Journal of Military and Government Counseling

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The *Journal of Military and Government Counseling* (JMGC) is an official publication of the Military and Government Counseling Association (MGCA), a division of the American Counseling Association. This journal upholds the highest academic and professional standards using a peer review process. The journal is published multiple times a year, and publishes articles on all aspects of practice, theory, research, and professionalism related to counseling and education in military and government settings.

The mission of the journal is to promote reflection and to encourage, develop, facilitate, and promote professional development for administrators, counselors, and educators working with all members of the Armed Services and their families, whether active duty, guard, reserve, retired, or veteran, civilian employees of the Department of Defense; first responders including EMS, law enforcement, fire, and emergency dispatch personnel; and employees of Local, State and Federal governmental agencies.

The journal aims to highlight engaged scholarship and to conduct and foster professional monographs to enhance individual human development and increase recognition of humanistic values and goals among the members and within the agencies where they practice. The journal thus attempts to develop and promote the highest standards of free intellectual inquiry among administrators, counselors, and educators working in these environments.

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JOURNAL OF MILITARY AND GOVERNMENT COUNSELING

Trauma Informed Yoga as a Group Intervention to Lower Incidence of Post-Traumatic Stress Disorder Among Law Enforcement Officers

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Law enforcement officers (LEOs) are called to serve and protect, leaving them susceptible to stressful and traumatic experiences. Repeated exposure to events that invoke dysregulation in the body and reactionary responses are indications of posttraumatic responses. Some LEOs develop maladaptive coping strategies, thus implementation of mindfulness interventions allows the body to return to a regulated state and disarm perceived threats (Emerson et al., 2009). Few resources are allocated to LEOs to lower job induced trauma although a common implication of untreated posttraumatic stress is inclusive of constant states of arousal, leading the body to assess situations as danger. Trauma Informed Yoga is a supplemental intervention for counselors to utilize with LEOs, as it has lowered trauma symptoms among similar groups incurring chronic exposure to trauma (van der Kolk et al., 2014).

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Law enforcement is a fast-paced field that is rife with stress, danger, and volatility. Due to the nature of their work, law enforcement officers (LEOs) frequently experience traumatic incidents, some of which are life-threatening and violent, while serving in their communities (Jeter et al., 2013; Violanti et al., 2017). Further, approximately 19% percent of LEOs have experienced symptoms of Post-Traumatic Stress Disorder (PTSD), which may be due to constant exposure to traumatic stress both and the lack of positive resources (Violanti et al., 2017). To put this into perspective, only 7-8% of the population experience symptoms of PTSD throughout the lifespan (U.S. Department of Veterans Affairs, 2019); therefore, LEOs are exposed to more traumatic events than other occupations (Jeter et al., 2013; Violanti et al., 2017). If PTSD is left untreated, LEOs may suffer from comorbidities such as substance use, chronic pain, disease, and suicide (Rhodes, 2015). Additionally, LEOs die by suicide nearly two and half times more than from homicides or line of duty deaths (International Association of Chiefs of Police, 2019; President's Task Force on 21st Century Policing, 2015). Thus, the stress and potential to experience traumatic events are detrimental to LEOs, surrounding communities, and society at large.

Continuous exposure to high stress situations leaves LEOs more susceptible to adverse events when in the field and may also lead to poor and dangerous decision making when on duty (Jetelina et al., 2020). According to Mapping Police Violence (2020), those in black communities are three times more likely to be killed by police than those in white communities. People of color (POC) continue to be subjected to excessive and unwarranted force and death due to a lack of resources for LEOs to find effective ways to cope with symptoms of job-induced trauma. Yet, provision of resources allocated for those in the line of duty to work through their traumatic experiences is sparse. The Pew Research Center (2017) reported that nearly half of LEOs described receiving limited instruction on de-escalation of potentially harmful circumstances without the use of force, which is just one example of how LEO culture does not focus on training LEO's to handle alternative methods of stress management or conflict resolution, thereby compounding their reactions to adverse events.

Further complicating matters is the fact that LEOs belong to a collectivist culture that negatively views mental health illnesses and minimizes the need for and value of mental health aid (Soomro & Yanos, 2019). In fact, deep-rooted stigma regarding seeking mental health help is present in LEO culture (Bell & Eski, 2016). Additionally, the hierarchical nature of the profession creates an organizational culture that is heavily dependent on messaging from leadership to influence LEO behavior and attitudes (Jackson-Cherry & Perron, 2021). Current mental health literature supports the use of yoga, physical activity, and mindfulness strategies or techniques and deems these interventions as beneficial in decreasing symptoms of stress and PTSD (Taylor et al., 2020; Taylor et al., 2022). A meta-analysis found that yoga as an adjunctive service to mental health treatment was effective in improving symptoms across various diagnoses and genders (Davis et al., 2020; Taylor et al., 2020). Additionally, trauma-informed yoga (TIY) is a specific form of therapeutic yoga that integrates breathing, physical activity, relaxation, and trauma-relevant features (Cook-Cuttone et al., 2017; Emerson, 2015; Justice et al., 2018; West et al., 2017). Given the success of TIY as a therapeutic modality, counselors trained in TIY could be ideal facilitators as core tenants of the counseling profession (e.g., safety, empowerment, collaboration, and trustworthiness) are of the utmost importance when one engages in TIY, which makes a compelling case for interventions that utilize both the somatic component of TIY as well as the emotional and behavioral guidance from counseling to help manage and regulate symptoms of stress and PTSD.

Unfortunately, there is a dearth of literature on use of interventions with TIY-trained licensed counselors who facilitate group interventions with LEOs. This manuscript proposes a phased approach framework incorporating TIY and a psychoeducational group counseling series with LEOs. The framework focuses on the mind-body connection and offers a holistic approach tailored to the unique cultural factors of the LEO community. The framework considers the collectivist, hierarchical culture of LEOs and suggests participants will benefit from the well documented somatic impacts of TIY, while also ensuring that licensed counselors are present to assist in the navigation and containment of difficult emotions elicited from bodywork done in TIY.

Law Enforcement Officers

LEO Culture

LEOs are a part of a unique collectivist culture that embeds core values of individual sacrifice, honor, humility, loyalty, and camaraderie (Holdaway & O'Neill, 2006; Peterson & Uhnoo, 2012; Varvarigou et al., 2014). These attitudes and values require LEOs to adhere to a code of silence to maintain loyalty to other officers above all. Inciardi (1990) called for the development of resources to assist LEOs in the isolation from the community which results in a "blue wall of silence" (p. 227). LEO culture values activities that focus on sound physical health, but recent developments have called for an additional emphasis on holistic health inclusive of mental health and well-being (Copple et al., 2019; Papazoglou & Tuttle, 2018; SAMHSA, 2018).

LEO culture requires individuals to continuously confront situations that are stressful and dangerous, leaving one's body in a constant state of arousal (Bergman, et al., 2016; Jackson-Cherry & Perron, 2021), which requires LEOs to employ coping skills to manage situations that are potentially harmful or stressful and maintain focus and perspective. Coping skills or mechanisms range on a continuum from immature to mature. Immature coping mechanisms distract individuals from situations and often have negative repercussions, whereas mature coping mechanisms are tools that enable individuals to face situations in a positive manner (Nam et al., 2019). Invariably, a high percentage of LEOs deal with exposure to trauma in harmful ways (Violanti et al., 2017; SAMHSA, 2018), which allows dissociation from the pain of their traumatic experiences. Yet, without adaptive interventions to process emotions, thoughts, and body sensations associated with exposure to stress and trauma, LEOs are likely to suppress emotional responses to work related stress (Bergman et al., 2016). Further, LEOs who are emotionally and psychologically impaired are even more likely to use excessive force and aggression towards suspects (Can & Hendy, 2014).

Hierarchical Structure

The U.S. police-rank model is like that of the military in terms of structure and uniform. Ranks are hierarchical in nature and function to define authority and responsibility. Hierarchical structures impact LEO culture and subcultures and while LEO agencies (e.g., federal, state, county, and city) operate independently, many are similar in structure. Some commonalities include ranking LEOs from lowest to highest and include titles of police officer, detective, sergeant, lieutenant, captain, commander, deputy chief, and chief of police (Los Angeles Police Foundation, 2023). The hierarchy of supervision between ranks includes a series of positions and each of these is commanded by the one immediately above it, which functions to create accountability, responsibility, and dependency on others as higher ranked LEOs are responsible for themselves and their subordinates (Reynolds, 2014). This deference to authority is an integral component of departmental change, as one study found that a strong level of support from leadership for a mental health intervention, led to a higher incidence of the department actually adopting these new changes (Knaak et al, 2019). Even more interesting is that leadership style and the resultant culture in the department may impact LEO mental wellbeing more than the actual job itself (Deschenes, 2019). LEO culture is a "brotherhood," focused on teamwork, where the core tenants reinforce contact with fellow officers, even outside the workplace (Violanti et al., 2019). This can lead to a rather insular world that LEOs inhabit, in which they may be influenced by the lack of help seeking behavior their older officers display, especially since evidence shows a negative correlation between age and mental health help seeking behaviors (Hyland et al, 2021). Furthermore, LEOs are to report to their chain of command to discuss or express emotional components and stressors experienced in their work, which evidence show rarely happens due

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to fear of reprisals from superior officers and the possibility of negative professional implications (Craddock & Telesco, 2022).

LEO Training

The U.S. Department of Justice (2016) describes a rigorous training program for new recruits that begins with basic training, which is comprised of legal education, information on operations, firearms, self-defense, and use of force. Basic training includes numerous academic and practical skill building courses that may take place over a two-month period or longer, yet research on training programs, content, hours requirements, and length of time spent training varies (Connecticut State Police Standards and Training Council, 2020). Some literature reports a minimum of 200 training hours whereas others cite an average of 700-800 hours (Reaves, 2013; U.S. Department of Justice, 2016). Additionally, both Reaves (2013) and the U.S. Department of Justice (2016) reported only eight to 10 of the required hours focused on mental health concerns, de-escalation, and conflict resolution whereas more than 100 hours focus on firearm and self-defense training (Reaves, 2013). Furthermore, LEOs are expected to apply learned material when in the field; however, that often results in one being reactive rather than proactive. For example, Morin et al. (2017) reported that nearly 38% of LEOs have gotten into physical altercations and verbal confrontations with suspects which result in heightened levels of stress often resulting in an increased use of force to de-escalate (Morin et al., 2017). LEOs are under constant strain, and the police violence model is often reinforced (Carbado, 2015). Further, LEOs with high levels of stress and burnout are more likely to experience poorer psychological health, experience high stress and low mental wellness have been known to lead to an increased use of excessive force (Christopher et al., 2018).

Barriers to Treatment

As aforementioned, LEOs have lacked opportunities to build better, healthy coping skills, and have struggled with various mental health concerns including substance use and suicidal ideation (SAMHSA, 2018). The U.S. Department of Justice (2019) is aware of the need to remedy and provide spaces for LEOs to process traumatic experiences, and there seems to be a shift among contemporary police culture towards normalizing mental health aid (Faulkner, 2018; Ramchand et al., 2019), but even with these changes, numerous barriers to treatment exist (Richards et al, 2021).

One of the barriers to treatment is the prevalence of stigma surrounding mental health in LEO communities, and the various ways it can impact help seeking behaviors (Velazquez & Hernandez, 2019). Seeking mental health care can trigger shame and is seen as a sign of weakness (Papazoglou & Tuttle, 2018), which is further bolstered by the unique subculture within LEO communities that prizes values like independence, emotional control, resilience, and traditional ideals of masculinity such as bravery, aggressiveness, courage in the face of danger and self-sufficiency (Karaffa & Tochkov, 2013). Thus, LEO culture innately validates the repression of emotions and emotional responses and glorifies the idea of using personal resources to manage responses to traumatic events. Stigma against mental health is so pervasive that it causes LEOs to view fellow officers as "untrustworthy" if they seek mental help aid, thereby further reducing the chance that a LEO would seek help (Burzee et al., 2022). Furthermore, due to the stigma around seeking help, LEO culture has historically not encouraged the processing of concerns, development of coping mechanisms, or educating LEOs on the ways in which the body responds to stressful or triggering situations (Nam et al., 2019), which impacts LEO's ability to help themselves due to their lack of mental health knowledge.

Another barrier to treatment is the issue of confidentiality. LEO culture has an inherent mistrust of those that do not belong to their community, and even more so of mental health providers, whether they are within their

organization (Hofer & Savell, 2021) or outside of their community (Kirschman et al., 2015). LEOs are often unsure about the degree of confidentiality mental health professionals must adhere to, and about what they can or cannot say in session that may hurt them in the future (Richards et al., 2021). Concerns over confidentiality are linked to a fear of professional repercussions and negative judgements from superiors (Haugen et al., 2017).

