for Creative Technologies

assessing and building noncognitive skillsets, but most include some combination of: conscientiousness, agreeableness, neuroticism, openness, and extroversion.⁴⁴

For all of the components of our transition literacy concept, there exist both assessment instruments⁴⁵ and interventions designed to improve skills in these areas. Further study is required before VA or another service provider could effectively pilot an intervention targeted to improve veterans' transition literacy skills, but we believe this to be an area worth further attention. Were it deemed possible to do so, improving veterans' intangible skills in these areas could ease the stresses of MCT by equipping veterans and their families to more effectively organize and prioritize the tremendous amount of information presented to them during MCT, make better choices, and prepare them to more effectively build social capital in civilian communities and with civilian employers and coworkers.

Next Steps:

Conduct a feasibility study on assessing and improving veterans' intangible skill sets – the component parts of transition literacy – necessary for improving performance during MCT.

Develop, field and measure a pilot transition literacy intervention.

The Military Family in MCT

Veterans and service-providers alike highlighted the vital role that family units play as both the veteran and immediate family members undertake MCT. For example, there is some evidence that spousal employment is correlated to better MCT outcomes for the veteran⁴⁶, as military spouses who are employed afford greater financial flexibility for the transitioning veteran to take whatever steps necessary for success in MCT. That the unemployment rate for military spouses lingers around 18

⁴⁴ Based on interviews with Richard D. Roberts, Ph.D., chief scientist, Center for Innovative Assessments, Professional Examination Service

⁴⁵ These include:

- The General Self-Efficacy Scale (GSE-6) (2013)
- The Social Connectedness and Social Assurance Scales (1995)
- Various assessments developed by the ProExam Center for Innovative Assessments

⁴⁶ Maury, R. & Stone, B. (2014). Military Spouse Employment Report. Institute for Veterans and Military Families and Military Officers Association of America. Syracuse, NY. Accessed in January, 2017, from http://vets.syr.edu/wp-content/uploads/2014/02/MilitarySpouseEmploymentReport_2013.pdf

percent (and possibly as high as 30 percent for spouses under 25) should, then, be cause for some concern.⁴⁷

Moreover, in our interviews, veterans reported that including immediate family in transition-related activities, including transition assistance classes and counseling, improved transparency and collaboration within the family unit and enabled family members to better support one another during stressful transition moments. That MCT is stressful in ways specific to the non-veteran family members is largely overlooked by researchers and practitioner alike, especially beyond the confines of spousal employment. There is a culture specific to military families that is sometimes observed as one of hardship related to the continual disruption of frequent moves and deployments, but the full picture military family culture is more complicated. Family members in the military are, in many ways and with very good reason, exulted. Heralded as the backbone of the force, military families can become accustomed to the pride of belonging, to the details unique to base life, and to the benefits and services accorded to them. Separating from this can be jarring for spouses, and particularly for children, who often have known no other lifestyle. They, too, undertake a cultural and psychological transition that is quite unique to them. They, too, are deserving of support as they undertake it, and that support may need to consist of elements different from that provided to the veteran.

Also relevant within this topic is the experience of servicemembers separation from the military and transitioning to a new status as a military spouse. These veterans, a majority of whom are women due to the propensity of women service members to marry other service members, experience a variation on MCT that is little understood and resourced.⁴⁸

While this area demands further research, there exists already sufficient evidence in favor of developing MCT services – particularly in the areas of employment and education – for entire families, and for including adult spouses in TAP courses. Some changes in this direction were included in the VOW act, but feedback from veterans, family members and service providers indicates that family engagement can be strengthened further.

Next Steps:

Initiate feasibility study for developing family-inclusive transition assistance resources, or including military spouses in existing transition assistance.

⁴⁷ Blue Star Families, “Social Cost Analysis of the Unemployment and Underemployment of Military Spouses” (2016), accessed in January, 2017, from https://bluestarfam.org/wp-content/uploads/2016/05/Social-Cost-Analysis-of-the-Unemployment-and-Underemployment-of-Military-Spouses_Final_4-5-1.pdf

⁴⁸ Based on conversations with Kayla Williams, director of the VA Center for Women Veterans.

