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Military Identity, Psychological Flexibility, and Reintegration Experiences of Post 9/11 Service Members and Veterans

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Counseling, Clinical, and School Psychology

by

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December 2018

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December 2018

Military Identity, Psychological Flexibility, and Reintegration Experiences of Post 9/11 Service Members and Veterans

DEDICATION

For Cody.

Thank you for your unconditional love, for choosing to sleep at my feet every time I pulled an all-nighter, for all the hours you waited patiently for a walk during grad school, and for tolerating the 56,433 “sunset selfies” I made you pose for when walk time finally came around. Thank you for showing me that no stick is too big if you want it badly enough, and for every grain of sand you brought home from the beach. Thank you for teaching me that every rock is special, and for only swallowing one in ten years. You’re the best dog in the whole wide world, and I couldn’t have done this without you.

VITA OF LINDSEY ANNE LILES

EDUCATION

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Dissertation Chair: Steve Smith, Ph.D.

2009-2011 **Master of Arts in Counseling Psychology**
Clinical Mental Health Counseling Track (CACREP-Accredited)
University of Mary Hardin-Baylor (UMHB)
Belton, TX

2004-2008 **Bachelor of Arts in Psychology**
University of Mary Hardin-Baylor
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CLINICAL TRAINING AND EXPERIENCE

Pre-Doctoral Intern August 2017-August 2018
Phoenix VA Health Care System
Training Director: Matthew Weyer, Ph.D.
Rotations: PTSD Clinical Team, General Mental Health Clinic, West Valley Vet Center, Outpatient Mental Health/DBT

Program Evaluator September 2014-June 2016
University of California, Santa Barbara
Experience: Conducted individual semi-structured clinical interviews, standardized assessments, as well as suicide, PTSD, and trauma assessments with Veterans entering drug treatment court. Attained client history and client feedback used for program evaluation.
Supervisor: Merith Cosden, Ph.D.

Therapist/Extern June 2014-May 2016
Sanctuary Centers of Santa Barbara
Experience: Provided individual and group psychotherapy, case management, and psychological assessment services to court mandated, residential, Intensive Outpatient Treatment (IOT), and outpatient clients with co-occurring severe mental illness and substance use disorders. Individual case conceptualization and interventions utilized an integrative approach combining ACT and Cognitive-Behavioral Therapy (CBT) with Existential and Humanistic approaches.
Supervisors: Denise Mock, Ph.D.; Lisa Moschini, MFT

Assessment Clinician 2013-2014; Spring 2016

Psychology Assessment Center at the University of California, Santa Barbara

Experience: Provided psychological assessment services for the measurement of disorders that affect psychological, emotional, academic, and occupational functioning using neuropsychological, cognitive, achievement, and personality measures.

Supervisors: Erik Lande, Ph.D.; Jordan Witt, Ph.D.

Student Clinician September 2013-June 2014

Hosford Clinic at the University of California, Santa Barbara

Experience: Conducted intake interviews and assessments for prospective clients. Provided psychotherapy to individuals and couples using a positive psychology approach. Maintained a caseload of two to five clients per week from within the community. Presenting problems ranged from stress management to anxiety and depression. Created and implemented personalized treatment plans and monitored progress over time.

Supervisor: Collie Conoley, Ph.D.

Extern/Therapist May 2011- December 2011

University of Texas Medical Branch, Gatesville Prison

Experience: Provided individual and group psychotherapy for female inmates aged 18-70 from a primarily cognitive-behavioral approach. Presenting problems included crisis management, psychosis, anxiety, depression, shame, and guilt. Conducted mental health evaluations and risk assessments for recently incarcerated individuals, follow-up sessions, and crisis interventions. Engaged in TeleMed communication to provide psychotherapy to inmates without access to care at other prison facilities.

Supervisors: Yolanda Attaway, LPC-S; Rebecca McDow, LMFT-S

Student Clinician January 2011- December 2011

Community Life Center at the University of Mary Hardin-Baylor

Experience: Provided individual psychotherapy to low income adults and adolescents in the community. Presenting problems included grief, suicidal ideation, abuse, depression, anxiety, anger management, stress, and self-esteem. Created and implemented personalized treatment plans from a primarily cognitive-behavioral approach and monitored progress over time.

Supervisors: Wen-Mei Chou, Ph.D.; Ray Eary, Ph.D.; Ty Leonard, Ph.D.

RESEARCH EXPERIENCE

Dissertation May 2016-Present

"Psychological flexibility, military identity, and reintegration in post-9/11 service members and veterans."

University of California, Santa Barbara

Research: Project is designed to examine the relationship between military identity and reintegration experiences in veterans and active duty service members. Psychological flexibility and identity conflict will also be explored as potential moderators and mediators within the reintegration process.

Chair: Steven R. Smith, Ph.D.

Research Project September 2013-Present

"Exploring athletic identity in adolescents."

University of California, Santa Barbara

Research: Project is designed to determine if there is a significant difference between self-concepts of adolescents who identify as elite athletes and their non-athlete peers. Responsibilities include formulating research design, recruiting participants from local middle and high schools, administering assessments, and processing data.

Supervisors: Merith Cosden, Ph.D.; Steven R. Smith, Ph.D.

Grant Funded Research September 2014-June 2016

University of California, Santa Barbara

Experience: Grant management, data collection, entry, and analysis, database creation and maintenance, report writing, and training, supervision, and consultation on administration of symptom and outcome assessments.

North Santa Barbara County Veterans Treatment Court (Santa Maria, CA)

Assisted Santa Barbara County in the implementation, modification, and program evaluation of a Veterans treatment court to meet the needs of North Santa Barbara County justice-involved Veterans.

Qualitative Analysis of Veterans Treatment Court Consumer Survey Responses

Conducted a qualitative analysis of responses gathered from Veterans. Focused on reasons for leaving the military, relationships with other Veterans, positive aspects of the treatment program, and recommended changes for the program.

Supervisor: Merith Cosden, Ph.D.

Second-Year Project (MA Thesis Equivalent) September 2013-2015

"*An exploration of sport specialization, self-rated quality of performance, and mental toughness in division I athletes."*

University of California, Santa Barbara

Research: Project examined relationships between self-rated quality of performance, mental toughness and age of sport specialization in DI collegiate athletes. Results suggested age of specialization is not related to self-rated skill or mental toughness and supported research suggesting positive outcomes for early sport sampling.

Supervisor: Steven R. Smith, Ph.D.

MA Thesis 2009-2011

"Bullying in the counselors' working environment: A Texas wide survey of counselors."

University of Mary Hardin-Baylor

Research: Project was designed to utilize survey data to determine if, and to what extent, counselors feel bullied in their working environment. Responsibilities included identifying appropriate measures, creating an online survey, calling 600 Licensed Professional Counselors to request participation, and gathering and processing data.

Supervisor: Wen-Mei Chou, Ph.D.

Independent Research Study 2009-2011

"*Perceived exertion: A comparative study using different forms of distraction during elliptical training*."

University of Mary Hardin-Baylor

Research Project was designed to investigate and compare the effectiveness of visual, auditory, and self-talk distractions on participants' perceived exertion, heart rate, and duration of exercise. Responsibilities included formulating the research design, recruiting participants, conducting testing sessions, and processing data.

Supervisor: Colin Wilborn, Ph.D.

TEACHING EXPERIENCE

Course Reader at the University of California, Santa Barbara Spring 2017

Course: CNCSP 101 Helping Relationships: Theory and Practice

Instructor: Tania Israel, Ph.D.

Lead Teaching Assistant at the University of California, Santa Barbara Fall 2016

Course: FEMST 40 Women, Representation, & Cultural Production

Instructor: Jacqueline Bobo, Ph.D.

Teaching Assistant at the University of California, Santa Barbara Winter 2015

Course: CNCSP 101 Helping Relationships: Theory and Practice

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TECHNICAL REPORTS

Cosden, M., Koch, L., & **Liles, L**. (2016, February). *Evaluation of the Santa Barbara North County Veterans Treatment Court*. Bi-Annual program evaluation and progress report prepared and submitted to the Substance Abuse and Mental Health Services Administration, Washington, DC.

Cosden, M., Koch, L., & **Liles, L.** (2015, August). *Evaluation of the Santa Barbara North County Veterans Treatment Court*. Bi-Annual program evaluation and progress report prepared and submitted to the Substance Abuse and Mental Health Services Administration, Washington, DC.

PUBLICATIONS

Cosden, M., Communale, S.P., **Liles, L.,** Smith, S.R. (2018). Personality assessment for adults with cognitive or physical disabilities. In S.R. Smith & R. Krishnamurthy (Eds.). *Diversity-sensitive personality assessment*. New York: Routledge.

Liles, L., Chou, W., Mailander, K., & Bray, M. (in press). *Bullying in the counselors' working environment: A Texas wide survey of counselors*. Journal of Scholastic Inquiry: Behavioral Sciences.

CONFERENCE PRESENTATIONS AND POSTER SESSIONS

Liles, L. & Smith, S. (2014, November). *An exploration of sport specialization, self-rated quality of performance, and mental toughness in division I athletes.* Presented to the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara Annual Research Festival, Santa Barbara, CA.

Liles, L. & Smith, S. (2014, October). *An exploration of sport specialization, self-rated quality of performance, and mental toughness in division I athletes.* Poster session presented at the Annual Association for Applied Sport Psychology Conference, Las Vegas, NV.

Liles, L., Chou, W., Mailander, K., & Bray, M. (2013, April). *Bullying in the counselors' working environment: A Texas wide survey of counselors*. Presented at the Center for Scholastic Inquiry Academic Research Conference, Scottsdale, AZ.

Liles, L., Dugan, K., Mailander, K., White, A., Krause, J., Taylor, L., Statz, R., Ballard, C., & Wilborn, C. (2013, April). *Perceived exertion: A comparative study using different forms of distraction during elliptical training*. Presented at the Center for Scholastic Inquiry Academic Research Conference, Scottsdale, AZ.

Liles, L., Dugan, K., Mailander, K., White, A., Krause, J., Taylor, L., Statz, R., Ballard, C., & Wilborn, C. (2011, June) *Perceived exertion: A comparative study using different forms of distraction during elliptical training.* Poster session presented at the National Strength and Conditioning Association Conference, Las Vegas, NV.

Liles, L., Chou, W., Mailander, K., & Bray, M. (2011, May). *Bullying in the counselors'working environment: A Texas wide survey of counselors*. Presented at the University of Mary Hardin-Baylor Annual Student Scholars' Day and Research Symposium, Belton, TX.

Liles, L., Dugan, K., Mailander, K., White, A., Krause, J., Taylor, L., Statz, R., Ballard, C., & Wilborn, C. (2011, May) *Perceived exertion: A comparative study using different forms of distraction during elliptical training.* Presented at the University of Mary Hardin-Baylor Annual Student Scholars' Day and Research Symposium, Belton, TX.

PROFESSIONAL PRESENTATIONS AND TRAININGS

Liles, L. (July, 2018). *Program evaluation: Providers' understanding and implementation of REACH Vet policies and procedures.* Presentation hosted by Phoenix VA Health Care System, for Program Evaluation Series, Phoenix, AZ.

Liles, L. (June, 2018). *Diversity consideration for personality assessment with TGNC patients: A case presentation.* Presentation hosted by Phoenix VA Health Care System, for Diversity Series, Phoenix, AZ.

Liles, L. (December, 2017). *Psychological flexibility, military identity, and reintegration.* Presentation hosted by Phoenix VA Health Care System, for Didactic Series, Phoenix, AZ.

Koch, L. M., **Liles, L.,** Vasquez, E., & Bello, B. (2015, November). *Addiction Severity Index administration and scoring training.* Presentation and training hosted by Santa Barbara County Alcohol and Drug Program, for ADP Treatment Providers, Santa Maria, CA.

Koch, L. M., **Liles, L**., Bello, B., & Vasquez, E. (2015, October). *Addiction Severity Index administration and scoring training.* Presentation and training hosted by Santa Barbara County Alcohol and Drug Program, for ADP Treatment Providers, Santa Barbara, CA.

Liles, L. & Smith, S. (2015, August). *Get out of your way.* Presentation hosted by CrossFit Pacific Coast, for Third Thursday Talk, Santa Barbara, CA.

Gauthier, J. R., Koch, L., & **Liles, L**. (2014, September) *Addiction Severity Index administration and scoring training*. Presentation and training hosted by the Santa Barbara County Alcohol and Drug Program, for ADP Treatment Providers. Funded by the Santa Barbara County Alcohol and Drug Program, Solvang, CA.

DEPARTMENT, UNIVERSITY, AND PROFESSIONAL SERVICE

Journal of Clinical Psychology and Psychotherapy, Assistant Reviewer	2016
Department Climate Committee, Member	2014
Journal of Scholastic Inquiry: Behavioral Sciences, Assistant Reviewer	2013

ACADEMIC AWARDS AND RECOGNITION

Graduate Division Dissertation Write-In Grant	2017
CCSP Internship Stipend Award	2017
Hosford Research Grant	2017
Society for Personality Assessment Dissertation Grant	2017
Nominated for GSA Excellence in Teaching Award	2015
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CCSP Department Travel Award	2014
UCSB Dean's Ambassador Circle Scholar	2013
Center for Scholastic Inquiry (CSI) Best Presentation Award	2013
UMHB Department of Exercise and Sport Science Research and Travel Award	2011
Honorary Member of Chi Sigma Iota	2009-2011
UMHB Top 'X' Award	2008
UMHB Provost's Honor Roll	2007-2008
UMHB Honor Scholarship	2006-2008
UMHB Dean's List	2006-2007
American Southwest Conference Academic All-Conference Team	2005-2008
UMHB College of Science and Humanities Honor Roll	2005-2008
UMHB President's Scholarship	2004-2006

PROFESSIONAL AFFILIATIONS

American Psychological Association (APA), Student Affiliate
APA Division 1, General Psychology, Student Affiliate
APA Division 8, Personality and Social Psychology, Student Affiliate
APA Division 19, Military Psychology, Student Affiliate
APA Division 47, Exercise and Sport Psychology, Student Affiliate
APA Division 56, Trauma Psychology, Student Affiliate
American Counseling Association
Association for Applied Sport Psychology
Association for Contextual Behavioral Science
Pi Gamma Mu, International Honor Society in Social Sciences
Society for Personality Assessment
Society for Personality and Social Psychology
National Honor Society in Psychology, Psi Chi

ABSTRACT

Military Identity, Psychological Flexibility, and Reintegration Experiences of Post 9/11 Service Members and Veterans

by

Lindsey Anne Liles

Since 2001, approximately 2.6 million U.S. Service Members have deployed the Middle East in support of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), New Dawn (OND), Inherent Resolve (OIR), and Freedom's Sentinel (OFS). Nearly 40% of those individuals deployed more than once (Institute of Medicine, 2014). Although most of these individuals reintegrate into civilian life without persistent difficulties, a significant portion experience an ongoing struggle to adjust because of physical injury, mental health concerns, or other functional problems (Sayer, Carlson, & Fraizer, 2014). Existing research on reintegration is primarily problem-focused, describing relationships between symptoms, diagnoses, traumatic experiences, and reintegration difficulty, without presenting possible solutions. The purpose of the present study was to explore how psychological flexibility, military identity, and identity conflict influence both positive and negative reintegration experiences for Veterans and Service Members.

Method. The study was conducted using a sample of 189 post 9/11 combat Veterans ($N = 115$) and active-duty Service Members ($N = 74$). Participants were recruited to

complete an online survey about their reintegration experiences via Facebook and Amazon Mechanical Turk. The proposed model for Veterans hypothesized identity conflict would mediate the effects of psychological flexibility and military identity on reintegration experiences. The model for Service Members hypothesized identity conflict would mediate the effect of psychological flexibility on reintegration experiences. Military identity was included as a covariate for positive reintegration experiences. The mediation models were evaluated using PROCESS v3.0 (Hayes, 2018).

Results. The mediational hypotheses were supported in three of the Veteran models, as significant indirect effects were identified for work negative, family negative, and personal negative reintegration experiences. Findings indicate psychological flexibility and military identity transmit a significant effect to these outcome variables through the mediator, identity conflict. The hypothesized mediation models for active-duty Service Members were not supported. For both groups, psychological flexibility was significantly and positively associated with better reintegration outcomes (lower scores on measures of negative reintegration experiences and higher scores on measures of positive reintegration experiences). Increases in identity conflict were associated with increases in negative reintegration experiences in both samples. For Veterans and Service Members, stronger military identity was associated with increases on measures of positive reintegration experiences, as well as higher levels of identity conflict. Within the Service Member sample, stronger military identity was also associated with increases in reintegration difficulty and negative work experiences.

Discussion. Results from the present study indicate the relationships between military identity, psychological flexibility, and identity conflict influence the reintegration

process for Service Members and Veterans. These findings can be used to guide the development of an intervention to improve reintegration outcomes. An intervention capable of increasing psychological flexibility and decreasing identity conflict would theoretically result in more positive reintegration experiences and less reintegration difficulty for both Service Members and Veterans. Results also imply that targeting military identity as a point of intervention in the reintegration process may be ineffective, as it is linked to increases in both positive and negative outcomes.

This study adds to the current understanding of reintegration by examining the process through a cultural lens. Previous research has conceptualized reintegration in terms of the difficulties experienced by military personnel following separation from service or return from a deployment. Post 9/11 reintegration experiences are often portrayed in relation to combat exposure, trauma history, negative psychological symptoms, and mental health diagnoses. This study examined the reintegration process through a less stigmatizing lens by exploring both positive and negative experiences in relation to personality, military culture, and psychological flexibility. In doing so, the present study normalizes reintegration as a cultural transition and establishes a foundation on which future interventions can be built.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter I

Introduction

Since 2001, approximately 2.6 million U.S. Service Members have deployed to fight the war on terrorism in Afghanistan, Iraq, and neighboring countries. Nearly 40% of those individuals deployed more than once (Institute of Medicine, 2014). Multiple factors contribute to the challenges faced by this era of returning combat Veterans, including: the nearly 17 year duration of our ongoing conflicts in the Middle East, the possibility for multiple deployments, and our reliance on an all-volunteer military service. Most of these individuals reintegrate into civilian life without persistent difficulties, but a significant portion experience an ongoing struggle to adjust because of physical injury, mental health concerns, or other functional problems (Sayer, Carlson, & Fraizer, 2014).

Reintegration

Reintegration is a complex construct defined differently within each branch of the armed services. Fikretogla and McCreary (2010) explain reintegration as an intricate process during which Service Members decompress from the stress of the deployment, process the events of the tour, reconnect with family and friends, adjust to changing work duties, and rejoin their communities at home. Currie, Day, and Kelloway (2011) define reintegration more simply as the process of "transitioning back into personal and organizational roles and society after having been deployed" (p. 38). The reintegration process is not limited to the months immediately following return from deployment; it also applies more broadly to the transition from military to civilian life. This study will focus on post-deployment reintegration of active-duty Service Members and the reintegration experiences of combat Veterans transitioning out of the military.

Most of the literature on post 9/11 military reintegration highlights the prevalence of psychological symptoms and diagnoses in combat Veterans and/or correlations between mental health problems and reintegration difficulty (Beder, Coe, & Sommer, 2011; Blevins, Roca, & Spencer, 2011; James, VanKampen, Miller, & Engdahl, 2013; Lapierre, Schwelger, & LaBauve, 2007; Pietrzak et al., 2010; Sayer et al., 2014; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012). It is well established that Service Members diagnosed with Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), or other mental health issues tend to have increased difficulty with the reintegration process. However, even in the absence of a deployment-related diagnosis, individuals formerly deployed to combat zones may have difficulties transitioning from military to civilian roles (Sayer et al., 2014). Research on the subclinical levels of distress encountered by Service Members and Veterans during the reintegration process is limited at best.

Scholarly journals are rife with publications detailing the associations between post-deployment psychological issues and reintegration. A smaller subset of qualitative research has explored reintegration difficulties related to the shift from military to civilian culture and conflicting identities (Demers, 2011; Duca, 2013). The connections between military culture, military identity, identity conflict, and the reintegration process warrant further exploration.

Military Identity

Military identity is an understudied construct that may influence the reintegration experiences of Service Members and Veterans. Smith and True (2014) explain identities as "social categories that individuals learn in social interaction and accept as self-descriptive and self-defining...social based answers to the question 'who am I?...and sources of

existential meaning or purpose in life" (p. 149). A strong military identity is etched into the core of each Service Member from the start. Creating that military identity, strengthening it through training, reinforcing it through shared experiences, and embodying it in their day-to-day lives is an endeavor that spans their military career. Therefore it is foreseeable that individuals might struggle to adjust to the sudden shift in context when returning from deployment or transitioning out of the military.

Military identity and military culture appear to be gaining interest as potential constructs within the conceptual model of reintegration. However, most of the existing research on military identity is qualitative, as empirically validated measures of the construct have yet to be established. Preliminary research suggests many Veterans and Service Members struggle with conflicting identities and feeling like an outsider during significant transitions (Demers, 2011; 2013; Migliore & Pound, 2016; Smith & True, 2014). For active-duty Service Members, a strong military identity may aid in the reintegration process by providing a sense of connection to fellow Service Members when they return home. However, for those transitioning from Service Member to civilian, a strong military identity may actually negatively impact the process by leaving Veterans feeling isolated or stuck in limbo.

Psychological Flexibility

Current research on the reintegration process focuses on relationships among symptoms, diagnoses, traumatic experiences, and reintegration difficulty, and often highlights problems without presenting possible solutions. Mental illness, PTSD, and/or negative psychological symptoms can be adjusted with treatment. However, the stigma associated with seeking mental health services is one of many barriers to mental health care

for Service Members and Veterans. Psychological flexibility may influence the reintegration process. If so, offering Service Members and Veterans the opportunity to build psychological flexibility may provide a less stigmatizing avenue for addressing difficulties experienced in the reintegration process.

Psychological flexibility is a construct associated with Acceptance and Commitment Therapy (ACT) that has been linked to a number of mental health benefits. Research shows psychological flexibility and its components are consistently negatively correlated with psychopathology and even predict it longitudinally (Chawla & Ostafin, 2007; Hayes et al., 2006, Kashdan & Rottenberg, 2010; Polusny et al., 2011). Psychological flexibility represents a set of psychological skills that can be developed or improved upon through ACT. For military populations, the idea of developing a set of skills to increase psychological flexibility may be more appealing and less stigmatizing than focusing on symptoms and psychological distress.

ACT is a transdiagnostic approach that applies mindfulness and behavioral techniques to help clients identify goals and commit to valued actions (Lang et al., 2012). Transdiagnostic approaches are considered beneficial when working with Veteran and military populations. Comorbidity is common within this population and therefore problem specific treatments are not always effective. Additionally ACT may be appropriate for use with recent generations of Veterans because of its face validity and alignment with military culture. The focus on values and action towards goals is fitting for this population (Lang et al., 2012). A number of studies suggest that development of psychological flexibility in military populations is not only possible but a worthwhile endeavor (Blevins et al., 2011;

Kashdan & Kane, 2011; Kashdan & Rottenberg, 2010; Meyer, Morissette, Kimbrel, Kruse, & Gulliver, 2013).

Purpose

The purpose of this study was to explore the relationships between military identity, psychological flexibility, and reintegration experiences in samples of active-duty Service Members and Veterans. Prior research on military reintegration has analyzed negative outcomes in relation to psychological symptoms, mental health diagnoses, and trauma. Conceptualizing reintegration difficulty as a problem that occurs in conjunction with PTSD and mental health problems results in a framework that pathologizes anyone who doesn't move seamlessly through this significant life transition. The present study sought to understand the reintegration process in a less stigmatizing context.

Existing literature on military reintegration tends to focus on reintegration difficulties. Few studies have highlighted positive aspects of the reintegration process. This study explores how military identity relates to both positive and negative reintegration experiences for Service Members and Veterans. Examining military identity and identity conflict as part of the reintegration process instead of diagnoses and psychological symptoms shifts the focus of the discussion from mental illness to a more cultural context. When negative psychological symptoms are the primary focus, Service Members and Veterans may be less likely to speak openly about their experiences. By introducing military identity as a cultural context for examining the reintegration process, we can shift the message from "adjusting may be difficult because there is something wrong with you (mental illness)" to "adjusting may be difficult because you are experiencing a significant transition."

Including psychological flexibility as a variable within this study adds a dimension within the reintegration process that can potentially be manipulated. The current research on reintegration focuses on relationships between symptoms, diagnoses, traumatic experiences, and reintegration difficulty, and highlights problems without presenting possible solutions. The purpose of this study is to learn more about the variables within the reintegration equation that can be manipulated or adjusted. Understanding the role of psychological flexibility in the reintegration process may provide support for the use of specific and less stigmatizing interventions to aid Service Members and Veterans during their transitions.

CHAPTER II

Literature Review

The following review provides details about the reintegration experiences of post 9/11 Service Members and Veterans; identity development and the influence of military identity; and psychological flexibility as a construct associated with Acceptance and Commitment Therapy.

Reintegration

The term reintegration applies to the process of returning stateside following a deployment; it can also be applied more broadly to the transition from military to civilian life. Since 2001, approximately 2.6 million U.S. Service Members have deployed to fight the war on terrorism in Afghanistan, Iraq, and neighboring countries. A number of unique factors contribute to the difficulties faced by this era of returning Veterans and Service Members. The duration of this conflict, and the fact that we rely on an all volunteer military, has led to individual Service Members deploying multiple times. Because our Service Members currently exist in an ongoing deployment cycle, complete reintegration might not have time to take place until they separate from Active Duty. Between 2002 and 2015, more than 1.9 million Service Members became Veterans of the United States' post 9/11 armed conflicts. At the current rate, it is estimated that over 4.3 million post 9/11 Veterans will transition back into the civilian population by 2019 (Zogas, 2017).

Most of these individuals reintegrate into civilian life without persistent difficulties, but a significant portion experience an ongoing struggle to adjust because of physical injury, mental health concerns, or other functional problems (Sayer, Carlson, & Fraizer, 2014). Interestingly, the difficulties Veterans and Service Members describe, don't always occur

immediately following separation from service or the return home from deployment. Some individuals experience a "honeymoon phase" initially, with difficulties peaking between four and nine months later (Marek et al., 2014). The reintegration experience varies from person to person due to a number of situational, contextual, and personal factors. For some, the reintegration process can last months, for others it can last years (Marek et al., 2014).

Currently, research on reintegration tends to focus on one of three different groups: active-duty Service Members returning from deployment to garrison duty, Reservists and Guardsmen returning from deployments to civilian jobs, and Service Members exiting the military and returning to civilian status. Because the reintegration experience is unique for each group, they are almost always researched separately. Research suggests Service Members who deploy with the National Guard or Reserves experience the most difficulty upon reintegration because the shift directly back into the civilian world is not buffered by a military support system (Blais et al., 2009).

Mental health and PTSD. Existing literature addressing military reintegration highlights the prevalence of mental health conditions in combat Veterans and/or correlational data depicting relationships between mental health problems and reintegration difficulty (Beder, Coe, & Sommer, 2011; Blevins, Roca, & Spencer, 2011; James, VanKampen, Miller, & Engdahl, 2013; Lapierre, Schwelger, & LaBauve, 2007; Pietrzak et al., 2010; Sayer et al., 2014; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012).

The majority of combat Veterans transition into civilian life without persistent mental health problems or adjustment issues (Bonanno et al., 2012; Hotopf et al., 2006; Institute of Medicine, 2010; Sayer et al., 2014). Regardless of outcome, it is reasonable to assert that military personnel experience at least some difficulty or distress as they work

through the reintegration process. In a study of over 1200 Iraq and Afghanistan war Veterans, the estimated prevalence of at least a little difficulty reintegrating following deployment was over 50% (Sayer et al, 2014). For those who perceived reintegration difficulty, an average of 6 years had passed since military discharge, indicating that reintegration problems are not transient for some Veterans and may not resolve without intervention.

