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Running head: BACK ON THE BLOCK

Back on the Block:
Spousal Transitional Difficulties in Military Retirement

by

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A dissertation submitted in partial fulfillment for the degree of
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**BACK ON THE BLOCK: SPOUSAL TRANSITIONAL DIFFICULTIES
IN MILITARY RETIREMENT**

presented on June 4, 2018

by

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Dedication

For my Mom, who so bravely and lovingly guards the home front.

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Abstract

Service members who serve active duty for 20 years qualify for military retirement with retired pay. This study examined whether sociodemographic and clinical factors are associated with higher levels of transitional difficulty in spouses of retired military service members following at least 20 years of active duty service. Veteran research has shown that a variety of sociodemographic and clinical factors influence the ease with which the service member transitions back into a civilian lifestyle. Factors contributing to greater transitional difficulties for veterans include: (a) experience of a traumatic event, (b) probable post-traumatic stress disorder (PTSD), (c) race and ethnicity, (d) unemployment, (e) time spent in the military, (f) number of deployments. Previous research also suggests that military retirement is a challenging prospect for the service member and service member spouse, as he or she is often inducted into the military lifestyle as much as the service member. Despite these findings, no contemporary research exists regarding transitional difficulties for service member spouses during the transition back into the civilian culture following service members' 20-plus-year military careers. This study aimed to explore whether race, employment, spousal symptoms of PTSD, number of career deployments and relocations, years of military service, and service member rank contribute to higher levels of transitional difficulty for the service member spouse during retirement. Further, it looked to discover which factors contribute most to perceived transitional difficulty. Participants were recruited by snowball sampling through the Facebook social media platform to complete the Military to Civilian Questionnaire (M2C-Q), which determines an overall transitional difficulty score. It was also hypothesized that the sociodemographic and clinical factors that demonstrate the greatest contribution to veteran transitional difficulties upon leaving the military (e.g., race/ethnicity, unemployment, and PTSD diagnosis), will also

contribute to higher levels of transitional difficulties for veteran spouses during the retirement transition from a military to civilian lifestyle. It also hypothesized that a greater number of deployments, relocations, and years of military service will contribute to greater transitional difficulty for spouses of retiring service members.

Keywords: Military retirement, Transitional difficulty, Military to Civilian Questionnaire

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Back on the Block: Spousal Transitional Difficulties in Military Retirement

Transitioning from Military Service to Civilian Life Results in Significant Challenges

As of 2013, 2.2 million military service members had served in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (Danish & Antonides, 2013; Sayer et al., 2010). At the peak of the foreign wars in Afghanistan and Iraq, the United States Army held nearly 600,000 active troops, a size the U.S. Department of Defense looks to decrease to approximately 450,000 active troops by 2018 (Tice, 2016; Wright, 2016). With little probability that overseas conflict will lessen in future years, as well as a reduction in active duty service members, the number of individuals leaving the United States military is likely to increase. This suggests that the number of service member families transitioning back into a civilian lifestyle is likely to rise in upcoming years.

According to Jolly (1996), service members leave the military under one of four circumstances: (a) end of contract, (b) premature ending of contract, (c) redundancy, or (d) dismissal. Of these circumstances, the most common is termination of the military contract. For retired service members and their spouses who have committed to a military career, this typically means a transition into a civilian lifestyle after twenty-plus years of service (Giffen & McNeil, 1967; Gill & Haurin, 1998). Many career soldiers who join the military do so as young, single adults and retire at a relatively young age, married, and with dependents (Giffen & McNeil, 1967; Jolly, 1996). Many veterans spend their entire adult lives acclimating to life under the institution of the military, growing accustomed to the language, values, beliefs, rituals, and customs exclusive to military culture (Clark, 2018; Jolly, 1996; Mobbs & Bonanno, 2018; Ray & Heaslip, 2011). As such, it is unsurprising that the transition from military service to civilian life is a serious change that results in many difficulties for the retiring service member.

The Department of Defense (DoD) recommends that individuals retiring from military service begin preparations at least 24 months in advance (Military One Source, 2018, VetsFirst, 2018). Service members begin the retirement process by connecting with the Transition Assistance Program (TAP) of their service branch (Military One Source, 2018). Service branches have the following transitional programs available: (a) Soldier for Life Transition Assistance Program, (b) Marine Corp's Transition Readiness Program, (c) Navy Transition Assistance, and (d) Air Force Transition Assistance Program. TAP requires that each individual first undergo pre-separation counseling, which provides information about medical insurance, relocation assistance, life insurance, and Department of Veterans Affairs benefits (Military One Source, 2018).

In addition to pre-separation counseling, transitional assistance programs are advertised for transition related issues such as stress management, considerations for families, support systems, and the value of a mentor (Military One Source, 2018). This component is designed to assist service members and families in preparing for challenges that they may encounter upon military separation (Military One Source, 2018). Service members are also offered demonstrations on how to translate their military skill into the civilian workforce, financial planning tools, briefings regarding Veteran's Affairs (VA) benefits, and employment workshops (Military One Source, 2018).

A recent article posted for 'Task & Purpose' illuminates how little time and resources are actually funneled into the classes offered to veterans returning to civilian life (Clark, 2018). Clark points out the disparity between the resources utilized in indoctrinating civilians into military service and those offered to individuals separating from the military, with significantly less time and money invested in the latter group. His article describes how service members

spend their entire contract participating in trainings that reinforce the values that become central to the service member's identity (Clark, 2018; Mobbs & Bonanno, 2018). Conversely, transitional assistance programs last approximately one week with an emphasis on job interview skills. When one considers the cognitive, emotional, and behavioral impact of shedding a life-long military identity, such programs appear insufficient in addressing the stress encountered during the transition back into civilian life (Clark, 2018; Mobbs & Bonanno, 2018).

While the military attempts to smooth the ease of retirement, research has shown that transitioning back into a civilian lifestyle remains challenging for a large percentage of veterans. According to a survey conducted by the Pew Research Center, 44% of veterans who served in the 10 years following the September 11, 2001 terrorist attacks, experienced greater difficulties returning to civilian life (Morin, 2011). The survey suggested that transitional difficulties occur most frequently for individuals who did not understand his or her military mission, as well as veterans who experienced traumatic environments, served in a combat zone, or witnessed someone killed or injured (Morin, 2011). Other variables found to be poor indicators of transitional ease included: (a) race and ethnicity; (b) age at the time of discharge; (c) whether the veteran had children under 18 serving; (d) years of service; and (e) number of deployments (Morin, 2011). The Pew Research Center (Morin, 2011) survey also suggests that veterans who are commissioned officers with a college degree have an easier time readjusting to post-military life than noncommissioned officers, though Morin does not hypothesize the reasons why this is so.

Additionally, while Sayer et al.'s (2011) study of post-deployment community reintegration revealed no difference in transitional difficulty based upon gender, findings did suggest that nonwhite and unemployed veterans report greater difficulty reintegrating into the

community during military discharge following deployment. A later study by Sayer et al. (2015) further revealed that veterans accessing healthcare through the Veterans Affairs (VA) were more likely to have probable PTSD, and reported higher levels of community reintegration difficulties. Therefore, Sayer et al.'s (2010, 2011) research suggests that veterans with probable PTSD diagnoses are significantly more likely to experience difficulties transitioning back into civilian life, as well as nonwhite and unemployed veterans. Additionally, Pew Research Center's (Morin, 2011) survey data indicates that time spent in the military and number of deployments also impacts the ease of transition.

Statement of the Problem

Previous research indicates that veterans experience a multitude of reintegration difficulties upon leaving the military culture including problems with interpersonal relationships, productivity, community participation, self-care, leisure, and perceived meaning of life (Sayer et al., 2010, 2011, 2015). Research also suggests that such difficulties are affected by PTSD diagnoses, race/ethnicity, unemployment, time spent in the military, number of deployments, and to some degree, military rank. Interestingly, Sayer et al. (2015) demonstrated that, on average, veterans reporting civilian reintegration difficulties had left the military six years prior. Despite such findings, current trends in psychological research most often describe the distress of service members undergoing reintegration from deployment. Few contemporary studies address the difficulties that service members experience transitioning into the civilian culture upon retirement. More notably, while research conducted by Jolly (1996); Ray and Heaslip, (2011); and Westwood, Black, and McLean (2002), suggests that the return to a civilian lifestyle is difficult for the veteran's spouse; few published studies have actually investigated the topic. As a result, no research investigates transitional difficulty for service member spouses during military

retirement, even though they have arguably committed their lives to the military culture as much as the retired service member.