CONCLUSION AND NEXT STEPS

Military-to-Civilian Transition is, in the scope of a veteran's entire life, the most critical of "moments that matter." Enabling success in MCT for veterans and their families will often preempt the need for critical care and services later, but so little is known about how and why veterans fare after separation. In order to best care for veterans during this critical inflection point in their lives, we must first develop a far better understanding of their experiences and outcomes during MCT. We must engage with them earlier, involve and support their families more, and move beyond a posture in which we provide access to benefits and services without sufficient counsel on how they should be utilized. We must shift our strategy from avoiding veterans' bad outcomes to enabling the best possible ones, and we should continue and expand our ability to partner effectively across the entire veteran support ecosystem. We must do all we can to "return veterans as nearly as possible to the status they would have achieved had they not been in military service."⁴⁹

Next Steps:

A Paradigm Shift in the Federal Government's Integrated MCT Policy

Collaboratively develop an integrated MCT policy formalized for all Federal Government departments that is anchored to veterans' outcomes and experiences instead of Federal inputs and outputs.

A Definition of MCT

Convene a working group of VA, DoD and civil society thought leaders and practitioners to generate a definition of MCT that adheres to the essential criteria (quality of experience, rooted in self-actualization and productivity outcomes), and that can be disseminated and supported broadly across VA, DoD and the entire veteran support ecosystem.

Learning from Analogous Populations in Transition

Initiate comparative studies on analogous populations undertaking transitions. Look for commonalities in transition variables and individuals' responses, efficacy of interventions, and indicators of success or failure.

⁴⁹ The President's Commission on Veterans' Pensions, "Veterans' Benefits in the United States" (1956), 4. Accessible from:
http://www.veteranslawlibrary.com/files/Commission_Reports/Bradley_Commission_Report1956.pdf

Common Criteria Within Existing Frameworks

Convene a working group of VA, DoD and civil society thought leaders and practitioners to develop an agreed-upon set of minimum criteria for any MCT framework to which individual frameworks can adhere, and that can be disseminated and supported broadly across VA, DoD and civil society.

Evaluating MCT Success

Develop and test improved, veteran-centered success metrics and outcomes for MCT.

Reimagining Our MCT Data Needs

Develop and test improved, veteran-centered indicators for MCT progress and outcomes.

Toward a Federated Data Acquisition Strategy

Expand VA's data acquisition strategy with a pilot for a federated approach to MCT data acquisition, including a public-facing dashboard and data input platform, and supporting strategic partnerships and user acquisition plan.

MCT Personas and Predictive Outreach

Initiate a design project to create MCT personas and an MCT journey map with "moments that matter."

Moving MCT Preparation Upstream

In partnership with DoD, initiate a comparative study of veterans' experiences and outcomes with alternative TAP efforts at various installations, including impact on military readiness.

Explore current and aspirational statutory authority for VA to reach military personnel and families at least 18 months prior to separation.

Self-Actualization in Civilian Life

Initiate further study of the psychological experiences inherent to MCT, independent of other service-connected mental health conditions.

Pilot interventions to improve preparation for separating veterans for self-actualization, including curricula and/or workshops or coaching to develop post-military purpose and identity.

Pilot interventions to equip separating veterans with skills and awareness of resources for managing MCT-related stresses.

Anticipating Mental Health Needs Specific to MCT

Initiate further study of the impact of MCT on veterans' mental health independent of other contributing factors.

Transition Literacy: Making Better Choices

Conduct a feasibility study on assessing and improving veterans' intangible skill sets – the component parts of transition literacy – necessary for improving performance during MCT.

Develop, field and measure a pilot transition literacy intervention.

The Military Family in MCT

Initiate feasibility study for developing family-inclusive transition assistance resources, or including military spouses in existing transition assistance.

APPENDIX: BIBLIOGRAPHY

“Returning Home: Understanding the Challenges of Prisoner Reentry,” a longitudinal, multistate study conducted in Maryland, Illinois, Ohio and Texas in the 2000s. These papers can be found at <http://www.urban.org/policy-centers/justice-policy-center/projects/returning-home-study-understanding-challenges-prisoner-reentry>

A.H. Maslow, “A Theory of Human Motivation” (1943), originally published in *Psychology Review*, 50, 370-396

Albert-László Barabási, *Linked: How Everything is Connected to Everything Else and What It Means for Business, Science, and Everyday Life* (New York: Penguin, 2003)

Angela Duckworth, *Grit: The Power of Passion and Perseverance* (New York: Scribner, 2016)

Angevine, J., (2015), “Veterans’ New Horizons: Redefining Military Transition,” Brookings Executive Education, Washington D.C.