Reintegration challenges. Difficulties with the reintegration process typically fall into domains related to work, relationships, and/or personal issues. For those transitioning out of the military, difficulties related to finding work or adjusting to civilian jobs may be more significant than for those who remain in Active Duty. Veterans may have difficulty finding employment or relating to co-workers (Doyle & Peterson, 2005; Sayer et al., 2010). For those who return to in-garrison work, the difficulties experienced include boredom, change of pace, and negative attitude towards their military career (Blais et al., 2009; Doyle & Peterson, 2005). Regarding relationships, active-duty Service Members returning home may experience difficulties adjusting to family roles. During the deployment spouses take on new responsibilities, family members grow and adapt, and expectations that things will return to 'normal' may lead to difficulties during the reintegration process (Chandra et al., 2010; Doyle & Peterson, 2005; Lester et al., 2010; Sayer et al, 2010). The personal domain of reintegration may be negatively impacted or complicated by diagnoses of PTSD, TBI, or other combat related mental health disorders.

There is a considerable amount of research available that explores the relationships between combat exposure, negative psychological symptoms, and reintegration difficulty experienced by Veterans and Service Members. A small percentage of the reintegration

research has examined reintegration difficulties related to the shift from military to civilian culture and conflicting identities (Demers, 2011; Duca, 2013). Demers (2011) conducted interviews with Service Members and Veterans, and found the struggles of returning home differed for each group. Active duty Service Members identified adjusting to family life as the most difficult part of reintegration. Veterans, on the other hand, described the challenges of returning home as due to lack of respect from civilians, holding themselves to a higher standard than civilians, and not fitting into the civilian world (Demers, 2011). These qualitative findings support the theory that military identity and identity conflict may play an important part in the reintegration process.

Identity

The impact of military culture, military identity, and the stress of shifting between conflicting roles on Service Members and Veterans is not well established. The following section defines identity, explains related constructs, describes identity centrality and the influence of dual roles, and explains military identity and its potential influence on the reintegration process for Service Members and Veterans.

Although definitions vary, most researchers agree that identity is a multidimensional construct that evolves over time (Franke, 2000; Migliore & Pound, 2016; Smith & True, 2014). Identity development is influenced by a number of factors including gender, nationality, ethnicity, religion, social class, and group membership (Franke, 2000). Individuals may develop multiple identities depending on the various roles they take on. These identities provide a personalized lens to make sense of one's surroundings, influencing the individual's behaviors and decision-making process by serving as motivators and self-regulators (Migliore & Pound, 2016). Smith and True (2014) assert identities are

social based answers to the question "who am I?" For this reason, membership or associations with a particularly salient group (e.g. U.S. Armed Forces) may play a large role

Identity conflict. Individuals who maintain multiple identities and shift frequently between roles may feel unable to perform and execute tasks in one identity due to pressures from the other. Settles (2004) refers to this internal experience as identity interference. Other literature describes similar experiences using terms like identity threat (Petriglieri, 2011), identity harmony (Brook et al. 2008), role conflict, and incompatibility (Settles, 2004). Although the labels differ, the constructs all seem to capture the potential for difficulty integrating multiple parts of oneself.

Identity centrality. Identity centrality refers to the extent to which a specific role, identity, or group membership influences the formation of an individual's self-concept (Vandiver et al., 2009). Centrality is conceptualized as more similar to a trait than a state, meaning it is less likely to be situational and more likely to be constant. Sellers et al. (1997) developed the Centrality Subscale as part of the Multidimensional Inventory of Black Identity (MIBI). The subscale was originally intended to measure whether race was a core part of a person's self-concept. Since its development, the Centrality Subscale has been adapted and used in other populations to evaluate to what degree a particular group membership or cultural identity shaped a person's core definition of self (Cokley & Helm, 2001).

Identity centrality has neither a positive or negative connotation associated with it. Research suggests that identifying with a group is beneficial and that a central identity can help guide behaviors and choices (Settles, 2004). Additionally, identifying with a group can provide social validation as well as social learning cues. Settles (2004) explains that central

identities can be both beneficial and detrimental. In situations where individuals are unable to incorporate a central identity into their daily functioning, they may be more likely to feel discomfort than social validation. Thoits (1991) suggested that negative life events or disruptions related to an important or central identity would be much more distressing than a life event that impacts a less important identity. Disruptions to the central identity can threaten an individual's sense of self. When conceptualized using this framework, the reintegration process for Service Members and Veterans is a disruption to a central identity.

Researchers have repeatedly linked identity interference to negative physical and psychological outcomes (Kossek & Ozeki, 1998; O'Driscoll, Ilgen, & Hildreth, 1992; Settles, 2004). Settles (2004) examined the relationships between identity interference, identity centrality, psychological well-being, and job performance among female scientists and concluded that women who experienced interference between their female and scientist identities reported lower performance and lower psychological well-being. Identity centrality was also related to positive outcomes in the absence of identity interference and associated with negative outcomes when identity interference was high (Settles, 2004). This study supported the theory that the impact of identity on psychological outcomes stems from the interactions of multiple identity related factors. Many people are able to balance and shift between multiple, complementary identities (e.g. parent, employee, friend, and athlete). However, this transition may be more difficult for Service Members and Veterans due to the stark contrast between military and civilian cultures.

Military identity. Military identity is a construct that is talked about in the conceptualization of Service Members and Veterans, but not often examined in detail. Like other types of identities, it is reasonable to assert that an individual's military identity may

influence their relationships and how they interact with their surroundings. That being said, it is probable that military identity has some impact on the reintegration experiences of Service Members and Veterans. Unfortunately, research support for this hypothesis is limited at this time. However, it appears military identity and military culture are being included more frequently in the exploration of reintegration, particularly in recent qualitative studies involving OIF/OEF/OND Veterans and Service Members. Researchers report that many Veterans and Service Members experience an identity crisis or struggle with conflicting identities and feeling like an outsider upon return from deployment or during the transition from Service Member to civilian (Demers, 2011; 2013; Migliore & Pound, 2016; Smith & True, 2014).

For Service Members, a strong military identity is instilled from the onset of basic training, infused with values like duty, honor, loyalty, and commitment (Demers, 2013), and reinforced over time and through unique shared experiences like combat deployments (Smith & True, 2014). The process of returning home from a deployment or transitioning out of the military may be difficult due to a drastic shift in context which Duca (2013) compared to the assimilation process of immigrants.

In the military, Service Members are taught to follow orders, prioritize the group over oneself, and work within a merit-based rewards system (Demers, 2011; Duca 2013). In contrast, the civilian world may seem to value individualism, lack clear rules and expectations, and feel overwhelmingly unstructured (Duca, 2013; Smith & True, 2014). The presence of conflicting identities among combat Veterans and Service Members can put a strain on mental health during the reintegration process. Smith and True (2014) reported that a greater commitment to one's Service Member identity generally caused more distress and

a greater strain between the military and civilian sides of an individual. For active-duty Service Members, a strong military identity may serve as a protective factor, creating a sense of community, when they return home. However, for those separating from active duty, a strong military identity may create a barrier between the individual and the civilian world, leaving Veterans feeling caught between the two cultures and not a part of either.

Increased awareness of the challenges associated with harmonizing conflicting identities has influenced efforts to understand identity interference and minimize its effects. A straightforward, yet somewhat unrealistic, way to eliminate identity conflict is to pick one role and get rid of the other (Settles, 2004). Leaving a club or social organization that contributes to a feeling of identity interference may be possible solution. When the conflict involves a cultural identity, or an identity ascribed at birth, cutting ties or leaving the group may not be an option. In either case, surrendering part of one's sense of self, or attempting to, in order to reduce internal conflict would likely create a new set of challenges. Disidentification, the process of devaluing part of one's identity as a form of self-preservation, is another way to reduce identity interference (Steele, 1997). However, it seems this approach would require an individual to build an entire narrative that supports and reinforces the new belief while rejecting and discrediting a part of them that is, or at one point was, deeply held and valued.

For a Service Member transitioning out of the military, the injection of a civilian identity into an already established sense of self could be incredibly disruptive. In this case, the options to eliminate an identity or disidentify from one are inadequate solutions. Narrowing an identity by removing or rejecting an aspect of it to reduce discomfort may provide short-term relief, but at a long-term cost. If a Veteran's military identity is deeply

ingrained and they have no choice but to transition into the civilian world, it seems the least disruptive solution would be to identify a way for the two parts to coexist. Increasing this Veteran's psychological flexibility in order to broaden and build on the existing sense of self is a viable alternative worth exploring. The following section defines psychological flexibility, outlines its theoretical foundation, describes ways it can be developed, and builds a case for why it might be helpful for Veterans and Service Members throughout the reintegration process.

Psychological Flexibility

Psychological flexibility is, "the ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves a valued ends" (Hayes, Luoma, Bond, Masuda, & Lillis, 2006, p. 7). The construct, associated with Acceptance and Commitment Therapy (ACT), is best described as a set of positive psychological skills. Unlike therapies that aim to rid individuals of psychological symptoms, the primary focus of ACT is on improving an individual's quality of life through the development of psychological flexibility. Within military populations, the idea of developing a set of skills to increase psychological flexibility may be more appealing and less stigmatizing than focusing negative symptoms and psychological distress.

Understanding ACT. ACT is a behavioral therapy aimed at creating mindful, values-guided action. It emerged in the 1980s but did not become popular until the 2000s (Hayes et al., 2006). Since then, ACT has grown into one of the most widely researched and practiced therapies of the new Cognitive Behavioral Therapies (Forman, Herbert, Moitra, Yeomans, & Geller, 2007). The primary goal of ACT is to relieve suffering by helping individuals live "vital and valued lives" through the development of psychological flexibility

(Hayes & Pierson, 2005, p. 3). Six related processes make up the proposed model of psychological flexibility: 1) flexible attention to the present moment, 2) values, 3) committed action, 4) perspective taking sense of self, 5) defusion, and 6) acceptance (Hayes & Lillis, 2012). According to ACT, development of these six core processes increases psychological flexibility and promotes health and well-being (Hayes et al., 2006).

Conceptual foundations. ACT is part of the third wave of cognitive behavioral therapies, Contextual CBT, and incorporates a focus on the context and function of thoughts, feelings, and sensations rather than their content, validity, or intensity (Hayes & Lillis, 2012). ACT is based on a behavioral theory of language and cognition known as Relational Frame Theory (RFT). Both ACT and RFT are part of a larger approach, Contextual Behavioral Science (CBS) (Hayes & Lillis, 2012).

The emergence of CBT from behavioral therapy is an integral part of the development of ACT. Behavior therapy became popular in the 1960s and was rooted in the beliefs that theories ought to be built on scientifically established, basic behavior principles and that applied technologies should be specific and subject to extensive scientific evaluation (Franks & Wilson, 1974). These behavioral roots would later become part of the foundation of ACT (Hayes & Lillis, 2012). CBT emerged from behavioral therapy in an effort to explain language and cognition. The developers of ACT agreed that cognition needed to be explained, but disagreed with traditional CBT on the approach to doing so. Hayes and Lillis (2012) stated the following about the development of ACT, "any good explanation for cognition and its impact needed to reveal the history and circumstances that led to certain thoughts--and the history and circumstances in which particular thoughts, emotions, and actions related to each other or not" (p. 21). Thus, ACT was based on

functional contextualism, the philosophical idea that psychological actions are related to their historical and situational contexts (Hayes & Lillis, 2012).

Early in the development of ACT, Hayes, Zettle, and Rosenfarb (1989) asserted that rules can make it difficult to learn from experiences by creating an insensitivity to the link between context and behavior. When people are unable to learn from their experiences, they tend to problem solve by applying variations of the same rules that have proven unsuccessful. Developers of ACT came to believe that therapy needed to teach individuals how to be more open and flexible and less rule-governed (Hayes & Lillis, 2012). The result was the development of early ACT protocols intended to create distance between individuals and their thoughts. The method was called comprehensive distancing, and encouraged individuals to observe thoughts without attachment or compliance, taking what may be useful and leaving the rest. A few randomized studies of comprehensive distancing methods were conducted in the 1980s, after which RTCs of ACT stopped until 2002 (Bach & Hayes, 2002).

Between the late 1980s and 2000, relational frame theory (RFT), a behavioral account of cognition, emerged. RFT is a complicated theory derived from functional contextualism (Hayes & Lillis, 2012). In broad terms, it explains how humans infer relationships between objects. A key assumption of RFT is that the power and influence of cognition is determined by its form, frequency, and context. Contexts where the cognitions need to be controlled or explained, rather than experienced, can be problematic (Hayes et al., 2006). RFT provided the basic principles needed to model treatment processes and further the development of ACT. With concepts and theories in place, outcome research was resumed in the early 2000s (Hayes & Lillis, 2012).

In 2005, the Association for Contextual Behavioral Science (ACBS) was established to support the growth of ACT and RFT. Among the key features of the CBS approach are a focus on change processes, development of clinician-friendly models linked to basic principles, and wide application of the model (Hayes, Levin, Plumb-Vilardaga, Villatte, & Pistorello, 2013; Vilardaga et al. 2009). The development of ACBS led to a drastic increase in the number individuals knowledgeable about ACT. With this increase came a flood of new research. Between 1999 and 2011, over 50 RTCs or controlled time series studies were published on ACT. From a clinical standpoint, the central concepts of ACT, mindfulness, acceptance, and values, have been rapidly accepted and integrated into the group of accepted and recognized psychosocial treatments (Hayes & Lillis, 2012).

Central tenets. The primary goal of ACT is to help people create valued and meaningful lives and accept the pain that comes along with existence (Harris, 2009). This is achieved through the development of psychological flexibility. ACT utilizes two contrasting models to conceptualize mental health: the model of psychological flexibility and the model of psychopathology. The model of psychopathology, which leads to inflexibility and psychological difficulties, consists of the six opposite processes (Hayes & Lillis, 2012).

Core processes. ACT and RFT view much of psychological pathology as stemming from the harmful interaction between language, cognition, and direct contingencies. When the interaction results in the inability to continue or shift behavior in the direction of values, psychological problems can emerge (Hayes et al., 2006). The ACT model of psychopathology is also referred to as the model of psychological inflexibility. The six processes within this model are 1) cognitive fusion, 2) experiential avoidance, 3) inflexible attention, 4) lack of chosen values or dominance of fused or avoidant values, 5) inactivity,

impulsivity, or avoidant persistence, and 6) attachment to the conceptualized self. Seeking to increase psychological flexibility, the six core processes of ACT target each of these problem processes. The positive psychological processes that increase psychological flexibility are 1) defusion, 2) acceptance, 3) flexible attention to the present moment, 4) values, 5) committed action, and 6) perspective taking sense of self (Hayes & Lillis, 2012). These models provide a starting point for psychological interventions in therapy. Through the understanding of each pair of processes, clinicians can help individuals target specific areas that may be impacting their ability to pursue psychological flexibility.

Cognitive fusion vs. defusion. Cognitive fusion is the process in which behaviors are excessively or improperly regulated by verbal processes. (Hayes et al., 2006). Often, these emotions and thoughts are based in historical contexts and deeply rooted. Individuals can become fused to thoughts, leading to ineffective action. This fusion with verbal processes prevents an individual from being influenced by direct experiences (Hayes & Lillis, 2012).

ACT focuses on changing the way individuals interact with their thoughts and feelings. The process of defusion allows individuals to alter the function of thoughts and emotions rather than their occurrence. Hayes and Lillis (2012) suggest thoughts are to be looked at, not through, observed like a coffee cup instead of used as a lens. When considered this way, an individual can observe a thought and then determine if it is useful or not. The result of defusion is not necessarily a change in the frequency of thoughts and feelings, but rather a decrease in attachment to them or their believability (Hayes et al., 2006).

Experiential avoidance vs. acceptance. According to Hayes and Lillis (2012), experiential avoidance is a highly toxic adjustment process that is often linked to poor outcomes. Experiential avoidance is an attempt to control or minimize psychological

discomfort by avoiding painful situations, memories, thoughts, and emotions. The problem with this approach is that avoidance of specific events has a tendency to increase their functional importance by calling attention to them and strengthening the negative association (Hayes et al., 2006). Despite its toxicity, experiential avoidance is a rather common part of human cognition. Unfortunately, it leads to a narrowed existence. Experiential avoidance may be particularly challenging for individuals with traumatic histories, physiological predispositions to arousal, and those with a similar family or cultural means of coping with aversive events (Chawala & Ostafin, 2007).

ACT combats experiential avoidance by teaching acceptance. In this context, acceptance means choosing to experience thoughts, feelings, and events as they are. ACT extends the definition of acceptance to include an attitude of awareness and curiosity in the absence of defenses (Hayes & Lillis, 2012). The cultivation of acceptance is viewed as a way to increase flexibility and value-based actions (Hayes et al., 2006).

Conceptualized self vs. perspective taking sense of self. The conceptualized self can best be described as the narrative an individual might tell if asked to answer the questions: "who are you?" and "what are you like?" It is the story of how their personal history and attributes come together to explain how they came to be as they currently are. At first glance, attachment to a conceptualized self does not seem to be detrimental. However, when an individual becomes fused with the conceptualized self, it becomes restrictive (Hayes & Lillis, 2012). It can make adaptation more difficult and may lead to individuals feeling stuck or incapable of change.

The positive psychological process that addresses attachment to the conceptualized self is the development of a perspective taking sense of self, or self as context. Development

of the self as context occurs through mindfulness and other experiential processes, and allows an individual to be aware of experiences without investment or attachment to them. In turn, acceptance and defusion are fostered (Hayes et al., 2006).

Inflexible attention vs. flexible attention to the present moment. Individuals can also become fused with their attention processes, rigidly focusing on the past or future instead of the present. Inflexible attention and failure to contact the present moment are associated with clinical patterns like trauma and rumination. Attention is considered a skill that can be developed through deliberate practice. Guided meditations, contemplative practice, and focusing exercises are all techniques that can be used to bring attention to the present (Hayes & Lillis, 2012).

Lack of chosen values; dominance of fused or avoidant values vs. values. Values can be described as qualities of action that occur moment to moment but are never obtained as an object (Hayes et al., 2006). People often care about things because they feel they should, would feel bad otherwise, or are told to do so. These are not chosen values (Sheldon, Ryan, Deci, & Kasser, 2004). Identification of client values is important to the therapeutic process. Once identified, they can be used to guide actions and behaviors. Values can be clarified by exploring the greatest joys and sorrows of an individual's life. These moments provide a link to values. ACT holds that acceptance, contact with the present, and defusion all serve to help clients live a more values-consistent life. (Hayes & Lillis, 2012).

Inactivity, impulsivity, or avoidant persistence vs. committed action. The final pair of processes, inactivity versus committed action, relate most closely to ACT's behavioral roots. The goal of committed action is achieved through deliberate behavior changes that are consistent with the established core values. In therapy, this begins with homework

addressing short-term behavior changes. Eventually, the goal of ACT is to start small and create larger patterns of values-based behavior (Hayes & Lillis, 2012).

For the purpose of conceptualization, the six processes can be grouped in two ways. The first grouping divides the six processes into mindfulness and acceptance processes (acceptance, defusion, contact with the present, and perspective-taking sense of self) and commitment and behavior change processes (contact with the present, the perspective taking sense of self, values, and committed action). The other way to group the six processes is by those that create greater openness (acceptance and defusion), awareness (perspective taking sense of self and contact with the present), and more active engagement (values and committed action) (Hayes & Lillis, 2012). According to Hayes et al. (2006), "the core ACT processes are both overlapping and interrelated. Taken as a whole, each supports the other and all target psychological flexibility" (p. 9). The core processes of ACT provide a frame of reference to be used within the therapeutic relationship.

Empirical support. Between the late 1980s and 2011, over 50 RTCs were conducted applying ACT to various areas of mental health. All of these studies contributed to the breadth of knowledge on ACT. The field of research and publications on ACT continues to grow rapidly, making the majority of meta-analyses out of date shortly after publication. ACT is listed as an empirically based treatment by Division 12 of APA and can also be found on the National Registry of Evidence-Based Programs and Practices (Hayes & Lillis, 2012). Overall, the meta-analyses state that ACT produces a medium to high effect, averaging approximately .65, when compared to a range of control groups (Hayes et al., 2006; Powers et al., 2009; Ruiz, 2010).

Research shows psychological flexibility and its components are consistently negatively correlated with psychopathology and even predict it longitudinally (Chawla & Ostafin, 2007; Hayes et al., 2006, Kashdan & Rottenberg, 2010; Polusny et al., 2011). RTCs have been conducted applying ACT to behavioral medicine, physical health concerns, and mental health issues ranging from generalized anxiety disorder to psychosis. It is currently unclear if ACT is more effective than other evidence based practices. However, according to Hayes and Lillis (2012), it is at least as effective as other evidence-based practices and more effective than no treatment or treatment as usual.

CBT is considered a gold standard treatment within psychotherapy. When compared to CBT, ACT is considered as effective in treating many psychological disorders. Arch et al. (2012) recently conducted randomized comparison of ACT and CBT for the treatment of mixed anxiety disorders. According to the findings, CBT and ACT treatment groups showed similar improvements from pre to post-treatment across all outcomes. Division 12 of APA as support for ACT's classification lists this study as an evidence based practice for mixed anxiety disorders.

An RTC conducted by Forman et al. (2007) compared ACT to cognitive therapy (CT) for treating moderate to severe levels of anxiety or depression. Both groups showed large, equivalent improvements in depression, anxiety, functioning difficulties, quality of life, and life satisfaction. Interestingly, although the improvements were similar, the mechanisms of change were different between the two groups. For the CT group, outcomes were mediated by changes in observing and describing of the experience. Experiential avoidance, acceptance, and acting with awareness mediated outcomes for the ACT group.

Forman et al. (2007) concluded that ACT was as effective as CT for the treatment of anxiety and depression in a naturalistic outpatient setting.

ACT has also received criticism. In 2008, Ost published a meta-analysis of 13 RTCs. Ost compared ACT to CBT by assigning each RTC of ACT a "twin study" published in the same journal within a year (Ruiz, 2010). Ost (2008) concluded that ACT scored lower on a methodological scale than CBT and did not meet the criteria to be an empirically validated treatment. The following year, Gaudiano (2009) conducted a re-analysis of Ost's study and discovered that 38% of the ACT studies could not be appropriately matched to CBT studies, most of other ACT studies were conducted on more resistant populations than the CBT studies, and the CBT studies mentioned averaged 4.5 times more funding than the ACT studies. This publication presented enough issues to raise concerns about Ost's 2008 findings. In 2014, Ost published an updated systematic review and meta-analysis of 60 RTCs on the efficacy of ACT for psychiatric disorders, somatic disorders, and stress at work. According to Ost (2014), "ACT is not yet a well-established treatment for any disorder. ACT is probably efficacious for chronic pain and tinnitus, whereas it is possibly efficacious for depression, psychotic symptoms, OCD, mixed anxiety, drug abuse, and stress at work" (p.11). Reviews of ACT are generally favorable, but some controversy remains around its empirical status. As a newer treatment, ongoing research is necessary to support ACT's efficacy for specific psychological disorders.

Utility of ACT for military populations. ACT is a transdiagnostic approach that applies mindfulness and behavioral techniques to help clients identify goals and commit to valued actions (Lang et al., 2012). Transdiagnostic approaches are considered beneficial when working with Veteran and military populations. Comorbidity is common within this

population and therefore problem specific treatments are not always effective. Additionally ACT may be appropriate for use with recent generations of Veterans because of its face validity and alignment with military culture. The focus on values and action towards goals is fitting for this population (Lang et al., 2012).

Research with Veterans and Service Members. Psychological flexibility is consistently identified in research as negatively correlated with psychopathology (Chawla & Ostafin, 2007; Hayes et al., 2006, Kashdan & Rottenberg, 2010; Polusny et al., 2011). Research support for the use of ACT and psychological flexibility in military populations is rapidly increasing. .In 2008, the US Department of Veterans Affairs endorsed ACT as an evidence based therapy for mood-disorders (VHA, 2008). It has also been shown to reduce the impact of negative thoughts, feelings, and behaviors on problems seen in OEF/OIF Veterans (Batten & Hayes, 2005; Forman et al., 2007).

Blevins et al (2011) highlight the lack of evidence-based programs promoting healthy reintegration for individuals not engaged in formal healthcare services. Due to a variety of factors including stigma, getting Service Members with clinical disorders into treatment is often challenging. Interestingly, it is even more difficult to engage Service Members with subclinical levels of distress because delivery of services involves reaching out to them in their communities and integrating interventions into their daily activities (Tanielian & Jaycox, 2008). In an effort to get services to this group of individuals, Life Guard, a 2-hour community based workshop, was developed for the Arkansas National Guard. Based on ACT, Life Guard "emphasizes skill development to promote resiliency and successful post deployment reintegration" (Blevins et al., 2011, p.32).

Researchers evaluated the efficacy of the Life Guard workshop using a quasi-experimental, pre-post design with a sample of 144 OEF/OIF Veterans (Intervention group n = 63, Control group n = 81) with at least one deployment to Iraq or Afghanistan. All participants were assessed at baseline and again two months later for global functioning, depression, generalized anxiety disorder (GAD), panic disorder, PTSD, anger, interpersonal conflict, intimate relationship satisfaction, and substance use (SUD). At follow up, the control group showed no significant changes in symptoms while the intervention participants reported significant improvements in depression, anxiety, PTSD, and relationship satisfaction (Blevins et al., 2011). Results support the efficacy of brief, ACT based services for reintegration in a nonclinical setting.

Meyer, Morissette, Kimbrel, Kruse, and Gulliver (2013) examined 109 trauma-exposed Veterans and determined that higher levels of psychological inflexibility and experiential avoidance accounted for unique variance in PTSD symptom severity after controlling for all other predictors. This is significant because it indicated that psychological flexibility may be a unique and important construct to explore outside of the traditional variables examined in military research.

In a more recent randomized controlled study of 160 OEF/OIF/OND Veterans, Lang et al. (2017) evaluated the efficacy of ACT and present-centered therapy (PCT) for treatment of emotional distress related to anxiety and depression. Participants received 12 one-hour sessions of either ACT or PCT and were assessed using a number of psychological outcome measures at baseline, mid-treatment, and post-treatment. The researchers found that ACT and PCT were both effective treatments with neither approach outperforming the other. The ACT group demonstrated slightly better outcomes related to insomnia, but other than

that the approach appeared to be equally as effective across measures. The results of this study did not support the researchers' hypothesis that ACT would out-perform PCT. In the discussion of their findings, Lang et al. (2017) called for additional research to understand the reasons ACT did not perform as well as expected.

Psychological flexibility and reintegration. Previous research on the reintegration process has focused largely on problems without presenting possible solutions by focusing on relationships among symptoms, diagnoses, traumatic experiences, and negative outcomes. We have an understanding of the psychological impact of war and the challenges faced by post 9/11 combat Veterans and Service Members. We know that mental health, PTSD, and negative psychological symptoms can be improved with treatment. However, barriers to mental health care and the stigma associated with seeking mental health services in the military are known deterrents to Service Member and Veteran engagement in psychotherapy.

Over the past 15 years, controlled studies have shown ACT to be effective in treating a range of psychological conditions, issues related to behavioral medicine, as well as social problems. ACT is still relatively young in its development, and ongoing research continues to fill gaps in the knowledge base. Recent research indicates ACT is effective when used with military populations, however little is known about the impact of psychological flexibility on the reintegration process. Kashdan and Rottenberg (2010) suggest psychological flexibility may be a useful way of conceptualizing the challenges of the reintegration process. I believe psychological flexibility can provide an alternative approach to the discussion of reintegration by introducing a set of psychological skills capable of influencing the process. Given the existing support for the implementation of ACT with

Veterans and Service Members, it is appropriate to explore its potential influence on the reintegration process.

Summary

For nearly two decades, the United States military has been at war with countries and powers spread across the Middle East. Technically, our military's engagement in these areas is made up of multiple, overlapping conflicts and operations. For our military personnel, it has been an uninterrupted 17-year deployment cycle. This era of post-9/11 combat Veterans and Service Members faces unique challenges related to reintegrating and the transition back to civilian life. Reintegration is a complex and often difficult process. It can last months to years and varies for each person depending on multiple factors.