Issues around confidentiality then give rise to another barrier to treatment, and that is the role that authority plays within LEO culture. Hierarchy is so deeply embedded into LEO culture, and research has found that even when new styles of de-escalation training are taught, once in the force, younger recruits tend to adopt the attitudes and more aggressive tactics of older, higher-ranking officers (Armacost, 2016). Additionally, the fear of negative professional repercussions, such as being demoted or deemed "unfit" for duty by superiors (Haugen et al, 2017), leaves LEOs at a loss for where to begin looking for help. Given the myriad of barriers to help-seeking and treatment, it appears as though many LEOs are uninformed when it comes to the impact stress has on their internal wellbeing and in the ways that trauma and stress can manifest in their behavior and bodies.

Physiology of Trauma

Stress refers to the external factors that influence the body and is inevitable. Stress effects changes in the body and the brain and are set into motion when there are overwhelming threats to one's physical or psychological well-being. When under threat, the limbic system engages, and the frontal lobes disengage (van der Kolk et al., 2005). Thus, logic no longer influences the emotional response. However, when safety returns, the limbic chemical reaction stops, and the frontal lobes re-engage. Trauma is experienced in the body. Persons describe intense feelings of helplessness, terror, and feel out of control as if there are threats to one's physical or emotional wellbeing and can lead to catastrophic responses (van der Kolk et al., 2005).

After one is exposed to a traumatic experience, the body seeks movement towards balanced states (Porges, 2001). Throughout this process, one may experience increases in anger responses which spike the body's internal fight system. However, if we are not in imminent danger our bodies return to a regulated or balanced state relatively quickly. Yet, when exposed to prolonged periods of stress and highly dangerous circumstances, the body's internal systems become strained, making it difficult for one to discern reality (Porges, 2001). Unable to see the reality of a situation, the body perceives threat where there may none, and reacts (hypervigilance) in a reactionary way to fend off perceived danger (Bortz, 2020; Porges, 2001). Moreover, prolonged exposure to traumatic situations without interventions to regulate physiological systems has been found to lead to depression, substance use disorders, and PTSD (D'Andrea et al., 2011). Thus, incorporating treatment to assist in body regulation is necessary.

Polyvagal Theory and Interoceptive Awareness

Polyvagal Theory speaks to the physiological subsystems affected by traumatic incidents and looks at the body's ability to regulate the nervous system. Polyvagal theory links emotions felt and how they are expressed within the body to how one interacts and socializes with others (Porges, 2001), and showcases a significant relationship between how our internal bodily systems and mind relate (Cushing et al., 2018). Porges (2001) assessed that from an evolutionary perspective, the autonomic nervous system is responsible for the way in which humans currently interact and respond to stress and is made of the sympathetic system and the parasympathetic system. The sympathetic system is responsible for helping the body stay safe from harm by either employing hyperarousal (fight/flight) or hypoarousal (freeze), and the parasympathetic system is responsible for allowing systems within the body to rest and digest (Bortz, 2020). The parasympathetic system is activated through various modalities such as, "motion, emotion, and communication" (Porges, 2001, p. 130). To become regulated from a

highly dysregulated state, the parasympathetic response must be elicited. Therefore, we connect with and socially engage in ways that prompt the body to come back to a more balanced state of being (Porges, 2001). However, when the body is unable to interpret and assess events clearly and coherently it suffers. If left untreated, trauma can affect the body in many ways.

Unresolved trauma has been linked to heart disease, increased blood pressure, aggressive or violent responses to seemingly harmless situations, depression, and elevated stress hormones (D'Andrea et al., 2011; Porges, 2001). Thus, without mature coping mechanisms, the body shifts into safe mode, eliciting the sympathetic nervous system (fight, flight, or freeze) where the perception of danger can be classified as PTSD (American Psychiatric Association [APA], 2020). Therefore, Price and Hooven (2018) reported it is integral for counselors to understand and facilitate modalities that allow the body to regulate through connection to interoceptive awareness (e. g. emotions, physiological feelings, and thoughts).

Post-Traumatic Stress Disorder

PTSD is a mental health condition that can occur when someone has experienced or witnessed a terrifying event, such as natural disasters, war, or violent assaults, and symptoms can last for a month, or they may persist for years after the event. PTSD is characterized by errors in perception of reality, detachment, lack of awareness of the connection between sensations within the body to emotions and thoughts, as well as experiences of extreme irritation which are out of character, given the circumstances (APA, 2020). van der Kolk (2004) described the individual process of experiencing symptoms of PTSD akin to the format of a story, where individuals get trapped in reliving traumatic experiences but are unable to clearly see the narrative of what is playing out in the present moment. Quite inevitably, individuals stuck reliving past traumatic experiences are more likely to respond to current stimuli that are similar or equivalent to past traumatic experiences in the same manner as they did during the initial traumatic experience (van der Kolk, 2004). In many cases, van der Kolk (2004) found that those who experienced trauma that led to symptoms of PTSD utilized dissociation to protect oneself from danger. Thus, without introducing ways to reconnect one's mind and body in the present moment, individuals with symptoms of PTSD are likely to dissociate to protect themselves from real or perceived threats (van der Kolk, 2014). Continual and prolonged exposure to trauma can lead to serious implications as the body remains in a constant state of arousal to fend off a real or perceived threat (Stoller et al., 2012). Thus, stress impacts the body in many ways and disrupts biological, psychological, and social dimensions when one experiences an environmental challenge or faces a perceived threat (Jeter et al., 2013). Ford and colleagues (2011) suggested that learning to regulate the arousal response is essential to recovery.

Trauma Informed Yoga

TIY was created to assist clients in understanding, recognizing, and responding to all types of traumas (Emerson et al., 2009). Theoretical and empirical evidence supports the effectiveness of TIY with individuals diagnosed with PTSD, recognizing a decrease in symptoms due to its focus on mindfulness and asanas (e.g., poses or postures) (Macy et al., 2018). Essentially, the mindfulness components encourage adaptive thinking and decrease the persistence of negative thoughts and the asanas encourage physiological benefits, such as improved sleep and enhanced self-efficacy (Macy et al., 2018). TIY is a preferred modality as it stresses the importance of participant choice and assists clients in establishing and enhancing self-regulation, balancing their physiological responses to create a mind body connection that allows one to participate in a healing process.

Since its inception, much work has focused on assessing the influence of TIY on populations facing chronic and long-lasting forms of trauma, including domestic violence and child abuse survivors and military

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Veterans (Cook-Cottone et al., 2017; Emerson et al., 2009; Rhodes, 2015; van der Kolk et al., 2014). Past studies and interventions have utilized TIY; however, these strategies have not taken into consideration LEO culture (Chopko et al., 2018; Christopher et al., 2018; Cushing et al., 2018; Price et al., 2017: Rhodes, 2015; Rhodes et al., 2016; van der Kolk et al., 2014). Thus, the foundation of TIY provides LEOs a framework from which to heal within their own time frame and in their own way. In fact, Jeter et al. (2013) found that present moment awareness, mindfulness and self-compassion, and the tools and tenants provided by TIY demonstrated overall health, life satisfaction, and cognizance of emotions among police recruits with as little as one year of practice. TIY practices have led to longstanding healthy effects as participants make choices about how to sit with and work through uncomfortable feelings and sensations.

Mindfulness and yoga are integral interventions that can lower the effects of chronic stress as well as the ability to positively restructure areas within the brain involved in decision making and impulse control (Gothe et al., 2019). Cramer and colleagues (2018) found that yoga heals the body holistically as it calls attention to unwinding and breathing space into tight parts of the body which are elicited by the body's parasympathetic response, thus reducing the body's response to stress, whereas the physical movements and postures of yoga allowed participants to more attuned and aware of their bodies. Yoga as an intervention enables social engagement, which is integral to working through and healing from trauma (Cramer et al., 2018).

TIY specifically utilizes principles of hatha yoga, is inclusive of breathwork, meditation, and mindfulness (van der Kolk et al., 2014), and is a mind body intervention that focuses on the identification of the connection between thoughts, feelings, and body sensations through present moment awareness (Lanius et al., 2011; Price & Hooven, 2018). TIY instructors understand how trauma affects the body and how simple movement and moment to moment awareness of the occurrences within one's mind and body can bring the body back to a state of balance (Davis & Hayes, 2011; Jeter et al., 2013). Introducing LEOs to TIY will allow clients to emotionally regulate by implementing learned tools and techniques and sit with and work through intense thoughts, emotions, and body sensations. Thus, increasing interoceptive awareness and lowering one's arousal response (Price & Hooven, 2018). TIY emphasizes language that invites participants to explore a variety of poses (modified as needed) to understand where pain is held within the mind and body and empowers clients to choose poses based on comfort in the moment. Participants are provided with tools to access outside of the yoga setting (Emerson et al., 2009).

Cook-Cottone and colleagues (2017) described a dire need for both research and application of TIY among populations most susceptible to the influence of trauma. LEOs have been called to completely restructure the way in which officers are trained to respond to dangerous and threatening situations. Yoga processes can act as a much-needed intervention to enable LEOs to effectively work through painful experiences to serve and protect. Research has indicated the need for more interventions. Thus, the following group is suggested for all LEOs and is co-facilitated by a counselor who is trained in TIY and higher ranked LEOs to decrease the incidence of PTSD, and thereby lowering the incidence of unnecessary use of force.

TIY Group for LEOs

The goals of the TIY group are to provide healthy coping tools as well as assess and monitor for PTSD while teaching LEOs knowledge and awareness of the symptoms present with trauma responses, which will help LEOs understand what may be occurring in their own bodies. This group intervention is to be implemented in two phases. Phase one is meant to create buy-in where a licensed counselor who is trained in TIY will facilitate a 10-week group for higher ranked and retired officers. The second phase will consist of a licensed counselor who is trained in TIY and a retired officer who will serve as co-facilitators of a 10-week group for lower ranked officers (van der Kolk et al., 2014). Each phase consists of a group intervention that has two parts. Group members will participate in a 60-minute TIY session, followed by 60-minute strengths-based psychoeducation support group

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where members will be encouraged to journal or share information to the extent each member is comfortable (van der Kolk et al., 2014). Additionally, the authors suggest the Trauma Centers' Trauma Sensitive Yoga (TC-TSY) format and structure for LEOs (Emerson et al., 2009). This framework is organized similarly to Cushing and colleagues' (2018) implementation of TIY for military Veterans, as military culture is also a collectivist culture, and shares many characteristics with LEO culture.

Facilitators

A major component of TC-TSY is the qualities that facilitators bring to the group. Facilitators must consider whether they are empowering group members and their experiences, instead of imposing their own ideas of what the experience should be like upon them, thus creating a power dynamic of "teacher" and "student" and taking away participants' sense of agency (Emerson, 2015). Facilitators of this group must keep in mind that historically, LEOs have had a fraught relationship with mental health professionals, thus making it even more imperative that facilitators show up with warmth, respect, humility, and genuine curiosity about the LEOs experiences, and to ensure that they do not take on the role of an "expert." It may also be beneficial to acknowledge any past experiences the LEOs have had with mental health professionals during the sessions and lean into any guidance from the retired/higher ranked co-facilitator about the best ways to interact with the participants.

Screening

Ideally, all LEOs would participate in this adjunctive service. However, it is imperative the counselors facilitating these groups utilize formal assessments to inform and track progress of each member throughout the duration of the intervention (Rutlow et al., 2011). The PC-PTSD-5 is a valid and reliable assessment (Prins et al., 2016) that utilizes the diagnostic criteria for PTSD in the DSM-5-TR. The assessment combines self-report and five items to be answered based on the number of true statements that have occurred during the past month. After each member completes the assessment, counselors will conduct a structured interviews for those who earn scores of three or above as that indicates active PTSD symptomology (Prins et al., 2015). The PC-PTSD-5 is given to help LEOs understand and recognize symptoms of PTSD. Further, the PC-PTSD-5 will be given at the conception of the group, halfway through the program to gauge how well, if at all, the intervention is aiding in the reduction of PTSD symptoms, and finally at the end of the group as an evaluation. The authors also suggest a follow up assessment 6-months after the groups have ended, to gauge the long-term impacts of this intervention.