Banai, M., Maxwell, B., O’Neal, J., and Gallagher, M., (2011), “Unsung Heroes: Military Families After Ten Years of War,” Iraq and Afghanistan Veterans of America, Washington, D.C.

Benmelech, E., and Frydman, C., (2012), “Military CEOs,” National Bureau of Economic Research, Cambridge, MA.

Bhawuk, D. and Brislin, R., (2000). “Cross-cultural Training: A review,” *Applied Psychology: An International Review*, 49, 1, 162-191

Blue Star Families, “Military Family Lifestyle Survey” (2016), accessed December, 2016 from <https://bluestarfam.org/wp-content/uploads/2016/12/ExecutiveSummary-Survey16-Finalpages.pdf>

Blue Star Families, “Social Cost Analysis of the Unemployment and Underemployment of Military Spouses” (2016), accessed in January, 2017, from https://bluestarfam.org/wp-content/uploads/2016/05/Social-Cost-Analysis-of-the-Unemployment-and-Underemployment-of-Military-Spouses_Final_4-5-1.pdf

Carl A. Castro, Sara Kintzle, and Anthony M. Hassan, “The Combat Veteran Paradox: Paradoxes and Dilemmas Encountered With Reintegrating Combat Veterans and the Agencies That Support Them” (2015), *Traumatology* Vol. 21, No. 4, 299–310

Carl Andrew Castro, Sara Kintzle and Anthony Hassan, “The State of the American Veteran: The Los Angeles Veterans Study” (2014), The University of Southern California Suzanne Dworak-Peck School of Social Work Center for Innovation and Research on Veterans and Military Families, Los Angeles.

Carl Andrew Castro, Sara Kintzle and Anthony Hassan, (2014) "The State of the American Veteran: The Los Angeles Veterans Study."

Carl Castro and Sara Kintzle, "Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect" (2014), *Current Psychiatry Reports*, 16, 460-469

Carol Dweck, *Mindset: The New Psychology of Success* (New York: Random House, 2006)

Carter, P., (2012) "Upholding the Promise: Supporting Veterans and Military Personnel in the Next Four Years," Center for a New American Security, Washington D.C.

Carter, P., and Kidder, K., (2015), "Charting the Sea of Goodwill," Center for a New American Security, Washington D.C.

Carter, P., Kidder, K., and Schafer, A., "Needs Assessment: Veterans in the Dallas-Fort Worth Region," Center for a New American Security, Washington, D.C.

Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families; Board on the Health of Select Populations; (2013), "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families," Institute of Medicine of the National Academies, Washington D.C.

Cushner, K. and Brislin, R., (1996), "Intercultural Interactions: A Practical Guide," *Cross Cultural Research and Methodology*, 9, Thousand Oaks, CA

Cushner, K., (1989), "Assessing the Impact of a Culture-General Assimilator," *International Journal of Intercultural Relations*, 13, 125-146

David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (New York: Houghton Mifflin, 2015)

David Lester and Charles Thomas, *Why People Kill Themselves*, Springfield IL, Pergamon Press, 2000

DeGroat, A., and Crowley, R., (2013), "Looking Critically at Reintegration of Post-9/11 Era Veterans," Kansas State University Office of Military Affairs, Manhattan, KS.

Details of DoD TAP curricula and processes can be found at <https://www.dodtap.mil/>

Enrico Moretti, *The New Geography of Jobs* (New York: First Mariner, 2013)

George E. Vaillant, *Triumphs of Experience: The Men of the Harvard Grant Study* (Cambridge, MA: Harvard University Press, 2012)

