EXAMINING THE ACTIVE-DUTY TO VETERAN TRANSITION FROM BOTH SIDES OF THE DD-214: CLINICAL CONSIDERATIONS AND RECOMMENDATIONS FROM VA AND DOD PERSPECTIVES

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DISCLAIMER

• The views expressed in this presentation are those of the authors and do not necessarily represent the official positions of the Department of Defense, Department of Veterans Affairs, or the U.S. Government.
Over 200,000 service members separate from the U.S. military each year
- One of the few ‘universal’ military experiences
- Often marked by major life changes, stressors, and role-transitions
- At-risk period
- Siloed research and differing priorities has left the transition period relatively understudied
  - Notable exception: The Veteran Metric Initiative (Vogt et al., 2018) longitudinal study of Veterans
- Many clinicians don’t have in-depth understanding of DOD and VA programs-level collaboration
1. Describe the programs and services the DOD provides to service members as the separate from active-duty.

2. Describe the programs and services the VA provides to recently-discharged veterans.

3. Discuss normative and maladaptive issues during the transition process, as well as best-practices for addressing these concerns.
Every year, approximately 200,000 men and women leave U.S. military service and return to life as civilians, a process known as the military to civilian transition.

The Transition Assistance Program (TAP) provides information, tools, and training to ensure service members and their spouses are prepared for the next step in civilian life.

Military to civilian transition occurs within a complex and dynamic network of relationships, programs, services, and benefits, which includes transition planning and assistance efforts by individual Service branches, the interagency TAP partnership, and community resources delivered through local government, private industry, and nonprofit organizations.
Under the Military-Civilian Transition Office (MCTO), The Yellow Ribbon Reintegration Program (YRRP) is a Department of Defense wide effort to promote the well-being of National Guard and Reserve members, their families and communities, by connecting them with resources throughout the deployment cycle.

Through Yellow Ribbon events, Service members and loved ones connect with local resources before, during, and after deployments. Reintegration during post-deployment is a critical time for members of the National Guard and Reserve, as they often live far from military installations and other members of their units.

Commanders and leaders play a critical role in assuring that Reserve Service members and their families attend Yellow Ribbon events where they can access information on health care, education and training opportunities, financial, and legal benefits.
In addition to the Military Departments, TAP is the result of an interagency partnership between the:

Department of Defense, Department of Labor, Department of Education, Department of Veterans Affairs, Department of Homeland Security, in conjunction with the Small Business Administration and the Office of Personnel Management.
MODERN TRANSITION

▪ In response to the VOW Act, interagency partners redesigned TAP into a cohesive, modular, outcomes-based program that standardized transition opportunities, services, and training to better prepare the nation’s Service members to achieve their post military career goals.

▪ Since the VOW Act, the interagency partners, along with other federal agencies, continue to expand transition assistance support based on the ever changing needs of transitioning service members and their families.

▪ In 2018, President Donald Trump signed FY 2019 NDAA into law, which significantly altered TAP for the first time in many years and led to the current state of TAP.
DoD Transition Day includes:
- Managing Your Transition
- MOC Crosswalk
- Financial Planning for Transition

Explores VA benefits earned by the service member and how to apply them.

How to leverage earned benefits for the best possible outcome.

Overview of employment topics and best practices.

Culminating event in which Commanders verify achievement of Career Readiness Standards (CRS) and viable ITP prior to transition.

Must occur no later than 90 days before separation.

If not, referred to appropriate agency for further assistance via a Warm Handover.

Statement of benefits to be received no later than 30 days prior to transition.

Transitioning service members must select one of the two-days of instruction:
- DOL Employment Workshop
- DoD Education Workshop
- SBA Entrepreneurship Workshop
- DOL Vocational Workshop

Individualized Initial Counseling (IC)

Pre-Separation Counseling

NLT 365 days prior to separation or retirement

- Personal Self-Assessment/Individual Transition Plan (ITP)

SEC. 1142

SEC. 1144

Title 10, Chapter 58
TAP CORE COMPONENTS

- INITIAL COUNSELING
- PRE-SEPARATION COUNSELING
- DOD TRANSITION DAY
  - Managing Your Transition
  - Military Occupational Codes Crosswalk
  - Financial Planning for Transition
- VA BENEFITS AND SERVICES
- DOL ONE DAY
- 2-DAY SERVICE MEMBER SELECTED TRACKS
- CAPSTONE
### 2-DAY ADDITIONAL TRACKS

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2-DAY ADDITIONAL TRACKS

HIGHER EDUCATION
- Education Terms
- Attitudes
- Perceptions
- Fields of Study
- Degree Options
- Choice of Institution
- Admissions
- Funding Options