Overview of the Study

Researchers have sought to fill the gap in veteran research by considering the impact that the military to civilian transition has on service members separating from the military. Recently, Mobbs and Bonanno (2018) illuminated the need for a better understanding of the stressors that impact veterans transitioning back into civilian life in order to provide more effective veteran treatment. In spite of this, few studies investigate the transition back into civilian culture. Additionally, most of the studies that consider transitions into “civilian culture,” focus solely on reintegration following a deployment. Little research investigates the veteran’s transition back into civilian culture during retirement following 20+ years of career service. As such, virtually no studies consider the impact of this transition on the service member spouse. The current study sought to fill the gap in research by contributing meaningful data toward veteran literature. The goal was to highlight the difficulties that service member spouses face during retirement from a career of military service, and identify what factors render the transition back into civilian life more challenging.

Literature Review

Military Culture and Challenges of Military Service

According to the U.S. Department of Veteran Affairs (2016), civilians may not be aware of the challenges that befall veterans, and possibly their spouses, during a military to civilian transition. Individuals outside of the military have little knowledge of the military culture, and veterans may have difficulty relating to people who are not educated about or have not experienced military life (Mobbs & Bonanno, 2018; U.S. Department of Veteran Affairs, 2016).

They may demonstrate challenges reconnecting and re-establishing a role within the family, joining a new community, accessing treatment, and entering the civilian workforce (Mobbs & Bonanno, 2018; U.S. Department of Veteran Affairs, 2016). Furthermore, many experience symptoms of grief regarding the loss of the military identity, as well as the values and purpose around which the lifestyle is centered (Mobbs & Bonanno, 2018). As such, the transition back into civilian life has been described as “reverse culture shock” that is experienced not only by veterans, but also by those closest to them (Giffen & McNeil, 1967; Ray & Heaslip, 2011; Westwood et al., 2002)

For the spouse, who has likely spent a great deal of time supporting and fostering the veteran’s career, military retirement may prove a daunting prospect wrought with social and occupational adjustment difficulties (Jolly, 1996; Ray & Heaslip, 2011; Westwood et al., 2002). The more time spent in the military and the greater the rank of the soldier, the more committed the service member spouse typically is to the service member’s career. A service member spouse is often inducted into the military lifestyle as much as, or more than, the service member (Jolly, 1996). Reduced contact with the civilian culture results in isolation from the civilian community, of which the service member spouse is expected to become a member upon retirement (Kohen, 1984). In order to fully recognize the transitional difficulties that service member spouses may endure upon military retirement, one must first understand the culture in which the service member spouse has existed for decades.

The Impact of Separations, Relocations, and Chronic Stress

Commitment to the military is associated with lengthy separations and relocations. As such, military spouses contend with many issues less common than those of civilian spouses (Palmer, 2008). Because life is continuously lived on a temporary basis due to these

requirements, the military spouse is obliged to endure more than work-related stressors, household chores, financial difficulties, and child-related matters (Dimiceli, Steinhardt, & Smith, 2010). Additionally, they manage demands of the military culture, as well as the stress of training and deployment schedules, the latter of which are longer and more frequent than at any other period in the United States' volunteer army (Danish & Antonides, 2013; Palmer, 2008; Snyder, Balderrama-Durbing, & Fissette, 2012).

Watson-Weins and Boss (2006) defined separations across a spectrum that includes training exercises and missions, as well as peacekeeping rotations, in addition to deployment. The departures may prove planned or unexpected; therefore, the military spouse lives in a chronic state of participatory loss (i.e., companionship, sexual intimacy, parental support; Norwood, Fullerton, & Hagen, 1996; Watson-Wiens & Boss, 2006). The spouse is obligated to perform additional roles and responsibilities within the family, temporarily assuming a single-parent role, which may cause feelings of anxiety, loneliness, depression, and increased family stress (Dimiceli et al., 2010; Lowe, Adams, Browne, & Hinkle, 2012; Verdelli et al., 2011)

In a military career that spans decades, spouses may encounter such stressors dozens of times, resulting in higher levels of psychological distress than their civilian counterparts (Green, Nurius, & Lester, 2013). According to McEwen (1998) and McEwan and Wingfield, (2003), allostasis (the body's ability to achieve stability through change by the autonomic nervous system, hypothalamic-pituitary-adrenal (HPA) axis, and cardiovascular, metabolic, and immune system responses) protects the body from stressors. However, long-term exposure to increased stress hormones can result in allostatic load, which negatively impacts virtually all systems of the body (McEwen, 1998; McEwen & Stellar). The body may be challenged by allostatic load in the four following ways: (a) frequent stress; (b) inability to adapt to repeated stressors, causing

prolonged exposure to stress hormones; (c) inability to turn off stress response after the stressor has been removed; and (d) increase in the activity of compensatory systems after another system fails to respond to stress.

Joseph (2014) argued that the concept of allostatic load might be applied to the stressors of service member spouses. Stressors related to separation and relocation may result in chronic feelings of anticipation and worry that can contribute to allostatic load (Joseph, 2014; McEwen, 1998). Anticipatory anxiety and chronic stress can increase the release of neurohormones and reactivity of multiple body systems, increasing the likelihood of cardiovascular, metabolic, neurological, and immune system disease (McEwen, 1998). Further, literature suggests that chronic stress associated with the military lifestyle has serious impacts on the psychological functioning of service member spouses.

Lowe et al. (2012) explored how increased separations affect stress on the military family, in order to determine whether extended absences or length of time in the military was associated with increased familial stress. Results of the study suggested that relationships between the military spouse and dependent children are negatively impacted by greater lengths of deployment; however, spouses with longer military affiliation reported less stress within the parent-child relationship. The researchers presented possible explanations for the findings, including the acquisition of better coping techniques with increased service time. Alternatively, they suggested that spouses with longer military affiliation “have learned that labeling a family as ‘problematic’ or ‘in need’ can negatively affect the active duty member’s career” (p. 24). As such, it remains possible that many military spouses attempt to keep stressors to themselves in order to protect the service member. In doing so, many may fail to effectively cope with stress, leading to long-term negative health outcomes.

Hagedoorn, Kuijer, Buunk, DeJong, and Wobbes (2000) described the concept of ‘protective buffering,’ in which an individual chooses not to disclose information that could be distressing to another individual, and instead handles the stressor independently. Joseph and Afifi (2010) later explored how protective buffering affected the well-being and marital satisfaction of military couples during deployment. Their results revealed that the less military spouses protectively buffered, the fewer negative health symptoms they experienced. However, military wives who participated in the study by Aducci, Baptist, George, Barros, and Goff (2011), reported that they felt compelled to remain “stoic, strong, independent, and have it all together, whether it be for the sake of their children, their husband, the military, or their country” (p. 244). Mobbs and Bonanno (2018) point out that this stoicism is cultivated strongly in the military culture, perhaps leading to the expectation of emotional control and suppression. Therefore, while many military spouses experience military separations acutely, they are unable to process their emotions outwardly due to cultural expectations. This may lead to emotional difficulties that continue long after the service member has returned from deployment.

Following each separation, a period of reintegration is experienced in which service members and spouses are required to renegotiate the roles and responsibilities that shift during the service member’s absence (Aducci et al., 2011; Asbury & Martin, 2012; Kelley, 2002; Sayers, 2011). This is most clearly demonstrated in research regarding reintegration following deployment. Because deployment requires the military spouse to take on an independent role, many experience a loss of autonomy upon the service member’s return (Sayers, 2011). Furthermore, many spouses perceive that the service member returns from deployment changed, and recognize that there is a dimension of the soldier that they will never fully know (Aducci et al., 2011).

Military personnel often believe that family members are unable to understand the stressors associated with the deployment cycle, and their partners are encouraged not to inquire about the experience to prevent triggering negative emotions within the soldier (Danish & Antonides, 2013). Many partners discover that each has developed individual ways of coping with separation, which accounts for experiences of misunderstanding and reduced adaptability (Sayers, 2011). Further, the U.S. culture largely assumes that deployments solely affect the service member, and fail to observe that military spouses experience the effects of deployment by proxy (Aducci et al., 2011). This may not only leave the military spouse feeling disenfranchised and invalidated, but may also prevent families from properly addressing reintegration following deployment, resulting in long-term negative impacts upon relational stability (Aducci et al., 2011; Lowe et al., 2012).