Phase One and Phase Two

Phase One is exclusively for higher ranked or retired LEOs as successful programming has come through stigma reduction from high ranking official or retired officials and by integrating mental health models in departmental training (Papazoglou & Tuttle, 2018). Phase One serves to familiarize these higher ranked or retired LEOs with the mind body connection and hopes to earn departmental approval and adoption to provide a standard of normalization of expressing one's emotions to LEOs lower down the hierarchy. Additionally, Phase One serves to ensure that retired LEOs who wish to help facilitate groups in Phase Two will have an in-depth understanding of the intervention, as well as the lived experience of having participated in the program itself. Phase Two will be for lower ranked LEOs and will be co-facilitated by a counselor trained in TIY (Cook-Cottone et al., 2017) and a retired/higher ranking LEO who completed Phase One. Having a retired, but higher ranked, LEO as co-facilitator allows lower ranking LEOs to feel it is safe and agreeable to openly denote experiences with stress and trauma while on duty (Papazoglou & Tuttle, 2018).

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TIY Environment

The environment must be a safe, welcoming space that helps group members feel less vulnerable (Emerson, 2009). For LEOs, one way to ensure a safe environment is by providing locations where they can maintain their confidentiality (e.g., locations indistinct to the department and/or agency) which has also been shown to help with adherence to provided programs and resources (Copple et al, 2019). Therefore, for this framework, the authors suggest that the TIY group be conducted in a neutral, innocuous building/space that is unaffiliated with the LEOs professional world in any way. Then, the co-facilitators will intentionally work to create an environment free from triggers and judgement.

In communities affected by trauma, interoceptive awareness is embodied through the practice of simple, slow, and reflective poses as well as through language that invites members to choose their experience during session (Emerson et al., 2009). Thus, the group facilitators will create an atmosphere that refrains from utilizing poses that push the body into uncomfortable spaces, physically or mentally, discourage tangential language, and recommend postures that enable toning and physicality (Bortz, 2020). Facilitators will help group members feel empowered and safe by encouraging them to modify positions based on ability and comfort. In addition to the incorporation of specific yoga poses, group sessions will then focus on the incorporation of journaling and sharing to the extent each member is comfortable.

Engaging in the Poses

Poses that will be practiced in the yoga portion of the group sessions can be found in Table 1. In TC-TSY, language is of utmost importance, so what is traditionally called a "pose" in yoga, is referred to as "forms" (Emerson et al., 2009). The flow, or structure of a yoga session can be similar to the structure found in Table 2, which is an example of the structure for yoga sessions in a TIY intervention for veterans (Cushing et al., 2018). Once again, with reference to language used, edits will need to be made for the exercises and facilitators will need to structure each session to the group members. For example, the facilitators may wish to use the term "resting position" for the more traditional "corpse" pose, as that word is often affiliated to death (Cushing et al, 2018).

Facilitators may choose to focus more on the strength-based forms for a more athletically inclined population like Veterans (Emerson et al, 2009) and hew towards the more physical, strength-based aspects of yoga to make it more relatable to LEOs. Facilitators should also endeavor to eschew any references to the more "spiritual" aspects of yoga so as not to alienate, or possible re-trigger, LEO participants, and ensure that the focus of the session remains on acknowledging and exploring bodily sensations, as opposed to verbally processing trauma histories (West et al, 2017). In keeping with TC-TSY principles, assists from the facilitators will be primarily verbal, instead of physical, as can be common in many yoga classes.

Table 1
Forms used during TC-TSY

Type of practice	Forms
Chair Practice	Breath awareness and elongation
	Seated mountain form
	Head drop/flexion/head rolls
	Shoulder rolls with elbows on shoulders
	Breathing and moving (hands raise, hands open/close, sun breath)
	Twist
	Sun breath
	Seated cat and dog
	Leg raise
	Forward fold
Standing Practice	Mountain
	Standing sun breath
	Warrior I
	Warrior II
	Tree
Mat Practice - Seated	Easy pose
	Torso circles
	Head to knee pose
	Sage twist
	Seated forward fold
Mat Practice - Prone	Knees-to-belly
	Extension
	Knees side-to-side
	Bridge
	Knee-down twist
	Reclining leg stretch
	Knee-to-chest
	Prone figure four

Note. From Clark, C. J., Lewis-Dmello, A., Anders, D., Parsons, A., Nguyen-Feng, V., Henn, L., & Emerson, D. (2014). Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: A feasibility study. *Complementary Therapies in Clinical Practice, 20*(3), 152-158.

Table 2
Yoga sequence

Practice Sections and Time	Forms
Warm Up – 10 mins	Relaxed yoga breathing in seated posture
	Neck stretch, wrists rotation, and extension
	Tabletop → cat/cow stretch
	Thread the needle
	Opposite arm and leg balance in tabletop
	Sun salutation A
Standing Yoga – 25 mins	Warrior 1
	Warrior 2
	Reverse warrior
	Extended side angle
	Triceps push-up *optional and can be on knees
	Cobra or upward dog
	Downward dog *optional to use chair
	Triangle pose
	Pyramid pose
Balancing Yoga – 10 mins	Tree
	Eagle and modified eagle
	Warrior 3
	Extended leg
	Chair pose ***using wall or chair to help with balance
Mat Yoga – 10 mins	Hamstring stretch with strap
	IT band stretch with strap
	Boat and half boat pose
	Modified bridge pose
Resting Position – 5 mins	Soft, relaxation breathing
	Body scanning meditation

Note. From Cushing, R. E., Braun, K. L., Alden, S. W. & Katz, A. R. (2018). Military-tailored yoga for Veterans with post-traumatic stress disorder. *Military Medicine, 183*(5-6), 223-231. https://doi.org/10.1093/milmed/usx071

Culturally Sensitive Language

Language is an integral part of TC-TSY. Specifically, Invitatory Language, which is used to put participants at ease, and to ensure there is an atmosphere of members being invited to try things and to listen to their bodies, instead of being commanded, pushed, or ordered into positions (Emerson et al., 2009). The authors of this framework were unable to find any scripts or language used specifically with LEOs, which is why they

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believe it is so important to have a retired/higher ranked LEO co-facilitate the sessions for lower ranked LEOs as they would know best how to utilize and adapt Invitatory Language in ways that LEOs recognize and appreciate.

Psychoeducational Support

The psychoeducation support segment of the group is designed to help members understand their reactions to situations, behaviors, and consequences. Support groups have been indicated as efficacious for LEOs who have experienced crisis situations or high-risk divisions (e.g., homicide) or following critical incidents. The psychoeducation segment is structured and consists of specific content and focus is on stress management where the counselor provides information about interpersonal processes and problem-solving strategies to help LEOs understand the ways in which the system malfunctions. Counselors will educate group members on relationships and communication; remembering the importance of relationship systems and how we interact with them. For LEOs, this may be dynamics with superiors, co-workers, the public, family, friends, etc. Thus, teaching communication skills for approaching difficult situations at the department and at home. From there, counselors will help members to set attainable goals to maintain balance between the body mind connection.

Future Implications and Limitations

This TIY group counseling intervention was developed with the intention of using TIY as an adjunctive modality, along with group psychoeducation sessions to help LEOs better understand, recognize, and manage symptoms of PTSD. Future group interventions might focus on implementing outreach and community building between LEOs and their communities or stakeholders. Police departments could initiate programs that enable LEOs to build connections and relationships with surrounding communities. Additionally, it is recommended that counselors continue to commit to providing trustworthy services for LEOs, which includes delivering psychoeducation about the services they can provide and engage in relationship building exercises. Last, future research must procure funding for longitudinal studies to monitor alternative interventions that seek to understand the long-term benefits and limitations of these treatment modalities.

Conclusion

The need for a change among the way in which LEOs counteract continual and overwhelming stress is necessary to lower the incidence of PTSD. As put forth, group counseling is conducive to eliciting higher levels of participation among LEOs (James, 2008). According to Edwards et al. (2019), black men are more than twice as likely to face excessive use of force and even death at the hands of a LEOs than any other race or gender in society. As noted, LEOs use of excessive force is likely due to ineffective stress reactions, immature coping mechanisms, and lack of training focused on de-escalation and conflict management. LEOs must learn to release stress in positive and adaptive ways and alleviate the higher the level of stress to combat the imbalance in systems within the body. Without appropriate interventions, strenuous work conditions may increase cases of PTSD and police brutality among communities of color. As counselors, it is our duty to advocate for our clients, provide coping skills, and educate ourselves on those communities in which we are unfamiliar. As such, this group framework serves as a possible intervention that counselors can use with LEOs to decrease residual effects of job-related stress and post-traumatic stress.

References

American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Psychiatric Association. (2020). *What is posttraumatic stress disorder*. https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd

Armacost, B. (2016). The organizational reasons police departments don't change. *Harvard Business Review, 2-6.*

Bell, S., & Eski, Y. (2016). Break a leg—it's all in the mind: police officers' attitudes towards colleagues with mental health issues. *Policing: A Journal of Policy and Practice, 10(2),* 95-101.

Bell, S., Palmer-Conn, S., & K., N. (2021). Swinging the lead and working the head-An explanation as to why mental illness stigma is prevalent in policing. *Sage Journals, 95*(1). https://doi.org/10.1177/0032258X2110490

Bergman, A. L., Christopher, M. S., & Bowen, S. (2016). Changes in facets of mindfulness predict stress and anger outcomes for police officers. *Mindfulness, 7*, 851-858. https://doi.org/10.1007/s12671-016-0522-z

Bortz, A. (2020). *Mindful, trauma-informed yoga*. *Yoga Medicine*, 1-30. https://my.yogamedicine.com/trauma-informed-yoga-online-training/

Burzee, Z., Bowers, C., & Beidel, D. (2022). A re-evaluation of Stuart's police officer stigma scale: measuring mental health stigma in first responders. *Frontiers in Public Health, 10.*

Can, S. H., & Hendy, H. M. (2014). Police stressors, negative outcomes associated with them and coping mechanisms that may reduce these associations. *The Police Journal, 87*(3), 167-177.

Carbado, D. W. (2019). *Race and police violence: What's the fourth amendment got to do with it.* https://www.nacdl.org/getattachment/a079af20-a90e-4ef7-9362-59668eefece3/race-and-police-violence-whats-the-fourth-amendment-got-to-do-with-it.pdf

Chopko, B. A., Papazoglou, K., & Schwartz, R. C. (2018). Mindfulness-based psychotherapy approaches for first responders. *American Journal of Psychotherapy, 71*, 55-64. https://doi.org/10.1176/appi.psychotherapy.20180015

Christopher, M. S., Hunsinger, M., Goerling, R., Bowen, S., Rogers, B. S., Gross, C. R., Dapolonia, E., & Prussner, J. C. (2018). Mindfulness-based resilience training to reduce health risk, stress reactivity, and aggression among law enforcement officers: A feasibility and preliminary efficacy trial. *Psychiatry Research, 264*, 104-115. https://doi.org/10.1016/j.psychres.2018.03.059

Clark, C. J., Lewis-Dmello, A., Anders, D., Parsons, A., Nguyen-Feng, V., Henn, L., & Emerson, D. (2014). Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: A feasibility study. *Complementary Therapies in Clinical Practice, 20*(3), 152-158.

Cook-Cottone, C., LaVigne, M., Guyker, W., Travers, L., Lemish, E., & Elenson, P. (2017). Trauma-informed yoga: An embodied, cognitive-relational framework. *International Journal of Complementary & Alternative Medicine, 9*, 1-10. https://doi.org/10.15406/ijcam.2017.09.00284

Connecticut Police Officer Standards and Training Council. (2020). *Summary of curriculum.* https://portal.ct.gov/-/media/post/basic_training/1321-curriculum-hours-june-29-2020.pdf

Connecticut Police Officer Standards and Training Council. (2020). *Entry, certification, and renewal requirements.* https://portal.ct.gov/POST/BasicTraining-Division/Entry-Certification--Renewal-Requirements

Copple, C., Copple, J., Drake, J., Joyce, N., Robinson, M., Smoot, S., Stephens, D., & Villasenor, R. (2019). *Law enforcement mental health and wellness programs: eleven case studies.* Office of Community Oriented Policing Services. https://cops.usdoj.gov/RIC/Publications/cops-p371-pub.pdf

Craddock, T. B., & Telesco, G. (2022). Police stress and deleterious outcomes: Efforts towards improving police mental health. *Journal of Police and Criminal Psychology*, 1-10.