ENTREPRENUERSHIP
- Fundamentals
- Opportunities
- Market Research
- SmallBiz Economics
- Legal
- Financing
Complete a personal self-assessment/Individual Transition Plan

Register on eBenefits

Complete a Continuum of Military Service Opportunity counseling (Active-component only)

Prepare a criterion-based, post-separation financial plan

Complete a MOC Gap Analysis or provide verification of employment

CRS for DoD Education and DOL Vocational Tracks: Complete a comparison of higher education or technical training

CRS for DOL Employment Track: Complete a completed resume or provide verification of employment
The Warm Handover is a Capstone process between respective Military Departments and appropriate interagency partners (e.g., Department of Labor, Veteran Administration, etc.) that results in the person-to-person connection of service members to services and follow-up resources, as needed.

The warm handover provides a confirmed introduction and assurance that the appropriate interagency partner acknowledges that an eligible service member requires post-military assistance and the interagency partner is willing to follow-through on providing support to meet the needs of the service member, to include assisting the service member in attaining the Career Readiness Standards (CRS) promoting a successful transition.
CLINICAL CONSIDERATIONS FROM THE ACTIVE DUTY/DOD PERSPECTIVE

Speaking:
Timothy Hoyt, PhD
SEE PDF FOR ADRIENNE’S SLIDES
CLINICAL CONSIDERATIONS FOR TRANSITIONAL VETERANS IN THE VHA
“WHAT ARE THE KEY CHALLENGES IN YOUR TRANSITION?” (ZOLI ET AL., 2015)

Top Five:

• 60% - Difficulty navigating the VA system of care
• 55% - Getting a job
• 41% - Getting socialized to civilian culture
• 40% Financial challenges
• 39% Skills translation
NORMATIVE CHALLENGES

- Culture shock at civilian life
- Loss of structure
- Difficulty sharing experiences with others
- Isolation/ loss of community
- Navigating spousal/family dynamics
- Finances and paying bills
- Entering school/ workforce
CLINICAL ISSUES IN TRANSITIONAL VETS (VOGT ET AL., 2020)

- Vet. Metric Initiative
- n = 9556 veterans
- 3 mo. post-discharge
• Medical Centers & Community Based Outpatient Clinics (CBOCs)
• Referral sources: primary care, social worker (TCM or other), self-referral
• Once enrolled, a Mental Health Treatment Coordinator (MHTC) tracks progress and updates goals
• VA mental health clinics: Mental Health Clinic, PTSD Clinical Teams, Primary Care Mental Health Integration, Behavioral Medicine, Psychosocial Rehabilitation and Recovery Center (PRRC), Neuropsychology, Substance Abuse and Relapse Prevention, residential/domiciliary programs
• Emphasis on whole-health care (Patient Aligned Care Teams [PACT])
May be reluctant to engage in mental health care, or slow to trust
- Provide psychoeducation on therapy; Spend time building rapport
- Validate and normalize readjustment challenges
- Manage expectations and encourage opportunities for growth
- Utilize technology
  - Review EMR/JLV, suggest apps, telehealth options
- Work with other providers to ensure whole-health care
- Assess risk early and often
- Use evidenced-based psychotherapies when applicable
  - VA/DOD Clinical Practice Guidelines, APA Div. 12 Clinical
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<td>• Acceptance and commitment therapy (ACT) for chronic pain</td>
<td>• CBT for insomnia (CBT-I)</td>
<td>• CBT for GAD</td>
<td>• Acceptance and commitment therapy (ACT)</td>
<td>• Prolonged Exposure (PE)</td>
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<td>• Cognitive behavioral therapy (CBT) for chronic pain</td>
<td>• Mindfulness and relaxation*</td>
<td>• CBT for social anxiety</td>
<td>• Behavioral therapy/behavioral activation (BT/BA)</td>
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<td>• CBT for Depression</td>
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<td>• Interpersonal therapy (IPT)</td>
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<td>• Mindfulness-based cognitive therapy (MBCT)</td>
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<td>• Problem-solving therapy (PST)</td>
<td>• Narrative Exposure Therapy (NET)</td>
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CARE FROM A PSYCHOSOCIAL LENS
REFERENCES


• Zoli, Maury, & Fay,. (2015). Missing Perspectives: Servicemembers’ Transition from Service to Civilian Life — Data-Driven Research to Enact the Promise of the Post-9/11 GI Bill. *Institute for Veterans & Military Families*. Syracuse University, NY.
QUESTIONS