The Realities of Post-Traumatic Stress Following Deployment

Many soldiers returning from deployment experience distress while reintegrating back into the families from which they have been absent, and chronic combat exposure results in a multitude of emotional dysfunction, including PTSD (Asbury & Martin, 2012; Ross, 2014). This form of trauma includes symptoms of rumination, hypervigilance, physiological hyperarousal, emotional distancing, dissociative reactions, as well as intrusive and distressing memories (*The Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.; American Psychiatric Association, 2013). It is estimated that one-in-five service members return from combat with PTSD, many of whom report difficulty in social functioning, productivity, community involvement, and self-care (Asbury & Martin, 2012; Sayer et al., 2010). Additionally, Sayer et al. (2010) reported that approximately a third of individuals with probable PTSD experience divorce, increased substance use, and increased anger control problems following deployment.

Not surprisingly, these veterans also reported difficulties readjusting to civilian life after leaving the military (Sayer et al., 2010).

In an attempt to expand upon veteran research, an exploratory study by Herzog, Everson, and Whitworth (2011) was conducted to examine secondary trauma symptoms in spouses of combat-exposed National Guard Soldiers. Results indicated that spouses of Iraqi war veterans are at increased risk for secondary trauma symptoms, which closely reflect symptoms of PTSD. These “symptoms include the avoidance of thoughts, behaviors, and emotions and the intrusion of unwanted cognitions and images that reminded that spouses of negative experiences of their Iraqi war deployed Soldier” (p. 468). Furthermore, secondary trauma symptoms in spouses were significantly correlated with posttraumatic stress in service members. As such, it is likely that spouses of service members diagnosed with PTSD are at a higher risk of readjustment difficulties when faced with the transition back into civilian life.

The Role of Social and Career Support in the Military Community

The military culture maintains a structure distinct from that of the civilian community (McCubbin, Dahl, & Hunter, 1976). Because military families are frequently relocated and stationed away from their families of origin, many military spouses find emotional support from other military spouses (Aducci et al., 2011; Palmer, 2008; Rosen & Moghadam, 1989). Residing on military installations situates spouses in close proximity to one another, rendering them readily available for emotional support when service members are absent (Jolly, 1996). As time in the military increases, so do the social connections with other military members through a variety of clubs, volunteer organizations, and installation activities that generate support, alleviate stress, and promote healthy psychological functioning (Kohen, 1984; Rosen & Moghadam, 1989).

Research by Asbury and Martin (2012) indicated that military spouses report significantly higher levels of social support than civilian spouses. This is perhaps due to: (a) the variety of installation activities; (b) volunteer work; morale, ceremonial, and mentoring duties; (c) entertaining and socializing requirements; and (d) readiness support programs, in which the military spouse traditionally participates (Harrell, 2001). Harrell's research revealed that spouses of career service members are formally expected to fulfill social engagement roles, as these are features of the service member's evaluation, especially those who hold command assignments. As military affiliation increases, spouses are obliged to further the service member's career by becoming more formalized team members (Aducci et al., 2011; Harrell, 2001; Kohen, 1984). As Harrell explained, "the officer who is unable to master his home life and present an agreeable, competent wife who is supportive of the Army is perceived as a questionable leader" (p. 60). Therefore, as rank and position of the soldier rises, the expectations and responsibilities of the spouse expand (Harrell, 2001).

Spouses of senior ranking service members are treated with the respect of rank in the military community (Harrell, 2001). As such, senior spouses in the Army adhere to role expectations by attending functions in the service member's place; mentoring junior spouses; and attending unit functions, such as hail and farewells, balls, and coffees (Harrell, 2001). However, duties related to unit readiness encompass the majority of role expectations of senior spouses (Harrell, 2001). For example, these spouses are unofficial leaders in a unit's Family Readiness Group (FRG), which is specifically designed to ensure social support and communication between spouses (Dimiceli et al., 2010; Harrell, 2001). According to the Company Commander's Spouse Battle Book, the FRG is "an officially command-sponsored organization of family members, volunteers, and soldiers belonging to a unit, that together provide an avenue of mutual

support and assistance, and a network of communications among family members, the chain-of-command and community resources” (U.S. Army War College, 2006, p. 43). The leader of the group may be any family member of a soldier in the unit, though he or she must be appointed and endorsed by the unit’s Company Commander (U.S. Army War College, 2006). More often than not, this leadership position is held by a commanding officer’s spouse, who is responsible for opening and ensuring lines of communication amongst other spouses; being knowledgeable regarding unit mission and FRG operating procedures; planning and leading FRG meetings; and recruiting, training, and monitoring volunteers (Harrell, 2001; Marriot, 1997; U.S. Army War College, 2006). As the first point of contact on the home front, it is the spouse’s responsibility to pass along any information that is received from the absent unit.

Overall, in the military culture, the spouse frequently acts as an unpaid assistant to the military service member, providing volunteer services that are valued at millions of dollars each year (Harrell, 2001). In their work from 1976, McCubbin et al. reported that spouses experience role confusion during retirement, which is reflected in the family unit. Most notably, the military spouse is accustomed to special treatment because of rank, sharing the service member’s position in the social system. Though this research is dated, more current research reveals that expectations of career service member spouses persist, and in some cases, have increased with growing numbers of female military personnel, dual-career couples, single parents, and military spouses with civilian careers (Harrell, 2001). As such, career military spouses may experience negative emotions when a comparable status is no longer afforded in the civilian culture.

Furthermore, the duties of the military spouse are often as time-consuming as full-time employment, and the demands of relocation and separation often render it difficult for the military spouse to pursue a career of his or her own (Harrell, 2001). Kohen (1984) suggests that

regular relocation results in employers viewing military spouses as temporary employees, resulting in missed opportunities for promotions, pay increases, or employment all together. Challenging deployment schedules can further compound career difficulties (Danish & Antonides, 2013; Snyder et al., 2012). In order to best support the family, the spouse is often encouraged or required to abandon his or her own career. Research illustrates that military wives are more likely to be unemployed or employed part-time, as well as lose work experience and seniority, which results in lower potential earning than their civilian counterparts (Ross, 2014).

This may result in difficulties for the military family during retirement, as many career service members are in their 40s to mid-50s when they reach the end of their military contract; conversely, most civilian workers are at the pinnacle of their careers and are situated in positions of peak earning and productivity (Giffen & McNeil, 1967; Jolly, 1996; McNeil, Lecca, & Wright, 1983). Because service members are still young, the majority do not leave the military for leisurely retirement. Instead, most seek full-time employment, which may be wrought with a number of difficulties, including learning how to search, apply, and interview for a civilian job; and translating military skills into civilian terms (McNeil et al., 1983; U.S. Department of Veteran Affairs, 2016). As such, many retired veterans may experience unemployment, which results in greater community reintegration difficulties (Sayer et al., 2011).

Furthermore, few veterans transition into lateral or upgraded civilian positions, and earnings from the new civilian job, combined with retirement pay, may be just equal or slightly more than their gross military pay (McNeil et al., 1983). New employment is typically at a level below the responsibility and authority the veteran possessed in the military, which may directly impact perceived meaning of life. The acceptance of a lower-paying and lower-status position, as well as unemployment, may require the service member's spouse to return the work force. This

may prove especially difficult for the spouse of the veteran, who has little to any paid occupational experience. As such, the transition into new career roles may contribute to reintegration difficulties for both the retired service member and spouse.

Study Introduction. The problem investigated in this study was designed to determine if sociodemographic and clinical factors are associated with higher levels of transitional difficulty in spouses of retired military service members. Specifically, it examined whether or not we can predict difficulty during the transition into retirement for military spouses if we know race, current employment status, symptoms of PTSD in military service member, number of career deployments, number of career relocations, years of military service, and service member rank. Do similar factors that affect veterans during a military to civilian transition also contribute transitional difficulties for the spouses of former military service members? The present study consists of an analysis of survey data gathered in the spring of 2017. The goal of the study was to begin identifying the factors that increase transitional difficulties for military spouses within the first six years of retirement, in order to contribute meaningful data towards veteran literature.

Research questions. This study sought to answer the following research question: Can we predict difficulty during the transition into retirement for service member spouses through sociodemographic and clinical factors (i.e., race, employment, service member symptoms of PTSD, number of career deployments, number of career relocations, years of military service, or service member rank)? If so, which factors are the best predictors of such difficulty? Do similar factors affect both spouses and veterans? Lastly, does veteran status of PTSD and number of deployments affect spouses following a military career? In conjunction with Sayer et al.'s research (2011; 2015), it was hypothesized that PTSD symptoms in service members, race, and unemployment will impact spousal transitional difficulties.

Research hypothesis. Hypothesis 1: PTSD symptoms, race, and unemployment will prove the best predictors of transitional difficulty for spouses of retired service members.