Cramer, H., Anheyer, D., Saha, F. J., & Dobos, G. (2018). Yoga for posttraumatic stress disorder— a systematic review and meta-analysis. *BMC Psychiatry, 18*, 1-9. https://doi.org/10.1186/s12888-018-1650-x

Cushing, R. E., Braun, K. L., Alden, S.W. & Katz, A. R. (2018). Military-tailored yoga for Veterans with post-traumatic stress disorder. *Military Medicine, 183*(5-6), 223-231. https://doi.org/10.1093/milmed/usx071

Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy. 48*(2), 198-208. https://doi.org/10.1037/a0022062

D'Andrea, W., Sharma, R., Zelechoski, A. D., & Spinazzola, J. (2011). Physical health problems after single trauma exposure: When stress takes root in the body. *Journal of the American Psychiatric Nurses Association, 17*(6), 378-392. https://doi.org/10.1177/1078390311425187

Department of Justice. (2019*). Department of justice releases reports focused on improving safety and wellness of the nation's 800,000 law enforcement officers*. https://www.justice.gov/opa/pr/department-justice-releases-reports-focused-improving-safety-and-wellness-nation-s-800000-law

Deschênes, A. A., Desjardins, C., & Dussault, M. (2018). Psychosocial factors linked to the occupational psychological health of police officers: Preliminary study. *Cogent psychology, 5(1),* 1426271.

Edwards, F., Lee, H., & Esposito, M. (2019) Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America, 116*(34)*,* 16793-16798. https://doi.org/10.1073/pnas.1821204116

Emerson, D., Sharma, R., Chaudry, S., Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, research. *International Journal of Yoga Therapy, 19*(1), 123-128. https://doi.org/10.17761/ijyt.19.1.h6476p8084l22160

Emerson, D. (2015). *Trauma-sensitive yoga in therapy: Bringing the body into treatment.* WW Norton & Company.

Faulkner, B. (2018). *Things are changing: Police mental health and psychotherapeutic help-seeking within an evolving police culture.* University of Toronto (Canada).

Foley, J., & Massey, K. (2019). Police officers and post-traumatic stress disorder: Discussing the deficit in research, identification, and prevention in England and Wales. *The Police Journal: Theory, Practice and Principles, 92*(1), 23-34. https://journals.sagepub.com/doi/pdf/10.1177/0032258X18761284

Ford, J. D., Steinberg, K. L., & Zhang, W. A, (2011). Randomized clinical trial comparing affect regulation and social-problem solving psychotherapies for mothers with victimization-related PTSD. *Behavior Therapy; 42,* 560–578. http://doi.org/10.1016/j.beth.2010.12.005

Gothe, N. P., Khan, I., Hayes, J., Erlenbach, E., & Damoiseaux, J. S. (2019). Yoga effects on brain health: A systematic review of the current literature. *Brain Plasticity, 5*(1), 105-122. https://doi.org/10.3233/BPL-190084

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research, 94,* 218-229.

Hofer, M. S., & Savell, S. M. (2021). There was no plan in place to get us help: Strategies for improving mental health service utilization among law enforcement. *Journal of police and criminal psychology, 36*, 543-557.

Hyland, P., Boduszek, D., Shevlin, M., & Adamson, G. (2012). Investigating the latent structure of the theory of planned behavior and its effectiveness in explaining intentions to participate in counseling among a sample of police officers. *Journal of Police and Criminal Psychology, 27(2),* 129-140. https://doi.org/10.1007/s11896-012-9103-9

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International Association of Chiefs of Police. (2019). *Breaking the stigma of law enforcement suicide.* https://www.theiacp.org/news/blog-post/breaking-the-stigma-of-law-enforcement-suicide.

Jackson-Cherry, L., & Perron, N. C. D. (2021). *Best practices for first responder populations.* https://www.counseling.org/docs/default-source/competencies/best_practices_for_counseling_first_responder.pdf?sfvrsn=c106342c_4

James, R. K. (2008). *Crisis intervention strategies* (6th ed.). Thomson/Brooks/Cole.

Jeter, P. E., Cronin, S., & Khalsa, S. B. S. (2013). Evaluation of the benefits of a Kripalu yoga program for police academy trainees: A pilot study. *International Journal of Yoga Therapy, 23*(1)*,* 24-30. https://pubmed.ncbi.nlm.nih.gov/24016821/

Justice, L., Brems, C., & Ehlers, K. (2018). Bridging body and mind: Considerations for trauma-informed yoga. *International Journal of Yoga Therapy, 28*(1), 39-50.

Karaffa, K. M., & Tochkov, K. (2013). Attitudes toward seeking mental health treatment among law enforcement officers. *Applied Psychology in Criminal Justice, 9(2).*

Kirschman, E., Kamena, M., & Fay, J. (2015). *Counseling cops: What clinicians need to know.* Guilford Publications.

Knaak, S., Luong, D., McLean, R., Szeto, A., & Dobson, K. S. (2019). Implementation, uptake, and culture change: results of a key informant study of a workplace mental health training program in police organizations in Canada. *The Canadian Journal of Psychiatry, 64(1_suppl),* 30S-38S.

Los Angeles Police Foundation. (2023). *Sworn police officer class titles and job descriptions.* *https://www.lapdonline.org/training-division/join-the-team/rank-structure/*

Lanius, R. A., Bluhm, R. L., & Frewen, P. A. (2011). How understanding the neurobiology of complex post-traumatic stress disorder can inform clinical practice: A social cognitive and affective neuroscience approach. *Acta Psychiatrica Scandanavia, 124*(5), 331-348. http://library.allanschore.com/docs/LaniusPTSD11.pdf

Mapping Police Violence. (2020, June 30). *Police violence map.* https://mappingpoliceviolence.org

Morin, R., Parker, K., Stepler, R., & Mercer, A. (2017). Behind the badge. *Pew Research Center.* https://www.pewresearch.org/social-trends/2017/01/11/behind-the-badge/

Nam, J. Ha, J. H., Choi, E., Park, D., & Ryu, S. (2019). Mature defense mechanisms affect successful adjustment in young adulthood-adjustment to military service in South Korea. *Korean Neuropsychiatric Association,16*(7), 484-490. https://doi.org/10.30773/pi.2018.11.07

Neukirch, N., Reid, S., & Shires, A. (2018). Yoga for PTSD and the role of interoceptive awareness: A preliminary mixed-methods case series study. European Journal of Trauma and Dissociation. https://doi.org/10.1016/j.ejtd.2018.10.003

Papazoglou, K., & Tuttle, B. M. (2018). Fighting police trauma: Practical approaches to addressing psychological needs of officers. *Journal of Police and Emergency Response,* 1-11. https://doi.org/10.1177%2F21582a44018794794

Peterson, A., & Uhnoo, S. (2012). Trials of loyalty: Ethnic minority police officers as 'outsiders' within a greedy institution. *European Journal of Criminology, 9*(4), 354-369.

Porges, S. (2001). The polyvagal theory: Phylogenetic substrates of a social nervous system. *International Journal of Psychophysiology, 42*, 123-146. https://doi.org/10.1016/S0167-8760(01)00162-3

President's Task Force on 21st Century Policing. (2015). *Final report of the President's Task Force on 21st Century Policing*. Office of Community Oriented Policing Services.

Price, C. J., & Hooven, C. (2018). Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT). *Conceptual Analysis, 9*, 1-12. https://doi.org/10.3389/fpsyg.2018.00798

Price, M., Spinazzola, J., Musicaro, R., Turner, J., Suvak, M., Emerson, D., & Van der Kolk, B. (2017). Effectiveness of an extended yoga treatment for women with chronic posttraumatic stress disorder. *The Journal of Alternative and Complementary Medicine, 23*(4), 300-309. https://doi.org/10.1089/acm.2015.0266

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)* [Measurement instrument]. https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp

Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., Kaloupek, D. G., Schnurr, P. P, Kaiser, A. P., Leyva, Y. E., & Tiet, Q. Q. (2016). The primary care PTSD screen for DSM-5 (PC-PTSD-5): Development and evaluation with a veteran primary care sample. *Journal of General Internal Medicine, 31,* 1206-1211. https://doi.org/10.1007/s11606-016-3703-5

Ramchand, R., Saunders, J., Osilla, K. C., Ebener, P., Kotzias, V., Thornton, E., ... & Cahill, M. (2019). Suicide prevention in US law enforcement agencies: A national survey of current practices. *Journal of Police and Criminal Psychology, 34*, 55-66.

Reaves, B. A. (2013). *State and local law enforcement training academies.* U.S. Department of Justice. https://www.bjs.gov/content/pub/pdf/slleta13.pdf

Reynolds, M. (2014). The military and law enforcement: A thank you. *COPS, 7*(8). https://cops.usdoj.gov/html/dispatch/08-2014/Military_and_Law_Enforcement.asp#:~:text=A%20chain%20of%20command%20creates,respons ibility%20and%20dependency%20on%20others.

Rhodes, A. M. (2015). Claiming peaceful embodiment through yoga in the aftermath of trauma. *Complementary Therapies in Clinical Practice, 21*(4), 247-256. https://doi.org/10.1016/j.ctcp.2015.09.004

Rhodes, A., Spinazzola, J., & Van der Kolk, B. (2016). Yoga for adult women with chronic PTSD: A long term follow up study. *The Journal of Alternative and Complementary Medicine, 22*(3), 189-196. https://doi.org/10.1089/acm.2014.0407

Richards, N. K., Suarez, E. B., & Arocha, J. F. (2021). Law enforcement officers' barriers to seeking mental health services: a scoping review. *Journal of police and criminal psychology, 36*(3), 351-359.

Rutlow, L., Gable, L., & Links, J. (2011). Protecting the mental health of first responders: Legal and ethical considerations. *The Journal of Law, Medicine, & Ethics, 39*(1), 56-59. https://doi.org/10.1111/j.1748-720X.2011.00567.x

Substance Abuse and Mental Health Services Administration. (2018). *Disaster technical assistance center supplemental research bulletin; First responders: Behavioral health concerns, emergency response, and trauma.* https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf

Soomro, S., & Yanos, P. T. (2019). Predictors of mental health stigma among police officers: the role of trauma and PTSD. *Journal of Police and Criminal Psychology, 34*, 175-183.

Stoller, C. C., Greul, J. H., Cimini, L. S., Fowler, M. S., & Koomar, J. A. (2012). Effects of sensory-enhanced yoga on symptoms of combat stress in deployed military personnel. *American Journal of Occupational Therapy, 66*, 59-68. https://doi.org/10.5014/ajot.2012.001230

Taylor, J., McLean, L., Korner, A., (2020). Mindfulness and yoga for psychological trauma: Systematic review and meta-analysis. *Journal for Trauma Dissociation*, 21, 536-73.

Taylor, J., Stratton, E., McLean, L., Richards, B., & Glozier, N. (2022). How junior doctors perceive personalised yoga and group exercise in the management of occupational and traumatic stressors. *Postgraduate Medical Journal, 98(1161)*, e10-e10.

21

The Pew Research Center. (2017). *Reimagining the police through training and reforms.* Social and Demographic Trends. https://www.pewsocialtrends.org/2017/01/11/reimagining-the-police-through-training-and-reforms/

Thomas, R. V., & Pender, D. A. (2008). Association for specialists in group work: Best practice guidelines 2007 revisions. *Journal for Specialists in Group Work, 33*(2), 111-117. https://doi.org/10.1080/01933920801971184

U.S. Department of Justice. (2016). *State and local law enforcement training academies, 2013.* https://bjs.ojp.gov/content/pub/pdf/slleta13.pdf

U.S. Department of Justice. (2018). *Uniform crime report: Law enforcement officers killed and assaulted, 2017.* https://ucr.fbi.gov/leoka/2017/topic-pages/felonious_topic_page_-2017

U.S. Department of Justice. (2019). *Law enforcement best practices: Lessons learned from the field.* https://cops.usdoj.gov/ric/Publications/cops-w0875-pub.pdf

U.S. Department of Veteran's Affairs. (2019). *How common is PTSD in adults?* National Center for PTSD. https://www.ptsd.va.gov/understand/common/common_adults.asp

van der Kolk, B. A. (2004). Psychobiology of posttraumatic stress disorder. In J. Panskeep (Eds)., *Textbook of biological psychiatry* (pp. 319-344). Wiley-Liss.

Van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*(5), 401-408. https://doi.org/10.3928/00485713-20050501-06

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Penguin Books.

van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *Journal of Clinical Psychiatry, 75*(6), 559-565. https://doi.org/10.4088/JCP.13m08561

Varvarigou, V., Farioli, A., Korre, M., Sato, S., Dahabreh, I. J., & Kales, S. N. (2014). Law enforcement duties and sudden cardiac death among police officers in United States: case distribution study. *BMJ*, 349.