For these Veterans and Service Members, a strong military identity is instilled from the onset of basic training and reinforced over time through unique shared experiences like combat deployments (Smith & True, 2014). Upon return from deployment and during the transition to civilian life, many Service Members and Veterans report feeling like outsiders (Demers, 2011; 2013; Migliore & Pound, 2016; Smith & True, 2014). As they transition back to the civilian world, they may feel that their previously functional military identities are now incompatible with their surroundings.

Most Veterans and Service Members are able to move through the reintegration process without persistent difficulties, but a significant portion experience an ongoing struggle to adjust because of physical injury, mental health concerns, or other functional problems (Sayer, Carlson, & Fraizer, 2014). Psychological flexibility represents a set of psychological skills that can be developed or improved upon. Research shows psychological flexibility and its components are linked to a number of mental health benefits and are

consistently negatively correlated with psychopathology (Chawla & Ostafin, 2007; Hayes et al., 2006, Kashdan & Rottenberg, 2010; Polusny et al., 2011). For Service Members and Veterans working through the reintegration process, psychological flexibility may contribute to more positive outcomes.

Purpose

The purpose of this study was to develop an understanding of the relationships between psychological flexibility, military identity, conflict, and reintegration experiences among Veterans and Service Members. Specifically, I wanted to determine whether the effects of psychological flexibility and military identity on reintegration experiences are simultaneously mediated through identity conflict for Veterans. For Service Members, I wanted to determine if conflict mediates the relationships between psychological flexibility and reintegration experiences. Exploring the relationships among military identity, psychological flexibility, identity conflict, and reintegration experiences with samples of active-duty Service Members and Veterans was expected to yield information regarding how these variables affect each other for individuals who have separated from military service as well as those who haven't.

Research Questions and Hypotheses

The overarching research question targeted by this study is how do psychological flexibility, military identity, and identity conflict influence reintegration experiences for Veterans and Service Members? I hypothesized different models of reintegration for Veterans and active-duty Service Members. The models for both groups focus on identity conflict and psychological flexibility as factors that may impact the reintegration experience. I believe military identity influences the process differently for each group, indicating a need

for two sets of hypotheses. Seven outcome variables were measured to capture positive and negative reintegration experiences in this study. Four independent scales assess negative reintegration experiences: Personal Negative (PN), Work Negative (WN), Family Negative (FN) and Reintegration Difficulty (RD). Three independent scales measure positive reintegration experiences: Personal Positive (PP), Work Positive (WP), and Family Positive (FP).

Veteran hypotheses. For Veterans, I wanted to determine whether the effects of psychological flexibility (X_1) and military identity (X_2) on reintegration experiences ($Y_{1\text{-}7}$) are simultaneously mediated through identity conflict (M). Identity conflict is hypothesized to partially mediate the effects of military identity and psychological flexibility on reintegration experiences. Figure 1 demonstrates the proposed mediation model for Veterans.

As part of the stated mediation model for Veterans, the following relationships between psychological flexibility, military identity, identity conflict, and reintegration experiences are hypothesized:

Hypothesis 1. Among Veterans, identity conflict will partially mediate the effects of military identity and psychological flexibility on reintegration experiences.

Hypothesis 2. Psychological flexibility will directly impact reintegration experiences for Veterans. Higher psychological flexibility will be associated with lower scores on measures of negative reintegration experiences (Family Negative, Work Negative, Personal Negative, Reintegration Difficulty) and higher scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive).

Hypothesis 3. Military identity will directly impact reintegration experiences for Veterans. Higher military identity will be associated with higher scores on measures of negative reintegration experiences (Family Negative, Work Negative, Personal Negative, Reintegration Difficulty) and lower scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive).

Hypothesis 4. Psychological flexibility and military identity will directly impact identity conflict. Lower psychological flexibility and higher military identity will be associated with higher levels of identity conflict.

Hypothesis 5. Identity conflict will directly impact reintegration experiences for Veterans. Higher levels of identity conflict will be associated with higher scores on measures of negative reintegration experiences (Family Negative, Work Negative, Personal Negative, Reintegration Difficulty) and lower scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive).

Active-duty hypotheses. In the hypothesized model for active-duty Service Members, identity conflict will partially mediate the effects of psychological flexibility on their reintegration experiences. Military Identity is expected to directly impact positive reintegration experiences for Service Members and will be examined as a covariate within the model. Figure 9 demonstrates the proposed mediation model for Service Members.

As part of the stated mediation model for active-duty Service Members, the following relationships between psychological flexibility, military identity, identity conflict, and reintegration experiences are hypothesized:

Hypothesis 1. Among Service Members, identity conflict will partially mediate the effect of flexibility on reintegration experiences.

Hypothesis 2. Psychological flexibility will directly impact reintegration experiences for Service Members. Higher psychological flexibility will be associated with lower scores on measures of negative reintegration experiences (Family Negative, Work Negative, Personal Negative, Reintegration Difficulty) and higher scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive).

Hypothesis 3. Psychological flexibility will impact identity conflict for Service Members. Lower psychological flexibility will be associated with higher identity conflict.

Hypothesis 4. Identity conflict will directly impact reintegration experiences for Service Members. Higher levels of identity conflict will be associated with higher scores on measures of negative reintegration experiences (Family Negative, Work Negative, Personal Negative, Reintegration Difficulty) and lower scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive).

Hypothesis 5. Military identity will directly impact positive reintegration experiences for Service Members. Higher military identity will be associated with higher scores on measures of positive reintegration experiences (Family Positive, Work Positive, Personal Positive)

Planned Analyses

Veteran sample. Figure 1 shows the hypothesized mediation model for Veterans. It is hypothesized that identity conflict will mediate the relationships between the independent variables and positive and negative reintegration experiences. Military identity and psychological flexibility will both function as independent variables in the Veteran model. The PROCESS macro does not allow for multiple X variables to be entered in the command line. To accommodate two X variables in the model for Veteran reintegration experiences,

Hayes (2018) explains PROCESS must be executed twice: once with military identity as X and psychological flexibility listed as a covariate, and again with psychological flexibility listed as X and military identity listed as a covariate. According to Hayes, "all resulting regression coefficients, direct, and indirect effects will be the same as if they had been estimated simultaneously using a structural equation modeling program" (p.144).

Active-duty sample. Figure 9 details the hypothesized mediation model for Service Members. It is hypothesized that identity conflict will mediate the relationship between psychological flexibility and reintegration experiences. Military identity will function as a covariate in the models depicting positive reintegration experiences because the model was constructed with the belief that a strong military identity may serve as a protective factor for active-duty Service Members. Military identity is not included in the negative reintegration experience models because the underlying theory does not indicate identity contributes to reintegration difficulties for active-duty Service Members. However, it will be added as a covariate after the unadjusted model is tested.

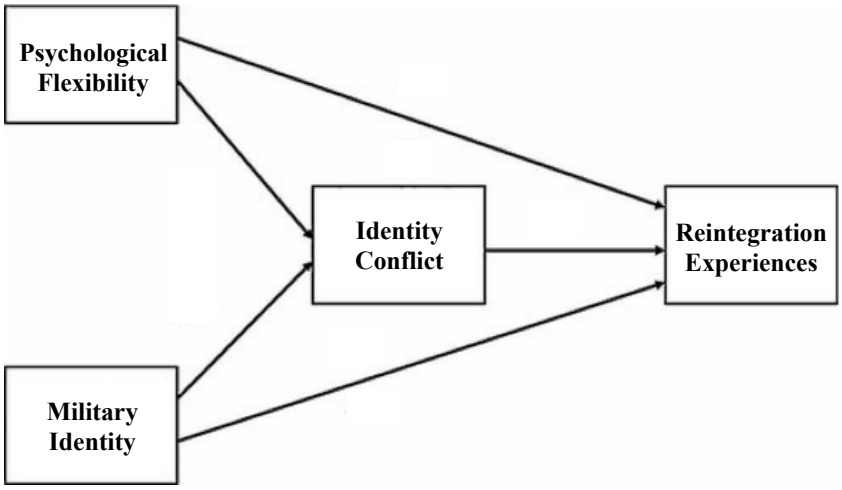

Figure 1. Theoretical mediation model for Veterans with identity conflict mediating the effects of predictors psychological flexibility and military identity on reintegration experiences.

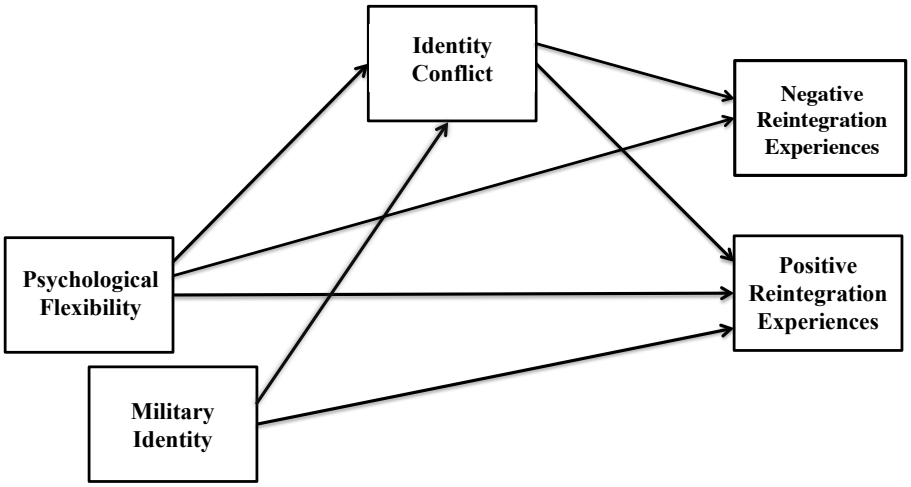

Figure 9. Theoretical mediation model for active-duty Service Members with identity conflict mediating the effects of psychological flexibility on reintegration experiences. Military identity is included as a covariate in the model for positive reintegration experiences.

Hypothesized differences. There are a few key differences between the reintegration models hypothesized for Veterans and active-duty Service Members. The most noteworthy difference between the two models is the role of military identity within each group. Research suggests that social support and unit cohesion may have a positive impact on the reintegration process for active-duty Service Members (Currie et al., 2011; Demers, 2011; Duca, 2013; James et al., 2013; Sayer et al., 2014). Service Members with stronger military identities may be more likely to spend time with other Service Members and feel a sense of camaraderie with peers. These interactions could positively impact the reintegration process for active-duty Service Members by providing extra support during that transition. For these reasons, the reintegration model for Service Members hypothesizes that stronger military identity will be related to higher scores on measures of positive reintegration experiences.

Strong military identity may be related to positive reintegration experiences in active-duty Service Members because those individuals have ample contact with other Service Members. Strong military identity in Veterans may have an opposite effect on their reintegration experiences. Because they have separated from the service, Veterans likely have fewer interactions with other military personnel compared to active-duty Service Members. With fewer opportunities to connect to other Service Members, Veterans with stronger military identities may feel more alienated from the civilian world than Veterans with weaker military identities. For these reasons, I hypothesize that higher levels of military identity among Veterans will be associated with greater levels of conflict and higher scores on measures of negative reintegration experiences.

CHAPTER III

Method

Participants

Participants were 189 active-duty and former military personnel who served on at least one combat deployment post-9/11. The study was designed to reach Veterans and active-duty Service Members who met specific inclusion criteria. Participants from all branches of the military, except for the National Guard and Reserves, were eligible for inclusion in this study. Research suggests that reservists and guardsmen face unique challenges during reintegration compared to Service Members in other branches of the military (Blais et al., 2009).

Veterans were eligible to participate in this study if they met the following criteria: current resident of the United States; age 18-60; separated from Active Duty with the Air Force, Army, Coast Guard, Marine Corps, or Navy; not currently a member of the National Guard or Reserves; and completion of at least one combat deployment since 9/11. Active-duty participants were eligible to participate in this study if they met similar criteria: age 18-60; actively serving in the Air Force, Army, Coast Guard, Marine Corps, or Navy; completion of at least one combat deployment since 9/11; and currently stationed in the United States.

Measures

The following section describes the measures used in the present study. Survey items can be found in the appendix. Demographic information and military history were obtained from all participants. Multiple measures were used to evaluate each variable.

Demographic and background information. Participants were asked to respond to demographic questions including sex, age, ethnicity, and education level, as well as background questions addressing military service and deployment experiences.

Psychological flexibility. Psychological flexibility was measured using two different measures: the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) and the Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT; Francis, Dawson, & Golijani-Moghaddam, 2016). The AAQ-II is frequently used in research on psychological flexibility but was not the preferred measure for this study. The CompACT is a newer measure of psychological flexibility with limited research support due to its more recent publication. The AAQ-II was included to support the criterion validity of the CompACT.

Acceptance and Action Questionnaire-II (AAQ-II). The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) is a seven-item measure of psychological inflexibility and experiential avoidance. It is rated on a seven-point Likert scale ranging from 1 (*never true*) to 7 (*always true*), and provides a single score ranging from 7 to 49. Higher scores on the AAQ-II indicate greater psychological inflexibility (Bond et al., 2011). Preliminary psychometric evaluations of the AAQ-II reported Cronbach's α of 0.84 and test–retest reliabilities between 0.79 and 0.81 (Bond et al., 2011).

As a predictor of depressive symptoms, higher scores on the AAQ-II were associated with higher scores on both the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) and Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995). Similarly, as predictor of depressive symptoms, higher scores on the AAQ-II were associated with higher scores on the Beck Anxiety Inventory (BAI; Beck & Steer, 1990) and

DAAS. Bond et al. (2011) also found that higher psychological inflexibility as measured by the AAQ-II was associated with "greater overall psychological ill health" (p.684) as indicated by scores on the Global Severity Index of the Symptom Checklist-90-Revised (SCL-90-GSI; DeRogatis, 1992) and General Health Questionnaire-12 (GHQ; Goldberg, 1978).

Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT). The Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT; Francis et al., 2016) is a newly developed, self-report measure intended to evaluate the six core processes associated with Acceptance and Commitment Therapy (ACT). The CompACT contains 23 items, three subscales, and is scored using a seven-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree). Scores are derived by summing the scale as a whole (CompACT Total score) or responses for each of the three subscales (Openness to Experience; Behavioral Awareness; Valued Action). The CompACT Total is derived from the sum of the three subscales and ranges from 0 to 138, with higher scores indicating greater psychological flexibility (Francis et al., 2016). Scores on the Openness to Experience subscale (OE) range from 0 to 60, with higher scores indicating greater willingness to experience thoughts, feelings, and sensations without attempts to control or avoid them. The Behavioral Awareness subscale (BA) produces scores ranging from 0-30, with higher scores indicating more mindful attention to current actions. Scores on the Valued Action subscale (VA) range from 0 to 48, with higher scores indicating greater engagement in valued and meaningful activities and actions (Francis et al., 2016).

In the preliminary analysis conducted by Francis et al. (2016), the CompACT demonstrated adequate reliability and validity. Good convergent validity was indicated by a large significant correlation between the CompACT and AAQ-II (r = .79). Discriminant validity was demonstrated by no significant correlation (r = -.01-.03) between the CompACT and the short form Marlowe Crowne Social Desirability scale (Francis et al., 2016). The CompACT demonstrated concurrent validity through large positive correlations (r = .57-.65) with the subscales of the short form version of the Depression Anxiety Stress Scale (DASS-21; Henry & Crawford, 2005), an established measure of distress, and a large negative correlation (r = -.67) with the Mental Health subscale of the Short Form Health Survey (SF-12v2; Ware, Kosinki, Turner-Bowker, & Gandek, 2002), a general measure of health and well-being (Francis et al., 2016). Based on these findings, when scored as intended as a measure of psychological flexibility, the CompACT could be expected to negatively correlate with measures of psychological distress and positively correlate with measures of psychological well-being.

Military identity. Constructs related to identity were measured on two adapted scales: the Bicultural Identity Integration Scale-2 (BIIS-2; Huynh, 2009) and the Centrality Scale of the Multidimensional Inventory of Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton, & Smith, 1997). In this study, I wanted to assess both the strength of participants' military identity as well as the perceived degree of conflict between their military and civilian roles.

Bicultural Identity Integration Scale-2 (BIIS-2). The Bicultural Identity Integration Scale-2 (BIIS-2; Huynh, 2009) is a 19-item self-report measure designed to assess the degree to which an individual views his or her two cultural identities as compatible or

oppositional. Items on the BIIS-2 are rated on a five point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The BIIS-2 is comprised of two independent subscales intended to measure cultural blendedness versus compartmentalization and cultural harmony versus conflict. Blendedness is generally considered the behavioral component of bicultural identity integration while harmony represents the affective component. The BIIS-2 produces scores ranging from 1 (low) to 5 (high) for each subscale by averaging item responses (Huynh, 2009).

Huynh (2009) examined the reliability and validity of the BIIS-2 and found that both subscales demonstrated good internal consistency with alpha levels of .86 (cultural harmony) and .81 (cultural blendedness). Additionally, both subscales of the BIIS-2 demonstrated good test-retest reliability (r harmony = .77 and r blendedness = .74). With regards to convergent validity, greater cultural blendedness was positively correlated with more years in the US, fewer language difficulties, and higher mainstream culture orientation. Greater cultural harmony was positively correlated with higher ethnic identity affirmation, higher well-being, and lack of depressive symptoms (Benet-Martinez & Haritatos, 2005; Huynh, 2009). The subscales of the BIIS-2 demonstrated discriminant validity with weak relationships identified between cultural harmony and traditional acculturation variables, as well as between cultural blendedness and perceived discrimination and problematic intercultural relations (Benet-Martinez & Haritatos, 2005; Huynh, 2009).

For the purpose of this study, the BIIS-2 was adapted to examine the degree of compatibility versus tension (cultural harmony) and the degree of overlap versus differences (cultural blendedness) perceived between participants' military and civilian cultures. To do so, the phrase "American culture" in the original BIIS-2 was changed to "Civilian culture"

and “Military culture” was inserted into the blanks provided for culture of origin. For example, item 8 from the BIIS-2 “I feel torn between _____ and American cultures” was adapted to read, “I feel torn between Military and Civilian cultures” (Huynh, 2009). Additionally, the term “bicultural” as written on two items in the original BIIS-2 was replaced with the phrase “both a Citizen in the civilian world and a Service member.” Cronbach’s alpha was calculated for the modified harmony (α = .91) and blendedness (α = .76) subscales. The harmony subscale total was then reverse scored so that higher subscale scores indicate cultural conflict and lower subscale scores indicate cultural harmony.

Centrality Scale of Multidimensional Inventory of Black Identity (MIBI). The Centrality scale of the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997) contains eight items and is scored on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The Centrality scale is intended to measure the degree to which individuals define themselves with regard to their race (Sellers et al., 1997). The resulting centrality score ranges from 1 to 7, with higher scores indicating race as more important to the individual’s self-concept (Sellers et al., 1997).

In a preliminary investigation of reliability and validity, Sellers et al. (1997) reported that the Centrality scale demonstrated adequate reliability with Cronbach’s alpha = .77. Alternative investigations reported the internal consistency of the Centrality scale to be adequate, with Cronbach’s alphas ranging from .66 -.80 (Cokley & Helm, 2001; Helm, 2002; Simmons, Worrell, & Berry, 2008; Vandiver, Worrell, & Delgado-Romero, 2009). The Centrality scale has demonstrated adequate predictive validity through significant positive correlations with race related-behaviors (Sellers et al., 1997) and scores on the

Personal Identification with the Group subscale of the African Self-Consciousness Scale (ASCS; Simmons et al., 2008).

The Centrality scale of the MIBI has previously been adapted in a study to examine identity conflict in female scientists (Settles, 2004). For the purpose of this study, the Centrality scale of the MIBI was adapted to measure the degree to which being a member of the US military forms a core part of participants' self-concept. For example, Item 2 from the original scale, "In general, being Black is an important part of my self-image" was adapted to read, "In general, being a Service member is an important part of my self image" (Sellers et al., 1997). Cronbach's alpha for the modified Centrality scale used in the present study was $\alpha = .86$.

Reintegration experiences. Reintegration experiences were examined using the Army Post Deployment Reintegration Scale (APDRS; Blais et al., 2009) and the Military to Civilian Questionnaire (M2C-Q; Sayer et al., 2011). The M2C-Q is intended to measure difficulty reintegrating with the community. The APDRS measures both positive and negative reintegration experiences across multiple domains and was included to provide a more complete view of participants' reintegration experiences.

Army Post Deployment Reintegration Scale (APDRS). The Army Post Deployment Reintegration Scale (APDRS; Blais et al., 2009) is a 36-item self-report measure intended to capture both positive and negative post-deployment experiences of returning Canadian Forces (CF) members across work, family, and personal domains (Blais et al., 2009; Fikretoglu & McCreary, 2010). Each item is rated on a five-point Likert scale ranging from 1 (*not at all true*) to 5 (*completely true*). The APDRS possesses six subscales, each containing six items: Personal Positive, Personal Negative, Family Positive, Family

Negative, Work Positive, and Work Negative. Scores for the APDRS are calculated by averaging the responses on each subscale, with higher scores on the positive subscales indicating a more positive experience and higher scores on the negative subscales indicating a more negative experience (Blais et al., 2009).

In their preliminary analysis, Blais et al. (2009) found evidence to support the reliability and validity of the APDRS. Internal consistency of the six APDRS subscales was indicated by Cronbach's alpha coefficients ranging from .78 to .89 (Blais et al., 2009). Additionally, predictive validity was demonstrated through significant correlations between APDRS subscales and a number of personal and organizational variables (Blais et al., 2009; McCreary et al., 2014). In the initial scale validation, greater negative reintegration attitudes were related to higher levels of psychological distress while higher levels of positive reintegration attitudes were associated with higher levels of affective commitment and more positive job related affect (Blais et al., 2009).

For the purpose of this study, the APDRS was adapted to examine the reintegration experiences of both Veterans and current Service Members within the US military. Although the APDRS was developed for use with Canadian Forces returning from deployments in Afghanistan, recommendations by Fikretoglu and McCreary (2010), suggest it may be appropriate for use in "other allied country military mental health research" (p. 2). To adapt the APDRS for this study, references to "Canada" were replaced with "the United States." For example, item 26 on the original APDRS, "Being back in Canada has been a bit of a culture shock" was re-written to read, "Being back in the United States has been a bit of a culture shock" (Blais et al., 2009).

Military to Civilian Questionnaire (M2C-Q). The Military to Civilian Questionnaire (M2C-Q; Sayer et al., 2011) is a 16-item self-report measure of post deployment community reintegration difficulty. The MC2-Q was developed based on a review of literature pertaining to issues faced by combat Veterans including psychosocial functioning, community integration, and reintegration difficulties. The items on the M2C-Q assess difficulty in six areas: interpersonal relationships with family, friends, and peers; productivity at work, in school, or at home, community participation; self-care; leisure, and perceived meaning in life (Sayer et al, 2011). Although the items were developed to assess difficulty across a number of domains, a common factor analysis supported the use of a single total score for the M2C-Q (Sayer et al., 2011). Items are rated on a five-point Likert scale ranging from 0 (*no difficulty*) to 4 (*extreme difficulty*). Four items, assessing relationship with spouse/partner, relationship with child/children, work and school functioning, permit respondents to answer, "*Does not apply.*" Scores for the M2C-Q range from 0 to 4 and are calculated by summing all items and dividing by the number of completed items. Higher scores indicate greater reintegration difficulty (Sayer et al., 2011).

A preliminary evaluation of the M2C-Q reported Cronbach's alpha of .95, indicating good internal consistency (Sayer et al., 2011). Evidence of construct validity was demonstrated through significant correlations between M2C-Q scores and a single item measure of reintegration difficulty as well as Mental Component Summary (MCS) scores from the Short Form Health Survey (SF-12v2; et al., 2002). As expected, Sayer et al. (2011) found that more community reintegration difficulty was associated with worse overall mental health.

Screener questions. To increase the quality of the data collected via online survey, researchers suggest including screener questions to gauge attention and language comprehension (Goodman et al., 2013). The addition of validity check questions to determine Veteran and Service member status is also recommended (Lynn & Morgan, 2016). In heading these recommendations, seven screener questions were included in this study.

Attention check questions. Two attention check questions were included to make sure participants were reading the survey items prior to responding. The first attention check question read, "Please answer strongly agree for this question." Goodman et al. suggest participants who miss multiple attention gauge screener questions are likely paying little attention to the survey questions and recommend removing their responses from the data sample. Some research indicates, missing one attention check question does not necessarily predict quality of data (Berinsky et al., 2014; Lynn & Morgan, 2016). However, for this study, I chose to follow more strict inclusion criteria and required participants to respond correctly to both attention check questions.

Validity check questions. To confirm participants' self-report of Service Member and Veteran status, five screener questions were included in the survey. The validity check questions were developed and published by Lynn and Morgan (2016) to specifically screen Veterans recruited via MTurk for research purposes. For example, one of the validity check questions asks, "What is the acronym for the generic term the military uses for various job fields?" The initial study utilizing these validity check questions included participants in the sample if they answered two of five screener questions correctly (Lynn, 2014). Again, I

chose to adhere to more strict inclusion criteria. Participants were required to correctly answer three or more of the validity check questions.

Procedure

Settings. Participants were recruited in multiple phases using Amazon Mechanical Turk (MTurk) and Facebook. All participants used Qualtrics, a secure online service provider, to respond to the survey questions. Participants were either re-directed to the Qualtrics survey via MTurk or taken to the Qualtrics survey after clicking the link in a Facebook post.

MTurk. A convenience sample of participants was recruited using MTurk. MTurk is a secure online marketplace that allows individuals to select and anonymously complete Human Intelligence Tasks (HITs). Individuals who complete these HITs on MTurk are called "workers." Researchers who create and post HITs are referred to as "requesters." MTurk allows requesters to restrict who is able to view and complete their HITs based on various qualifications. Only workers who met all of the specified qualifications were able to preview the HIT. Workers who did not meet the designated qualifications were not able to access the survey.

Facebook. Additional participants were recruited through Facebook using respondent driven sampling. A public link to the study was posted on the my Facebook page along with a request that viewers share the post with their network of "friends." Individuals who met the specified inclusion criteria were invited to follow the link to participate in the survey.

Data collection. Participants were recruited in multiple phases using Amazon Mechanical Turk (MTurk) and Facebook.

MTurk. Participants were recruited via MTurk over a three-month period. MTurk allows requesters to post HITs in small batches in order to cap the number of workers allowed to complete the survey or "assignment" in each wave of recruitment. Limiting the number of responses by posting HITs in batches controls the influx of data and promotes quality control throughout the recruitment process.

Requesters are able to set minimum qualifications for worker eligibility. For this study, workers were required to be geographically located in the United States, have a 98% approval rate (percentage of assignments submitted that have been approved), and have 1 or more assignments approved prior to attempting this HIT (to ensure the worker did not create a new account specifically to take the survey multiple times for additional compensation). The first two batches of HITs posted contained a "premium" qualification in addition to the established qualifications for geographic location, approval rating, and number of completed assignments. "Premium" qualifications are awarded to workers who take additional steps to add and verify details on their MTurk profiles. For requesters, the use of premium qualifications to filter workers costs an additional $0.05 to $1.00 per completed response, depending on the designation. For verified military service, the cost is an additional $0.30 per survey completion.

The first batch of HITs was posted on April 15, 2017. This batch was limited to 10 HITs and used to assess the functionality of the survey links and methods of compensation prior to launching larger batches. No major issues were identified. On April 24th the second batch of 75 HITs was launched. After three days and three completed responses, it became apparent that the "premium military service qualification" was barrier to participant recruitment. The second batch was cancelled shortly after its launch to remove the premium

qualification. Validity check questions related to military service were imbedded throughout the survey and used to filter out inappropriate and unqualified participants, making the premium military service qualification an unnecessary expense.

In total, six batches of HITs were posted to MTurk. The first five batches were open to both active-duty Service Members and Veterans. The sixth, and final batch was only open to active-duty Service Members because the necessary number of valid Veteran responses had already been gathered. MTurk facilitates the recruitment of participants by notifying workers when HITs are made available by requesters. Workers who met the qualifications for this study were notified and able to access a description of the HIT including content, compensation rate, and duration. After reading the description, eligible workers could choose to accept or decline the task.