Hypothesis 2: The relationship between the number of deployments and transitional difficulty will be mediated by PTSD.

Methodology

Research design

The purpose of this descriptive cross-sectional design was to examine if certain sociodemographic and clinical factors contribute to transitional difficulties in spouses of retired service members transitioning back into a civilian lifestyle after 20-plus years of career service. The outcome variable was the level of transitional difficulty score as measured by the Military to Civilian Questionnaire (M2C-Q), and the predictor variables were as follows: (a) race, (b) employment, (c) symptoms of PTSD, (d) number of career deployments, (e) number of career relocations, (f) years of military service, or (g) service member rank. The following describes how each conceptual variable was collected and measured in this study.

Variables & measurement

To collect and measure data for testing the hypotheses, three data collection instruments were utilized. A sociodemographic/clinical questionnaire (Appendix C) was created to gather information about participants across nominal, ordinal, and ratio interval predictor variables. Because participants were from a non-clinical population and were not in a setting where posttraumatic stress disorder is diagnosed by a clinician, a modified PTSD Checklist for DSM-V (PCL-5; Appendix D) allowed the researcher to determine whether service members exhibited symptoms of posttraumatic stress disorder from their spouses' objective perspectives. Lastly, a modified Military to Civilian Questionnaire (M2CQ; Appendix E) was used to quantify the level

of transitional difficulty experienced by participants during the military to civilian transition.

Predictor variables. Seven predictor variables were considered in the study to answer the research question. The first questionnaire (Appendix C) in the survey gathered information regarding race, employment, number of career deployments, number of career relocations, years of military service, and service member rank. Racial categories were constructed in accordance with suggestions by BrckLorenz, Zilvinskis, & Haegar (2014). For the purposes of analysis, the following categorical variables were dummy coded to produce continual variables: race/ethnicity [coded 1 = American Indian or Alaska Native; 2 = Asian; 3 = Black or African American; 4 = Hispanic or Latino; 5 = Native Hawaiian or Pacific Islander; 6 = White or Caucasian; 7 = Other; 8 = Prefer not to respond] and employment [coded 1 = employed; 2 = unemployed].

The second questionnaire (Appendix D) determined the presence of PTSD symptoms in the service member as identified by his or her spouse. The modified PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that assessed the 20 DSM-5 symptoms of PTSD. For the purposes of this study, modifications were made to reflect the symptoms of the service member to the best knowledge of the service member spouse, as opposed to a self-report measure for which the PCL-5 is typically intended. The scores were based on a 5-point Likert Scale designed to measure to what degree the service member exhibits symptoms of PTSD, as illustrated in Table 1. Scores range from 0-80 on the PCL-5, with higher scores indicating a higher likelihood of a PTSD diagnosis.

PTSD Checklist for DSM-V (PCL-5). Recent research also indicates that the PCL-5 is a psychometrically sound measure of DSM-5 PTSD symptoms, exhibiting high internal consistency, and is useful for identifying a provisional PTSD diagnosis and quantifying PTSD symptom severity (Weathers et al., 2013). According to the work of Blevins, Davis, Witte, and

Domino (2015), the PCL-5 exhibits high internal consistency (Chronbach's α .94), and is comparable to other measures of PTSD. Interitem correlations fell within the generally recommended range, with a range of .17 to .77, and demonstrated good test-retest reliability ($r = .82$ CI [.71, .89; Blevins et al., 2015). Additionally, results of the study produced evidence for convergent and discriminant validity, the latter of which showed moderate correlation with related constructs on the Personality Assessment Inventory such as depression ($r = .60$), and less correlation with unrelated constructs, such as Antisocial Personality Disorder ($r = .39$) and mania ($r = .31$).

Outcome Variable

The outcome variable in this study was transitional difficulty as measured by the M2CQ. The third questionnaire (Appendix E) of the data collection instrument asked spouses of retired military service members a series of 16 questions related to the military to civilian transition. The difficulty scores were based upon a 5-point Likert Scale as indicated in Table 2. Factor loadings of similar magnitude and generally high item-total correlations ($r = .48$ or higher) in Sayer et al.'s (2011) initial study suggested that items should be summed and weighed equally to yield an overall reintegration difficulty score. Scores ranged from 0 to 4, with higher scores indicating greater reintegration difficulties.

The Military to Civilian Questionnaire (M2C-Q). The M2C-Q was developed and tested in previous veteran research to explore community reintegration difficulties in Iraq and Afghanistan veterans within 30 days of returning to their communities following deployment (Sayer et al., 2010; Sayer et al., 2011). Results of initial research on the measure demonstrated high internal consistency (Chronbach's α .95) and support for construct validity of M2C-Q scores. M2C-Q scores were associated with separate single-item measures of overall difficulty

readjusting to civilian life ($F(4,723) = 171.98, p < .001, R^2 = .58$; Sayer et al., 2011).

Additionally, Sayer et al. (2011) discovered correlations between the M2C-Q and Mental Component Summary (MCS) scores of the SF-12v2 questionnaire, suggesting that reintegration difficulties were associated with worse overall mental health. Overall results from this study indicated that veterans who identified themselves as a race/ethnicity aside from Caucasian, unemployed veterans, and those who screened positive for probable PTSD and problematic alcohol/drug use, had significantly higher M2C-Q scores (Sayer et al., 2011). Scores did not differ by gender, marital status, or military branch.

Sampling Procedures

The study was a one-time survey-based investigation of the relationship of race, current employment status, symptoms of PTSD in the military service member, number of career deployments, number of career relocations, years of military service, and service member rank to transitional difficulties as experienced by spouses of retired military service members.

Recruitment was conducted over a 10-week period in the spring of 2017 by snowball sampling through the Facebook social media platform. An introduction of the research was posted and aimed at the targeted population of spouses of retired military service members (Appendix A).

Individuals invited to take the survey were informed about the risks, benefits, and facts before choosing to participate in the study (Appendix B). Participation was completely voluntary, and participants were allowed to skip any question they did not wish to answer. Additionally withdrawal from the study was permissible at any time. Participants were not asked to provide any personally identifiable information. Records of the study were kept private through storage on the protected Survey Monkey website, which complies with the EU-U.S. Privacy Shield Framework, as well as the US-Swiss Safe Harbor Network. Upon completion of the survey,

participants were asked to refer others to the questionnaire by posting the survey link across Facebook social media pages.

Sample. The population of this study was spouses of military personnel who have retired within the last six years from career service in the United States military. Because service members who qualify for military retirement are required to have served for a period of 20 years or more, only individual whose spouses served 20+ years active duty were eligible to participate. Individuals who served as active duty service members themselves were also ineligible for participation.

A total of 131 individuals answered the M2CQ questionnaire; however, 29% did not meet criteria for eligibility. The excluded participants did at least one of the following: did not consent to the study, provided qualitative answers where quantitative data was anticipated, skipped information regarding sociodemographic factors, or failed to complete the entire study. The final sample included 93 participants who completed the study via Survey Monkey.

Of the 93 total participants, 89.2% were White/Caucasian, while 10.8% identified as a member of an ethnic minority group (American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; Native Hawaiian or Pacific Islander; Other; Prefer Not to Respond). The ethnic groups represented in the participant sample were American Indian or Alaska Native (1.1%), Asian (1.1%), Hispanic/Latino (3.2%), Native Hawaiian or Pacific Islander (2.2%), Other (2.2%), and Prefer Not to Respond (1.1%). For purposes of this study, in order to increase power, minority ethnic groups were combined to create a Non-White ethnic classification. The majority of participants identified themselves as female (96.7%). Male respondents accounted for 2.2% of the sample population, and 1.1% identified as Other. At the time of data collection, 44 respondents were employed (47.3%), 48 were unemployed (51.6%),

and 1 preferred not to respond (1.1%).

Sociodemographic data revealed participation from service member spouses attached to the Army (80.6%), Air Force (7.5%), Navy (10.8%), and Coast Guard (1.1%). Service members retired between 20 and 36 years of service, with a mean retirement after 25.8 years of service. On average, service members completed 1.5 deployments during their careers with 55.9% completing less than 5 deployments; 36.6% completing 5-9 deployments; and 7.5% completing 10+ deployments. Additionally, service members and their families were relocated an average of 9.78 times, ranging between 0-22 relocations throughout military service. See Table 3 for sociodemographic information.