Velazquez, E., & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health: A state-of-the-art review. *Policing: An International Journal.*

Violanti, J. M., Charles, L. E., McCanlies, E., Hartley, T. A., Baughman, P., Andrew, M. E., Fekedulegn, D., Ma, C. C., Mnatsakanova, A., & Burchfiel, C. M. (2017). Police stressors and health: A state-of-the-art review. *Policing, 40*(4), 642-656. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6400077/pdf/nihms-1008968.pdf

West, J., Liang, B., & Spinazzola, J. (2017). Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: A qualitative descriptive analysis. *International Journal of Stress Management, 24*(2), 173–195. https://doi.org/10.1037/str0000040

Supporting Families During Military Separation: A Guide for School Counselors

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Separating from the military is a complex process for military families that often results in social, emotional, and mental challenges for each family member. It is important that school counselors fully understand these challenges so that they can effectively help military students and their families during their transition. For example, school counselors can provide these students with individual and group counseling in order to support them socially, emotionally, and mentally during the separation process. School counselors can likewise build partnerships with the whole family, providing them with the help they need to navigate the stress of the transition successfully. School counselors might also link military families to the Department of Defense and community resources such as Skill Bridge, Military One Source, or VetJobs that they can utilize before, during, and after their separation from the military. Further research is needed regarding the nature of the separation experience for military families and the ways that school counselors can effectively provide assistance during this complex time.

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In the United States, there are 1.3 million active duty service members that will eventually separate from the military (Council on Foreign Relations, 2020). Approximately 1.2 million children of these service members attend public schools (AASA, 2020), and are thus served by professional school counselors (ASCA, 2019). While much has been written within the professional counseling literature about the challenges that military students face as a result of deployments and constant moving (Cole, 2017; Cole & Cowan, 2019, 2021), there is a gap in the professional literature regarding the challenges of separating from the military. These challenges impact not only the servicemember, but the military family as a whole (Derefinko et al., 2018; The National Child Traumatic Stress Network, n.d.; U.S. Department of Veterans Affairs, 2020;).

Given their specialized skillset in addressing social and emotional issues, as well as their role in building active working partnerships with families, school counselors are equipped to help support military families navigate the complexities of separating from the military. Therefore, it is important for school counselors to understand the challenges that military families face during this time of transition so that they can effectively support them. The purpose of this article is to first 1) explain the challenges that military families face when separating from the military and 2) describe ways in which school counselors can effectively help this population navigate a smooth and successful separation from the military.

The Role of the Professional School Counselor

According to the American School Counselor Association (ASCA), school counselors play an essential role in helping children in military families be successful socially, emotionally, and academically (ASCA, 2019). School counselors are called to be culturally competent leaders in their schools (Nelson & Bustamante, 2009; Young et al., 2015) and are skilled at working with students from diverse cultural backgrounds (Chao, 2013), including the military culture (Cole & Cowan, 2019). School counselors are also trained to build family partnerships and assess and address any mental health issues that arise in students or family members (Bryan, 2019). Because of these skills, knowledge, and abilities, school counselors have the potential to help military families overcome the challenges they face so that they can successfully acclimate to their new civilian lifestyle.

Challenges of Transitioning Military Families

In order for school counselors to help military families successfully navigate their transition out of the military, they must first understand the challenges that this separation brings and have a strong understanding of the nature of military culture (Please et al., 2016). Military families often struggle with losing their identity, which is rooted in the military culture (Casler et al., 2019; Demers, 2011). These families often face reverse culture shock, where they feel disoriented and experience tension between their military identity and new civilian identity (Koenig et al., 2014). This struggle often results in mental health challenges for the service member (Casler et al., 2019; Kukla, 2015; Mansfield et al., 2011) and an overall stress on the family unit (Casler et al., 2019; Fischer et al., 2015; Sayer et al., 2014).

As family members take on a new identity, the role of each family member may shift. For example, the service member is no longer leaving for deployments or training and will remain home with the family long-term (Sayer et al., 2014). In addition, the transitioning spouse may seek employment for the first time, shifting the at-home responsibilities to the transitioning service member. These changes in responsibility may cause conflict within the family as each member must adjust to their new role within the family (Casler et al., 2019). Additionally, the children in the family must adapt to any changes in discipline or leadership within the family structure as they receive guidance from two parents instead of just one parent (Casler et al., 2019).

Military families often face when transitioning out of the military due to the lack of employment or benefits provided to them as active duty service members (Casler et al., 2019; Kukla, 2015). Maury et al. (2016) report that 90% of veterans encounter significant obstacles when attempting to obtain post-military veteran employment, and 43% leave their first job within the first year. On average, 43% of veterans report that it took more than six months to secure their first post-military job (Derefinko et al., 2018; Parker et al., 2019). The transitioning spouse may also struggle to find employment since they may not have been employed recently and may have experienced career disruption due to constant moves (Flynn, 2013; Hall, 2016). The family may also have added financial burdens from moving and losing their housing allowance and may struggle to find housing without the support or direction of the military (Terry, 2019).

There may also be significant mental health challenges within the transitioning family due to lingering stressors of the military lifestyle. For example, the service member may be struggling with PTSD as a result of a past deployment (Casler et al., 2019; Fischer et al., 2015) that may have gone untreated. In addition, military spouses are at an increased risk for depression and anxiety (Cogan, 2014; Mansfield et al., 2010) due to the challenges of constant moving, lack of career satisfaction, and isolation. Finally, military children often exhibit signs of anxiety and other mental health issues due to the pressures and stressors of the military lifestyle (Cogan, 2014; Sayer et al., 2014). If untreated, the mental health struggles exhibited by each family member may be amplified as a result of the stress of transitioning to a new civilian lifestyle (Thomas, 2018).

While experiencing increased mental health challenges, separating military families may have difficulty navigating healthcare resources to address these challenges (Casler et al., 2019). Separating family members and veterans must adjust to a new healthcare system in which they must be more independent and autonomous as compared to the military healthcare system (Institute of Medicine, 2013). Thus, they may struggle to make an appointment or find a provider to address their needs (Misra-Herbert et al., 2015), or they may feel intimidated or discouraged in trying to navigate the civilian healthcare system with providers who may not understand the military culture (Institute of Medicine, 2013; Visco, 2009).

Amidst these challenges, the risk for veterans to commit suicide is highest in the first year after separating from the military (Ravindran et al., 2020). The suicide risk is three times higher for newly separated veterans than active duty service members (Shen et al., 2016). Other risk factors for suicide include a recent deployment or separating from the military, not by choice (Brooks Holliday, & Pedersen, 2017). Overall, approximately 17 veterans commit suicide each day in the United States (U.S. Department of Veterans Affairs, 2019), a statistic that cannot be ignored by the school counseling profession.

Implications for Professional School Counselors

Addressing Student Needs

Keeping in mind these challenges, school counselors are called to utilize evidence-based practices to address the needs of military children who are undergoing the transition from military to civilian lifestyle. According to the ASCA National Model, professional school counselors "deliver developmentally appropriate activities and services directly to students," which is inclusive to military-connected students (ASCA, 2019, p. xv). Therefore, in order to support students in military families who are transitioning out of the military, school counselors can directly deliver both education and emotional support for military students. First, school counselors might meet with the student individually in order to build a positive working relationship with them (Holland, 2015). In this meeting, the school counselor can assess the student's functioning and explore any presenting concerns regarding the student's mental health (ASCA, 2020).

After building this relationship, in subsequent one-on-one meetings, the school counselor can address any presenting challenges while exploring the student's resiliencies, or their abilities to overcome difficult circumstances and risk factors (Bryan, 2005). Military children display strong resiliencies due to their abilities to adapt to new environments and changes in routine (Oshri et al., 2015). School counselors can therefore discuss how these resiliencies, developed during the family's time in the military, will translate into resiliency in the civilian world. For example, the school counselor might compare the student's adaptation to moving to a duty station in a foreign country and learning about the culture there to their transition to civilian life and learning to navigate the new civilian culture.

While service members and their spouses receive training from the military before their separation through a Transition Assistance Program (TAP; U.S. Department of Labor, n.d.), military children do not receive any formalized training from the military. Thus, the school counselor can educate the student on the nature of upcoming changes to lifestyle and culture. In this training, the school counselor can discuss with the student the challenges that may occur within the family structure during the transition, as well as the differences between military and civilian lifestyle and culture. The school counselor and student can collaboratively process the student's thoughts and feelings about the transition and explore supportive resources available in the community for the student to utilize during and after the separation (ASCA, 2020).

Another way to prepare the student for the family's separation is to help the student set goals for a successful separation using a solution-focused approach (Dameron, 2016; Sobhy & Cavallaro, 2010). These goals might include a plan for developing a new identity apart from the military community and culture from current day through the first year after the family has transitioned to veteran status. For example, the student may want to join a new club or try a new sport, opportunities that they may not have had or wanted to pursue in the past due to frequently moving to new duty stations. These new endeavors will provide the student with a way to make new civilian friends and become more familiar with civilian culture.

Finally, the school counselor could create a counseling group of students separating from the military or for students of military veterans who have already separated. In this group, students can find commonalities with one another and learn from each other's experiences (ASCA, 2020; Gladding, 2020). For example, discussions might center around how each family has reacted to the change and how students feel about losing their military identity. Students can draw comfort in shared experiences and gain insight and a sense of connection from other students whose families are further along in the separation process (Gladding, 2020; Gray & Rubel, 2018).

Addressing Family Needs

In addition to working individually with the separating military child, professional school counselors are called to proactively build partnerships with military students' families (Cole, 2012). One way to support families through these partnerships is to offer education sessions regarding how parents can best support their children through the challenges of separating from the military. These sessions, offered to each family individually or to a large or small group of families, might focus on parenting and communication skills during this major life change in order to increase parental involvement and a positive parent-child relationship (Dorsch et al., 2017).

School counselors might likewise create support groups for veteran families in the school so that the families can meet each other and develop relationships with one another (Fischer et al., 2015). Within these groups, veterans who have successfully separated and transitioned to civilian life could be matched with families preparing to separate and transition in order to provide them with mentorship and guidance. In addition, guest speakers from the community, who work in agencies specializing in veteran mental health or career services, might speak to the group regarding the resources they can provide for the separating/transitioning families.

School counselors might also help parents separating and transitioning out of the military engage in volunteer activities within the school (Malluhi & Alomaran, 2019), which may help them develop a new identity and improve their mental health (Kranke et al., 2017). School counselors could capitalize on separating/transitioning service members' leadership and administrative skills, for example, in order to develop and lead programs in the school aimed at student success (Malluhi & Alomaran, 2019). These volunteer opportunities may also help separating/transitioning service members gain experience they could include on their resume and discuss in future job interviews.

Connecting Families to Community Resources

In addition to providing these school-based supportive initiatives, school counselors can work to connect the separating/transitioning families with resources aimed at helping them transition smoothly to the civilian world. Several Department of Defense and Department of Veterans Affairs resources exist to help service members transition into new careers- school counselors should become familiar with these resources so that they can then recommend them to military families. The DOD Skillbridge program, for example, provides transitioning service members with trainings or internships during their last 180 days of military service so that they can gain the experience they need to find a new career (DOD Skillbridge, 2020). School counselors can encourage transitioning service members to learn more about this program and understand its usefulness in advancing their career.

Military One Source, also sponsored by the Department of Defense, offers individualized transition support to service members in the last 12 months of their separation from the military as a part of their Transitioning Veterans Program (Military One Source, 2020). Service members can schedule a one-on-one consultation where they will set goals and learn about the resources and benefits available to them to help them transition smoothly. Similarly, Military One Source's Military Spouse Transition Program (MyStep) educates spouses about healthcare, finances, and benefits that are available after the family separates from the military. MyStep's platform consists of resource links as well as videos for spouses to explore and review (Military One Source, 2020). School counselors can educate families about this resource and help them navigate the Military One Source website so that they can find which resources match their family's needs.

TAP is a 1-2 year program for transitioning service members and their spouses (U.S. Department of Labor, n.d.). This program includes an initial one-on-one counseling appointment and classes that cover benefits, resiliency training, career/educational planning, and financial planning. These classes are taught by the Department of Defense, Department of Labor, and Veterans Affairs. All service members transitioning out of the military must complete this program, including the Capstone verification, although their spouse's attendance is optional (Military One Source, 2020). School counselors might encourage military spouses to attend this program so that they can support the service member in maximizing the resources available to the family. If the military family needs childcare in order for the spouse to be able to attend, the school counselor can connect the family to community volunteer resources that may be able to provide this service free or at a low-cost to them (Bryan & Henry, 2012).