In this study, workers who chose to accept the task were redirected to an external Qualtrics survey to review additional eligibility criteria and provide informed consent to participate. They were asked to acknowledge consent by checking the box next to the phrase "I Consent." In addition to granting informed consent, participants who wished to continue to the survey were asked to indicate their understanding that it is "…illegal to impersonate a Veteran or Service member for the purpose of obtaining financial gains (e.g., monetary incentives from MTurk)." Individuals who provided consent and indicated understanding were directed to the survey.

Lynn (2014) used MTurk to collect survey data from nearly 200 Veterans in a similar manner. Parts of her original study, including the screener questions utilized in this study, were later published as suggestions when using MTurk to recruit Veterans for research purposes (Lynn & Morgan, 2016). A competitive incentive rate for a 30-minute

survey on MTurk is $1.00. To encourage participation, the compensation level for completing the present study was set at $2.00.

After providing consent, participants were asked to answer a series of demographic questions and provide information related to their military service. Participants were then asked to respond to items associated with psychological flexibility, military identity, and reintegration experiences. The survey wrapped with a series of open-ended questions about reintegration. Upon completion of the final survey item, a unique code was generated for each participant. Individuals were instructed to record their completion code prior to advancing to the final screen. After acknowledging they had recorded it, participants were redirected to MTurk to complete the HIT by entering their assigned code in the box provided. Individuals who completed the survey and entered their designated code as instructed were compensated $2.00 for their time.

Facebook. The second phase of recruitment involved the use of social media to attract additional participants. Veterans and Service Members were recruited through Facebook using respondent driven sampling. Respondent driven sampling is based on the notion that each share will result in a cascade of views and additional shares. As the link is shared throughout a growing network, more eligible participants will come in contact with the study. The goal is for one of every few eligible participants who view the study to complete it. Because individuals on Facebook are not generally scrolling through their newsfeeds to make money by taking surveys, the incentive was raised to $5 to encourage participation.

The social media post, with imbedded survey link, was nearly identical to the HIT Preview shown to MTurk workers. Would-be Facebook participants were required to have

the same qualifications outlined on MTurk: age 18 to 60; currently serving on Active Duty or separated from the Air Force, Army, Coast Guard, Marine Corps, or Navy; not currently in the Reserves or National Guard; completed a deployment in support of one or more of the following conflicts: OEF, OIF, OND, OIR, and/or OFS; and currently residing in the United States.

Individuals who chose to participate in the study by clicking the Facebook link were redirected to an external Qualtrics survey to review additional eligibility criteria and provide informed consent to participate. They were asked to acknowledge consent by checking the box next to the phrase "I Consent." In addition to granting informed consent, participants who wished to continue to the survey were asked to indicate their understanding that it is "…illegal to impersonate a Veteran or Service member for the purpose of obtaining financial gains (e.g., monetary incentives from MTurk)." At this time, participants were given the option to indicate: (1) "I understand. I am a Veteran of the US Military." (2) "I understand. I am active-duty military." (3) "I understand. I do not have military experience." Participants who marked option one or two were advanced to the start of the survey. Individuals who selected option three were removed from the survey and taken to a page stating they answered a question indicating they did not meet the eligibility criteria for participation in the study. The option to self-select out of the survey by indicating "I am not a Veteran or Service member." was listed as a possible answer choice to each of the five validity check items placed throughout the survey for all MTurk and Facebook participants.

Completion code. Upon completion of the survey, Qualtrics generated a unique numerical code for each participant. Those who started with MTurk were redirected there to enter the completion code to receive compensation. Individuals recruited via Facebook were

also given a unique code. They were invited to collect a $5 Amazon eGift Card by emailing the completion code to a Gmail account designated for Survey Compensation.

Response rate. The goal for this study was to obtain a sample of approximately 200 Veterans and Service Members. A total of 468 participants recruited via social media and MTurk started the survey by providing informed consent (Social Media $N = 61$; MTurk $N = 407$). Ineligible respondents were filtered out over the course of the survey. Twenty-two participants opted out of the survey instead of answering the validity check questions. Of the remaining 446 participants, many were screened out. Ninety-two participants were dropped from the survey after contradicting the inclusion criteria by indicating they had never deployed ($N = 354$). Incomplete responses ($N = 112$) were also dropped from the sample. Of the initial 468 respondents, a total of 242 eligible participants completed the survey.

To be included in the analysis, participants were required to answer both attention check questions correctly. Thirty-four participants were removed from the data set for missing one or more of the attention check questions ($N = 210$). To confirm participants self-report of Veteran and Service member status, five screener questions were added as a validation check (Lynn & Morgan, 2016). Participants who missed three or more of the validity check questions were removed from the analysis. A total of 197 individuals correctly answered three or more of the validity check questions. Prior to finalizing the data set, eight duplicate cases were identified and removed. The final sample of 189 participants included 115 Veterans and 74 active-duty Service Members.

Overview of Statistical Analyses

Analyses were conducted using SPSS version 23. Mediation analyses used the PROCESS v3.0 macro (Hayes, 2018). Hayes's Model 4 (2018) was used as the foundation

for all analyses in this study. A preliminary analysis of the data was conducted to check for normality and examine associations between variables.

Preliminary analyses. Descriptive statistics (mean, standard deviation, range, skewness, kurtosis, etc.) for all variables measured were calculated for both Service Member and Veteran samples. I examined the visual distributions, skewness, and kurtosis of each variable to assess normality. I also conducted correlational analyses to examine associations among main variables and determine which measures would be used in the main analyses.

Main statistical analyses. All proposed research questions utilized tests of mediation. Preacher and Hayes (2004) assert mediation models can be used to determine if a third variable acts as a mechanism through which an independent variable is associated with an outcome variable. The mediation analyses were run using an SPSS macro, PROCESS v3.0 (model 4), using 5000 bootstrap samples to establish 95% confidence intervals. Bootstrapping helps to determine if the indirect effect is significant by providing a distribution of the estimated effects for all the samples (Preacher & Hayes, 2004). Effects are considered significant if the confidence interval of the estimated indirect effect does not include zero. If the 95% confidence interval does not contain zero, we can assert that our indirect effect is significant at $p < .05$.

Veteran model. A well-established mediation framework was used to test whether identity conflict mediates the relationships between psychological flexibility and reintegration experiences for Veterans. The mediation analysis proposed psychological flexibility (X_1) and military identity (X_2) simultaneously transmit their effects on reintegration experiences ($Y_{1\text{-}7}$) through identity conflict (M). Hayes (2018) outlines how to estimate a model with multiple X variables in PROCESS. To estimate the direct and indirect

effects of both X variables, PROCESS was executed twice for each outcome variable, once with psychological flexibility as X and military identity as a covariate and a second time with military identity as X and psychological flexibility as a covariate. Running the model twice gives the indirect effects for both X variables. Figure 1 demonstrates the proposed mediation model for Veterans.

Active-duty model. The models for active-duty Service Members used an established mediation framework to test whether psychological flexibility (X_1) impacts reintegration experiences for Service Members ($Y_{1\text{-}7}$) through identity conflict (M). The procedure used 5000 bootstrap samples to estimate the 95% confidence interval of the indirect effect for the mediation model. The mediation analysis included military identity as an *a priori* selected covariate. A second set of mediation analyses was conducted without military identity as a covariate, to determine the extent to which military identity influences the model. Figure 9 demonstrates the proposed mediation model for Service Members.

Chapter IV

Results

Participants

Sample description. Participants were 189 active-duty and former military personnel who served on at least one combat deployment post-9/11. Additional inclusion criteria required participants to be current residents of the United States between ages 18-60. Participants included in the final sample provided a response to all questionnaire items, responded correctly to both attention check items, and missed no more than two of the five validity check questions. The final sample included 115 Veterans and 74 active-duty Service Members (See Table 1 for demographic information). The participants for this study appear to be a representative sample of the larger population, as indicated by a report from the Joint Economic Committee of the US Congress (2015) showing demographic statistics for post 9/11 Service Members and Veterans.

Veteran sample description. The final sample of Veterans (n = 115) ranged in age from 21 to 55, with a mean age of 34.5 (SD = 7.0). Approximately three out of four Veteran respondents were male (77%, n = 88), with 24% of the responses coming from female Veterans (n = 27). Participants could select more than one identity label for race/ethnicity, so percentages totaled more than 100%. Eighty-four percent of Veteran participants selected White/European American (n = 96), 8 % selected Black/African American (n = 9), 7% selected Asian (n = 8), 2% selected American Indian/Alaskan Native (n = 2), 2% selected Native Hawaiian/Pacific Islander (n = 2), and 1% selected Other (n = 1).

With regard to education, 6% of Veteran participants (n = 7) had received a high school diploma or earned a graduate equivalency degree (GED), 26% had completed some

college education but not received a degree (*n* = 30), 17% had earned an associate's degree (*n* = 20), 36% had earned a bachelor's degree (*n* = 41), 14% had earned a master's degree or higher (*n* = 16), and 1% had earned a professional degree (*n* = 1). Concerning marital status, 50% of the Veteran sample reported they were married (*n* = 58), 38% responded as never married (*n* = 44), 10% were divorced (*n* = 12), and 1% was separated (*n* = 1).

Veterans also provided information about their military service and deployment history. Of the 115 Veterans included in the final sample, 48% served in the Army (*n*= 55), 17% served in the Air Force (*n* = 20), 17% served in the Marine Corps (*n* = 20), 16% served in the Navy (*n* = 19), and 1% served in the Coast Guard (*n* = 1). Veterans in this study averaged 2 deployments (SD = 1.4), with some participants reporting as many as 12. The average length of service for participants in the Veteran sample was 7.0 years, average time since separation from the military was 6.8 years, with an average of 8.5 years since their last deployment (See Tables 2 and 3).

***Active-duty sample description*.** The final sample of active-duty Service Members (*n* = 74) ranged in age from 20 to 46, with a mean age of 30.6 (*SD* = 5.6). The sample was predominantly male (85%, *n* = 63), with 15% of the valid responses coming from female Service Members (*n* = 11). Information on race and ethnicity was gathered from participants responses to the statement "I consider myself to be _____. " Participants could select more than one identity label, so percentages totaled more than 100%. Nearly 84% of the active-duty participants selected White/European American (*n* = 62), 11 % selected Black/African American (*n* = 8), 8% selected Asian (*n* = 6), 3% selected American Indian/Alaskan Native (*n* = 2), 1% selected Native Hawaiian/Pacific Islander (*n* = 1), and 1% selected Other (*n* = 1).

With regard to education, 11% of active-duty participants (n = 8) had received a high school diploma or earned a graduate equivalency degree (GED), 23% had completed some college education but not received a degree (n = 17), 16% had earned an associate's degree (n = 12), 35% had earned a bachelor's degree (n = 26), and 15% had earned a master's degree or higher (n = 11). Pertaining to marital status, 53% of the active-duty sample reported they were married (n = 39), 39% responded as never married (n = 29), 5% were divorced (n = 4), and 3 % were separated (n = 2).

Participants were asked to provide information about their military service and deployment history. Of the 74 active-duty Service Members included in the final sample, 49% were Army (n= 36), 23% served in the Air Force (n = 17), 15% were Marines (n = 11), 10% were Navy (n = 7), and 4% were Coast Guard (n = 3). The number of deployments for the active-duty sample ranged from one to eight, with an average of 2.3 deployments (SD = 5.6). The average time in the military was 8.4 years with an average of 3.8 years since their last deployment (See Tables 2 and 4).

Preliminary Analyses

Variable distribution. Descriptive statistics for all measured variables were generated and are included in Table 5. Histograms and q-q plots were also generated to visually assess the distributions of each variable. To examine normality of distributions using skewness and kurtosis, I calculated z scores by dividing the skew and kurtosis values by their standard errors. There is not a set cutoff z score used to assess if a sample is non-normal. Sample size, z scores, and visual inspection of histograms and q-q plots should all be considered when checking for normality of variable distributions.

Kim (2013) suggests critical z score values for rejecting the null hypothesis will vary based on sample size. For small samples ($n < 50$), an absolute z score over 1.96 for skewness or kurtosis would indicate a non-normal distribution. For medium-sized samples ($50 < n < 300$), the suggested critical value is an absolute z score greater than 3.29. Based on visual inspection and the above criteria, all distributions are considered within normal range. Although some of the absolute z scores calculated for skewness and kurtosis fell above the widely used critical value of 1.96, I chose not to transform any of the variables used in the present study because my sample size was greater than 50. However, these elevations will be taken into consideration in the discussion of results.

Correlational analyses and measure selection. Prior to investigating the research hypotheses, correlation analyses were conducted to examine the associations among all main variables. Table 6 and Table 7 list the correlations between variables for Veterans and active-duty Service Members. Scores on the AAQ-II and CompACT were correlated at (.79) for Veterans and (.81) for Service Members. High scores on the AAQ-II indicate psychological inflexibility while high scores on the CompACT indicate greater psychological flexibility. A high negative correlation between the measures supports the criterion validity of the CompACT. Preliminary analyses established additional empirical support for the validity of the CompACT and contributed to my decision to use it, instead of the AAQ-II, as the measure of psychological flexibility for the remaining analyses.

Main Analyses

Analyses were conducted using SPSS version 23. Mediation analyses used Andrew Hayes' SPSS macro called PROCESS v3.0 (Hayes, 2018). The procedure used 5000 bootstrap samples to estimate the 95% confidence interval of the indirect effect for the

mediation models. To simplify the interpretation of results, the effects and relationships between variables in this study were completely standardized (Table 29 and Table 30). The unstandardized effects for the Veteran mediation models can be found on Tables 8-14. The unstandardized effects for the active-duty Service Member models can be found on Tables 15-29.

Analysis of Veteran models. The mediation analysis for Veterans hypothesized psychological flexibility (X_1) and military identity (X_2) would simultaneously transmit their effects on reintegration experiences through identity conflict. Hayes (2018) outlines how to estimate a model with multiple X variables in PROCESS. To estimate the direct and indirect effects of both X variables, PROCESS was executed twice for each outcome variable, once with psychological flexibility as X and military identity as a covariate and a second time with military identity as X and psychological flexibility as a covariate. Running the model twice gives the indirect effects for both X variables. Figure 1 demonstrates the proposed mediation model for Veterans.

Work positive reintegration experiences. The model for Veteran reintegration experiences includes two antecedent X variables, military identity and psychological flexibility. Both psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on work positive reintegration experiences (Y) through identity conflict (M). The results (Table 8) indicated that when including psychological flexibility as X_1 and military identity as X_2, psychological flexibility was positively associated with work positive reintegration experiences. Military identity also had a significant positive association with work positive reintegration experiences. Psychological flexibility and military identity were both associated with identity conflict. However, identity conflict was

not associated with work positive reintegration experiences. Identity conflict did not mediate the relationship between psychological flexibility and work positive reintegration experiences, or the relationship between military identity and work positive reintegration experiences.

The total effect of psychological flexibility on work positive reintegration experiences was significant (c_1 = 0.09; c_{1cs} = .44). The total effect of military identity on work positive reintegration experiences was also significant (c_2 = 2.42; c_{2cs} = .57). The a_1 path between psychological flexibility and identity conflict was significant. Similarly, the a_2 path was significant, such that military identity was related to identity conflict. The *b* path was not significant, as identity conflict was not associated with work positive reintegration experiences.

Identity conflict did not mediate the effect of psychological flexibility on work positive reintegration experiences. Nor did identity conflict mediate the effect of military identity on work positive reintegration experiences. The direct effect of psychological flexibility on work positive reintegration experiences was significant (c_1' = 0.09; $c_1'_{cs}$ = .45), as was the direct effect of military identity on work positive reintegration experiences (c_2' = 2.39; $c_2'_{cs}$ = .56). A summary of direct and indirect effects for the mediation model is presented in Figure 2. Model coefficients can be found in Table 9 (unstandardized) and Table 29 (completely standardized).

Family positive reintegration experiences. In the hypothesized model for Veterans, psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on family positive reintegration experiences (Y) through identity conflict (M). The results, described below, indicated that when including psychological flexibility as X_1 and

military identity as X_2, psychological flexibility was positively associated with family positive reintegration experiences. Military identity did not have a significant direct effect on family positive reintegration experiences. Psychological flexibility and military identity were both associated with identity conflict. Identity conflict was not associated with family positive reintegration experiences. Identity conflict did not partially mediate the relationship between psychological flexibility and family positive reintegration experiences, or the relationship between military identity and family positive reintegration experiences.

The total effect of psychological flexibility on family positive reintegration experiences was significant (c_1 = 0.10; c_{1cs} = .45). However, the total effect of military identity on family positive reintegration experiences was not. The a_1 path, between psychological flexibility and identity conflict, and the a_2 path, between military identity and identity conflict, were both significant. The *b* path, identity conflict to family positive reintegration experiences, was not significant. These results can be found in Table 9.

Identity conflict did not mediate the effect of psychological flexibility or military identity on family positive reintegration experiences. The direct effect of psychological flexibility on family positive reintegration experiences was significant (c_1' = 0.08; $c_1'_{cs}$ = .35). However, the direct effect of military identity on this outcome variable was not. A summary of direct and indirect effects for the mediation model is presented in Figure 3.

Personal positive reintegration experiences. In the hypothesized model psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on personal positive reintegration experiences (Y) through identity conflict (M) among Veterans. The results, described below, indicated that when including psychological flexibility as X_1 and military identity as X_2, psychological flexibility was not associated with

personal positive reintegration experiences. Military identity was significantly associated with personal positive reintegration experiences. Psychological flexibility and military identity were both associated with identity conflict. Identity conflict was not associated with personal positive reintegration experiences. Additionally, identity conflict did not partially mediate the relationship between psychological flexibility and personal positive reintegration experiences, or the relationship between military identity and personal positive reintegration experiences.

The total effect of psychological flexibility on personal positive reintegration experiences was significant (c_1 = 0.03; c_{1cs} = .21). The total effect of military identity on personal positive reintegration experiences was not significant (c_2 = 1.20; c_{2cs} = .42). The a_1 and a_2 paths from psychological flexibility and military identity to conflict were significant as indicated in the previous models (See Table 10). The *b* path was not significant, as identity conflict was not associated with personal positive reintegration experiences.

Identity conflict did not mediate the effect of psychological flexibility on personal positive reintegration experiences or the effect of military identity on personal positive reintegration experiences. The direct effect of psychological flexibility was not significant. However, the direct effect of military identity on personal positive reintegration experiences was (c_2' = 1.22; $c_{2'cs}$ = .43). Figure 4 depicts a summary of direct and indirect effects for the mediation model.

Work negative reintegration experiences. In the hypothesized model for Veterans, both psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on work negative reintegration experiences (Y) through identity conflict (M). The results, described below, indicated that when including psychological flexibility as X_1 and

military identity as X_2, psychological flexibility was negatively associated with work negative reintegration experiences. Military identity did not have a significant direct effect on work negative reintegration experiences. Psychological flexibility and military identity were both associated with identity conflict. Identity conflict was associated with work negative reintegration experiences. Identity conflict partially mediated the relationship between psychological flexibility and work negative reintegration experiences, as well as the relationship between military identity and work negative reintegration experiences.

The total effect of psychological flexibility on work negative reintegration experiences was significant (c_1 = -0.10; c_{1cs} =-.50). The total effect of military identity on work negative reintegration experiences was not significant (c_2 = 0.24; c_{2cs} = -.36). The a_1 path between psychological flexibility and identity conflict was significant. Similarly, the a_2 path was significant, such that military identity was related to identity conflict. The *b* path was also significant, as identity conflict was associated with work negative reintegration experiences. The direct effect of psychological flexibility on work negative reintegration experiences was significant (c_1' = -0.07; c_1'$_{cs}$ = -.36). However, the direct effect of military identity on work negative reintegration experiences was not (See Figure 5).

Identity conflict mediated the effect of psychological flexibility on work negative reintegration experiences (indirect effect, a_1b_1 = -.03; completely standardized indirect effect, a_1b_{1cs} = -.14). In terms of completely standardized effects, these results suggest that Veteran A, who scores one standard deviation higher on psychological flexibility than Veteran B, would be expected to score 0.50 standard deviations lower on work difficulty reintegration when controlling for military identity, with 0.14 of the 0.50 total effect coming from the effect of psychological flexibility on identity conflict (Table 29). Identity conflict

also mediated the effect of military identity on work negative reintegration experiences (indirect effect, $a_2b_2 = 0.43$; $a_2b_{2cs} = .11$). These results suggest that two Veterans who differ by one standard deviation on scores for military identity but are equal on scores of psychological flexibility are estimated to differ .11 standard deviations on work negative reintegration experiences as a result of the effect of military identity on identity conflict.

Family negative reintegration experiences. In the hypothesized model for Veterans, psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on family negative reintegration experiences (Y) through identity conflict (M). The results, described below, indicated that when including psychological flexibility as X_1 and military identity as X_2, psychological flexibility was negatively associated with family negative reintegration experiences. Military identity did not have a significant direct effect on family negative reintegration experiences. Psychological flexibility and military identity were both associated with identity conflict. Identity conflict was associated with family negative reintegration experiences. Identity conflict partially mediated the relationships between both predictors on and family negative reintegration experiences.

The total effect of psychological flexibility on family negative reintegration experiences was significant ($c_1 = -0.18$; $c_{1cs} = -.72$). The total effect of military identity on family negative reintegration experiences was not significant. The a_1 path between psychological flexibility and identity conflict was significant. Similarly, the a_2 path was significant, such that military identity was related to identity conflict. The *b* path was also significant, as identity conflict was associated with family negative reintegration experiences. See Table 12 for details.

Identity conflict did not initially appear to mediate the effect of psychological

flexibility on family negative reintegration experiences (indirect effect, a_1b_1 = -.02, 95% CI = -0.05 to 0.00). However, the confidence interval for the completely standardized effect did not include zero, indicating support for mediation (a_1b_{1cs} = -0.10, 95% CI = -0.21 to -0.01). Identity conflict also mediated the effect of military identity on family negative reintegration experiences (indirect effect, a_2b_2 = 0.38; a_2b_{2cs} = .07). The direct effect of psychological flexibility on family negative reintegration experiences was significant (c_1' = -0.16; $c_1'_{cs}$ = -.62). The direct effect of military identity on family negative reintegration experiences was not significant. A summary of direct and indirect effects for the mediation model is presented in Figure 6.

Personal negative reintegration experiences. In the hypothesized model, psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on personal negative reintegration experiences (Y) through identity conflict (M) among Veterans. The results, described below, indicated that when including psychological flexibility as X_1 and military identity as X_2, psychological flexibility and military identity were significantly associated with personal negative reintegration experiences. Similarly, psychological flexibility and military identity were both associated with identity conflict. Identity conflict was associated with personal negative reintegration experiences. Identity conflict partially mediated the relationship between psychological flexibility and personal negative reintegration experiences, as well as the relationship between military identity and personal negative reintegration experiences.

The direct effect of psychological flexibility on personal negative reintegration experiences was significant (c_1 = -0.17; c_{1cs} = - .66). The total effect of military identity on personal negative reintegration experiences was also significant (c_2 = 1.45; c_{2cs} = - .66). The

a_1 path between psychological flexibility and identity conflict was significant. Similarly, the a_2 path was significant, such that military identity was related to identity conflict. The *b* path was also significant, as identity conflict was associated with personal negative reintegration experiences.

Identity conflict mediated the effect of psychological flexibility on personal negative reintegration experiences (indirect effect, $a_1b_1 = -.03$; $a_1b_{1c} = -.13$). Identity conflict also mediated the effect of military identity on the outcome variable (indirect effect, $a_2b_2 = 0.52$; $a_2b_{2cs} = .10$). The direct effect of psychological flexibility on personal negative reintegration experiences was significant ($c_1' = -0.13$; $c_1'_{cs} = -.53$). The direct effect of military identity on personal negative reintegration experiences was also significant ($c_2' = .93$; $c_2'_{cs} = .18$). A summary of direct and indirect effects for the mediation model is presented in Figure 7.

Reintegration difficulty. In the hypothesized model for Veterans, psychological flexibility (X_1) and military identity (X_2) were expected to transmit their effect on reintegration difficulty (Y) through identity conflict (M). The results, described below, indicated that when including psychological flexibility as X_1 and military identity as X_2, psychological flexibility was negatively associated with reintegration difficulty. Military identity did not have a significant direct effect on reintegration difficulty. Psychological flexibility and military identity were both associated with identity conflict. However, identity conflict was not significantly associated with reintegration difficulty. Identity conflict did not partially mediate the relationship between psychological flexibility and reintegration difficulty, or the relationship between military identity and reintegration difficulty.

The total effect of psychological flexibility on reintegration difficulty was significant (c_1 = -0.03; c_{1cs} = -.76). The total effect of military identity on reintegration difficulty was not significant. The a_1 path between psychological flexibility and identity conflict was significant. The a_2 path was also significant. However, the b path was not significant.

Identity conflict did not mediate the effect of psychological flexibility on reintegration difficulty. The effect of military identity on reintegration difficulty was also not mediated by identity conflict. The direct effect of psychological flexibility on reintegration difficulty was significant (c_1' = -0.03; $c_1'_{cs}$ = -.73). However, the direct effect of military identity on reintegration difficulty was not. A summary of direct and indirect effects for the mediation model is presented in Figure 8.

Summary of results for Veteran sample. The proposed hypotheses for the Veteran sample predicted levels of psychological flexibility and military identity would be significantly related to levels of identity conflict and reintegration experiences. Direct relationships between identity conflict and reintegration experiences were also predicted. The mediation models for Veterans hypothesized psychological flexibility (X_1) and military identity (X_2) would simultaneously transmit their effects on reintegration experiences ($Y_{1\text{-}7}$) through identity conflict (M).

The direct effect of psychological flexibility (X_1) on reintegration experiences was significant for six of the seven outcome variables. Higher psychological flexibility was significantly associated with lower scores on all four measures of negative reintegration experiences (WN, FN, PN, and RD), as well as higher scores on work positive and family positive reintegration experiences. The direct effect of military identity (X_2), on reintegration experiences was significant for three of the outcome variables. Higher scores on military

identity were associated with higher scores on work positive, personal positive, and personal negative reintegration experiences.

The total effect represents how much two cases that differ by a unit of one predictor X (psychological flexibility or military identity) are estimated to differ on Y (reintegration experiences$_{1\text{-}7}$) when statistically controlling for the other predictor X (military identity or psychological flexibility). Holding military identity constant, the total effect of psychological flexibility was significant for all hypothesized models. The total effect of military identity when controlling for psychological flexibility was significant for work positive, personal positive, and personal negative reintegration experiences. Psychological flexibility and military identity were both significant predictors of identity conflict. However, relationships between identity conflict and reintegration experiences were only significant for work negative, family negative, and personal negative outcomes.

The analyses for the Veteran sample supported the meditational hypotheses for three of the proposed reintegration models. Conflict did not mediate the effects of either predictor variable in any of the positive reintegration models or in the model for reintegration difficulty. However, identity conflict did mediate the effects of both predictor variables (military identity and psychological flexibility) in the hypothesized models for work negative, family negative, and personal negative reintegration experiences.

The indirect effect of psychological flexibility on family negative reintegration experiences through identity conflict was initially overlooked. The confidence interval for the unstandardized indirect effect generated by PROCESS appeared to include zero. However, this was only because the value was rounded at two decimal places. Completely standardized effects have slightly different confidence intervals compared to unstandardized

effects. The completely standardized indirect effect of psychological flexibility on family negative reintegration was statistically significant.

Analysis of active-duty Service Member models. An established mediation framework was used to test whether identity conflict mediates the relationship between psychological flexibility and reintegration experiences for active-duty Service Members. Bootstrapping techniques were used to estimate the indirect effect, which is the extent to which psychological flexibility (X_1) impacts reintegration experiences for Service Members ($Y_{1\text{-}7}$) through identity conflict (M). Figure 9 demonstrates the proposed mediation model for Service Member reintegration experiences.