Of the respondents who participated in the study, 25.8% indicated that their service member spouse had been previously diagnosed with PTSD by a healthcare professional. For the purpose of this study, participants were asked to complete a PCL-5 in order to investigate the presence of possible PTSD symptoms in the retired service member. Spousal answers on the PCL-5 revealed that 6.5% of service members attached to this study reached scores above 33, indicating that PTSD symptoms were positive enough to warrant further psychometric work (Weathers et al., 2013). See Table 4 for PTSD diagnosis and PCL5 scores.

Results

The data was analyzed using multiple regression analysis to examine the research question: Can we predict difficulty during the transition into retirement for military spouses through sociodemographic and clinical factors (i.e., race, employment, symptoms of PTSD, number of career deployments, number of career relocations, years of military service, or service member rank)? As the outcome variable was continuous, and predictor variables were a mix of continuous and categorical factors, multiple regression was chosen to predict the impact of each

predictor variable upon transitional difficulty. To begin, the researcher ruled out the seven main assumptions for a multiple regression: (1) Variable types; (2) Outliers; (3) Linearity; (4) Normally distributed errors (5) Multicollinearity; (6) Homoscedasticity; (7) Independent errors. The following explains how each assumption was analyzed and met.

Variable types

Predictor variables were quantitative, with a mix of continuous and categorical variables. In order to run a regression analysis, categorical variables were dummy coded in order to convert them into continuous variables with at least two levels. The outcome variable was quantitative, continuous, and unbounded. (Field, 2009).

Outliers

Possible outliers were identified through analysis of the standard residuals (Field, 2009). Table 5 shows that absolute values did not exceed a level of 3.29, suggesting that the data did not contain outliers for removal (Std. Residual min = -2.13, Std. Residual max = 2.33).

Normally Distributed Residuals

To test for normality of the data, the Shapiro Wilk and Kolmogorov-Smirnov (K-S) values were considered (Table 6). Both the Shapiro Wilk value and K-S value were significant, suggesting that scores differentiated from a normal distribution (Field, 2009). However, in samples larger than 30, such tests may be significant even when scores slightly differ from a normal distribution. As such, these values were considered in conjunction with the histogram and Q-Q plot. Figure 1 indicated the histogram data was near-normal distribution. Likewise, the Q-Q plot shown in Figure 2 illustrated data points lying close to the line, suggesting normally distributed errors (Field, 2009).

Multicollinearity

Tests for multicollinearity indicated that multicollinearity was not a concern. For all predictor variables, the tolerance values were above .2 and VIF values were below the threshold of 10 (see Table 7). Additionally, the average VIF was not substantially greater than 1 (VIF average = 1.31).

Homoscedasticity

Analysis of the scatterplot in Figure 3 showed that the data met the assumption of homoscedasticity, as random distribution of points suggests the variance of residuals is constant (Field, 2009).

Independent Errors

The independent error assumption states that for any two observations, the residuals should be uncorrelated (Field, 2009). The data met the assumption of independent errors as analyzed by the Durbin-Watson test in Table 8, with a value close to 2 indicating that residuals were uncorrelated in this study.

Multiple Regression Results

For this analysis, the standard enter method of multiple regression was utilized. The enter method forced all predicted variables into the model simultaneously (Field, 2009). This method of regression was chosen based upon the amount of previous research available regarding military spouses, as well as the chosen predictor variables in this study. While there is ample research to suggest that specific variables affect transitional difficulties in veteran populations, there is little research that identifies the factors responsible for transitional difficulties in the population of military spouses. Additionally, this study included predictor variables that have not been considered in previous research. While veteran surveys and research indicate that PTSD,

years of service, number of deployments, race, unemployment, and rank impacts transitional difficulty, number of relocations is not considered in contemporary studies. Additionally, these variables have only been investigated within the context of deployment reintegration, and have not been investigated with retired career service members. Neither have such factors been investigated in the military spousal population. As such, current theory does not sufficiently support the importance of one predictor variable over another in spouses of retired career service members. Other methods of multiple regression were not chosen because it was uncertain which predictor variables would create the best prediction model for the specifically targeted population (Field, 2009).

A multiple linear regression using the enter method was calculated to predict spousal transitional difficulty based on seven sociodemographic and clinical factors (i.e., race, employment, symptoms of PTSD, number of career deployments, number of career relocations, years of military service, or service member rank. Beta coefficients for the seven predictors were as follows: race/ethnicity of spouse, $\beta = .156$, $t = 1.59$, $p = .114$; years in service, $\beta = .056$, $t = .466$, $p = .642$; number of career deployments, $\beta = .245$, $t = 2.54$, $p < 0.05$; number of career relocations, $\beta = .111$, $t = .869$, $p = .387$; employment, $\beta = .029$, $t = .294$, $p = .769$; service member rank, $\beta = -.129$, $t = -1.11$; $p = .270$; symptoms of PTSD, $\beta = .412$; $t = 4.25$, $p < .01$. Employment, race, years of military service, number of relocations, and rank did not significantly predict higher levels of transitional difficulties as experienced by spouses ($p < 0.05$). However, number of career deployments and symptoms of PTSD in military service members independently predicted higher levels of transitional difficulty for spouses ($p < 0.05$).

The best fitting model for predicting spousal transitional difficulty during military retirement was a linear combination of number of career deployments and symptoms of PTSD in

service members ($R = .490$, $R^2 = .240$, $F(7,85) = 3.83$, $p < 0.01$). Participants' predicted transitional difficulty is equal to: $\hat{Y} = -.30 + 0.26$ (number of career deployments) + 0.02 (service member PTSD symptoms). This suggests that for every additional deployment, transitional difficulty increases by 0.26 points in retirement. Additionally, for every one-point increase in score on the PCL-5, the transitional difficulty for service member spouses increases by .02 points. As such, approximately 18% of transitional difficulty for service member spouses can be accounted for by knowing the number of deployments and PTSD symptom severity in the retired service members (Adjusted $R^2 = 0.18$; standard error of estimate = 0.61).

Discussion

Results of the regression analysis provided partial confirmation for the first research hypothesis: PTSD symptoms, race, and unemployment will prove the best predictors of transitional difficulty for spouses of retired service members. Fewer factors affect the military to civilian transition for the service member spouse than the veteran population evaluated in Sayer et al.'s research (2010; 2011). Notably, unemployment and race did not significantly impact adjustment back into the civilian lifestyle as hypothesized. Thus stated, results support veteran surveys and research regarding of the impact of deployment and PTSD symptomology upon military to civilian transitions.

This study demonstrated that an increase in the number of deployments encountered during military service correlates with more significant difficulties for the service member spouse during the retirement transition. There are several possibilities as to why this is so. Studies have shown that deployment stress can result in chronic psychological and physiological problems for service member spouses (Joseph, 2014; McEwan, 1998). It is possible that this stress becomes compounded with each deployment. As such, an increase in the number of

deployments resulted in a decreased ability for service member spouses to adjust to the stress of a military to civilian transition. This difficulty adjusting to civilian life may occur years after the service member returns home, as repeated exposure to deployment stress results in allostatic load for the service member spouse (Joseph, 2014). Research indicates that allostatic load impacts all systems of the body, rendering the successful management of stress chronically problematic (McEwan, 1998; McEwan & Wingfield, 2003).

In addition to the body's decreased ability to adjust to stress, deployment also impacts family dynamics and relational stability (Aducci et al., 2011; Asbury & Martin, 2012; Lowe et al., 2012; Sayers, 2011). The military culture values stoicism, which often prevents partners from sharing the deployment experience with one another (Aducci et al., 2011; Mobbs & Bonanno, 2018). As a result, partners may encounter feelings of alienation, invalidation, and misunderstanding that render it difficult to fully reintegrate into the relational dyad. One can imagine that this becomes harder to achieve with each deployment, as greater time spent apart results in the evolution of different perspectives. Repeated deployments often compute to years' worth of separation. Increased time apart may cause long-term strain on a partnership, the effects of which are experienced by the service member spouse even after military separation. There are many facets of the retirement transition that demand communication between partners in order to ensure successful navigation of the major life change. Important areas of communication and support within the partnership include finances, occupational changes, as well as the loss of status and social support. In failing to address such topics with one another, transitional stress increases.

Perhaps most problematic for spouses of retired service members is the loss of social support that is ingrained in the military culture. Military spouses often rely on other military

spouses for emotional and social support, especially during deployment (Aducci et al., 2011; Jolly, 1996; Palmer, 2008; Rosen & Moghadam, 1989). Military spouses grow to rely upon and communicate with each other more than they rely upon and communicate with the absent service member. Therefore, in considering the results of this study, it is possible that greater numbers of deployments cultivate stronger social and emotional attachments amongst service member spouses. Service member spouses feel the loss of this social network acutely during retirement, resulting in higher levels of transitional difficulty. This may be especially true for retirees returning to communities distant from military installations, as such geographic locations further alienate service member spouses from their main social support network.