In addition to these DoD resources, school counselors are called to connect transitioning families with a variety of community-based career resources that exist to help transitioning service members find employment after leaving the military. VetJobs is a non-profit organization that provides individualized support for transitioning service members and their spouses to build their resume, develop interview skills appropriate for civilian positions, and find jobs that match their skillset (VetJobs, 2020). In addition, the United Service Organization (USO) is a non-profit organization that provides professional development opportunities for service members and their spouses during their transition out of the military (for up to 12 months after separation) through

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its Pathfinder Transition Program. In this program, USO Transition Specialists help the separating service member create an action plan to identify their career goals and the steps and resources they will need to take to accomplish these goals (USO, 2020).

Future Research

Due to the multifaceted nature of military-to-civilian transitions, additional research should explore how school counselors can adequately work with these children and families. For example, a qualitative study might explore the experiences of military children during these transitions. Specifically, a phenomenological qualitative research study could focus on children's experiences in the school-setting during this adjustment period. This exploration could uncover and highlight content that needs to be integrated into school counselor education or other continuing education programs. A quantitative study could likewise be conducted with this same population and focus on factors such as mental health, resiliency, and coping during this time of transitional stress. School counselors could also be surveyed to determine how much they know about assisting families separating from the families, as well as their familiarity with military culture as a whole. Additionally, comparative research could be conducted to examine any differences between children of service members who are stationed abroad and transitioning to civilian life to those stationed in the United States.

More literature is also needed on effective interventions with children of active duty service members who are transitioning to veteran status. This research could focus on school counselors and how they assist children and families as they navigate these transitional periods. More specifically, a qualitative study could focus on school counselors' experiences as they work with children during military-to-civilian transitions. Finally, future quantitative analysis could focus on outcome studies that can be conducted to determine interventions and treatment strategies proven to be effective when working with these children and families.

Conclusion

Leaving the military often comes with a loss of identity and purpose that weighs heavily not only on the servicemember, but also on the family. While military life can often be stressful, it provides structure, purpose, and promotes resiliency in families. Service members and their families become self-aware and take pride in collectively serving their nation. As such, when military life is no longer a reality, social, emotional, and mental health challenges often occur. While there are a multitude of resources available for military families, school counselors should recognize that they, too, have a role in helping these families. School counselors play a vital role as connectors, bridging the gap between community resources and the individual family. With their ability to navigate the military culture, identify social and emotional needs of the families, and connect families to critical resources, school counselors help military families thrive during this complex and challenging time.

References

American School Counselor Association. (2019). *ASCA national model* (4th ed.).

American School Counselor Association. (2020). *Position statements*.

Brooks Holliday, S., & Pedersen, E. R. (2017). The association between discharge status, mental health, and substance misuse among young adult veterans. *Psychiatry Research, 256*, 428–34. https://doi.org/10.1016/j.psychres.2017.07.011

Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling, 8*(3), 219-227.

Bryan, J., & Henry, L. (2012). A model for building school-family-community partnerships: Principles and process. *Journal of Counseling & Development, 90*(4), 408–420. https://doi.org/10.1002/j.1556-6676.2012.00052.x

Bryan, J., Griffin, D., Kim, J., Griffin, D. M. & Young, A. (2020). School counselor leadership in school-family-community partnerships. In S. B. Sheldon & T. A. Turner-Vorbeck (Eds.), *The Wiley handbook of family, school, and community relationships in education.* John Wiley & Sons, Inc. https://doi.org/10.1002/9781119083054.ch13

Casler, M., Fosmire, A., & Klein, D. (2019). *Support for veterans: Community reintegration, family and mental health needs* (Order No. 13883503). [Capstone project, Utica College]. ProQuest Dissertations and Theses Global.

Chao, R. C. -L. (2013), Race/ethnicity and multicultural competence among school counselors: Multicultural training, racial/ethnic identity, and color-blind racial attitudes. *Journal of Counseling & Development, 91*(2), 140-151. https://doi.org/10.1002/j.1556-6676.2013.00082.x

Cogan, A. M. (2014). Supporting our military families: A case for a larger role for occupational therapy in prevention and mental health care. *American Journal of Occupational Therapy, 68*(4), 478-483. https://doi.org/10.5014/ajot.2014.009712

Cole, R. F. (2012). Professional school counselors' role in partnering with military families during the stages of deployment. *Journal of School Counseling, 10*(7).

Cole, R. F. (2017). Supporting students in military families during times of transition: A call for awareness and action. *Professional School Counseling, 20*(1), 36-43. doi: 10.5330/1096-2409-20.1.36

Cole, R. F., & Cowan, R. G. (2019). Mission reintegration: The professional school counselor's role in helping military families successfully reunite after deployment. *Journal of Military and Government Counseling, 7*(4), 63-76.

Cole, R. F., & Cowan, R. G (2021). Recognizing resiliency: A strengths-based approach for school counselors working with military children. *Journal of Military and Government Counseling, 9*(2). 57-7

Council on Foreign Relations. (2020). *Demographics of the U.S. military.* https://www.cfr.org/backgrounder/demographics-us-military

Dameron, M. L. (2016). Person-centered counseling and solution-focused brief therapy: An integrative model for school counselors. *Journal of School Counseling, 14*(10).

Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16*(2), 160-179. https://doi.org/10.1080/15325024.2010.519281

Derefinko, K. J., Hallsell, T. A., Isaacs, M. B., Colvin, L. W., Salgado Garcia, F. I., & Bursac, Z. (2019). Perceived needs of veterans transitioning from the military to civilian life. *The Journal of Behavioral Health Services & Research, 46*(3), 384-398. https://doi.org/10.1007/s11414-018-9633-8

DOD Skillbridge. (2020). *Connecting transitioning Service members to career job training opportunities.* https://dodskillbridge.usalearning.gov/

Dorsch, T. E., King, M. Q., Dunn, C. R., Osai, K. V., & Tulane, S. (2017). The impact of evidence-based parent education in organized youth sport: A pilot study. *Journal of Applied Sport Psychology, 29*(2), 199-214. https://doi.org/10.1080/10413200.2016.1194909

Fischer, E. P., Sherman, M. D., McSweeney, J. C., Pyne, J. M., Owen, R. R., Dixon, L. B. (2015). Perspectives of family and veterans on family programs to support reintegration of returning veterans with posttraumatic stress disorder. *Psychological Services, 12*(3), 187-198. https://doi.org/10.1037/ser0000033.

Flynn, C. A. (2013). Evolution of a research agenda for military families. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Military Deployment and Its Consequences for Families [e-book]*. Springer.

Gladding, S. T. (2020). *Groups: A counseling specialty*. Pearson.

Gray, T. M., & Rubel, D. (2018). "Sticking Together": The adolescent experience of the cohesion process in rural school counseling groups. *Journal for Specialists in Group Work, 43*(1), 35-56. https://doi.org/10.1080/01933922.2017.1370049

Hall, L. K. (2016). *Counseling military families*. Routledge.

Holland, M. M. (2015). Trusting each other: Student-counselor relationships in diverse high schools. *Sociology of Education, 88*(3), 244-262. https://doi.org/10.1177/0038040715591347

Institute of Medicine. 2013. *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. The National Academies Press. https://doi.org/10.17226/13499.

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

Kranke, D., Weiss, E. L., Heslin, K. C., & Dobalian, A. (2017). We are disaster response experts: A qualitative study on the mental health impact of volunteering in disaster settings among combat veterans. *Social Work in Public Health, 32*(8), 500-509. https://doi.org/10.1080/19371918.2017.1365033

Kukla, M., Rattray, N. A., & Salyers, M. P. (2015). Mixed methods study examining work reintegration experiences from perspectives of Veterans with mental health disorders. *Journal of Rehabilitation Research and Development, 52*(4), 477-490. https://doi.org/10.1682/jrrd.2014.11.0289

Malluhi, H. H., & Alomran, N. M. (2019). Family volunteers as alternative future resources: School leaders' beliefs and practices. *International Journal of Emerging Technologies in Learning, 14*(1), 88-115. https://doi.org/10.3991/ijet.v14i10.10189

Mansfield, A. J., Bender, R. H., Hourani, L. L., & Larson, G. E. (2011). Suicidal or self-harming ideation in military personnel transitioning to civilian life. *Suicide and Life-Threatening Behavior, 41*(4), 392-405. https://doi.org/10.1111/j.1943-278x.2011.00039.x

Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U.S. army wives. *New England Journal of Medicine, 362*(2), 101-109. https://doi.org/10.1056/nejmoa0900177

Maury, R., Stone, B., & Roseman, J. (2016). *Veteran job retention survey*. https://ivmf.syracuse.edu/wp-content/uploads/2016/10/VetAdvisor-ReportFINAL-Single-pages.pdf

Military One Source. (2020). *Transition assistance programs and resources*. https://www.militaryonesource.mil/military-life-cycle/separation-transition/military-separation-retirement/transition-assistance-programs-and-resources

Misra-Hebert, A. D., Santurri, L., DeChant, R., Watts, B., Rothberg, M., Sehgal, A. R., & Aron, D. C. (2015). Understanding the health needs and barriers to seeking health care of veteran students in the community. *Southern Medical Journal, 108*(8), 488-493. https://doi.org/10.14423/SMJ.0000000000000326

Nelson, J., & Bustamante, R. M. (2009). Preparing professional school counselors as collaborators in culturally competent school administration. *International Journal of Educational Leadership Preparation, 4*(1), 1-8.

Oshri, A., Lucier-Greer, M., O'neal, C. W., Arnold, A. L., Mancini, J. A., & Ford, J. L. (2015). Adverse childhood experiences, family functioning, and resilience in military families: A pattern-based approach. *Family Relations, 64*(1), 44-63. https://doi.org/10.1111/fare.12108

Parker, K., Igielnik, R., Barroso, A., Cilluffo, A. (2019). *The transition to post military employment.* https://www.pewsocialtrends.org/2019/09/09/the-transition-to-post-military-employment/

Pease, J. L., Billera, M., & Gerard, G. (2016). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social Work, 61*(1), 83-86. https://doi.org/10.1093/sw/swv050

Ravindran, C., Morley, S. W., Stephens, B. M., Stanley, I. H., & Reger, M. A. (2020). Association of suicide risk with transition to civilian life among US military service members. *JAMA Network Open, 3*(9). https://doi.org/10.1001/jamanetworkopen.2020.16261

Sayer, N. A., Carlson, K. F., & Frazier, P. A. (2014). Reintegration challenges in U.S. service members and veterans following combat deployment. *Social Issues and Policy Review, 8*(1), 33-73. https://doi.org/10.1111/sipr.12001

Shen,Y. C., Cunha, J. M., & Williams, T. V. (2016). Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: A retrospective multivariate analysis. *Lancet Psychiatry, 3*(11), 1039-48. https://doi.org/10.1016/S2215-0366(16)30304-2.

Sobhy, M., & Cavallaro, M. (2010). *Solution-focused brief counseling in schools: Theoretical perspectives and case application to an elementary school student.* https://www.counseling.org/resources/library/VISTAS/2010-V-Online/Article_81.pdf

Terry, A. D. (2019). Veterans' path to reintegration. *McNair Scholars Research Journal, 12*(1), 89-100.

The National Child Traumatic Stress Network. (n.d.). *After service: Veteran families in transition.* https://www.nctsn.org/sites/default/files/resources/after_service_veteran_families_in_transition.pdf

The School Superintendent's Association. (2020). *Fact sheet on the military child.* https://www.aasa.org/content.aspx?id=8998#:~:text=There%20are%20currently%201.2%20million,often%20than%20their%20civilian%20counterpart.