The indirect effects for identity conflict were examined. SPSS version 23 and PROCESS v3.0 were used to test the mediation model (Hayes, 2018). The procedure used 5000 bootstrap samples to estimate the 95% confidence interval of the indirect effect for the mediation model. The mediation analysis included military identity as an *a priori* selected covariate for positive reintegration experiences. A second set of mediation analyses was conducted for positive reintegration experiences without military identity as a covariate, to determine the extent to which military identity influenced the models. For negative reintegration experiences, the hypothesized model did not include military identity. After running the unadjusted models, a second set of mediation analyses was run for negative reintegration experiences with military identity included as a covariate. Tables 15-28 depict the adjusted and unadjusted model coefficients. Table 30 presents the completely standardized effects for all hypothesized models and the post hoc analysis of reintegration difficulty.

Work positive reintegration experiences.

Adjusted model of work positive reintegration experiences among Service Members. The hypothesized model in Figure 10 proposed that in a sample of active-duty Service Members, individuals with higher psychological flexibility would have decreased identity conflict and that this relationship would partially mediate the association between psychological flexibility and work positive reintegration experiences. I also hypothesized that lower levels of psychological flexibility would be associated with higher levels of identity conflict, whereas higher levels of psychological flexibility would be associated with higher scores on the measure of work positive reintegration experiences. I also hypothesized identity conflict would be negatively associated with work positive reintegration experiences and that higher military identity would be associated with increases in work positive reintegration experiences for Service Members.

The results, described below, indicated that when including military identity as a covariate, psychological flexibility was not associated with work positive reintegration experiences. Psychological flexibility was associated with identity conflict. Identity conflict was not associated with work positive reintegration experiences, and identity conflict did not partially mediate the relationship between psychological flexibility and work positive reintegration experiences.

The total effect of psychological flexibility on work positive reintegration experiences was significant ($c = 0.07$, $c_{cs} = .39$). Similarly, the *a* path was significant, such that psychological flexibility was related to identity conflict. The *b* path was not significant, as identity conflict was not associated with work positive reintegration experiences. Identity conflict did not mediate the effect of psychological flexibility on work positive reintegration

experiences.

The direct effect of psychological flexibility on work positive reintegration experiences was not significant (c' = 0.04, c'_{cs} = .26). Military identity was positively associated with identity conflict and work positive reintegration experiences. When military identity was removed from the adjusted model, the pattern of results changed slightly. A summary of direct and indirect effects for the adjusted mediation model is presented in Figure 10.

Unadjusted model of work positive reintegration experiences among Service Members. The removal of military identity as a covariate slightly changed the pattern of the model's results. The total effect of psychological flexibility on work positive reintegration experiences remained significant. Psychological flexibility was related to identity conflict. Identity conflict was not significantly associated with work positive reintegration experiences. As in the adjusted model, identity conflict did not mediate the effect of psychological flexibility on work positive reintegration experiences. However, the direct effect of psychological flexibility on work positive reintegration experiences became significant.

Family positive reintegration experiences.

Adjusted model of family positive reintegration experiences among Service Members. The hypothesized model in Figure 11 proposed that in a sample of active-duty Service Members, individuals with higher psychological flexibility would have decreased identity conflict and that this relationship would partially mediate the association between psychological flexibility and family positive reintegration experiences. Within the hypothesized model lower levels of psychological flexibility would be associated with

higher levels of identity conflict, whereas higher levels of psychological flexibility would be associated with higher scores on the measure of family positive reintegration experiences. I also hypothesized identity conflict would be negatively associated with family positive reintegration experiences and that higher military identity would be associated with increases in family positive reintegration experiences for Service Members.

The results, described below, indicated that when military identity was included as a covariate, psychological flexibility was associated with family positive reintegration experiences. Psychological flexibility was also associated with identity conflict. Identity conflict did not partially mediate the relationship between psychological flexibility and family positive reintegration experiences. Identity conflict was not associated with family positive reintegration experiences.

The total effect of psychological flexibility on family positive reintegration experiences was significant ($c = 0.07$, $c_{cs} = .37$). Similarly, the *a* path was significant, such that psychological flexibility was related to identity conflict. The *b* path was not significant, as identity conflict was not significantly associated with family positive reintegration experiences. Identity conflict did not mediate the effect of psychological flexibility on family positive reintegration experiences.

The direct effect of psychological flexibility on family positive reintegration experiences was significant ($c' = 0.09$, $c'_{cs} = .45$). Military identity was positively associated with identity conflict and family positive reintegration experiences. When military identity was removed from the adjusted model, the pattern of results was unchanged. A summary of direct and indirect effects for the adjusted mediation model is presented in Figure 11.

Unadjusted model of family positive reintegration experiences among Service Members. The removal of military identity as a covariate did not change the pattern of the model's results. The total effect of psychological flexibility on family positive reintegration experiences remained significant. Psychological flexibility was related to identity conflict. Identity conflict was not significantly associated with family positive reintegration experiences. As in the adjusted model, identity conflict did not mediate the effect of psychological flexibility on family positive reintegration experiences. The direct effect of psychological flexibility on family positive reintegration experiences remained significant.

Personal positive reintegration experiences.

Adjusted model of personal positive reintegration experiences among Service Members. The hypothesized model in Figure 12 proposed that in a sample of active-duty Service Members, individuals with higher psychological flexibility would have decreased identity conflict and that this relationship would partially mediate the association between psychological flexibility and personal positive reintegration experiences. I hypothesized psychological flexibility would directly impact personal positive reintegration experiences for Service Members. Specifically, lower levels of psychological flexibility would be associated with higher levels of identity conflict, whereas higher levels of psychological flexibility would be associated with higher scores on the measure of personal positive reintegration experiences. I also hypothesized identity conflict would be negatively associated with personal positive reintegration experiences and that higher military identity would be associated with increases in personal positive reintegration experiences for Service Members.

The results, described below, indicated that when including military identity as a covariate, psychological flexibility was not associated with personal positive reintegration experiences. Psychological flexibility was associated with identity conflict, but identity conflict did not partially mediate the relationship between psychological flexibility and personal positive reintegration experiences. Identity conflict was not associated with personal positive reintegration experiences.

The total effect of psychological flexibility on personal positive reintegration experiences was not significant (c = .03, c_{cs} = .19). The *a* path was significant, such that psychological flexibility was related to identity conflict. The *b* path was not significant, as identity conflict was not associated with personal positive reintegration experiences. Identity conflict did not mediate the effect of psychological flexibility on personal positive reintegration experiences.

The direct effect of psychological flexibility on personal positive reintegration experiences was also not significant (c' = 0.03, c'_{cs} = .21). Military identity was positively associated with identity conflict and personal positive reintegration experiences. When military identity was removed from the adjusted model, the pattern of results was changed. A summary of direct and indirect effects for the adjusted mediation model is presented in Figure 12.

Unadjusted model of personal positive reintegration experiences among Service Members. The removal of military identity as a covariate slightly changed the pattern of the model's results. The total effect of psychological flexibility on personal positive reintegration experiences was still not significant. Psychological flexibility was related to identity conflict. Identity conflict was not significantly associated with personal positive

reintegration experiences. As in the adjusted model, identity conflict did not mediate the effect of psychological flexibility on personal positive reintegration experiences. However, the direct effect of psychological flexibility on personal positive reintegration experiences became significant.

Work negative reintegration experiences.

Unadjusted model of work negative reintegration experiences among Service Members. The hypothesized model in Figure 13 proposed that in a sample of active-duty Service Members, identity conflict would partially mediate the effects of psychological flexibility on work negative reintegration experiences. Within the model, I also hypothesized higher psychological flexibility would be associated with lower scores for work negative reintegration experiences and lower levels of identity conflict. For Service Members, higher levels of identity conflict were expected to be associated with higher scores on the measure of work negative reintegration experiences. Military Identity was not expected to directly impact work negative reintegration experiences for Service Members, but was examined as a covariate after the unadjusted model was tested.

The results, described below, indicated that psychological flexibility was associated with work negative reintegration experiences and identity conflict. Identity conflict was not associated with work negative reintegration experiences. Identity conflict did not partially mediate the relationship between psychological flexibility and work negative reintegration experiences.

In the unadjusted model, the total effect of psychological flexibility on work negative reintegration experiences was significant (c = -0.12, c_{cs} = -.57). Similarly, the a path was significant, such that psychological flexibility was negatively related to identity conflict. The

b path was not significant. Identity conflict did not mediate the effect of psychological flexibility on work negative reintegration experiences. The direct effect of psychological flexibility on work negative reintegration experiences was significant (c' = -0.13, c'_{cs} =-.58). A summary of direct and indirect effects for the unadjusted mediation model is presented in Figure 13.

Adjusted model of work negative reintegration experiences among Service Members. The inclusion of military identity as a covariate did not change the pattern of the model's results. The total effect of psychological flexibility on work negative reintegration experiences was still significant. Psychological flexibility was related to identity conflict. Identity conflict was not associated with work negative reintegration experiences.

With military identity included in the model as a covariate, identity conflict did not mediate the effect of psychological flexibility on work negative reintegration experiences. The direct effect of psychological flexibility on work negative reintegration experiences remained significant. Military identity was positively associated with identity conflict and negatively associated with work negative reintegration experiences.

Family negative reintegration experiences.

Unadjusted model of family negative reintegration experiences among Service Members. The hypothesized model in Figure 14 proposed Service Members with lower psychological flexibility would have increased identity conflict and that this relationship would partially mediate the association between psychological flexibility and family negative reintegration experiences. Within the model for family negative reintegration experiences, I also hypothesized higher psychological flexibility would be associated with lower scores for family negative reintegration experiences and lower levels of identity

conflict. For Service Members, higher levels of identity conflict would be associated with higher scores on the measure of family negative reintegration experiences. Military Identity was not expected to directly impact family negative reintegration experiences for Service Members, but was examined as a covariate after the hypothesized model was tested.

The results, described below, indicated that psychological flexibility was associated with family negative reintegration experiences, and identity conflict. Identity conflict was not associated with family negative reintegration experiences, and did not partially mediate the relationship between psychological flexibility and family negative reintegration experiences.

In the unadjusted model, the total effect of psychological flexibility on family negative reintegration experiences was significant (c = -0.16, c_{cs} = -.68). Similarly, the *a* path was significant, such that psychological flexibility was related to identity conflict. The *b* path was not significant. Identity conflict did not mediate the effect of psychological flexibility on family negative reintegration experiences. The direct effect of psychological flexibility on family negative reintegration experiences was significant (c' = -.13, c'_{cs} =-.56). A summary of direct and indirect effects for the unadjusted mediation model is presented in Figure 14.

Adjusted model of family negative reintegration experiences among Service Members. The inclusion of military identity as a covariate did not change the pattern of the model's results. The total effect of psychological flexibility on family negative reintegration experiences remained significant. Psychological flexibility was related to identity conflict. Identity conflict was not associated with family negative reintegration experiences. With military identity as a covariate, identity conflict did not mediate the effect of psychological

flexibility on family negative reintegration experiences. The direct effect of psychological flexibility on family negative reintegration experiences was significant. Military identity was positively associated with identity conflict but not significantly related to family negative reintegration experiences.

Personal negative reintegration experiences.

Unadjusted model of personal negative reintegration experiences among Service Members. The hypothesized model in Figure 15 proposed that in a sample of active-duty Service Members, identity conflict would partially mediate the effects of psychological flexibility on personal negative reintegration experiences. Within the model for personal negative reintegration experiences, I also hypothesized higher psychological flexibility would be associated with lower scores for personal negative reintegration experiences and lower levels of identity conflict. For Service Members, higher levels of identity conflict were expected to be associated with higher scores on the measure of personal negative reintegration experiences. Military Identity was not expected to directly impact personal negative reintegration experiences for Service Members, but was examined as a covariate after the unadjusted model was tested.

The results indicated that psychological flexibility was associated with personal negative reintegration experiences and identity conflict, and identity conflict did not partially mediate the relationship between psychological flexibility and personal negative reintegration experiences. However, identity conflict was positively associated with personal negative reintegration experiences.

In the unadjusted model, the total effect of psychological flexibility on personal negative reintegration experiences was significant (c = -0.19, c_{cs} = -.74). Similarly, the *a*

path was significant, such that psychological flexibility was related to identity conflict. The *b* path was also significant, as identity conflict was positively associated with personal negative reintegration experiences. Identity conflict did not mediate the effect of psychological flexibility on personal negative reintegration experiences. The direct effect of psychological flexibility on personal negative reintegration experiences was significant (*c'* = -0.15, c'_{cs} = -.60). A summary of direct and indirect effects for the unadjusted mediation model is presented in Figure 15.

Adjusted model of personal negative reintegration experiences among Service Members. The inclusion of military identity as a covariate slightly changed the pattern of the model's results. The total effect of psychological flexibility on reintegration difficulty was still significant. Psychological flexibility was related to identity conflict. Identity conflict was no longer associated with personal negative reintegration experiences. With military identity as a covariate, identity conflict did not mediate the effect of psychological flexibility on personal negative reintegration experiences. The direct effect of psychological flexibility on personal negative reintegration experiences was significant. Military identity was positively associated with identity conflict and not associated with personal negative reintegration experiences. When military identity was included as a covariate in the model, the pattern of results changed and the *b* path became insignificant.

Reintegration difficulty.

Unadjusted model of reintegration difficulty among Service Members. The hypothesized model in Figure 16 proposed that in a sample of active-duty Service Members, identity conflict would partially mediate the effects of psychological flexibility on reintegration difficulty. Within the model for reintegration difficulty, I also hypothesized

higher psychological flexibility would be associated with lower scores for reintegration difficulty and lower levels of identity conflict.

For Service Members, higher levels of identity conflict were expected to be associated with higher scores on the measure of reintegration difficulty. Military Identity was not expected to directly impact reintegration difficulty for Service Members, but was examined as a covariate after the unadjusted model was tested. The results, described below, indicated that psychological flexibility was negatively associated with identity conflict and reintegration difficulty. For active-duty Service Members, identity conflict was not associated with reintegration difficulty. Identity conflict did not partially mediate the relationship between psychological flexibility and reintegration difficulty.

In the unadjusted model, the total effect of psychological flexibility on reintegration difficulty was not significant (c = -0.03, c_{cs} = -.73). The *a* path was significant, such that psychological flexibility was negatively related to identity conflict. Identity conflict was not associated with reintegration difficulty, nor did it mediate the effect of psychological flexibility on reintegration difficulty. The direct effect of psychological flexibility on reintegration difficulty was significant (c' = -0.02, c'_{cs} = -.63). A summary of direct and indirect effects for the unadjusted mediation model is presented in Figure 16.

Adjusted model of reintegration difficulty among Service Members. The inclusion of military identity as a covariate slightly changed the pattern of the model's results. The total effect of psychological flexibility on reintegration difficulty was still significant (c = -0.03, c_{cs} = -.71). Psychological flexibility was related to identity conflict. Identity conflict became significantly positively associated with reintegration difficulty. With military identity as a covariate, identity conflict did not appear to mediate the effect of psychological flexibility

on reintegration difficulty (indirect effect, *ab* = -0.01, 95% CI = -0.01 to 0.00). The direct effect of psychological flexibility on reintegration difficulty was significant (*c'* = -0.02, c'_{cs} = -.54). Military identity was positively associated with identity conflict and negatively associated with reintegration difficulty.

With military identity as a covariate, the unstandardized indirect effect of psychological flexibility on reintegration difficulty was very close to significance, with the upper level confidence interval rounded at two decimal points (CI = -0.01 to 0.00) to include zero. Because psychological flexibility has a much higher total score than the measures for identity conflict and military identity, I examined the completely standardized effects generated by PROCESS in the earlier mediation analyses. The completely standardized values express the direct and indirect effects in terms of their standard deviations. Therefore, the completely standardized effect is the difference in standard deviations in Y between two cases that differ by one standard deviation in X (Hayes, 2018). The completely standardized effects have slightly different confidence intervals compared to the unstandardized effects.

Examination of the completely standardized confidence intervals revealed support for the mediational hypothesis in the adjusted model of reintegration difficulty. The indirect of effect of psychological flexibility on reintegration difficulty through identity conflict for active-duty Service Members was significant (completely standardized indirect effect, ab_{cs} = -0.17, 95% CI = -0.35 to -0.05).

Summary of results for active-duty Service Member sample. The initial analyses for active-duty Service Members did not support any of the mediation models. Conflict did not mediate the effect of flexibility on any of the outcome variables measuring positive or negative reintegration experiences. Although support for the indirect effect of psychological

flexibility on reintegration experiences through identity conflict was lacking, some of the other hypothesized relationships within the model were substantiated. The direct effect of psychological flexibility on reintegration experiences was significant for five of the seven outcome variables. Higher psychological flexibility was significantly associated with lower scores on all four measures of negative reintegration experiences (WN, FN, PN, and RD), as well as higher scores on family positive reintegration experiences.

The total effect represents how much two cases that differ by a unit X (psychological flexibility) are estimated to differ on Y (reintegration experiences) when statistically controlling for C (military identity). Holding military identity constant, the total effect of psychological flexibility was significant for all models except personal positive reintegration experiences. Psychological flexibility was also a significant predictor of identity conflict. However, a relationship between identity conflict and reintegration experiences was only supported in the model for personal negative reintegration experiences. Overall, there appears to be a significant relationship between psychological flexibility and reintegration experiences, however, it does not appear to be transmitted through identity conflict in the initially hypothesized models.

Military identity was included as an a priori covariate in the models for personal positive, family positive and work positive reintegration experiences. Military identity was hypothesized to be significantly associated with identity conflict and all of the outcome variables measuring positive reintegration experiences. Military identity was also included as a covariate in the negative experience models for a secondary post hoc analysis. Higher military identity was associated with higher levels of identity conflict and higher scores on measures of positive reintegration experiences. Lower scores on the measures of

reintegration difficulty and work negative reintegration experience were also significantly associated with higher levels of military identity.

The post hoc analysis of military identity as a covariate in the models for negative reintegration experiences revealed a significant indirect effect in the adjusted mediation model for reintegration difficulty. The completely standardized total, direct, and indirect effects were all significant (total c_{cs} = -0.71; direct c'_{cs} = -0.54; indirect ab_{cs} = -0.17), indicating identity conflict mediated the relationship between psychological flexibility and reintegration difficulty, when controlling for military identity.

Chapter V

Discussion

The purpose of the present study was to develop a better understanding of the reintegration process for Service Members and Veterans. Existing research on reintegration has focused on factors associated with negative outcomes. The current practice of framing reintegration difficulty as an experience that occurs in conjunction with PTSD, mental illness, or other psychological symptoms, stigmatizes individuals who struggle with the adjustment. I sought an alternative approach to the conceptualization of reintegration experiences, in hopes of bypassing some of the stigma associated with reintegration difficulty. I ultimately examined how psychological flexibility, military identity, and identity conflict interact to shape the reintegration process.

Introducing military identity as a cultural context for examining reintegration experiences might reduce the stigma associated with acknowledging difficulty and seeking help. The inclusion of psychological flexibility as a variable within the reintegration model establishes a potential point of intervention. The current literature on reintegration is mainly problem focused. By identifying the role of psychological flexibility in the reintegration process, we can begin to shift the discussion away from identifying problems, in favor of developing possible solutions. Exploration of the relationships between military identity, psychological flexibility, identity conflict, and reintegration outcomes was expected to provide insight into how these variables interact for individuals who have separated from military service as well as those who have not.

Positive and negative reintegration experiences were examined using multiple measures and subscales. Few studies have examined positive reintegration experiences in

Service Members and Veterans. Learning how key variables contribute to both positive and negative reintegration experiences sets the stage for the creation of interventions that target approach goals instead of avoidance goals. Seven outcome variables were included to capture aspects of positive and negative reintegration experiences. The results described in previous chapter recount the findings of the mediational analyses in detail. For the purpose of this discussion, I sought to interpret the data, translate the statistics, and simplify the findings into a meaningful and comprehensible summary for the reader. The relevant findings pertaining to psychological flexibility are presented first, followed by an explanation of key findings associated with military identity, identity conflict.

Psychological Flexibility Findings

The most clinically relevant findings from the present study indicate psychological flexibility is a strong predictor of reintegration outcomes for Service Members and Veterans. For both groups, greater psychological flexibility is associated with more positive reintegration experiences and fewer negative experiences. Significant relationships between psychological flexibility and reintegration outcomes were identified in nearly all of the hypothesized models. From a clinical perspective, the magnitude of these relationships is noteworthy. The high correlations between psychological flexibility and reintegration outcomes suggested moderate to large effect sizes.

Considering available literature on ACT, psychological flexibility, and reintegration the present findings are not surprising. Previous research has established that psychological flexibility is negatively associated with most forms of psychopathology (Chawla & Ostafin, 2007; Hayes et al., 2006, Kashdan & Rottenberg, 2010; Polusny et al., 2011). Meanwhile, research on the reintegration of post 9/11 Service Members and Veterans has repeatedly

recognized the significant association between mental health problems and reintegration difficulty (Beder, Coe, & Sommer, 2011; Blevins, Roca, & Spencer, 2011; James, VanKampen, Miller, & Engdahl, 2013; Lapierre, Schwelger, & LaBauve, 2007; Pietrzak et al., 2010; Sayer et al., 2014; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012).

Existing research on ACT suggests increases in psychological flexibility contribute to reductions in psychopathology. Current research on reintegration has established a link between mental health problems and reintegration difficulty. If lower psychological flexibility leads to more psychopathology, and more psychopathology leads to greater reintegration difficulty; it is reasonable to hypothesize that decreases in psychological flexibility would be associated with increases in reintegration difficulty. As mentioned above, results from the present study support the hypothesized relationship between psychological flexibility and reintegration outcomes. This is clinically relevant because psychological flexibility can be increased through ACT-based interventions. In theory, ACT is likely to resonate with military personnel. ACT is consistent with military culture in that it asks individuals to act in accordance with their values regardless of limitations.

Among Veterans and Service Members higher psychological flexibility is associated with less identity conflict, less reintegration difficulty, and fewer negative reintegration experiences across work, family, and personal domains. As hypothesized, an increase in psychological flexibility also leads to more positive reintegration experiences. These findings are encouraging and suggest the relationship between reintegration and psychological flexibility merits additional exploration.

Military Identity Findings

Results of the present study included some notable findings regarding military identity. The influence of military identity on the reintegration experiences was expected to be different for each sample. In the hypothesized reintegration models, military identity was expected to be beneficial for Service Members. Social support and unit cohesion are reported to have a positive influence on the reintegration process for active-duty Service Members (Currie et al., 2011; Demers, 2011; Duca, 2013; James et al., 2013; Sayer et al., 2014). Service Members tend to spend time with other Service Members. Proximity likely plays a part in how frequently Service Members interact with one another; they tend to be geographically confined to certain areas making contact with other Service Members nearly unavoidable. Veterans, on the other hand, may not have regular contact with other Veterans for one reason or another. A strong sense of group membership without actual access to the group could result in feelings of alienation. Therefore, I anticipated military identity would be detrimental to Veteran reintegration.

Results from the mediation analyses found significant relationships between military identity and nearly all of the outcome variables measures for Service Members. The significant findings pertaining to military identity were almost identical to the relationships hypothesized for the active-duty sample. For Service Members, a stronger military identity was associated with less reintegration difficulty, a decrease in negative work experiences, and more positive work, family, and personal reintegration experiences. For both groups, military identity was associated with a significant increase in identity conflict. Interestingly, it appears that although military identity was associated with higher levels of identity conflict among Service Members, the impact of the additional conflict within each

model was not large enough to outweigh the positive influence military identity exerted on the outcome variables. This suggests that although identity conflict is experienced by some Service Members, it does not play a key role in determining their reintegration outcomes.

For Veterans, military identity was significantly associated with personal negative, work positive, and personal positive reintegration experiences. I predicted stronger military identity would be detrimental to the reintegration process for Veterans because I believed it would distance them from the civilian world they were trying to transition into. For personal negative reintegration experiences, this hypothesis was supported. However, the other two significant relationships were identified with work positive and personal positive reintegration experiences. Results indicated that an increase in military identity was associated with significant increases in work positive and family positive reintegration experiences. This finding was the opposite of what I expected to find. Military identity was predicted to have a positive effect on positive reintegration experiences for active-duty Service Members, but not for Veterans. The fact that military identity demonstrated a significant positive association with both personal negative and personal positive reintegration experiences is clinically relevant. This finding suggests that military identity should not be a point of intervention in the reintegration model.

Identity Conflict Findings

Identity conflict was explored as a mediator in the reintegration models. The mediation analyses examined the degree to which identity conflict accounted for the influence of psychological flexibility and military identity on reintegration outcomes. Results suggested that increases in identity conflict were directly related to increases in work negative, family negative, and personal negative reintegration experiences for Veterans. For

Service Members more identity conflict predicted greater reintegration difficulty and higher scores on the measure of personal negative reintegration experiences. Identity conflict was not a significant predictor of any positive outcomes. This finding suggests positive reintegration experiences are the product of factors other than a lack of conflict.

Results supported the mediation hypotheses for three of the proposed Veteran reintegration models, meaning significant indirect effects were transmitted through identity conflict to those outcome variables. The Veteran mediation models predicted identity conflict would simultaneously transmit the effects of psychological flexibility and military identity on the outcome variables. This hypothesis was supported in the three models depicting negative reintegration experiences. For each of these models an increase in flexibility led to a decrease in conflict that resulted in fewer negative reintegration experiences. Higher military identity contributed to an increase in conflict, which led to more negative reintegration experiences.

The significant indirect effects of military identity on work negative and family negative reintegration experiences were interesting. In both models, the total and direct effects of military identity on the outcome were insignificant. However, military identity indirectly exerted a significant effect on the outcome variables through identity conflict. This means the mediation effect accounted for all of the positive association between military identity and work negative and family negative reintegration experiences.

Identity conflict also mediated the effects of military identity and psychological flexibility on personal negative reintegration experiences. This model did not follow the same pattern as the other two. Military identity was directly associated with an increase in personal negative reintegration experiences but led to fewer work negative and family

negative reintegration experiences. Identity conflict compounded the direct effect of military identity on personal negative experiences, but offset the direct effects of military identity on work negative and family negative reintegration experiences.

The influence of identity conflict on Veteran reintegration experiences differed substantially from its influence on Service Member reintegration. For Veterans, identity conflict significantly worsened negative reintegration experiences. The findings suggest that when Veterans struggle to reintegrate, a lack of harmony between their military and civilian identities could be to blame. For Service Members, there was a substantial relationship between psychological flexibility and reintegration outcomes, however the effect was not transmitted through identity conflict in any of the hypothesized models. Overall, the limited support for mediation across outcomes suggests identity conflict is not a key factor in the reintegration process for Service Members.

Strengths and Implications

This study had several strengths. A notable strength was the theoretical framework that allowed for both positive and negative reintegration experiences to be explored within a cultural context. Much of the research on reintegration focuses on mental health diagnoses that co-occur with reintegration difficulty. This study examined reintegration experiences without including the labels associated with mental illness. Instead, reintegration was explored alongside military identity and psychological flexibility.

Military identity can be conceptualized as a personality construct reinforced through an individual's military experiences. Military identity was related to both positive and negative outcomes in this study. It is not realistic to suggest someone should alter their personality in order to adjust. Personality is deeply engrained and not easily manipulated.

Psychological flexibility, on the other hand, can be improved or developed through targeted interventions. This research indicated that individuals with higher levels of psychological flexibility had better outcomes related to their reintegration experiences.

Instead of focusing on diagnoses and negative symptoms, or telling people to change who they are, we can package theses findings as training and building skills (i.e. psychological flexibility) to improve outcomes. This is a unique approach to addressing reintegration in that it sidesteps some of the stigma associated with mental health services that is known to negatively impact help seeking behaviors within military populations. Among Service Members and Veterans, the idea of developing a set of skills may be more appealing and less stigmatizing than focusing on avoiding or reducing psychological distress.