- Hardison, C., Sims, C., Ali, F., Villamizar, A., Mundell, B., and Howe, P. (2009). "Cross- Cultural Skills for Deployed Air Force Personnel: Defining Cross-Cultural Performance," RAND Corporation, Santa Monica, CA: 2009.
- Harris, R., (2006), "Embracing Your Demons: an Overview of Acceptance and Commitment Therapy," *Psychotherapy in Australia*, 12, 4, 2-8
- Hassan, A., (2014), "The Community Quarterback: Veterans and Their Families are Coming Home. Are We Ready?" USC Center for Innovation and Research on Veterans & Military Families, Los Angeles.
- Hayes, S., Luoma, J., Bond, F., Masuda, A., and Lillis, J., (2005), "Acceptance and Commitment Therapy: Model, processes and outcomes," *Behaviour Research and Therapy* 44, 1–25
- Haynie, J., (2016), "Revisiting the Business Case for Hiring a Veteran," Institute for Veterans and Military Families, Syracuse University, Syracuse, NY.
- Huitink, Z., (2016), "Advancing Veteran Success in Higher Education," Institute for Veterans and Military Families, Syracuse University, Syracuse, NY.
- John Copeland and David Sutherland, "Sea of Goodwill: Matching the Donor to the Need" (2010), accessed January, 2017, from <http://r4alliance.org/wp-content/uploads/2014/10/White-Paper-Sea-of-Goodwill-17-May-2010.pdf>
- Jonathan Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002)
- Kealey, D. and Protheroe, D. (1996). "The effectiveness of cross-cultural training for expatriates: An assessment of the literature on the issue," *International Journal of Intercultural Relations*, 20, 2, 141-165
- Kori Schake and Jim Mattis, "Warriors and Citizens: American Views of Our Military," Stanford, CA; Hoover Institution Press (2016)
- Lancaster, S and Hart, R. (2015), "Military Identity and Psychological Functioning: A Pilot Study," *Military Behavioral Health*, 3, 1, 83-87
- Lee, R and Robbins S. (1995), "Measuring Belongingness: The Social Connectedness and the Social Assurance Scales," *Journal of Counseling Psychology*, 42, 2, 232-241
- Lewis B. Puller, Jr., *Fortunate Son* (New York: Grove, 1991)

Mark Williams and Danny Penman, *Mindfulness: An Eight-Week Plan for Finding Peace in a Frantic World* (New York: Rodale, 2011)

Maury, R. & Stone, B. (2014). *Military Spouse Employment Report*. Institute for Veterans and Military Families and Military Officers Association of America. Syracuse, NY. Accessed in January, 2017, from http://vets.syr.edu/wp-content/uploads/2014/02/MilitarySpouseEmploymentReport_2013.pdf

Mol, S., Born, M., Willemsen, M., and Van Der Molen, H. (2005), "Predicting Expatriate Job Performance for Selection Purposes: A Quantitative Review," *Journal of Cross-Cultural Psychology*, 36, 5, 590-620.

Mueller-Hanson, R., White, S., Dorsey, D., and Pulakos, E. (2005), "Training Adaptable Leaders: Lessons from Research and Practice," U.S. Army Research Institute for the Behavioral and Social Sciences, Ft Belvoir, VA

Nancy Berglass and Margaret C. Harrell, "Well After Service: Veteran Reintegration and American Communities" (2012).

National Center for Veterans Analysis and Statistics, <https://www.va.gov/vetdata>

National Veterans Legal Services Program, Legal Services Center of Harvard Law School, (2016) "Underserved: How the VA Wrongfully Excludes Veterans With Bad Paper," *Swords to Ploughshares*, San Francisco

Nicholas J. Armstrong, COL James D. McDonough Jr., USA (Ret.) and Daniel Savage, "Driving Community Impact: The Case for Local, Evidence-Based Coordination in Veteran and Military Family Services and the AmericaServes Initiative" (2015)

Phillip Carter, Katherine Kidder, Amy Schafer and Andrew Swick, "AVF 4.0: The Future of the All-Volunteer Force" (draft)

Pietrzak, R., Russo, A., Ling, Q., and Southwick, S. (2011), "Suicidal Ideation in Treatment-Seeking Veterans of Operations Enduring Freedom and Iraqi Freedom: The Role of Coping Strategies, Resilience and Social Support," *Journal of Psychiatric Research*, 45, 6, 720-726

Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon & Schuster, 2000)

Robert Graves: *Goodbye to All That* (New York: Random House, 1998)

Robert J. Sternberg et al., *Practical Intelligence in Everyday Life* (Cambridge; Cambridge University Press, 2000)

Romppel, M, Herrmann-Lingen, C., Wachter, R., Edelmann, F., Dungen, H., Pieske, B., and Grande, G. (2013), "A Short Form of the General Self-Efficacy Scale," *GMS Psycho-Social-Medicine*, 10.