Thomas, G. (2018). The stress effects of military families' transition to civilian life. *Mental Health Practice, 21*(9), 25-29. https://doi.org/10.7748/mhp.2018.e1311

U.S. Department of Labor. (n.d.). *Transition assistance program.* https://www.dol.gov/agencies/vets/programs/tap

U.S. Department of Veterans Affairs. (2019). *2019 national veteran suicide prevention annual report.* https://www.mentalhealth.va.gov/docs/datasheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf

U.S. Department of Veterans Affairs. (2020). *Veterans employment toolkit.* https://www.va.gov/vetsinworkplace/docs/em_challengesreadjust.asp

United Service Organization. (2020). *USO pathfinder transition program.* https://www.uso.org/programs/uso-pathfinder-transition-program

VetJobs. (2020). *About us.* https://vetjobs.com/training/about-us

Visco, R. (2010). Postdeployment, self-reporting of mental health problems, and barriers to care. *PsycEXTRA Dataset*. https://doi.org/10.1037/e717682011-007

Young, A., Dollarhide, C. T., & Baughman, A. (2015). The voices of school counselors: Essential characteristics of school counselor leaders. *Professional School Counseling, 19*(1), 36-45. https://doi.org/10.5330/2156759X1501900101

Perceived Stress, Social Support, and Characteristics of Military Spouses Transitioning to Civilian Life

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Military personnel and families comprise a significant segment of the U.S. population. As of June 2021, more than 1.4 million people were on active duty in the military (U.S. Department of Defense, 2021). An additional 1.1 million service members comprise the National Guard and Reserve components (U.S. Department of Defense, 2021). Apart from those involved in direct military service there are approximately 710,000 active-duty spouses (Military One Source, n.d.). Military spouses experience a plethora of unique stressors and challenges and often have little support to help them through tough times (Rossetto, 2010; Skomorovsky, 2014). Spouses face concerns such as childcare, relocation, educational and career choices, family unit separation, and blended family challenges (Hall, 2008). Specifically, one in every four military spouses is unemployed and looking for work. Military spouses earn 25% less than their civilian counterparts and move 14% more frequently than civilian families (Military One Source, n.d.). This creates a constellation of concerns for military spouses encountering the frequent transitions inherent within military families.

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The Experience of Military Spouses

Military spouses have unique experiences in regard to being married or partnered to an active-duty military service member. Though some military spouses also serve in the military and are considered a dual-military couple (6.8%), 43% of active-duty service members have civilian spouses (DoD Demographics Profile, 2019). Of the over 600,000 active-duty military spouses, approximately 24% are unemployed (Blue Star Military Family Lifestyle Survey, 2020; Military Spouse Employment Policies, 2021). Unemployment and underemployment continue to be a top stressor for military families (Blue Star Military Family Lifestyle Survey), as well as amount of time away from family, children's education, quality of life, and military pay (Blue Star Military Family Lifestyle Survey). Military spouse employment is a significant challenge evidenced by one in five active-duty service members indicating that they have considered leaving the military due to the high stressor of their spouse's employment struggles (Blue Star Military Family Lifestyle Survey).

According to the Blue Star Military Family Lifestyle Survey (2020), 10% of active-duty military spouses and 11% of veteran military spouses experienced suicidal thoughts (an increase of 4% from the previous year), while 23% of active-duty spouses reported a diagnosis of Generalized Anxiety Disorder. Forty percent of military spouses feel that they do not receive mental health or specialty referrals within a reasonable timeframe and 21% do not currently receive mental health care but would like to (Blue Star Military Family Lifestyle Survey).

Challenges and stressors military spouses face can be isolating as well as emotionally and mentally draining. Military spouses live in a dualistic world wherein they have one foot in the civilian community and the other foot in the military culture and lifestyle, and oftentimes do not feel supported by either one (Blue Star Military Family Lifestyle Survey, 2020). The lack of support bears a heavy burden on the mental health and well-being of military spouses. Many studies have endeavored to understand the relationship between military spouse mental health and deployment cycles (Asbury & Martin, 2012; Green et al., 2013; Leroux et al., 2016), while few to none have attempted to study military spouse mental health in relation to the variety of other stressors they have faced. Mansfield et al. (2010) found that military spouses who's active-duty husbands were not deployed still struggled with depressive symptoms, anxious symptoms, sleep challenges and acute stress challenges.

Post-Separation Transition for Military Spouses

Currently, there are minimal support services in place for military spouses transitioning to civilian life upon the service member separating from the military. Though there has been attention on methods for expanding support for military spouses who previously received minimal transition assistance (Bushatz, 2016), little is known about the challenges military spouses face associated with the transition from military life to navigating civilian life. Given the lack of formal support for military spouses through this process within military mental health services, counselors in civilian settings often encounter these individuals.

Transitional assistance for military spouses warrants specific attention given the lack of support for the unique stressors impacting their mental health during the transition from military life to civilian life (Rossetto, 2010; Skomorovsky, 2014). Ensuring that services for military spouses experiencing transitional concerns are responsive to their needs can prevent and mitigate these concerns. Understanding the nature of their experience is a critical first step in this process.

In addition to stressors that affect military spouses, the transition from military life creates a unique reality as active-duty families and spouses shift their focus into re-integrating back into civilian communities. Many members of the military population do not sense that the civilian population understands their experience (Blue Star Military Family Lifestyle Survey, 2020). Both veteran and active-duty military spouses and families feel that their local civilian communities do not have military family lifestyle cultural competence (Blue Star Military

Family Lifestyle Survey). While some military spouses and families may feel connected to and supported by their local civilian communities, only eight percent of military families feel that the general public understands their sacrifices and only 12% feel the public understands the challenges military families face (Blue Star Military Family Lifestyle Survey).

These statistics not only paint a picture of the unique experiences associated with military culture and lifestyle, but they also highlight the number of challenges and stressors that military spouses face while simultaneously navigating reintegration into the civilian world. To better understand their experience, more research is needed on military spouses' specific experiences of stress and social support and the transition from military to civilian life. This research study endeavored to provide a more in-depth snapshot of the perceived stress-level and social support of military spouses separating from the military and the relationship among these and other relevant factors.

Purpose of the Study

To enhance our understanding of the experience of military spouses transitioning to civilian life, we examined perceived stress and social support for military spouses along with the relationship of various characteristics with these constructs. The unique experience of this population especially those transitioning from the military to the civilian world necessitated our research.

Methods

Research Questions

Given the aim of our research, the following are research questions guided the study.

1. What is the degree of perceived stress of military spouses transitioning to civilian life?
2. What is the degree of perceived social support of military spouses transitioning to civilian life?
3. Is there relationship between perceived stress, perceived self-efficacy, and perceived resources?
4. Is there a relationship between various demographic factors (e.g., time the military service member has been in the military) and perceived stress and social support?

Sample

Approval for this study was obtained from the institutional review boards of the respective universities of the researchers. Direct means of eliciting responses from the target population were utilized. Posting an invitation to participate on social media sites of association that are largely composed of military spouses such as the National Military Family Association was used to elicit participation. Participation was incentivized with the offer of receiving one of two $25 Amazon gift cards for participation.

One-hundred and twenty-six responded to the survey. A range of 101-106 participants completed items of demographic data) depending on the item. In terms of ethnic/racial identity, 83% identified as White, 8.6% Hispanic/Latino, 1.9% Black/African American, and 1% Asian. The sample overwhelmingly identified as female - 99.1%, with 0 .9% being male. In terms of age in years, 32.1% were 33-40, 23.6% were 41-45, and 24.5% were 46-50. Given the nature of the study, it was important to inquire about the timeframe in which they were separating from the military. A significant majority (69.8%) were within 2 years of separating from the military with 0-5 months (33%) and 2 years (11.3%) being the most frequently indicated specific timeframes of separation. The remaining respondents (30.19%) indicated "Other" with several of the text responses (9) falling within the 2-year

timeframe. When added to the other responses, this constitutes 78% of the sample being within 2 years of separating from the military.

In terms of service status of the military service member to which they were affiliated, 98% were active duty, 1% were reserves, and 1% were national guard. Branch affiliation of the military service member to whom they are associated was Army (53.8%), Air Force (21.7%), Navy (15.1%), Marines (5.7%), and Coast Guard (3.8%). In terms of years the service member has been in the military, 84% have served in the military for 16 years or long.

Assessments

Perceived Stress Scale

In order to obtain information to address research questions, two assessments were utilized. The Perceived Stress Scale (PSS; Cohen et al., 1983) which was initially a 14-item and evolved into a 10-item scale of perceived stress. It is designed to assess the degree respondents find their lives "unpredictable, uncontrollable, and overloaded" (Cohen et al., 1983; Cohen & Williamson, 1988). Answers are provided on a 5-point Likert scale ranging from 0 (never) to 4 (very often). Four items (i.e., items 4,5,7, and 8) require reverse scoring as they are associated with positive factors. For example, item 4 states, "In the past month, how often have you felt confident about your ability to handle personal problems?". Total scores range from 0 to 40 with higher scores indicating a greater degree of perceived stress (Cohen et al., 1983; Cohen & Williamson, 1988). The10-item PSS scale alpha-coefficient has been found at .78. A four-item scale was also determined to be reasonably sound in terms of internal consistency with alpha coefficients of .60 (Cohen & Williamson, 1988). In the facilitation of the study, a nine-item version of the scale was utilized with the omission of the 10th item on the PSS 10-item scale in the delivery of the measure due to a repetition of the ninth item in the survey platform as opposed to the inclusion of the tenth item. In consultation with the assessment author, it was indicated that multiplying the mean of the nine items by ten would generate an accurate measure of stress. The 9-item scale used in this study indicated an alpha-coefficient of .89.

Another dimension of the PSS is its measuring of two factors as opposed to one global indication of stress. The four positive items (i.e., 4,5,7, and 8) indicate perceived self-efficacy and the remaining six items (i.e., 1,2,3,6, 9, and 10) indicate perceived helplessness (Roberti et al., 2006). Reliability for the perceived helplessness scale (α = .83) and perceived self-efficacy (α = .80) were indicated as sufficient (Roberti et al.). The perceived self-efficacy scale consisting of four items (question 4,5,7, and 8) was utilized in this study while the perceived helplessness scale was omitted due to lack of inclusion of the PSS item.

Personal Resource Questionnaire

The Personal Resource Questionnaire (PRQ; 2000) was developed from the original PRQ 85 which determines the degree of perceived social support. This assessment measures social support and consists of 15 questions with answers ranging from 1 (strongly disagree) to 7 (strongly agree). The total score is calculated by summing all items with scores ranging from 15 to 105 with higher scores indicating higher levels of perceived social support, which has demonstrated strong reliability in various samples (e.g., .92, .93, .91). The measure exhibited strong reliability for this study (α = .89).

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Analysis

To determine the perceived level of stress and resources, descriptive statistics were performed to be able to compare to determine the level of perceived stress and social support. To get a sense of the relationship between perceived stress, perceived social support, and demographic variables, correlational analyses were performed. A linear regression was performed to determine the impact of perceived self-efficacy, a subscale of the PSS, and perceived social support.

Results

There were many interesting findings regarding the relationship between variables. In response to research question one regarding the degree of stress of military spouses, findings in this study indicated an elevated level of perceived stress ($M = 22.57$, $SD = 2.59$, $n = 126$) in comparison to previous samples ($M = 15.14$, $SD = 6.52$, $n = 436$ [Baik et al., 2019]; $M = 13.02$, $SD = 6.35$, $n = 2,387$ [Cohen & Williamson, 1988]; $M = 17.5$, $SD = 6.72$, $n = 111$ [Golden-Kreutz et al., 2004]; $M = 19.2$, $SD = 4.9$, $n = 9,507$ [Huang et al., 2020]). Pertaining to research question two on perceived social support, the respondents indicated a similar degree ($M = 80.15$, $SD = 13.84$, $n = 121$) of social support as previous samples (i.e., $M = 82.42$, $SD = 14.43$, $M = 84.72$, $SD = 13.73$, $M = 79.72$, $SD = 16.75$, [Weinert, 2003]).

Regarding the third research question on the relationship of perceived stress and the perceived self-efficacy subscale with perceived social support (see Table 1), perceived stress was not found to be significantly correlated with perceived social support while perceived self-efficacy was found to be significantly correlated with perceived social support.

To understand the predictiveness of perceived self-efficacy with perceived social support, a linear regression was performed. Perceived self-efficacy was found to be somewhat predicative of perceived social support ($R^2 = .26$, $F = 42.01$, $p < .001$; See Table 2). The relationships between these variables brings forward important considerations for those who provide services to military spouses transitioning from the military.

In relation to the fourth research question pertaining to the characteristics of the respondents, only time the military service member has been in the military was found to associate with either perceive stress or social support. A negative correlation (-.23, $p < .01$) between time served in military by the service member and perceived social support. Somewhat surprisingly, no significant relationship was found between the timeframe of the military service member transitioning from the military and the perceived stress or social support of the spouse.

Table 1

Correlations, Means, and Standard Deviations

Variable	1	2	3	4	*M*	*SD*	*p value*
PSS					22.66	2.6	
PSE	-.04				9.38	2.6	
PRQ	-.06	-.51			80.15	13.83	.01
Separation Time	-.01	-.14	.07		4.31	1.72	
Service Time	.02	.02	-.23	.06	4.50	1.30	.05

Note: PSS = Perceived Stress- higher scores indicate elevated stress; PSE = Perceived Self-Efficacy – higher scores indicate lower self-efficacy; PRQ = Perceived Resources – higher scores indicated elevated perceived resources; Separation Time = time until spouse will separate from the military; Service Time = years spouse has been in the military.