Another strength of this study was the inclusion of both positive and negative reintegration outcome variables. Most research on reintegration focuses on negative experiences and factors that contribute to difficulty adjusting. This study included an analysis of factors associated with both positive and negative outcomes. It also included both active-duty Service Members and Veterans. Examining the relationships between variables in two different populations provided additional insight in to how those relationships might change over time. This study addressed some of the gaps in the research on military reintegration and provided information that can be used to develop interventions to improve the reintegration process.

Limitations

A number of limitations were identified and addressed during the research process. Other limitations could not be resolved and should be factored in when considering the

present findings. First, the use of a convenience sample may limit the generalization of results. It is unclear how generalizable the present findings are to larger samples of active-duty Service Members and Veterans. Selection bias may also influence the generalizability of the results. It is possible individuals who had difficulty reintegrating self-selected to participate in the survey to share about their experiences.

To encourage participation and make the study user-friendly, proof of military service (i.e. DD-214 form) was not required. Therefore, there is no way to definitively prove participants were in fact Veterans or active-duty Service Members. Validity check questions were included to address this limitation and likely improved the probability that participants had military experience (Lynn & Morgan, 2016). However, the only distinction between Veteran and Active Duty status was self-reported. To address this issue, inconsistent responses pertaining to military status resulted in automatic discontinuation of the survey. Despite added precautions, it is possible individuals in the final sample misrepresented themselves as Service Members or Veterans when in fact they were not.

The use of adapted measures to assess identity centrality and identity conflict is another limitation. Without further analysis, it is not possible to assert that the measures demonstrated construct validity. Additional limitations related to instrumentation surround the MC2-Q. This measure was specifically designed for OEF/OIF Veterans. According to Sayer et al. (2011), the MC2-Q may not fully capture important reintegration difficulties for active duty Service Members or Veterans of other military service eras. Due to questions about the measure's use in Veteran and Active Duty samples, I chose to add a second measure of reintegration experiences.

Scores on the MC2-Q were abnormally distributed, such that a large number of participants were stacked at the low end of the scale followed by a seemingly normal distribution. Existing research suggests that about 50% of Veterans acknowledge at least some trouble with reintegration (Sayer et al, 2014). This could offer a possible explanation for the present distribution. It may be appropriate to transform this variable for a more sophisticated statistical analysis. However, it was not deemed necessary for this study.

Future Directions

Both the process and findings of the present study highlighted areas worthy of future exploration. At the time of measure selection, there were limited quantitative measures of reintegration experiences, military identity, and identity conflict available to choose from (Adler et al., 2011). Reintegration and military identity are increasingly popular topics for research and new measures are, more than likely, in the making. This study utilized both the MC2-Q and APDRS to measure the reintegration experiences of both Veterans and Service Members across positive and negative domains. A single measure capable of capturing the range of experiences of both Veterans and Service Members would allow future research to compare groups or conduct a longitudinal study assessing reintegration from pre-deployment to post-separation. The need to adapt existing measures to capture military identity and role conflict for this study highlights a need for empirically validated quantitative measures of these constructs.

The survey created for this study assessed a number of constructs not included in the present analysis. This data set could be used to explore any number of research questions. Demographic information about military service and deployment history was collected. Time since separation, time in the service, and number of deployments could all be included

as covariates in future models of reintegration. This study utilized only the conflict subscale of the BIIS-2. Responses to the Blendedness vs. Compartmentalization Subscale may be worth examining. While analyzing the data from the measures of military identity and identity conflict, additional questions arose. The interaction between military identity and identity conflict created a significant indirect effect in some of the negative outcomes variables. The Blendedness Subscale score could be included in the existing models as an additional mediator or moderation to explore how the organization of specified personality constructs influences relationships within the model.

The CompACT subscales are another area for future exploration. The subscales measure behavioral awareness, valued actions, and openness to experience to create a total flexibility score. It may be possible to identify areas in which military populations are excelling and/or struggling related to psychological flexibility. Response patterns identified across the different domains can be used to create targeted interventions. The findings of the present study combined with additional information gathered from this data could guide the development of an intervention to improve reintegration outcomes for Service Members and Veterans. Specifically, these findings suggest increasing psychological flexibility for both Veterans and Service Members would be contribute to more desirable outcomes. The results also suggest that pursuing military identity, as a point of intervention would be counterproductive because it contributes to both positive and negative outcomes simultaneously.

The qualitative data collected with this survey are another source of valuable data that warrants analysis. Participants responded to four open-ended questions about their reintegration process, unexpected challenges, and unmet needs. Results from a qualitative

analysis could supplement the existing quantitative study or assist in the development of the reintegration measure mentioned or interventions discussed above.

The number of post 9/11 Service Members transitioning out of service is growing rapidly. This population experiences a unique set of challenges as they reintegrate into the civilian world. Now is the time to focus on normalizing the difficulty of reintegration, creating interventions, and implementing services to help military personnel develop the tools they need to transition as smoothly as possible.

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TABLES 1-30

Table 1

Demographic Information for Veteran and Active Duty Samples

	Veterans		Active Duty	
	n	Percent	*n*	Percent
Gender				
Male	88	76.5%	63	85.1%
Female	27	23.5%	11	14.9%
Age				
18-24	4	3.5%	13	17.6%
25-34	64	55.7%	41	55.4%
35-44	32	27.8%	18	24.3%
45-54	14	12.2%	2	2.7%
55-64	1	0.9%	0	0.0%
Ethnicity				
Not Hispanic or Latino	109	94.8%	64	86.5%
Hispanic or Latino	6	5.2%	10	13.5%
Race				
"I consider myself to be (choose 1 or more)…"				
White or European	96	83.5%	62	83.8%
Black or African American	9	7.8%	8	10.8%
Asian	8	7.0%	6	8.1%
American Indian/Alaskan Native	2	1.7%	2	2.7%
Native Hawaiian/Pacific Islander	2	1.7%	1	1.4%
Other	1	0.9%	1	1.4%
Marital Status				
Married	58	50.4%	39	52.7%
Never Married	44	38.3%	29	39.2%
Divorced	12	10.4%	4	5.4%
Separated	1	0.9%	2	2.7%
Highest Level of Education				
High School/GED	7	6.1%	8	10.8%
Some College (w/ no degree)	30	26.1%	17	23.0%
Associate Degree	20	17.4%	12	16.2%
Bachelor's Degree	41	35.7%	26	35.1%
Master's Degree	16	13.9%	11	14.9%
Professional Degree	1	0.9%	0	0.0%
Income				
Less than $30,000	17	14.8%	6	8.1%
30,000-39,999	15	13.0%	9	12.2%
40,000-49,999	18	15.7%	15	20.3%
50,000-59,999	13	11.3%	11	14.9%
60,000-69,999	11	9.6%	5	6.8%
70,000-79,999	12	10.4%	8	10.8%
80,000-89,999	8	7.0%	5	6.8%
90,000-99,999	8	7.0%	3	4.1%
More than 100,000	13	11.3%	12	16.2%

Table 2

Branch of Service and Deployment Information

	Veterans		Active Duty	
	n	Percent	*n*	Percent
Branch				
Army	55	47.8%	36	48.6%
Air Force	20	17.4%	17	23.0%
Marine Corps	20	17.4%	11	14.9%
Navy	19	16.5%	7	9.5%
Coast Guard	1	0.9%	3	4.1%
Number of Deployments				
1	46	40.0%	23	31.1%
2	47	40.9%	27	36.5%
3	13	11.3%	13	17.6%
4 or more	9	7.9%	11	14.9%
Deployment Location				
Iraq	62	53.9%	22	29.7%
Afghanistan	27	23.5%	25	33.8%
Pakistan	1	0.9%	3	4.1%
Syria	0	0.0%	2	2.7%
Other	7	6.1%	8	10.8%
Multiple Locations	18	15.7%	14	18.9%

Note. Active Duty $n = 74$, Veteran $n = 115$.

Table 3

Descriptive Statistics for Veteran Sample

	n	*Range*	*Min*	*Max*	*Mean*	*SD*
Age	115	34	21	55	34.5	7.0
Number of Deployments	115	11	1	12	2.0	1.4
Months Post Deployment	115	183	3	186	102.5	43.9
Duration of Military Service in Months	110	278	10	288	83.9	57.9
Months Since Separation	115	182	2	184	81.6	45.9

Note. Months Post Deployment refers to the amount of time that has passed since individuals returned from their most recent deployments.

Table 4

Descriptive Statistics for Active Duty Sample

	n	*Range*	*Min*	*Max*	*Mean*	*SD*
Age	74	26	20	46	30.6	5.6
Number of Deployments	74	7	1	8	2.3	1.3
Months Post Deployment	74	188	0	188	45.1	37.9
Duration of Military Service in Months	74	216	18	234	100.3	55.5

Note. Months Post Deployment refers to the amount of time that has passed since individuals returned from their most recent deployments.

Table 5

Descriptive Statistics for Measured Variables

	N	*M*	*SD*	*Min*	*Max*	*Skew*	*Z score*	*Kurtosis*	*Z score*
Inflexibility (AAQ-II)									
Active Duty	74	22.69	9.38	7	47	.28	1.01	-.41	-.75
Veterans	115	25.54	8.96	7	44	-.22	-.96	-.42	-.93
Total	189	24.42	9.21	7	47	-.03	-.15	-.56	-1.58
Flexibility (CompACT Total)									
Active Duty	74	84.26	25.28	29	138	.18	.65	-.85	-.81
Veterans	115	77.23	25.40	25	138	.46	2.02	-.31	-.69
Total	189	79.98	25.52	25	138	.34	1.90	-.44	-1.26
Military Identity (MIBI Centrality Subscale)									
Active Duty	74	5.10	1.22	2	7	-.21	-.75	-.79	-1.44
Veterans	115	5.10	1.24	1.75	7	-.56	-2.46	-.20	-.45
Total	189	5.10	1.23	1.75	7	-.42	-2.38	-.44	-1.25
Conflict (Reverse Scored BIIS-2 Cultural Harmony Subscale)									
Active Duty	74	2.87	.92	1	5	-.16	-.57	-.51	-.92
Veterans	115	3.05	.96	1	5	-.32	-1.42	-.51	-1.14
Total	189	2.98	.94	1	5	-.25	-1.38	-.55	-1.55
Reintegration Difficulty (M2C-Q Total)									
Active Duty	74	1.21	.92	0	3.38	.34	1.23	-.85	-1.53
Veterans	115	1.47	.97	0	3.50	.08	.36	-1.06	-2.37
Total	189	1.37	.96	0	3.50	.19	1.05	-1.01	-2.89
Work Negative (APDRS Subscale)									
Active Duty	74	18.19	5.44	6	30	-.18	-.63	-.47	-.85
Veterans	115	19.28	5.04	8	30	-.21	-.92	-.39	-.86
Total	189	18.85	5.21	6	30	-.21	-1.20	-.42	-1.19
Family Negative (APDRS Subscale)									
Active Duty	74	17.32	6.01	6	30	-.05	-.17	-.95	-1.72
Veterans	115	17.30	6.43	6	30	-.11	-.47	-.76	-1.71
Total	189	17.31	6.25	6	30	-.09	-.49	-.82	-2.34
Personal Negative (APDRS Subscale)									
Active Duty	74	16.88	6.49	6	30	-.06	-.21	-1.12	-2.03
Veterans	115	17.33	6.38	6	30	-.16	-.69	-.82	-1.83
Total	189	17.15	6.41	6	30	-.12	-.67	-.95	-2.70
Work Positive (APDRS Subscale)									
Active Duty	74	23.20	4.34	7	30	-.63	-2.25	1.46	2.65
Veterans	115	21.73	5.31	6	30	-.59	-2.61	-.01	-.03
Total	189	22.31	4.99	6	30	-.66	-3.75	.45	1.28
Family Positive (APDRS Subscale)									
Active Duty	74	22.69	5.02	11	30	-.36	-1.28	-.62	-1.12
Veterans	115	21.10	5.56	9	30	-.39	-1.72	-.56	-1.25
Total	189	21.72	5.39	9	30	-.41	-2.29	-.51	-1.45
Personal Positive (APDRS Subscale)									
Active Duty	74	24.73	4.02	14	30	-.45	-1.62	-.60	-1.09
Veterans	115	25.03	3.55	15	30	-.28	-1.26	-.65	-1.46
Total	189	24.91	3.73	14	30	-.38	-2.13	-.58	-1.66

Table 6

Correlation Matrix for Key Variables, Veteran Sample (n=115)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. AAQ-II (Inflexibility)	-	-.790**	-.097	.391**	.701**	.394**	.665**	.569**	-.420**	-.449**	-.351**
2. CompACT (Flexibility)		-	.046	-.483**	-.757**	-.500**	-.720**	-.647**	.462**	.457**	.225*
3. Identity Centrality			-	.354**	-.060	.037	-.013	.252**	.587**	.083	.431**
4. Conflict				-	.394**	.441**	.478**	.585**	.002	-.322**	.043
5. MCScore (Reintegration Difficulty)					-	.503**	.767**	.653**	-.446**	-.553**	-.278*
6. Work Negative						-	.578**	.548**	-.257**	-.363**	-.048
7. Family Negative							-	.762**	-.505**	-.560**	-.237*
8. Personal Negative								-	-.281**	-.421**	-.088
9. Work Positive									-	.414**	.421**
10. Family Positive										-	.372**
11. Personal Positive											-

$p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

Table 7

Correlation Matrix for Key Variables, Active Duty Sample (n=74)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. AAQ-II (Inflexibility)	-	-.811**	-.035	.573**	.783**	.490**	.752**	.766**	-.395**	-.316**	-.178
2. CompACT (Flexibility)		-	.049	-.640**	-.725**	-.571**	-.680**	-.738**	.397**	.384**	.205
3. Identity Centrality			-	.228	-.242*	-.264*	.167	.155	.216	.343**	.388**
4. Conflict				-	.550**	.352**	.543**	.597**	-.306**	-.097	-.013
5. MCScore (Reintegration Difficulty)					-	.594**	.713**	.585**	-.585**	-.484**	-.361**
6. Work Negative						-	.578**	.483**	-.432**	-.369**	-.224
7. Family Negative							-	.795**	-.357**	-.305**	-.180
8. Personal Negative								-	-.275*	-.148	-.005
9. Work Positive									-	.602**	.599**
10. Family Positive										-	.689**
11. Personal Positive											-

* $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

Table 8

Model Coefficients for Mediation Analysis of Work Positive Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Work Positive)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	-.09	.02	< .01	.06	-.03
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	2.39	.31	< .01	1.78	.52
M (Identity Conflict)							b	.10	.45	.82	-.80	2.53
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	2.03	2.23	.36	-2.38	6.45
		$R^2 = .37$						$R^2 = .30$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 16.13, p < .01$				

Table 9

Model Coefficients for Mediation Analysis of Family Positive Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Family Positive)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	.08	.02	<.01	.04	.12
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	.61	.41	.14	-.20	1.43
M (Identity Conflict)							b	-1.16	.61	.06	-2.37	.05
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	15.53	2.98	<.01	9.62	21.44
		$R^2 = .37$						$R^2 = .23$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 11.55, p < .01$				

Table 10

Model Coefficients for Mediation Analysis of Personal Positive Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Personal Positive)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	.03	.01	.05	.00	.06
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	1.22	.26	<0.1	.69	1.74
M (Identity Conflict)							b	-.04	.39	.92	-.82	.73
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	16.79	1.92	<.01	12.99	20.59
		$R^2 = .37$						$R^2 = .23$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 10.92, p < .01$				

Table 11

Model Coefficients for Mediation Analysis of Work Negative Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Work Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	-.07	.02	<.01	-.11	-.03
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	-.19	.36	.59	-.90	.52
M (Identity Conflict)							b	1.49	.53	.01	.44	2.53
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	21.24	2.59	<-.01	16.11	26.37
		$R^2 = .37$						$R^2 = .30$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 16.13, p < .01$				

Table 12

Model Coefficients for Mediation Analysis of Family Negative Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Family Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	-.16	.02	<.01	-.20	-.12
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	-.28	.37	.45	-1.01	.45
M (Identity Conflict)							b	1.32	.55	.02	.24	2.40
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	26.87	2.67	2.01	21.57	32.17
		$R^2 = .37$						$R^2 = .54$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 44.06, p < .01$				

Table 13

Model Coefficients for Mediation Analysis of Personal Negative Reintegration Experiences Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Personal Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	-.13	.02	<.01	-.17	-.09
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	.93	.37	.01	.21	1.66
M (Identity Conflict)							b	1.78	.54	<.01	.71	2.85
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	17.34	2.65	<.01	12.08	22.60
		$R^2 = .37$						$R^2 = .54$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 43.88, p < .01$				

Table 14

Model Coefficients for Mediation Analysis of Reintegration Difficulty Among Veterans

		Consequent										
		M (Identity Conflict)						Y (Reintegration Difficulty)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X_1 (PsychFlex)	a_1	-.02	.00	< .01	-.03	-.02	c_1'	-.03	.00	<.01	-.03	-.02
X_2 (Military Identity)	a_2	.29	.06	< .01	.18	.40	c_2'	-.04	.05	.49	-.14	.07
M (Identity Conflict)							b	.06	.08	.44	-.10	.22
Constant	i_M	3.03	.36	< .01	2.31	3.75	i_y	3.61	.39	<.01	-.10	.22
		$R^2 = .37$						$R^2 = .58$				
		$F(2, 112) = 33.56, p < .01$						$F(3, 111) = 50.37, p < .01$				

Table 15

Model Coefficients for Mediation Analysis of Work Positive Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)						Y (Work Positive)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	a	-.02	.00	<.01	-.03	-.02	c'	.04	.02	.07	.00	.09
M (Conflict)							b	-.93	.69	.18	-2.32	.45
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	.88	.40	.03	.08	1.68
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	17.65	3.62	<.01	10.42	24.87
		$R^2 = .48$						$R^2 = .22$				
		$F(2, 71) = 32.32, p < .01$						$F(3, 70) = 6.45, p = < .01$				

Table 16

Model Coefficients for Unadjusted Mediation Analysis of Work Positive Reintegration Experiences Among Service Members

		Consequent										
		M(Conflict)					Y (Work Positive)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	.06	.02	.02	.01	.11
M (Conflict)							*b*	-.42	.67	.54	-1.75	.92
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	19.47	3.62	<.01	12.25	26.69
		$R^2 = .41$						$R^2 = .16$				
		$F(1, 72) = 49.85, p = < .01$						$F(2, 71) = 6.88, p = < .01$				

Table 17

Model Coefficients for Mediation Analysis of Family Positive Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)					Y (Family Positive)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	.09	.03	<.01	.03	.14
M (Conflict)							*b*	.68	.78	.39	-.88	2.23
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	1.20	.45	.01	.31	2.09
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	7.14	4.07	.08	-.98	15.25
		$R^2 = .48$						$R^2 = .26$				
		$F(2, 71) = 32.32, p = < .01$						$F(2, 71) = 8.22, p = < .01$				

Table 18

Model Coefficients for Unadjusted Mediation Analysis of Family Positive Reintegration Experiences Among Service Members

		Consequent										
		M(Conflict)					Y (Family Positive)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	.11	.03	<.01	.05	.16
M (Conflict)							*b*	1.38	.76	.08	-.14	2.90
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	9.62	4.13	.02	1.39	17.85
		$R^2 = .41$						$R^2 = .18$				
		$F(1, 72) = 49.85, p = < .01$						$F(2, 71) = 8.05, p = < .01$				

Table 19

Model Coefficients for Mediation Analysis of Personal Positive Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)					Y (Personal Positive)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	.03	.02	.15	-.01	.08
M (Conflict)							*b*	.17	.65	.80	-1.14	1.47
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	1.21	.38	<.01	.46	1.96
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	15.26	3.42	<.01	8.45	22.07
		$R^2 = .48$						$R^2 = .19$				
		$F(2, 71) = 32.32, p = < .01$						$F(3, 70) = 5.32, p = < .01$				

Table 20

Model Coefficients for Unadjusted Mediation Analysis of Personal Positive Reintegration Experiences Among Service Members

		Consequent										
		M(Conflict)					Y (Personal Positive)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	.05	.02	.03	.01	.10
M (Conflict)							*b*	.88	.65	.19	-.43	2.18
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	17.77	3.54	<.01	10.72	24.82
		$R^2 = .41$						$R^2 = .07$				
		$F(1, 72) = 49.85, p = < .01$						$F(2, 71) = 2.49, p = .09$				

Table 21

Model Coefficients for Simple Mediation Analysis of Work Negative Reintegration Experiences Among Service Members

		Consequent										
		M (Conflict)					Y (Work Negative)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.13	.03	<.01	-.18	-.07
M (Conflict)							*b*	-.13	.75	.86	-1.63	1.37
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	29.16	4.07	<.01	21.05	37.28
		$R^2 = .41$						$R^2 = .39$				
		$F(1, 72) = 49.85, p = < .01$						$F(2, 70) = 17.17, p = < .01$				

Table 22

Model Coefficients for Mediation Analysis of Work Negative Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)					Y (Work Negative)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.11	.03	<.01	-.16	-.05
M (Conflict)							*b*	.55	.77	.48	-.98	2.08
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	-1.16	.44	.01	-2.04	-.27
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	31.56	4.02	<.01	23.54	39.58
		$R^2 = .48$						$R^2 = .39$				
		$F(2, 71) = 32.32, p = < .01$						$F(3, 70) = 14.66, p = < .01$				

Table 23

Model Coefficients for Simple Mediation Analysis of Family Negative Reintegration Experiences Among Service Members

		Consequent										
		M(Conflict)					Y (Family Negative)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.13	.03	<.01	-.19	-.08
M (Conflict)							*b*	1.20	.733	.11	-.26	2.65
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	25.17	3.94	<.01	17.31	33.03
		$R^2 = .41$						$R^2 = .48$				
		$F(1, 72) = 49.85, p = < .01$						$F(2, 71) = 33.00, p = < .01$				

Table 24

Model Coefficients for Mediation Analysis of Family Negative Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)						Y (Family Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.15	.03	<.01	-.20	-.09
M (Conflict)							*b*	.70	.76	-.36	-.82	2.21
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	.85	.44	.06	-.02	1.72
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	23.41	3.97	<.01	15.49	31.33
		$R^2 = .48$						$R^2 = .51$				
		$F(2, 71) = 32.32, p = < .01$						$F(3, 70) = 24.12, p = < .01$				

Table 25

Model Coefficients for Simple Mediation Analysis of Personal Negative Reintegration Experiences Among Service Members

		Consequent										
		M(Conflict)						Y (Personal Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.15	.03	<.01	-.21	-.10
M (Conflict)							*b*	1.50	.72	.04	.07	2.93
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	25.59	3.87	<.01	17.87	33.31
		$R^2 = .41$						$R^2 = .57$				
		$F(1,72) = 49.85, p < .01$						$F(2, 71) = 47.20, p = < .01$				

Table 26

Model Coefficients for Mediation Analysis of Personal Negative Reintegration Experiences Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)						Y (Personal Negative)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.17	.03	.00	-.22	-.11
M (Conflict)							*b*	1.02	.75	.18	-.47	2.52
C (Military Identity)	f_1	.19	.06	<.01	.07	.32	g_1	.81	.43	.06	-.04	1.67
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	23.90	3.91	<.01	16.11	31.69
		$R^2 = .48$						$R^2 = .59$				
		$F(2, 71) = 32.32, p = < .01$						$F(3, 70) = 33.80\ p = < .01$				

Table 27

Model Coefficients for Simple Mediation Analysis of Reintegration Difficulty Among Service Members

		Consequent										
		M(Conflict)						Y (Reintegration Difficulty)				
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	*a*	-.02	.00	<.01	-.03	-.02	*c'*	-.02	.00	<.01	-.03	-.01
M (Conflict)							*b*	.15	.11	.17	-.06	.36
Constant	i_M	4.82	.29	<.01	4.24	5.39	i_y	2.37	.00	<.01	1.59	3.87
		$R^2 = .41$						$R^2 = .54$				
		$F(1,72) = 49.85, p < .01$						$F(2, 71) = 41.40, p = < .01$				

Table 28

Model Coefficients for Mediation Analysis of Reintegration Difficulty Among Service Members with Covariate Military Identity

		Consequent										
		M (Conflict)					Y (Reintegration Difficulty)					
					95% CI						95% CI	
Antecedent		Coeff.	*SE*	*p*	LLCI	ULCI		Coeff.	*SE*	*p*	LLCI	ULCI
X (PsychFlex)	a	-.02	.00	<.01	-.03	-.02	c'	-.02	.00	<.01	-.03	-.01
M (Conflict)							b	.27	.10	.01	.06	.48
C (Military Identity)	f_1	.19	.00	<.01	.07	.32	g_1	-.21	.06	<.01	-.33	-.09
Constant	i_M	3.87	.42	<.01	3.03	4.70	i_y	3.17	.55	<.01	2.08	4.26
		$R^2 = .48$						$R^2 = .61$				
		$F(2, 71) = 32.32, p = < .01$						$F(3, 70) = 35.91\ p = < .01$				

Table 29

Unstandardized Effects and Completely Standardized Effects for Hypothesized Veteran Mediation Models

Model	Antecedents	Unstandardized Effects		95% CI Lower	95% CI Upper	Completely Standardized Effects		Confidence Interval Lower	Confidence Interval Upper
Work Positive SD= 5.31	X_1 Flexibility SD = 25.40	**Total, c_1**	**.09**	**.06**	**.12**	**Total, c_{1cs},**	**.44**	**.06**	**.12**
		Direct, c_1'	**.09**	**.06**	**.12**	**Direct, $c_1'_{cs}$**	**.45**	**.06**	**.12**
		Indirect, a_1b_1	.00	-.02	.02	Indirect, a_1b_{1cs}	-.01	-.10	.08
	X_2 MID SD = 1.24	**Total, c_2**	**2.42**	**1.88**	**2.97**	**Total, c_{2cs}**	**.57**	**1.88**	**2.97**
		Direct, c_2'	**2.39**	**1.78**	**3.00**	**Direct, $c_2'_{cs}$**	**.56**	**1.78**	**3.00**
		Indirect, a_2b_2	.03	-.27	.33	Indirect, a_2b_{2cs}	.01	-.06	.08
Family Positive SD= 5.56	X_1 Flexibility SD = 25.40	**Total, c_1**	**.10**	**.06**	**.14**	**Total, c_{1cs},**	**.45**	**.06**	**.14**
		Direct, c_1'	**.08**	**.04**	**.12**	**Direct, $c_1'_{cs}$**	**.35**	**.04**	**.12**
		Indirect, a_1b_1	.02	.00	.05	Indirect, a_1b_{1cs}	.10	-.01	.21
	X_2 MID SD = 1.24	Total, c_2	.28	-.47	1.02	Total, c_{2cs}	.06	-.47	1.02
		Direct, c_2'	.61	-.20	1.43	Direct, $c_2'_{cs}$	.14	-.20	1.43
		Indirect, a_2b_2	-.34	-.80	.04	Indirect, a_2b_{2cs}	-.08	-.18	.01
Personal Positive SD=3.55	X_1 Flexibility SD = 25.40	**Total, c_1**	**.03**	**.01**	**.05**	**Total, c_{1cs},**	**.21**	**.01**	**.05**
		Direct, c_1'	.03	.00	.06	Direct, $c_1'_{cs}$	.20	.00	.06
		Indirect, a_1b_1	.00	-.02	.02	Indirect, a_1b_{1cs}	.01	-.12	.11
	X_2 MID SD = 1.24	Total, c_2	**1.20**	**.73**	**1.67**	**Total, c_{2cs}**	**.42**	**.73**	**1.67**
		Direct, c_2'	**1.22**	**.69**	**1.74**	**Direct, $c_2'_{cs}$**	**.43**	**.69**	**1.74**
		Indirect, a_2b_2	-.01	-.25	.28	Indirect, a_2b_{2cs}	.00	-.09	.09
Work Negative SD= 5.04	X_1 Flexibility SD = 25.40	**Total, c_1**	**-.10**	**-.13**	**-.07**	**Total, c_{1cs},**	**-.50**	**-.13**	**-.07**
		Direct, c_1'	**-.07**	**-.11**	**-.03**	**Direct, $c_1'_{cs}$**	**-.36**	**-.11**	**-.03**
		Indirect, a_1b_1	**-.03**	**-.06**	**-.01**	**Indirect, a_1b_{1cs}**	**-.14**	**-.29**	**-.03**
	X_2 MID SD = 1.24	Total, c_2	.24	-.42	.90	Total, c_{2cs}	.06	-.42	.90
		Direct, c_2'	-.19	-.90	.52	Direct, $c_2'_{cs}$	-.05	-.90	.52
		Indirect, a_2b_2	**.43**	**.10**	**.91**	**Indirect, a_2b_{2cs}**	**.11**	**.02**	**.23**
Family Negative SD= 6.43	X_1 Flexibility SD = 25.40	**Total, c_1**	**-.18**	**-.22**	**-.15**	**Total, c_{1cs},**	**-.72**	**-.22**	**-.15**
		Direct, c_1'	**-.16**	**-.20**	**-.12**	**Direct, $c_1'_{cs}$**	**-.62**	**-.20**	**-.12**
		Indirect, a_1b_1	-.02	-.05	.00	Indirect, a_1b_{1cs}	-.10	-.21	-.01
	X_2 MID SD = 1.24	Total, c_2	.10	-.57	.78	Total, c_{2cs}	.02	-.57	.78
		Direct, c_2'	-.28	-1.01	.45	Direct, $c_2'_{cs}$	-.05	-1.01	.45
		Indirect, a_2b_2	**.38**	**.04**	**.90**	**Indirect, a_2b_{2cs}**	**.07**	**.01**	**.17**
Personal Negative SD= 6.38	X_1 Flexibility SD = 25.40	**Total, c_1**	**-.17**	**-.20**	**-.13**	**Total, c_{1cs},**	**-.66**	**-.20**	**-.13**
		Direct, c_1'	**-.13**	**-.17**	**-.09**	**Direct, $c_1'_{cs}$**	**-.53**	**-.17**	**-.09**
		Indirect, a_1b_1	**-.03**	**-.06**	**-.01**	**Indirect, a_1b_{1cs}**	**-.13**	**-.24**	**-.05**
	X_2 MID SD = 1.24	**Total, c_2**	**1.45**	**.77**	**2.13**	**Total, c_{2cs}**	**.28**	**.77**	**2.13**
		Direct, c_2'	**.93**	**.21**	**1.66**	**Direct, $c_2'_{cs}$**	**.18**	**.21**	**1.66**
		Indirect, a_2b_2	**.52**	**.16**	**1.02**	**Indirect, a_2b_{2cs}**	**.10**	**.03**	**.20**
Reintegration Difficulty SD=0.97	X_1 Flexibility SD = 25.40	**Total, c_1**	**-.03**	**-.03**	**-.02**	**Total, c_{1cs},**	**-.76**	**-.03**	**-.02**
		Direct, c_1'	**-.03**	**-.03**	**-.02**	**Direct, $c_1'_{cs}$**	**-.73**	**-.03**	**-.02**
		Indirect, a_1b_1	.00	.00	.00	Indirect, a_1b_{1cs}	-.03	-.11	.05
	X_2 MID SD = 1.24	Total, c_2	-.02	-.11	.08	Total, c_{2cs}	-.03	-.11	.08
		Direct, c_2'	-.04	-.14	.07	Direct, $c_2'_{cs}$	-.05	-.14	.07
		Indirect, a_2b_2	.02	-.03	.07	Indirect, a_2b_{2cs}	.02	-.03	.09

Note. Bold values indicate significant effect at $p < .05$.