The results of this study did not support the second hypothesis that deployments mediate PTSD symptoms, as independent variables are not correlated. However, greater severity of PTSD symptoms exhibited by service members correlated with higher levels of transitional difficulty for service member spouses. This is an unsurprising result given the available veteran literature regarding the impact of PTSD on service members. Service members with probable PTSD experience increased rates of divorce, substance use, and difficulties readjusting to civilian life after leaving the military (Sayer et al., 2010). As participants in this study were married, it is particularly meaningful that PTSD symptoms in the service member impact transitional difficulties for the service member spouse. Results indicate that service member spouses experience levels of transitional difficulty within the marriage that are significant when PTSD symptoms are present in the service member, illuminating a possible contributing factor in the divorce rates connected to PTSD. Further, Herzog et al.'s (2011) research revealed that military spouses experience secondary trauma that mimics the PTSD symptoms of the traumatized service member. As such, it is possible that secondary trauma, experienced as a result of the

service member's PTSD symptoms, places service member spouses at higher risk for transitional difficulties.

There is a second mechanism that may underlie the correlation between PTSD symptomology and increased transitional difficulties for military spouses in retirement. New research by Mobbs and Bonanno (2018) suggests that many symptoms classified as PTSD in veteran populations may be better captured by "transition stress," an affliction largely overlooked in veteran populations and/or misclassified as PTSD. They describe transition stress as a general feeling of alienation following military separation that results in a number of symptoms similar to PTSD such as anxiety, depression, behavioral and occupational difficulties, conflict with family members, and challenges adapting to everyday life. Mobbs and Bonanno reiterate that transition stress is not limited to individuals with combat experience. Instead, it appears linked to (a) re-entry into a society that is largely unfamiliar with military culture and frequently perceives veterans as "broken;" and (b) longing for a sense of purpose, place, and camaraderie that is provided within the structure of the military.

While this study utilized the PCL-5 as a measure to consider PTSD symptoms in retired service members, it is possible that the measure captured symptoms of transition stress. This suggests that, similar to PTSD symptoms, spouses of retired service members experience transition stress in retirement by proxy, thereby increasing transitional difficulties as measured by the M2CQ. Another consideration is that spouses experience their own transition stress as a result of leaving the military culture. The work of Davis, Ward, and Storm (2011) revealed that military wives feel a need to hold back in their interactions with civilians. Participants in the study reported feeling as though civilians fail to appreciate the military experience. As military spouses are embedded in the military culture as deeply as the service member, it is highly likely

that they experience their own symptoms of transition stress, rendering retirement more challenging. Additionally, service member spouses in this study were asked to complete PCL-5 measures for military service members. As such, there remains a possibility that participants' own symptomology influenced answers on the measure.

Implications

The results of this study highlight a need for behavioral health interventions that include the service member spouse. Such interventions begin with deployment debriefings for service member spouses, as well as transition assistant programs that provide information about military retirement to service member spouses. Research consistently argues that the military spouse is as much a part of the military force as the service member. In fact, it can be argued that the military could not operate without the sacrifice and support of military spouses. However, it is abundantly clear from literature that the experience of the service member spouse is frequently overlooked in lieu of consideration of the service member. It is important to recognize that service members exist within a relational system, in which the military spouse is a crucial component. The psychological health of service members is impacted by the psychological health of the service member spouse and vice versa. This renders the needs of service member spouses highly important, as they play a significant role in assuring military readiness.

This study revealed that service member spouses suffer difficulties during the military to civilian transition that may be a result of events occurring years prior. Most notably, while branches of the military seek to debrief service members following deployment, it is unclear whether standard protocol requires debriefing by a licensed behavioral health professional that includes psychoeducation about the short and long-term effects of deployment. This includes psychoeducation for service members in non-clinical language that explains how symptoms of

PTSD manifest and present themselves behaviorally. Additionally, it is clear that no standard protocol exists regarding debriefing service member spouses following a deployment. In fact, in speaking with service member spouses for this study, it appears that *if* debriefings occur, the responsibility falls upon a unit's Family Readiness Group (FRG) leader. FRG leaders are typically senior spouses and not credentialed behavioral health providers, which is problematic. Behavioral health providers receive years of education in order to fully comprehend the nuances of traumatic stress sequelae. Furthermore, such professionals are specifically trained to communicate this information to individuals who do not have backgrounds in behavioral health.

Because debriefings may not be conducted by licensed behavioral health professionals, many service members spend years avoiding treatment because they do not understand their experience. Conversely, spouses of service members spend years contending with a multitude of cognitive, emotional, and behavioral symptoms within the service member, without a clear sense of how or why the service member has changed. Both service members and service member spouses expect PTSD symptoms to manifest themselves in a way that is portrayed by the media, which is often an inaccurate clinical picture (Mobbs & Bonanno, 2018). As a result, effects of the deployment are likely long-standing, impacting the ability of couples to fully reintegrate with one another from the start. It is possible that such effects seep into retirement, where they are felt acutely due to the stress of the retirement transition.

Much of the current research suggests that distress felt by the service member spouse is the result of secondary traumatization, in which the service member spouse experiences trauma sequelae by proxy. However, results of this study imply that the transitional stress that service member spouses experience in retirement may not be the result of secondary trauma at all. Instead, there is a high likelihood that service member spouses' distress is a response to

attunement disruptions that occur in the relational dyad due to years' worth of separations. Reintegration occurs not only after a deployment, but also following shorter training missions. This requires military couples to consistently renegotiate and re-establish communication in the relationship, which can weaken during separations. As such, service member spouses likely experience patterns of repeated relational trauma, which are felt acutely during the retirement transition. Given the structure of the military culture, it is likely that military spouses suffer from their own distress even without secondary exposure to the effects of combat trauma.

In consideration of this, it is apparent that little is understood about the transitional stress service member spouses endure independent from the service member. This may be because the behavioral health of service members and their spouses is often difficult to separate, as one significantly impacts the other. However, this should indicate a significant need to expand veteran research to better include service member spouses. By recognizing what constitutes transitional stress, studies may then consider how such symptoms overlap with PTSD symptoms. Results of this study highlighted the sensitivity and specificity problems that are inherent in the PCL-5, signifying a need to better delineate PTSD symptoms from not only transitional stress, but also from distress that is generated from repeated relational injuries.

Ultimately, this study indicates is that there is a prolonged trauma response within service members and service member spouses, outside of combat trauma, that the DSM-5 fails to capture. By falling short in diagnostic categories and trauma conceptualization, behavioral health providers are unable to provide evidence-based, trauma-focused interventions appropriate to the phenomenon suggested in this study. There is a need to create evidence-based treatments for trauma reactions other than PTSD, the diagnosis for which current Department of Defense-approved trauma interventions target. In not considering expanded definitions of

trauma, a large number of service member and service member spouses continue to suffer emotional distress. Such distress lingers long after leaving the military culture, where treatment is often significantly harder to obtain.

In regards to leaving the military, transition assistant programs designed to help veteran's transition successfully into retirement, typically fall short of their goal (Clark, 2018). More importantly, they are granted only to service members. In doing so, the military fails to offer assistance to service member spouses, who have operated as full-time, unpaid employees, dedicating millions of hours to the military's mission. As previously discussed, this creates a variety of transitional issues unique to the service member spouse. This study indicates that at least two factors render the military retirement transition more difficult for service member spouses. Ensuring that transition assistant programs address the challenges of retirement for service member spouses could better prepare the entire family for the retirement transition. In doing so, it may reduce the severity of stress encountered by both service members and their spouses. This may increase the ease of reintegration into the civilian community, essentially lessening the need for behavioral health treatment through Veteran's Affairs, a system that is rife with accessibility and treatment issues (Zezima, 2014).

Although this is a small study, the implications of the results are far-reaching. The overarching ramification is that military behavioral health clinicians have an important role in assisting not only service members, but also service member spouses, in order to ease the difficulties encountered during the military to civilian transition of retirement. One of the most important factors in the prevention of transitional stress may be the inclusion of interventions for service member spouses throughout the military career. Interventions should include debriefings for service member spouses following the deployment cycle, as well as transitional assistance

programs for service member spouses. Early and ongoing interventions designed to provide psychoeducation about post-deployment challenges, in addition to interventions highlighting the challenges of retirement, may be a crucial component in alleviating the transitional stress service member spouses experience during retirement. Alleviating the transitional stress of service member spouses may also alleviate the stress experienced by service members during retirement, as the psychological health of each individual impacts the other.