Table 2

Linear Regression Analyses of Perceived Self-Efficacy Predicting Perceived Resources

B	*SE B*	*B*	t	R^2	F	p value
2.7	.41	.51	6.49	.26	42.01	. 001

Discussion

The findings expand our understanding of military spousal stress in relation to various experiences within the military such as the transition from the context of the military to civilian life. This research supports previous findings that highlight spousal stress being associated with the military experience (Booth et al., 2009). Much of the previous research has focused on the deployment experience while our findings indicate stress is connected to transitioning from the military as well.

Our findings align with previous research around military spousal stress and social support being important elements to examine as indicated by Skomorovsky's (2014) study which found that stress and social support played an independent role in the psychological well-being of military spouses. Interestingly, the elevated levels of stress related to the transition may be associated with factors such as lack of social support, work/family conflict, and financial stress previously identified in Pflieger et al. (2018) research on factors contributing to low levels of perceived marital quality. Though causal inferences are not appropriate for this study, inclusion of perceived self-efficacy, a subscale of the PSS, and its relationship with perceived social support indicates a specific dimension of mental health worthy of further consideration in practice and research.

The number of years in the military and the correlation with perceived social support indicates an inverse relationship between these variables. This may be due to military spouses using more informal means of addressing stress as they've had time to develop coping mechanisms as opposed to sensing a need for formal support services. Though we did not find a significant relationship between perceived stress and social support, more is research is needed to fully understand the specific relationship between military spousal stress associated with transitioning from the military and social support.

Implications

Research indicates the military lifestyle and a lack of social support can impact stress levels among military spouse transitioning from the military to civilian life. Military families are hesitant to access support services due to these resources being inconsistent and disconnected from each other (Booth et al., 2009). Clinicians can implement several key steps, such as gaining an understanding of the context of the military, in order to develop a rapport with transitioning spouses who are having difficulties with stress and accessing social support. The following two sections provide suggestions for practice and further research on the experience of transitioning military spouses.

Practice

When a clinician begins working with a military spouse client who is transitioning from the military to a civilian environment, the clinician's first step should include a review of military culture. The clinician can review resources, such as the Military and Government Counseling Association's Military Cultural Competencies (Prosek et al., 2018) in order to understand the military and the military spouse culture that exists. During this military culture review process, the clinician will benefit from self-reflecting on their own personal biases and assumptions they hold regarding the military and military spouses.

The clinician's next step is to properly assess stress levels and resources with their transitioning spouse clientele. The Perceived Stress Scale is an assessment tool that can be used during this process (Baik et al., 2019). The clinician will want to ask their transitioning spouses questions developed from findings of this study and other identified factors, such as the following:

- What is the reason for the spousal transition?
- How many years has your service member been in the military?
- How many years have you been a military spouse?
- What is your education level?
- Do you have any prior work experience? Volunteer experience?
- How satisfied are you in your marriage?
- What is your current level of stress?
- Who would you considered to be part of your support network?
- How important is if for you to be a part of the workforce? To what degree does this affect your identity?

The answers to these questions can affect stress levels for the transitioning spouse and potentially the resources and social supports available to them in their community. The clinician should also examine other factors such as geographical locations, military service branches, and access to military installations. These factors can also play a role in the connection between perceived stress and social supports for transitioning spouses.

Clinicians should also work with their transitioning spouse and connect them with resources to potentially mitigate stress levels. Resources can include national organizations, local agencies and resources, and social media. National organizations provide assistance to transitioning spouses and may include but are not limited to Blue Star Families, GI Jobs, Hiring Our Heroes (U.S. Chamber of Commerce), Military Spouse, the National Military Family Association, the United States Military Spouse Chamber of Commerce, and Veterati. Local agencies can include local Chamber of Commerce offices, local military installations, and the VFW or other Veteran organizations in the community. Hiring Our Heroes (HOH) offers the opportunity for military members

and their spouses to earn a 6-week fellowship with one of a hundred and sixty-five different companies and organizations (Hiring Our Heroes, 2021). Social media offers transitioning spouses the opportunity to access social supports via communities which help each other find jobs, create connections, or offer salary suggestions. LinkedIn provides free LinkedIn premium accounts to military spouses. Facebook has several groups that spouses could potentially join, such as "Career Military Spouses" or "MilSpouse Network for Mental Health Professionals". Ensuring service providers are creating a collaborative framework in which to support military families (Hayden et al., 2017) is important.

The military also offers support for transitioning spouses located near military installations (Transition Assistance Program, 2021). Transitioning spouses can utilize the Employment Readiness Program and Transition Assistance Program on military installations. These programs help transitioning spouses with such vocational tasks as resume writing, job search assistance, and establishing LinkedIn accounts. USA Jobs can be used to create job search profiles to search government jobs that allow Military Spousal Preference. An additional resource is the Military Spouse Employment Partnership through the U.S. Department of Defense (Military Spouse Employment Partnership, 2021). MSEP has created partnerships with over 500 companies who have hired over 175,000 military spouses. All State, Johns Hopkins Medicine, and Walgreen's are just a few of the many companies who have partnered with MSEP.

Given the relationship between perceived social support and the amount of time the service member has been in the military, providing opportunities for spouses to either mentor or be mentored by other spouses encountering this transition can create a mutually beneficial experience to mitigate stress and increase social supports. A counselor serving this population can create a mechanism in which to connect transitioning spouses in this context.

In relation to military spouses who work as counselors, state licensure counseling requirements for transitioning spouses potentially adversely affect stress levels. Satisfying necessary components of the process such as testing, supervision hours, and costs are all factors that may lead to higher stress levels. This is another avenue for further research and advocacy among clinicians and military spouses. The ongoing development of The Counseling Compact will assist with this concern but does not address current struggles nor the portability of pre-licensure qualifications for licensure. This is an example of the unique struggles of transitioning spouses integrating into civilian life.

Finally, assessing and addressing the self-efficacy of transitioning spouses related to their ability to navigate the transition to civilian life merits attention. Continually tracking over time, the spouse's belief in their ability to successfully transition and developing individualized interventions to address low self-efficacy will offer insight into the affective and cognitive aspects of the experience.

Research

This research provides a starting point for further research regarding transitioning spouses, perceived stress, and available resources if any. One potential focus of future research is to identify specific causes of stress during the transition process and determine which resources transitioning spouses find are the most helpful. If resume writing creates a high level of stress, then the clinician may want to refer the client to resources that provide assistance with resume writing (Employment Readiness Program or Veterati) for transitioning spouses. Another avenue of further research is to examine the similarities and differences between male and female spouses. Do male spouses have the same stress levels as female spouses during the transition process? The answer to this question could potentially affect the resources that a clinician refers the transitioning spouse to that are aligned with their needs.

Additional research may examine the similarities and differences between spouses of different service branches (Army, Marine Corps, Navy, Air Force). The Army may provide different resources to transitioning spouses to utilize or the military installation may have various resources available to spouses during the transition process. Another component is active duty transitioning spouses may have different levels of perceived stress or various resources available to them compared to National Guard and

Finally, specific research into causal factors of stress and the impact of self-efficacy in relation to navigating the transition bears further examination. Additional factors such as perceived helplessness and other components of mental health in relation to the military family transitions to civilian will offer specific insight into this experience which will inform the development of appropriate interventions.

Limitations

The results of this study provide insight into the experience of military spouses associated with transitioning military service members and is limited in its findings. First, the need to use a nine-item Perceived Stress Scale created a unique scale not utilized in previous research. Though there was consultation with the creator of the assessment on a statistically sound strategy to account for this omission and the internal reliability was found to be strong, not having a psychometric investigation of the nine-item is limiting. In addition, collecting responses electronically and recruiting via social media limits access to participation by military spouses who were not affiliated with the associations in which participation was elicited. In addition, we did not further examine the precise sources of stress which would have been informative. Also, the sample was overwhelmingly female, white, and affiliated with the army which limits the generalizability of the results. Finally, using a correlational design prevents any causal inferences in regard to the relationships among examined variables.

Conclusion

The aims of this study were to further our understanding of the stress experienced by military spouses' transition to civilian life. Though there is significant variance in their experiences, it is important precisely identified characteristics of their transition to inform the development of formal and informal supports. The results of this study indicated stress seems associated with military spousal transition to civilian life. Though the relationship between stress and resources were not established, elevated levels of stress emphasize the need for counselors to be both accessible and knowledgeable of available resources to support spouses and families transition to civilian life. Specific dimensions of mental health such as self-esteem are related to resources raising the importance of a holistic response to the needs of this population when transitioning to civilian life. Counselors play a pivotal role in ensuring a successful adjustment for those experiencing this unique transition.

References

Asbury, E. T., & Martin, D. (2011). Military deployment and the spouse left behind. *The Family Journal*, *20*(1), 45-50. https://doi.org/10.1177/1066480711429433

Baik, S. H., Fox, R. S., Mills, S. D., Roesch, S. C., Sadler, G. R., Klonoff, E. A., & Malcarne, V. L. (2019). Reliability and validity of the Perceived Stress Scale-10 in Hispanic Americans with English or Spanish language preference. *Journal of health psychology*, *24*(5), 628–639. https://doi.org/10.1177/1359105316684938

Blue Star Families Military Family Lifestyle Survey. (2020). https://bluestarfam.org/wp-content/uploads/2017/11/MFLS-ComprehensiveReport17-FINAL.pdf

Booth, B., Segal, M. W., & Place, N. (2009). *Final report: National leadership summit on military families.* Adelphi, MD: University of Maryland. http://download.militaryonesource.mil/12038/MOS/Reports/Final%20Report%20-%20No%20Appendices.pdf

Cohen, S., & Williamson, G. M. (1988). Perceived stress in a probability sample of the measuring stress in psychiatric and physical disorders. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health*. Sage.

Defense Manpower Data Center. (2019). *Demographic report: Profile of the military community*. Department of Defense.

Golden-Kreutz, D. M., Browne, M. W., Frierson, G. M., & Andersen, B. L. (2004). Assessing stress in cancer patients: A second-order factor analysis model for the Perceived Stress Scale. *Assessment*, *11*(3), 216-223.

Green, S., Nurius, P. S., & Lester, P. (2013). Spouse psychological well-being: A Keystone to military family health. *Journal of Human Behavior in the Social Environment*, *23*(6), 753-768. https://doi.org/10.1080/10911359.2013.795068

Hayden, S. C. W., Glosoff, H., Lopez-Baez, S., & Green, L. (2017). Addressing needs of military families during deployment: Military service providers' perception of integrating support services. *Journal of Military and Government Counseling*, *5*(3), 190-212.

Huang, F., Wang, H., Wang, Z., Zhang, J., Du, W., Su, C., ... & Zhang, B. (2020). Psychometric properties of the perceived stress scale in a community sample of Chinese. *BMC Psychiatry*, *20*(1), 1-7.

Leroux, T. C., Kum, H., Dabney, A., & Wells, R. (2016). Military deployments and mental health utilization among spouses of active-duty service members. *Military Medicine*, *181*(10), 1269-1274. https://doi.org/10.7205/milmed-d-15-00583

Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, *362*(2), 101-109. https://doi.org/10.1056/nejmoa0900177

National Conference of State Legislatures. (2021). *Military spouse employment policies*. Legislative News, Studies and Analysis. https://www.ncsl.org/research/military-and-veterans-affairs/military-spouse-employment-policies.aspx

Prosek, E. A., Burgin, E. E., Atkins, K. M., Wehrman, J. D., Fennel, D. L., Carter, C., & Green, L. (2018). Competencies for counseling military populations. *Journal of Military and Government Counseling, 6*(2), 87-99.

Rossetto, K. R. (2009). *You can freak out or deal with it: Military wives' perspectives on communication and family resilience, coping, and support during deployment*. [Doctoral Dissertation]. The University of Texas at Austin.

Skomorovsky, A. (2014). Deployment stress and well-being among military spouses: The role of social support. *Military Psychology*, *26*(1), 44-54. https://doi.org/10.1037/mil0000029

U.S. Chamber of Commerce Foundation. (2021). *Hiring our heroes*. https://www.hiringourheroes.org/

U.S. Department of Defense. (2021). *Military spouse employment partnership*. https://msepjobs.militaryonesource.mil/msep/

U.S. Department of Labor. (2021). *Transition assistance program*. https://www.dol.gov/agencies/vets/programs/tap

Weinert, C. (2003). Measuring social support: PRQ-2000. In O. Strickland & C. DiIorio (Eds.), *Measurement of nursing outcomes: Volume 3: Self-care and coping* (pp. 161-172). Springer.