Table 30

Unstandardized Effects and Completely Standardized Effects for Hypothesized Service Member Mediation Models and Post Hoc Analysis of Military Identity

Model	Antecedents	Unstandardized Effects		Confidence Interval Lower	Confidence Interval Upper	Completely Standardized Effects		Confidence Interval Lower	Confidence Interval Upper
Work	X = Flexibility	**Total, *c***	**.07**	**.03**	**.10**	**Total, c_{cs}**	**.39**	**.03**	**.10**
Positive	SD = 25.28	Direct, *c'*	.04	.00	.09	Direct, c'_{cs}	.26	.00	.09
SD = 4.34	w/ Cov MID	Indirect, *ab*	.02	-.01	.06	Indirect, ab_{cs}	.13	-.06	.33
Family	X = Flexibility	**Total, *c***	**.07**	**.03**	**.11**	**Total, c_{cs}**	**.37**	**.03**	**.11**
Positive	SD = 25.28	**Direct, *c'***	**.09**	**.03**	**.14**	**Direct, c'_{cs}**	**.45**	**.03**	**.14**
SD = 5.02	w/ Cov MID	Indirect, *ab*	-.02	-.05	.02	Indirect, ab_{cs}	-.08	-.24	.11
Personal	X = Flexibility	Total, *c*	.03	.00	.06	Total, c_{cs}	.19	.00	.06
Positive	SD = 25.28	Direct, *c'*	.03	-.01	.08	Direct, c'_{cs}	.21	-.01	.08
SD = 4.02	w/ Cov MID	Indirect, *ab*	.00	-.02	.02	Indirect, ab_{cs}	-.02	-.22	.13
Work	X = Flexibility	**Total, *c***	**-.12**	**-.16**	**-.08**	**Total, c_{cs}**	**-.57**	**-.16**	**-.08**
Negative	SD = 25.28	**Direct, *c'***	**-.13**	**-.18**	**-.07**	**Direct, c'_{cs}**	**-.58**	**-.18**	**-.07**
SD = 5.44		Indirect, *ab*	.00	-.03	.04	Indirect, ab_{cs}	.01	-16	.17
Family	X= Flexibility	**Total, *c***	**-.16**	**-.20**	**-.12**	**Total, c_{cs}**	**-.68**	**-.20**	**-.12**
Negative	SD = 25.28	**Direct, *c'***	**-.13**	**-.19**	**-.08**	**Direct, c'_{cs}**	**-.56**	**-.19**	**-.08**
SD = 6.01		Indirect, *ab*	-.03	-.07	.01	Indirect, ab_{cs}	-.12	-.31	.04
Personal	X = Flexibility	**Total, *c***	**-.19**	**-.23**	**-.15**	**Total, c_{cs}**	**-.74**	**-.23**	**-.15**
Negative	SD = 25.28	**Direct, *c'***	**-.15**	**-.21**	**-.10**	**Direct, c'_{cs}**	**-.60**	**-.21**	**-.10**
SD = 6.49		Indirect, *ab*	-.03	-.08	.00	Indirect, ab_{cs}	-.14	-.32	.02
Reintegration	X = Flexibility	**Total, *c***	**-.03**	**-.03**	**-.02**	**Total, c_{cs}**	**-.73**	**-.03**	**-.02**
Difficulty	SD = 25.28	**Direct, *c'***	**-.02**	**-.03**	**-.01**	**Direct, c'_{cs}**	**-.63**	**-.03**	**-.01**
SD = .92		Indirect, *ab*	.00	.00	.00	Indirect, ab_{cs}	-.09	-.23	.03
Reintegration	X = Flexibility	**Total, *c***	**-.03**	**-.03**	**-.02**	**Total, c_{cs}**	**-.71**	**-.03**	**-.02**
Difficulty (*Post hoc)*	SD = 25.28	**Direct, *c'***	**-.02**	**-.03**	**-.01**	**Direct, c'_{cs}**	**-.54**	**-.03**	**-.01**
SD = .92	w/ Cov MID	Indirect, *ab*	-.01	-.01	.00	**Indirect, ab_{cs}**	**-.17**	**-.35**	**-.05**

Note. Bold values indicate significant effect at $p < .05$.

FIGURES 1-18

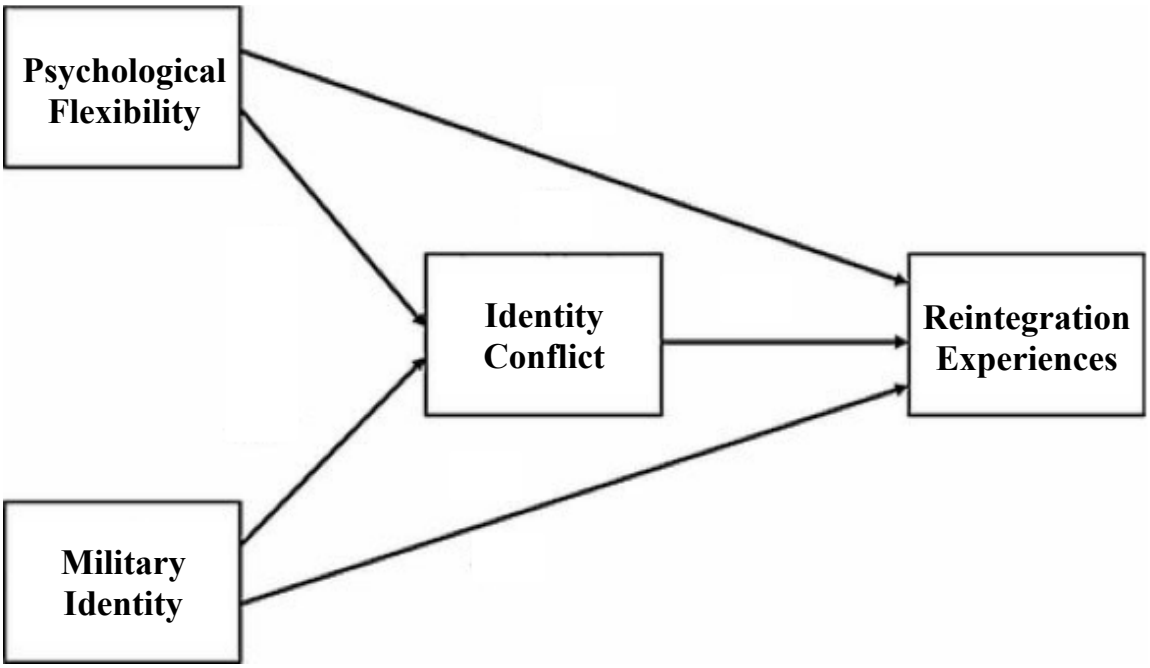

Figure 1. Theoretical mediation model for Veterans with identity conflict mediating the effects of predictors of psychological flexibility and military identity on reintegration experiences.

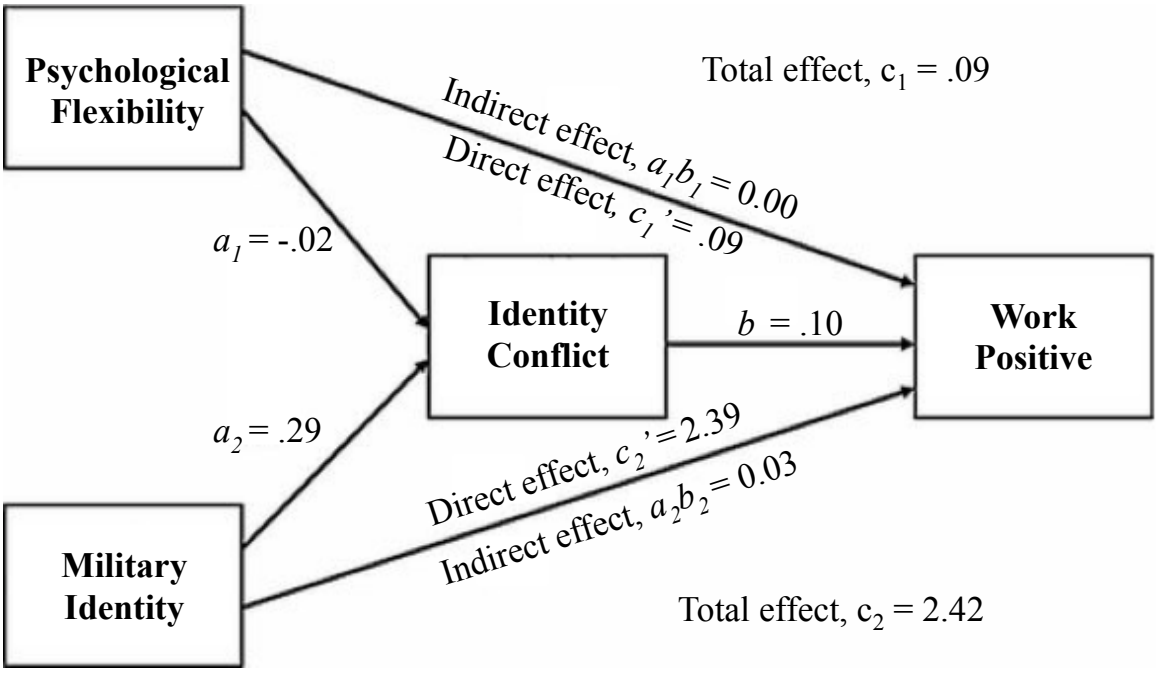

Figure 2. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on work positive reintegration experiences (Y_1) through identity conflict (M)

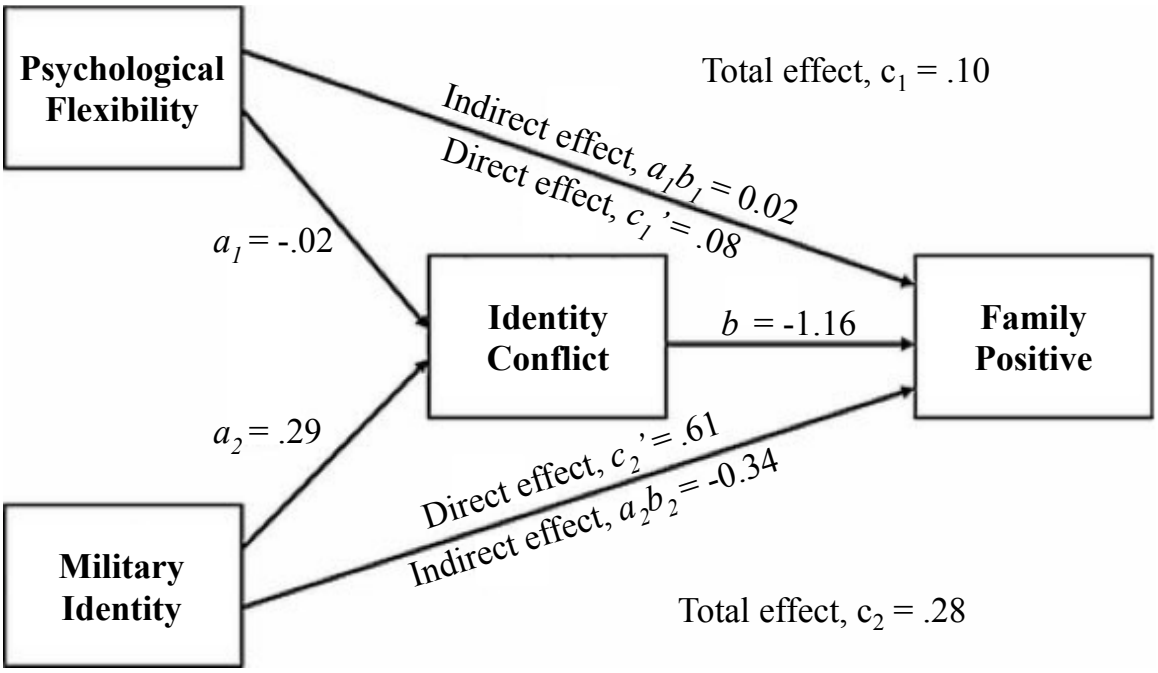

Figure 3. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on family positive reintegration experiences (Y_2) through identity conflict (M).

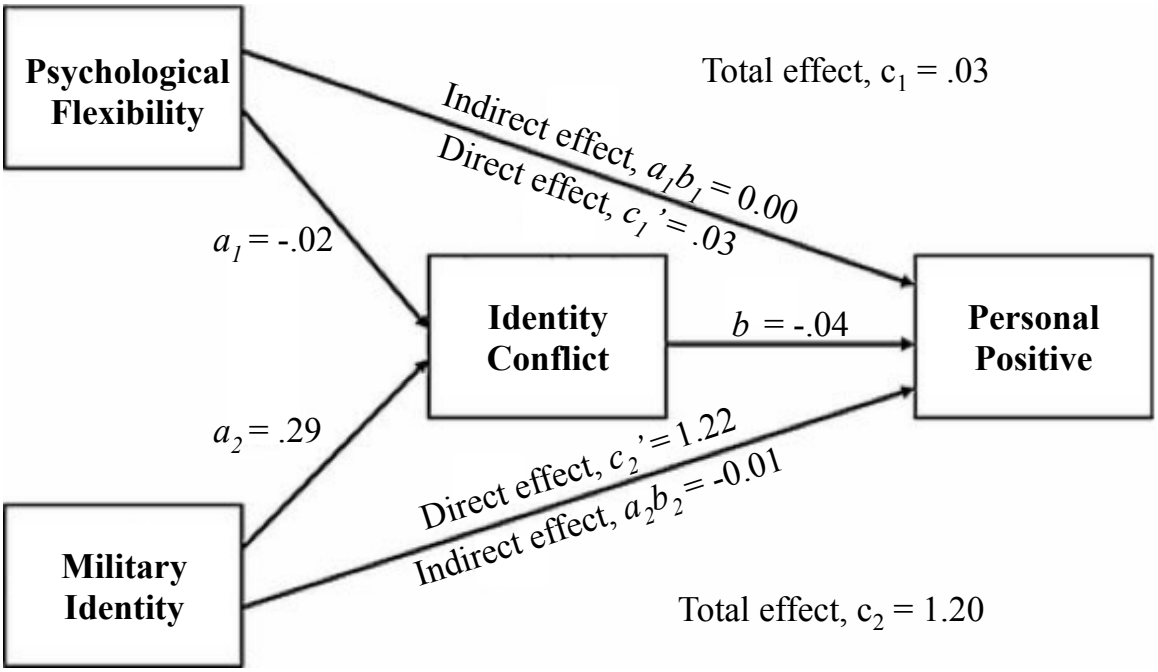

Figure 4. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on personal positive reintegration experiences (Y_3) through identity conflict (M).

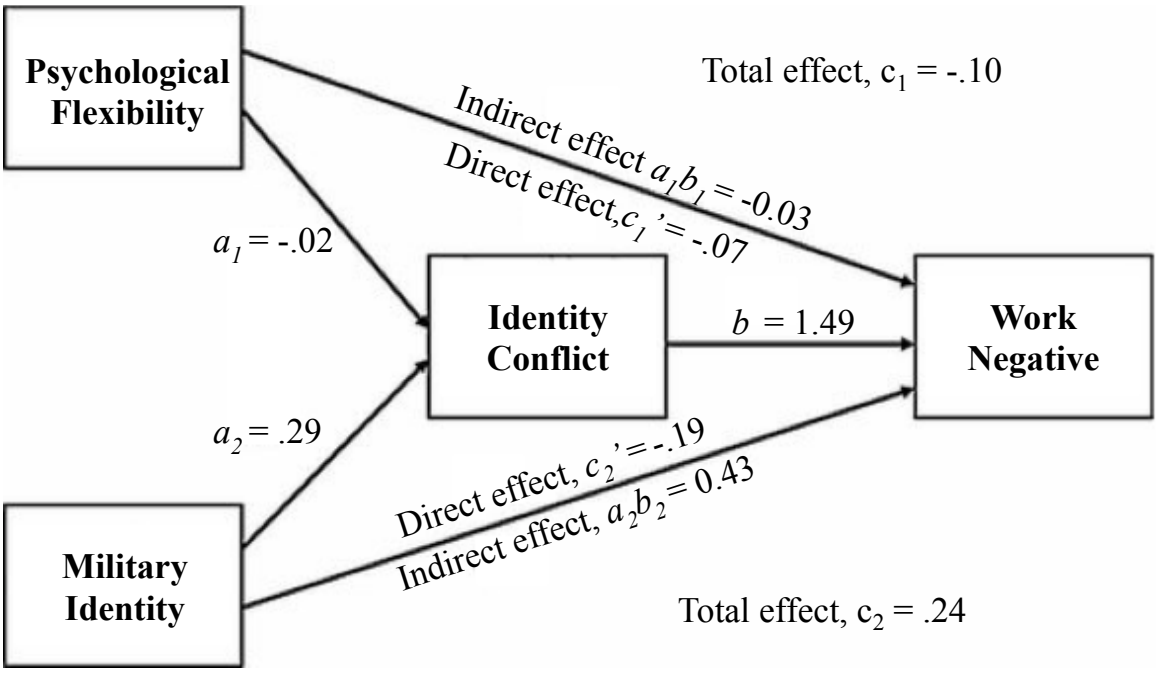

Figure 5. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on work negative reintegration experiences (Y_4) through identity conflict (M).

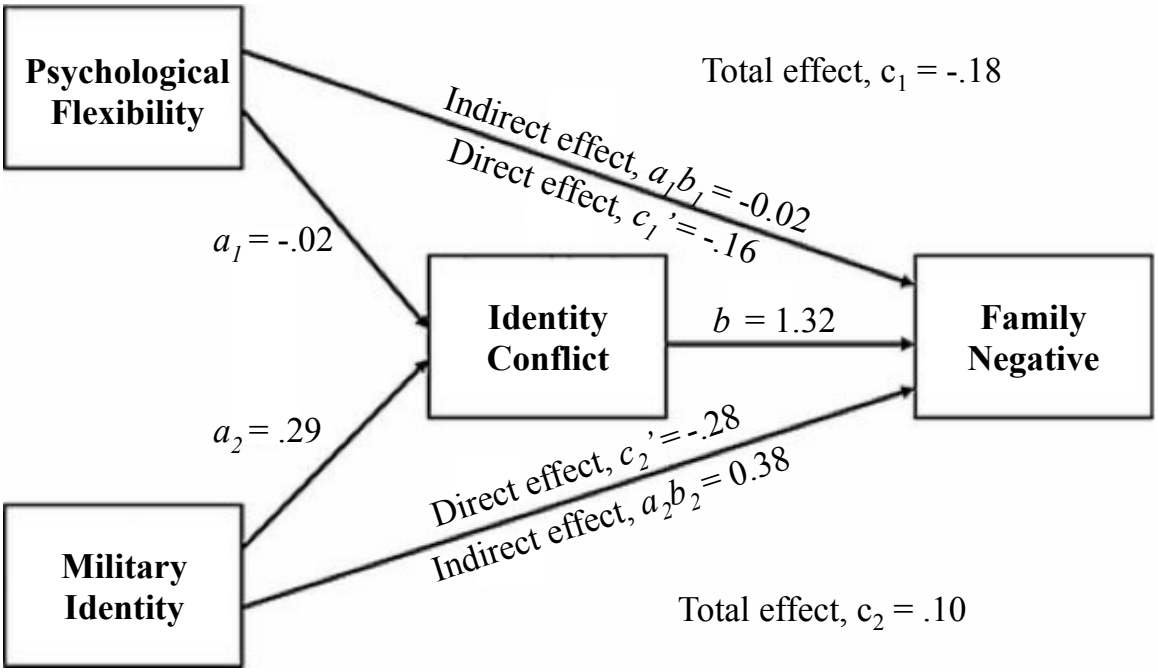

Figure 6. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on work negative reintegration experiences (Y_5) through identity conflict (M).

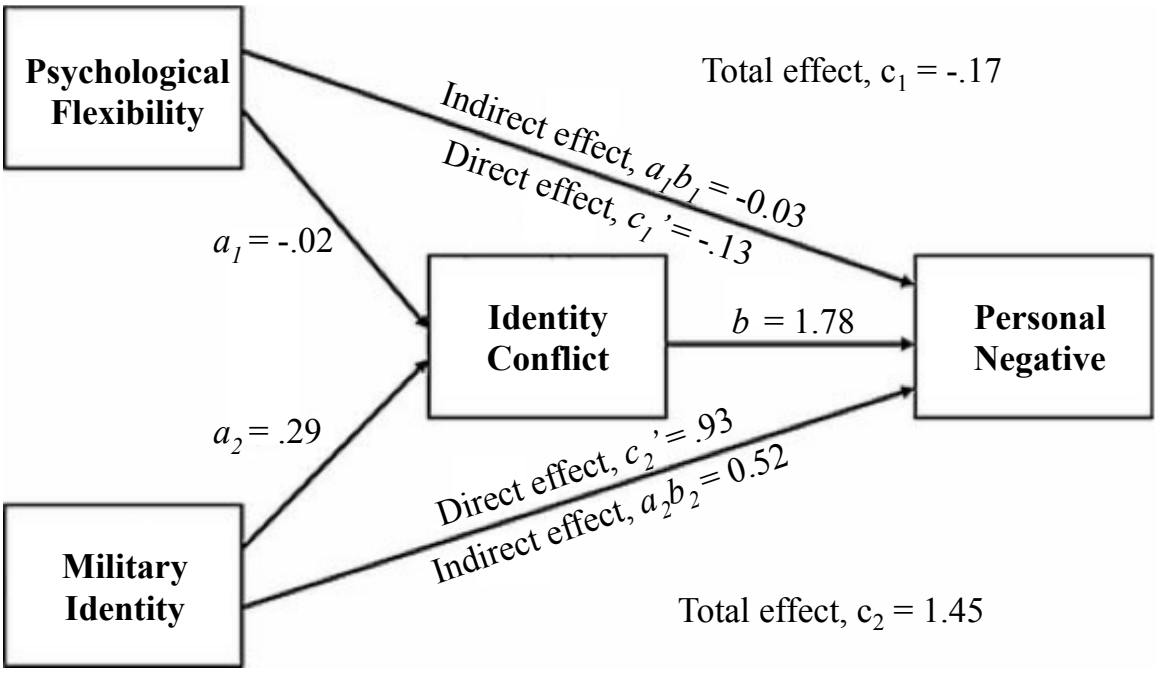

Figure 7. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on work negative reintegration experiences (Y_6) through identity conflict (M).

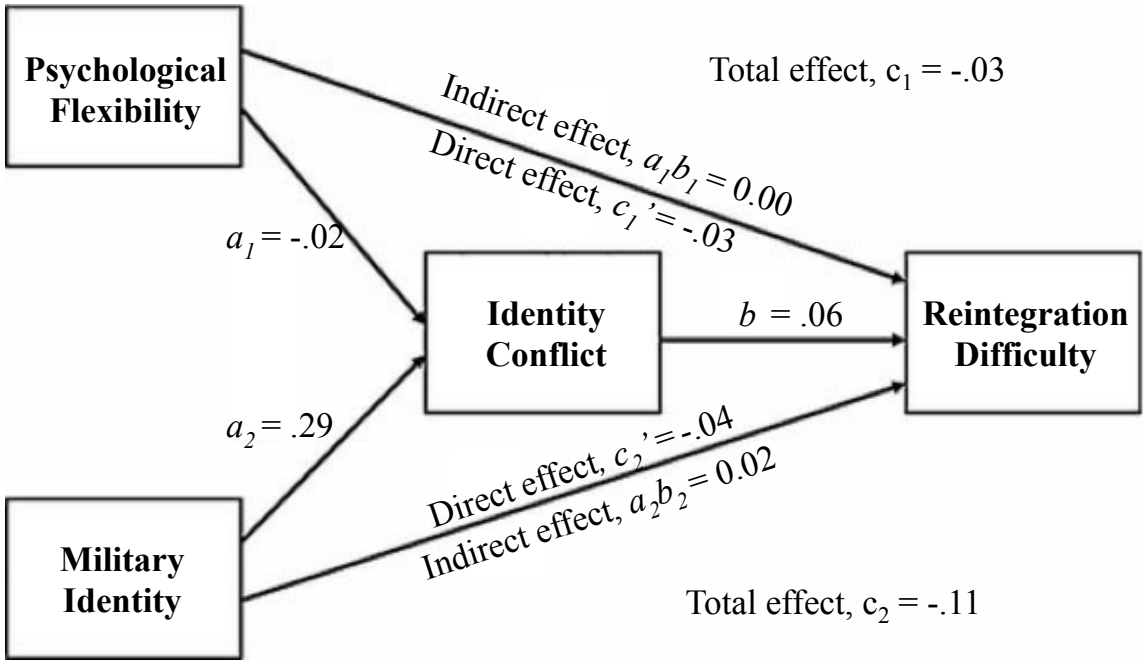

Figure 8. Mediation model for Veterans with predictors psychological flexibility (X_1) and military identity (X_2) transmitting their effects on work negative reintegration experiences (Y_7) through identity conflict (M).