Russell Harris, "Embracing Your Demons: an Overview of Acceptance and Commitment Therapy," (2006), *Psychotherapy in Australia*, 12, 4

Sander A., Clark A., Pappadis M., (2010), What is Community Integration Anyway?: Defining Meaning Following Traumatic Brain Injury," *The Journal of Head Trauma Rehabilitation*, 25, 2,121-127

Sayer N., Frazier P., Orazem R., et al. (2011), "Military to Civilian Questionnaire: A measure of Post-Deployment Community Reintegration Difficulty Among Veterans Using Department of Veterans Affairs Medical Care," *Journal of Traumatic Stress*, 24, 6, 660-670

Sayer, N., Noorbaloochi, S., Frazier, P., et al. (2010) "Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care," *Psychiatric Services*, 61, 6, 589-597

Schafer, A., Swick, A., Kidder, K., Carter, P., (2016), "Onward and Upward: Understanding Veteran Retention and Performance in the Workforce," Center for a New American Security, Washington D.C.

Sebastian Junger, *Tribe*, New York, Hachette Book Group, 2016

Semaan, B., Britton, L., and Dosono, B., (2016), "Transition Resilience with ICTs: 'Identity Awareness' in Veteran Re-Integration," School of Information Studies, Syracuse University, Syracuse, NY

Steven Johnson, *Where Good Ideas Come From: The Natural History of Innovation* (New York: Riverhead, 2010)

Syracuse University's Institute for Veterans and Military Families Veteran Strategic Analysis Research Tool (<https://ivmf.syracuse.edu/research/data-tools/veteran-strategic-analysis-research-tool/>)

Tanielian, T., and Jaycox, L., (2008), "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," RAND Center for Military Health Policy Research, Arlington, VA.

The President's Commission on Veterans' Pensions, "Veterans' Benefits in the United States" (1956). Accessible from:

http://www.veteranslawlibrary.com/files/Commission_Reports/Bradley_Commission_Report1956.pdf

The President's Commission on Veterans' Pensions, "Veterans' Benefits in the United States" (1956), 4. Accessible from:

http://www.veteranslawlibrary.com/files/Commission_Reports/Bradley_Commission_Report1956.pdf

Trougakos, J., Bull, R., Green, S., MacDermid, S., & Weiss, H., "Influences on Job Search Self-Efficacy of Spouses of Enlisted Military Personnel," (2007)

U.S. Census Bureau, <http://www.census.gov/topics/population/veterans.html>

U.S. Department of Veterans Affairs Office of Enterprise Integration, "Veterans Policy Research Agenda: Fiscal Year 2017" (2016), 3. Accessible from:
http://www.va.gov/op3/docs/StrategicPlanning/FY_2017_Veterans_Policy_Research_Agenda.pdf

U.S. Department of Veterans Affairs Office of Enterprise Integration, "Veterans Policy Research Agenda: Fiscal Year 2017" (2016), 3. Accessible from:
http://www.va.gov/op3/docs/StrategicPlanning/FY_2017_Veterans_Policy_Research_Agenda.pdf

VA Center for Innovation, "Voices of Veterans: Introducing Personas to Better Understand Our Veterans" (2014), accessed in January, 2017, from:
http://www.innovation.va.gov/docs/Voices_Of_Veterans_11_12_4.pdf

Viktor E. Frankl, *Man's Search for Meaning* Boston, Beacon press, 1959

William Bridges, *Transitions: Making Sense of Life's Changes* (Cambridge, MA: Da Capo Press, 2004)

Williamson, V., (2009), "Supporting Our Troops, Veterans and Their Families: Lessons Learned & Future Opportunities for Philanthropy," California Community Foundation, Los Angeles.

Zoli, C., Maury, R., and Fay, D., (2015), "Missing Perspectives: Servicemembers' Transition from Service to Civilian Life," Institute for Veterans and Military Families, Syracuse University, Syracuse, NY.