Limitations

It is important to consider several potential limitations of this study. Firstly, findings may have been limited by flaws in the sociodemographic questionnaire as entered on the survey website. For instance, several participants' data was eliminated from the final set because individuals provided qualitative answers that could not be quantified. The survey should have been constructed in a way that allowed only for quantitative answers. Because it was not, the sample size was reduced by twelve participants who fully completed and consented to the study. Secondly, the population sampled was overwhelmingly Caucasian (89.2%) and female, which may have reduced the power of predictor variables. As such, this study may not fully capture the effect size of predictor variables upon transitional difficulty in the general population of retired military spouses.

Thirdly, the data consisted of anonymous self-reports. Participants also completed the PCL-5 for the service member, a symptom inventory ultimately designed as a self-report measure. Given this, participants' responses may have been biased, and they may have over-reported or under-reported symptoms of PTSD for the retired service member. Also, there is no way to determine if the PCL5 captured symptoms of PTSD, or the less recognized phenomenon of transitional stress. Fourthly, the anonymity of the study may have led

participants to respond more randomly and/or less truthfully. Fifthly, there is no way to rule-out circular causation between PTSD symptoms in the service member and transitional difficulties for the service member spouse, as increases in either may affect the other.

Future Directions

Previous research has identified that veterans suffer transitional challenges during the military to civilian transition; however, this study reveals that such difficulty is also experienced by spouses of retired service members. It illuminates how little is understood about the distress encountered upon leaving the military, and how the experiences of military service continue to impact the psychological health of military families well into retirement. Mobbs and Bonanno (2018) have called for a need to better understand the experience of the transition into retirement, in order to better understand the phenomenon of transition stress, of which there is no current conceptualization. In this way, behavioral health professionals may target treatment towards long-term support for transition stress. While this study supported their recommendation to understand transition stress in veterans, it also advises research to include an understanding of transitional stress in the military spouse. In doing so, we may achieve a better understanding of how transitional stress impacts the psychological health of both partners, so as to design more effective interventions.

Lastly, a search of military databases revealed Operational Order 10-70, which highlights the need for increased behavioral health support for not only soldiers throughout the deployment process, but also for families (US Army Medical Command, 2010). It offers a comprehensive plan that includes screening and interventions for family members during the pre-deployment, deployment, redeployment, and reintegration phases. Most notably, it proposes at least one credentialed behavioral health provider to educate family members about reintegration. For

military behavioral health professionals, there is an opportunity to implement this plan and collect outcome data in families across deployments. Prospective data collection could span the military career for later comparison of transitional difficulties in spouses who received early interventions and spouses who did not.

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Appendix A

INTRODUCTION LETTER

I am doing research about military spouses during retirement. I am asking you to complete a ten-to-fifteen-minute online survey. You must be at least 18 years old to participate. Your spouse must have served at least 20 years in the U.S. military to participate. You may not participate if you have ever served as an active duty military member.

The goal of this study is to understand difficulties that military spouses may have during military retirement. Please read the consent form on the next page before starting the survey. Contact information is listed on the consent form. Please contact me with questions about participation.

For each completed survey, I will donate \$2 to Blue Star Families. This non-profit organization helps connect military families with the general public / communities to address the challenges of military life. Its programs and services provide support for more than 1.5 million military families every year.

Your time and participation is greatly appreciated.

Appendix B
INFORMED CONSENT

This study is designed to increase understanding of the difficulties military spouses experience after retirement from a 20+ year military career.

Participants will be asked to fill out an electronic survey, which includes the following forms:

- A questionnaire about personal factors
- A questionnaire about your experience in retirement
- A questionnaire about Post Traumatic Stress Disorder (PTSD) symptoms in your spouse

There are no direct benefits to you for joining this study. However, research may improve the understanding of military spouses' experience of retirement.

There is some potential risk to those who take part in this research study. The primary risk is that some questions may cause you to feel sadness or distress. However, there is no known risk higher than what you experience in day-to-day life. If you feel any distress during participation in the study, you may contact the Crisis Text Line by texting 'HOME' to 741741. A live, trained Crisis Counselor will connect to you within five minutes.

You will not be asked to give any identifying information on the survey. Your answers will be kept private on the protected Survey Monkey website. The data will be destroyed once the study

is complete. This will be done by deleting the survey website. Information about Survey Monkey's Privacy Policy may be found at <https://www.surveymonkey.com/mp/policy/privacy-policy/>.

Taking part in this study is voluntary. It is your choice to be involved in this study. You do not have to answer any question you don't want to. You can leave the study at any time, for any reason, without penalty. All the information you provide will be kept completely confidential. Only I will see the completed surveys.

Appendix C**SOCIODEMOGRAPHIC/CLINICAL QUESTIONNAIRE**

Please answer the following questions:

1. What is your gender? [Multiple choice: male; female; other; prefer not to respond]
2. Which best describes your race/ethnicity? [Multiple choice: American Indian or Alaska Native; Asian; Black or African American; Hispanic or Latino; Native Hawaiian or Pacific Islander; White or Caucasian; Other; Prefer not to respond]
3. Has your spouse been diagnosed with PTSD? [Multiple choice: Yes; No]
4. How many years did your spouse serve in the military? [Single text box]
5. What branch of the military did your spouse serve? [Single text box]
6. How many deployments were experienced in this time? [Single Text Box]
7. Are you currently employed? [Multiple choice: Yes; No]
8. Was your spouse an officer or a noncommissioned officer? [Multiple choice: Noncommissioned officer; Officer]

Appendix D**SPOUSAL SYMPTOMS OF PTSD**

This questionnaire asks about problems your service member spouse may have had after a very stressful experience involving actual or threatened death, serious injury, or violence. It could be something that happened to them directly, something they witnessed, or something they learned happened to a close family member or close friend.

To the best of your knowledge, in the past month, has your spouse been bothered by...

[0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely]

1. Repeated, disturbing, or unwanted memories of a stressful experience?
2. Feeling very upset when something reminded them of a stressful experience?
3. Having strong physical reactions when something reminded them of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
4. Avoiding memories, thoughts, or feelings related to the stressful experience?
5. Avoid external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
6. Repeated, disturbing dreams of the stressful experience?
7. Suddenly feeling or acting as if the stressful experience were actually happening again (as if they were actually back reliving it)?
8. Trouble remembering important parts of the stressful experience?

9. Having strong negative beliefs about themselves, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
10. Loss of interest in activities they used to enjoy?
11. Irritable behavior, angry outbursts, or acting aggressively?
12. Taking too many risks or doing things that could cause them harm?
13. Being “super alert” or watchful or on guard?
14. Trouble experiencing positive feelings (for example, being unable to have loving feelings for people close to them)?
15. Have difficulty concentrating?
16. Feeling jumpy or easily startled?
17. Feeling distant or cut off from other people?
18. Blaming themselves or someone else for the stressful experience or what happened after it?
19. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
20. Trouble falling or staying asleep?

Appendix E

MODIFIED M2C-Q

The following questions are designed to explore difficulties you may have experienced as the spouse of a military service member following retirement.

Over the past six years, have you had difficulty with...

[0 = No difficulty; 1 = A little difficulty; 2 = Some difficulty; 3 = A lot of difficulty; 4 = Extreme difficulty]

1. Dealing with people you do not know well (such as acquaintances or strangers)?
2. Making new friends?
3. Keeping up friendships with people who have no military experience?
4. Keeping up friendships with people who have military experiences (including friends who are active duty or veterans)?
5. Getting along with relatives (such as siblings, parents, grandparents, in-laws, and children not living at home)?
6. Getting along with your spouse or partner (such as communicating, doing things together, enjoying his or her company)?
7. Getting along with your child or children (such as communicating, doing things together, enjoying his or her company)?
8. Finding or keeping a job (paid or nonpaid or self-employment)?

9. Doing what you need to do for work or school?
10. Taking care of your chores at home (such as housework, yard work, cooking, cleaning, shopping, errands)?
11. Taking care of your health (such as exercising, sleeping, bathing, eating well, taking medication as needed)?
12. Enjoying or making good use of free time?
13. Taking part in community events or celebrations (for example, festivals, PTA meetings, religious or other activities)?
14. Feeling like you belong in “civilian society?”
15. Confiding or sharing personal thoughts and feelings?
16. Finding meaning or purpose in life?

Table 1

Likert Scale Numerical Values for PCL-5 (Weathers et al., 2013)

Respondent's Selection	Numerical Value
Not at all	0
A little bit	1
Moderately	2
Quite a bit	3
Extremely	4

Table 2

Likert Scale Numerical Values for M2C-Q (Sayer et al., 2011)

Respondent's Selection	Numerical Value
No difficulty	0
A little difficulty	1
Some difficulty	2
A lot of difficulty	3
Extreme difficulty	4

Table 3

Frequency and Percentages for Sociodemographic Information

Variable	Frequency (n = 93)	Percentage (n = 93)
Race/Ethnicity		
White	83	89.2
Non-White	10	10.8
Gender		
Female	90	96.7
Male	2	2.2
Other	1	1.1
Employment		
Employed	44	47.3
Unemployed	48	51.6
PNTR	1	1.1
U.S. Military Branch		
Army	75	80.6
Air Force	7	7.5
Navy	10	10.8
Coast Guard	1	1.1
Service Member Rank		
Officer	58	62.4
Non-Commissioned Officer	35	37.6
Number of Deployments		
<5	52	55.9
5-9	34	36.6
10+	7	7.5
Number of Relocations		
0	1	1.1
1	2	2.2
2	1	1.1
3	1	1.1
4	4	4.3
5	8	8.6
6	6	6.5
7	7	7.5
8	11	11.8
9	7	7.5
10	9	9.7
11	6	6.5
12	5	5.4
13	6	6.5
14	5	5.4

15	2	2.2
16	3	3.2
17	3	3.2
18	2	2.2
19	1	1.1
20	1	1.1
21	1	1.1
22	1	1.1

Table 4

Frequency and Percentage of Diagnosed PTSD and PCL5 Scores

Variable	Frequency (n = 93)	Percentage (n = 93)
PTSD Diagnosis by Healthcare Professional		
PTSD	24	25.8
No PTSD	68	73.1
PNTR	1	1.1
Total PCL5 Score by Spouse		
0	14	15.1
1	7	7.5
2	4	4.3
3	5	5.4
4	8	8.6
5	4	4.3
6	3	3.2
7	3	3.2
8	5	5.4
9	7	7.5
10	4	4.3
11	1	1.1
12	3	3.2
13	1	1.1
15	3	2.2
16	1	1.1
17	2	2.2
18	1	1.1
21	1	1.1
23	1	1.1
26	1	1.1
27	2	2.2
28	1	1.1
29	2	2.2
30	3	3.2
35	2	2.2
39	1	1.1
49	1	1.1
57	1	1.1
63	1	1.1

Table 5

Residual Statistics

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	.351	1.81	.849	.329	93
Residual	-1.30	1.42	.000	.586	93
Std. Predicted Value	-1.51	2.92	.000	1.00	93
Std. Residual	-2.13	2.33	.000	.961	93

Table 6

Test for Normality

Shapiro Wilk	Kolmogorov - Smirnov	Absolute Skewness	Std. Skewness
.000	.610	.610	.025

Table 7

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig	Collinearity Statistics	
	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>			<i>Tolerance</i>	<i>VIF</i>
Race/Ethnicity of Spouse	.337	.211	.156	.159	.114	.936	1.07
Years in Service	.008	.018	.056	.466	.642	.614	1.63
Number of Deployments	.259	.102	.245	2.53	.013	.957	1.05
Number of Relocations	.016	.019	.111	.869	.387	.545	.1.83
Employment	.037	.126	.029	.294	.769	.936	1.07
Rank of Service Member	-.178	.160	-.129	-1.11	.270	.666	1.50
PCL-5 Score	.022	.005	.412	4.25	.000	.950	1.05

Table 8

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.490	.240	.177	.610	1.96

Figure 1

Histogram of Total Transitional Difficulty Scores

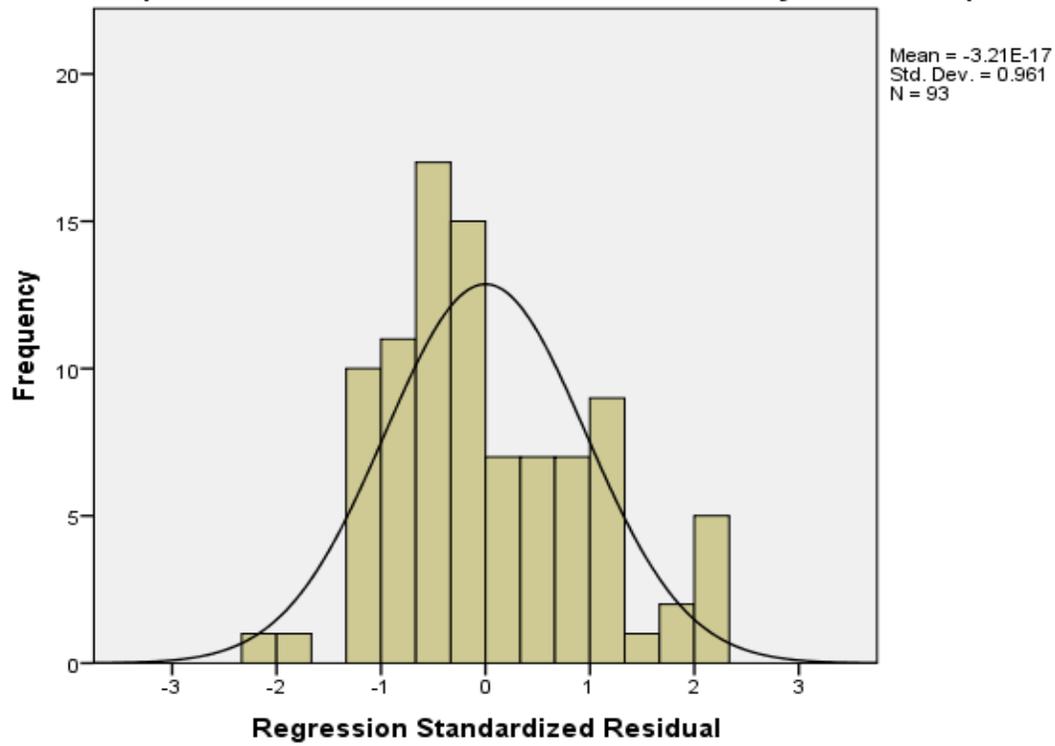


Figure 2

Normal Q-Q Plot of Total Transitional Difficulty Score for Spouse

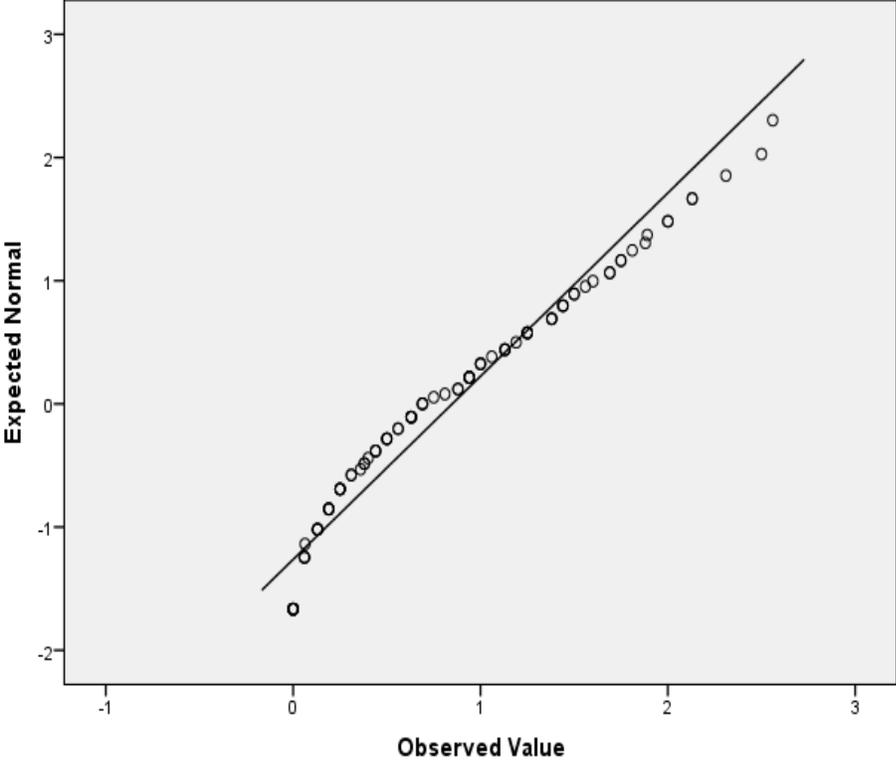


Figure 3

Scatterplot of Standardized Residuals