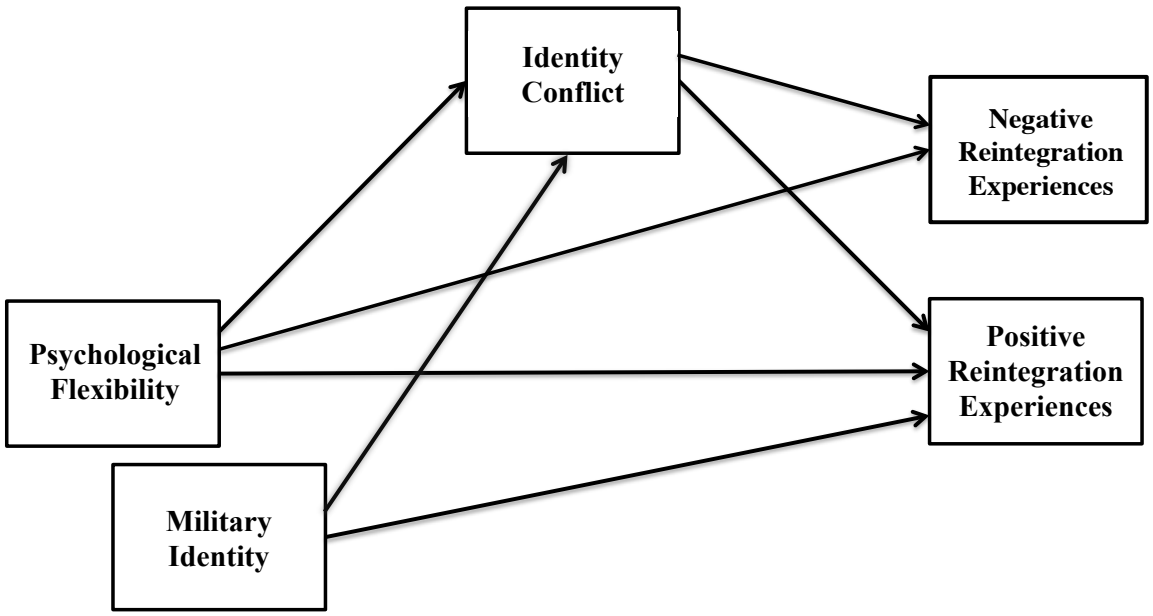

Figure 9. Theoretical mediation model for active-duty Service Members with identity conflict mediating the effects of psychological flexibility on reintegration experiences. Military identity is included as a covariate in the model for positive reintegration experiences.

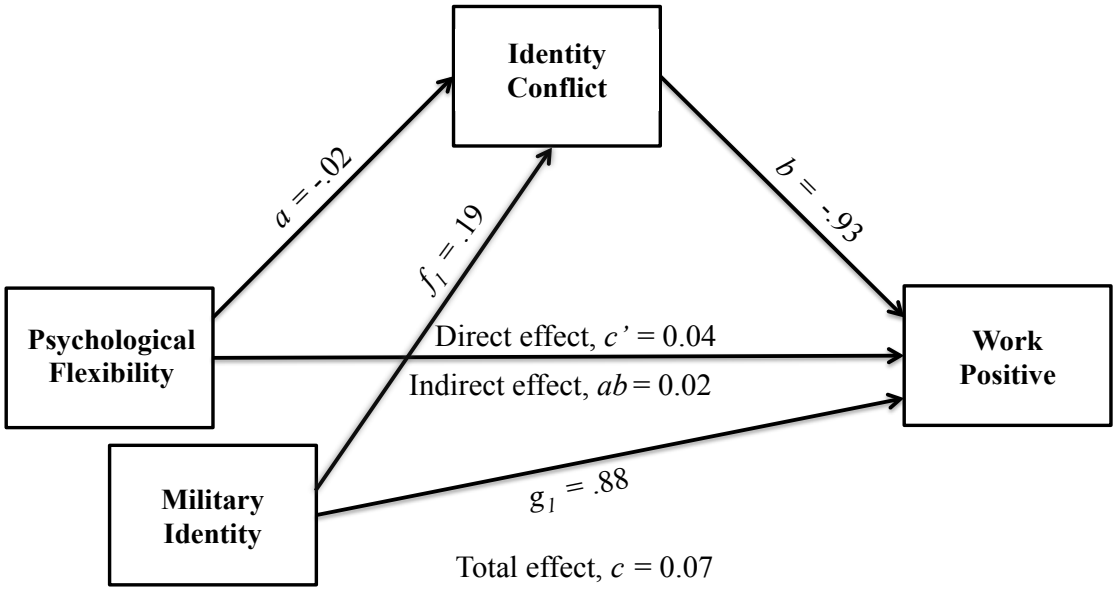

Figure 10. Mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and work positive reintegration experiences (Y_1), with covariate military identity.

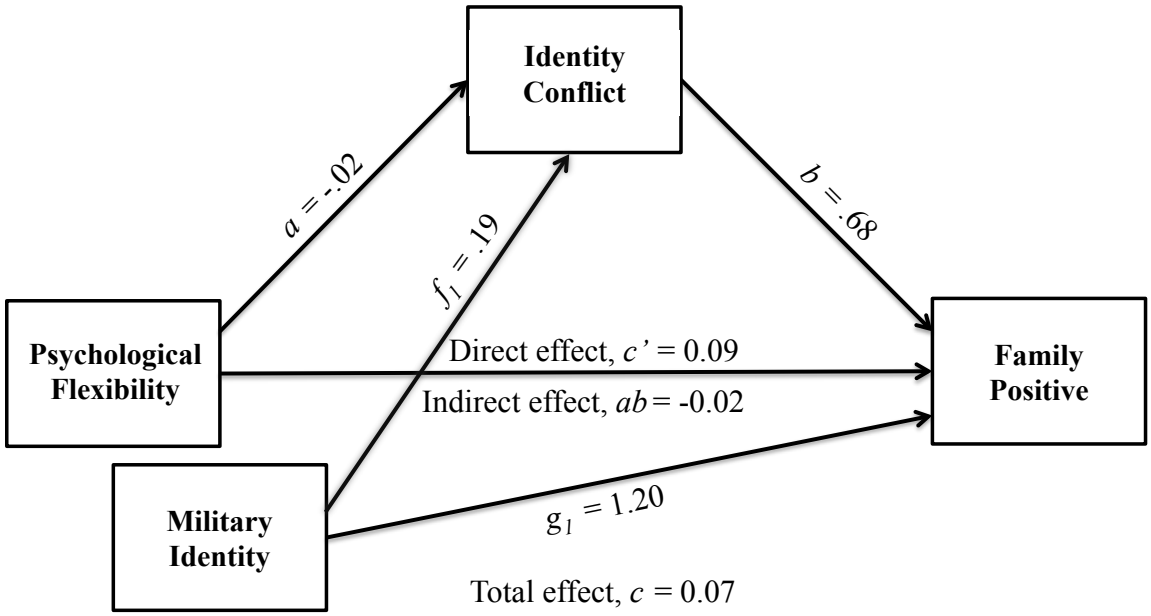

Figure 11. Mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and personal positive reintegration experiences (Y_2), with covariate military identity.

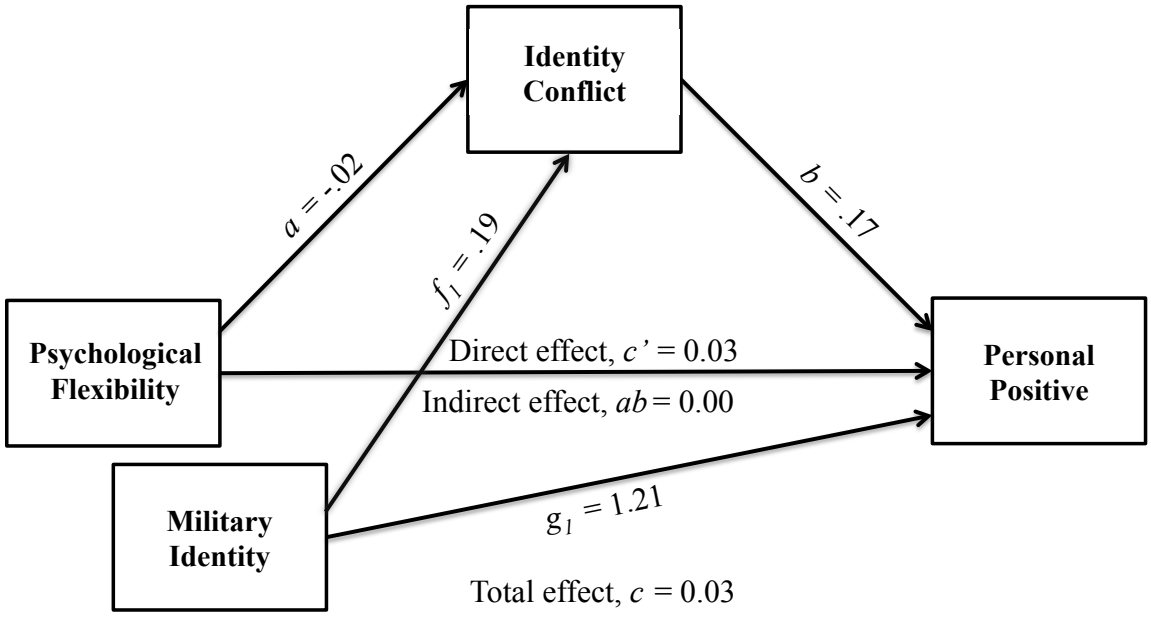

Figure 12. Mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and personal positive reintegration experiences (Y_3), with covariate military identity.

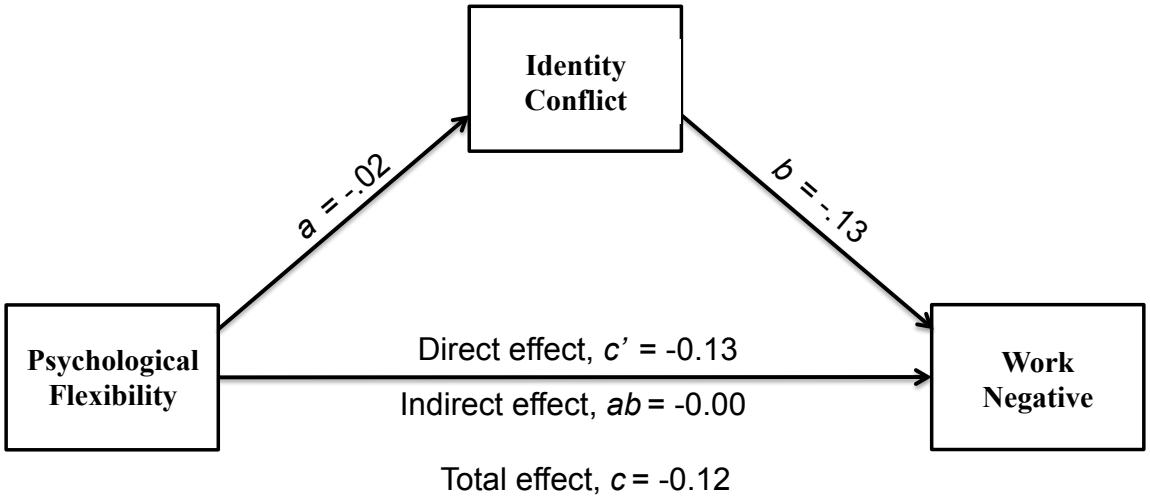

Figure 13. Simple unadjusted mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and work negative reintegration experiences (Y_4).

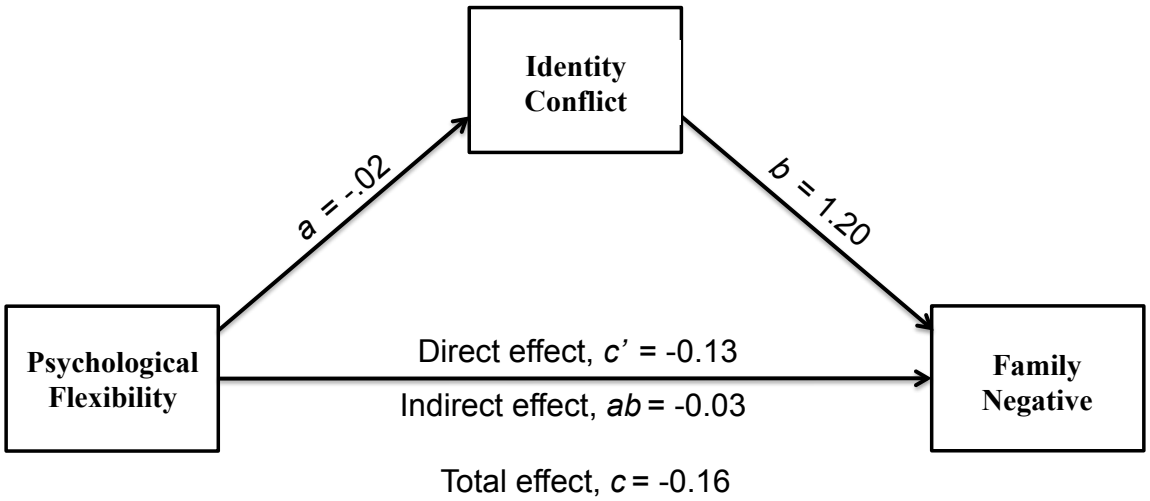

Figure 14. Simple unadjusted mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and personal negative reintegration experiences (Y_5).

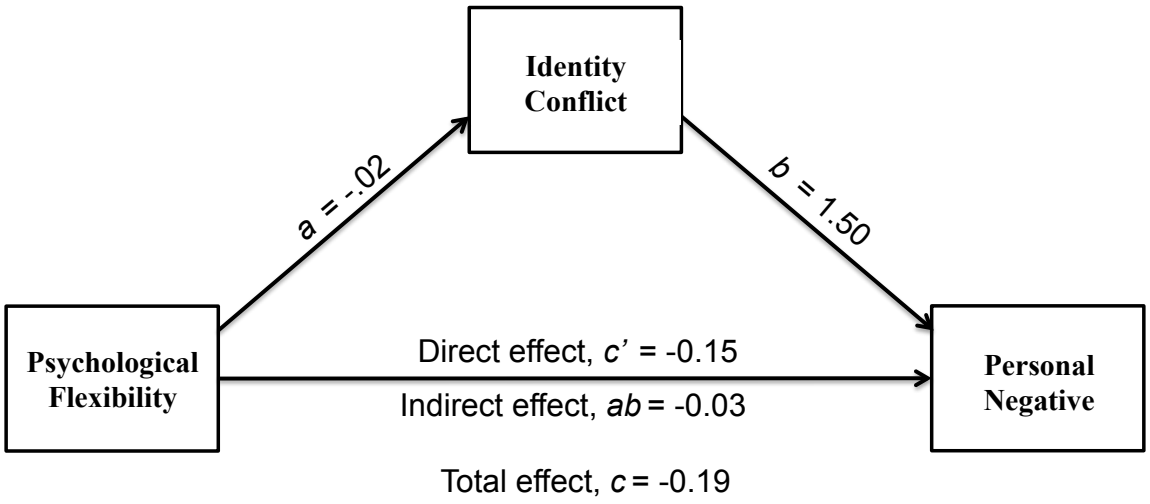

Figure 15. Simple unadjusted mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and personal negative reintegration experiences (Y_6).

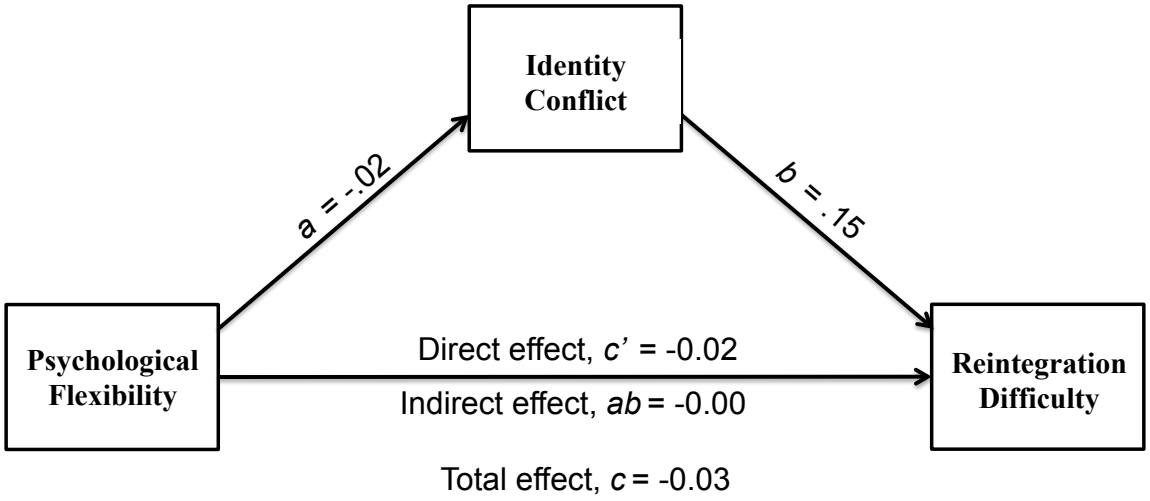

Figure 16. Simple unadjusted mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) and reintegration difficulty (Y_7).

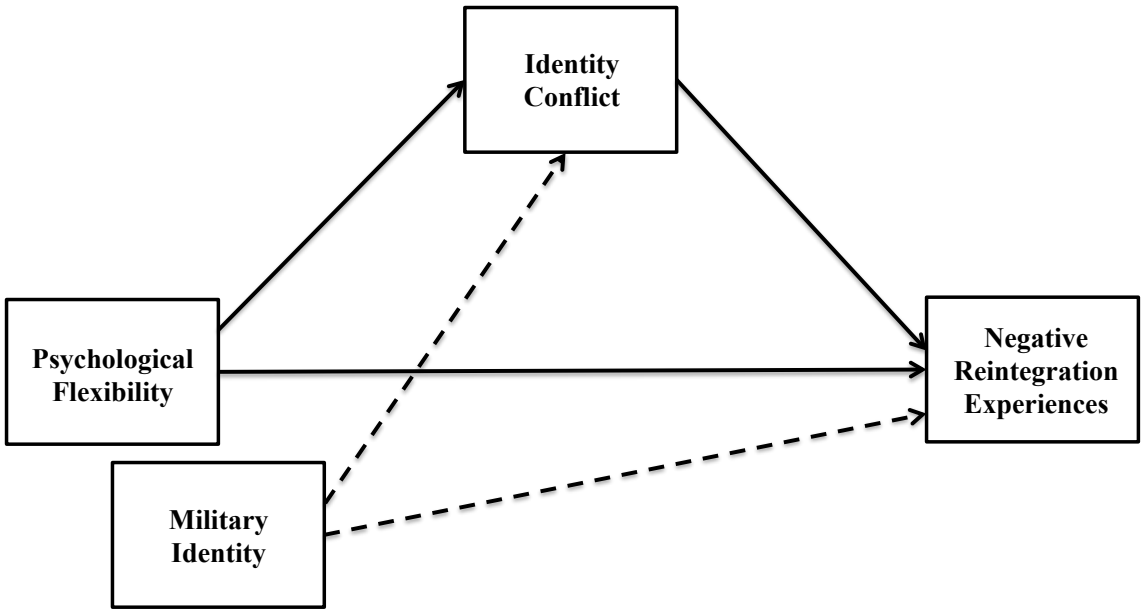

Figure 17. Theoretical mediation model for post hoc analysis active-duty Service Members with identity conflict mediating the effects of psychological flexibility on negative reintegration experiences, with military identity included as a covariate.

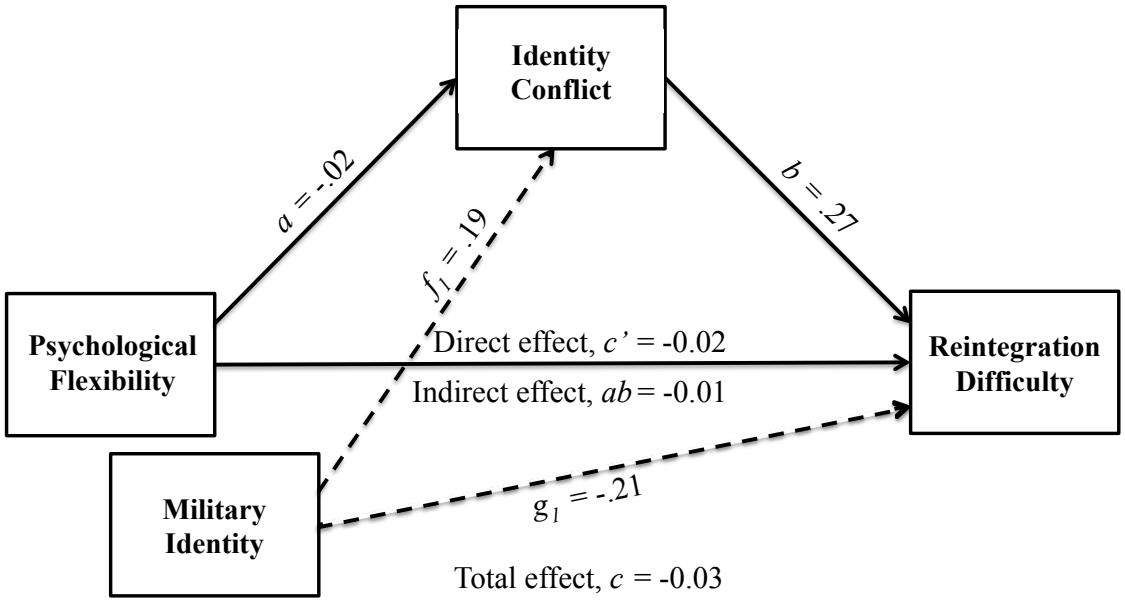

Figure 18. Mediation model for Service Members with identity conflict (M) mediating the relationship between psychological flexibility (X) reintegration difficulty (Y_7), with covariate military identity.

APPENDICIES A-D

APPENDIX A

MTurk Recruitment

MTurk HIT Preview for Batches 1 through 5

Exploring Reintegration Experiences in Post 9/11 Service Members
Requester: Lindsey Liles
Reward: $2.00 per HIT **HITs available:** 0 **Duration:** 5 Hours
Qualifications Required: Location is US, Number of HITs Approved greater than 0, HIT Approval Rate (%) for all Requesters' HITs greater than 98

HIT Preview

We are looking for Veterans & Service Members to participate an academic survey about their military service & reintegration experiences. We hope to better understand the reintegration process and how you view yourself as a Citizen and Service member.

You ***must meet the following requirements*** to participate in this survey. If you do not meet these requirements you will not be compensated for your work, which may lower your approval rating:

- You are between the ages of 18 and 60.
- You are currently serving on active duty or have separated from the Air Force, Army, Coast Guard, Marine Corps, or Navy.
- You are not currently in the Reserves.
- You have deployed in support of one or more of the following conflicts: OEF, OIF, OND, OIR, and/or OFS.
- You are a current resident of the United States

This HIT is periodically re-posted. If you've already completed this HIT previously, please do not complete it a second time. You will not be compensated a second time.

Please select the link below to complete the survey. The link will lead you to the informed consent. Once you consent to participate you can complete the survey. At the end of the survey, you will receive a code to paste into the box below to receive credit for taking our survey and earn your compensation.

Make sure to leave this window open as you complete the survey. When you are finished, you will return to this page to paste the code into the box.

Survey link:	http://ucsbeducation.qualtrics.com/jfe/form/SV_9AABhMUWlVNK5YV

Provide the survey code here:

_____

Submit

MTurk HIT Preview for Batch 6

Exploring Reintegration Experiences in Post 9/11 Service Members
Requester: Lindsey Liles
Reward: $2.00 per HIT **HITs available:** 0 **Duration:** 5 Hours
Qualifications Required: Location is US, Number of HITs Approved greater than 0, HIT Approval Rate (%) for all Requesters' HITs greater than 98

HIT Preview

We are conducting an academic survey about your reintegration experiences related to your military service. We are working to better understand the reintegration process and how you view yourself as a Citizen and Service member.

You ***must meet the following requirements*** to participate in this survey. If you do not meet these requirements you will not be compensated for your work, which may lower your approval rating:

- You are between the ages of 18 and 60.
- You are currently serving on **active duty** in the Air Force, Army, Coast Guard, Marine Corps, or Navy. ***
- You are not currently in the Reserves.
- You have deployed in support of one or more of the following conflicts: OEF, OIF, OND, OIR, and/or OFS.
- You are a current resident of the United States

****This HIT was previously posted for both active duty Service Members and Veterans. We have exceeded the number of Veteran responses needed for this study. **At this time we are only seeking responses from active duty Service Members.*****

This HIT is periodically re-posted. If you've already completed this HIT previously, please do not complete it a second time. You will not be compensated a second time.

Please select the link below to complete the survey. The link will lead you to the informed consent. Once you consent to participate you can complete the survey. At the end of the survey, you will receive a code to paste into the box below to receive credit for taking our survey and earn your compensation. Make sure to leave this window open as you complete the survey. When you are finished, you will return to this page to paste the code into the box.

Survey link:	http://ucsbeducation.qualtrics.com/jfe/form/SV_9AABhMUWlVNK5YV

Provide the survey code here:

_____

Submit

APPENDIX B

Informed Consent

Mturk Consent Form

INFORMED CONSENT FORM FOR RESEARCH

Reintegration Experiences of Post 9/11 Service Members and Veterans

What is the purpose of this study?

You are being asked to participate in a research study. The purpose of the study is to learn more about the reintegration process for Service Members and Veterans who have deployed in support of one or more of the following conflicts: OEF, OIF, OND, OIR, and/or OFS. We are working to better understand your experience of this transition and how you view yourself as a civilian and Service Member/Veteran.

What will happen if you take part in the study?

If you decide to participate, click "I consent" below and continue with the survey. The survey will contain questions about your reintegration experiences, how you view yourself as a civilian and Service Member/Veteran, how you navigate various thoughts and feelings in your everyday life, and some general questions about your military service, age, and ethnicity. The survey will take approximately 20 minutes to complete. Any information you provide will be anonymous.

Benefits:

Other than your $2.00 MTurk payment, you will receive no direct benefits as a result of participating in this study. However, your responses may inform future research.

Risks:

There are no anticipated risks to participating in this study. However, if at any point you are uncomfortable with a question, you may choose to skip it.

Confidentiality:

We will not ask for your name or any identifying information, and we will not collect IP addresses, so your responses are anonymous. The only people who will have access to your responses are research team members. We will not share individual responses with others—we will only share aggregated information (results summarized from many people). Information collected in this study will not be released to anyone for any purposes other than those described here, unless required by law. Please note that completing this survey on a vulnerable computer network could pose a risk to your anonymity.

Costs/Payments:

For participating in this study you will earn $2.00 compensation via MTurk. When you exit the survey and submit your unique task code via MTurk you will receive notice of payment from MTurk within 5 days.

Right to Refuse or Withdraw:

You may choose to leave any item blank. Participation in this research is completely voluntary, and you may withdraw at any point during the study. All items are optional, but you must reach the final page of the study to receive the redemption code for the incentive.

What if you have questions about this study?

If you have questions about the research, you can call me at (805) 893-4986 or email lindsey_liles@ucsb.edu.

If you have any questions regarding your rights as a research subject, please contact the Human Subjects Committee at (805) 893-3807 or hsc@research.ucsb.edu. Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050.

“I have read and understand the above information. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time."

If you consent to participate please click “I Consent” below to continue with the survey. If you choose not to participate please click “I do not wish to participate" and then the next page button to exit the survey and you will be guided back to the MTurk website.

- o I Consent
- o I do not wish to participate

“I understand that it is illegal to impersonate a Veteran or Service member for the purpose of obtaining financial gains (e.g., monetary incentives from MTurk).”

Please respond below to indicate that you have read and understand the statement above.

- o I understand. I am a Veteran of the US military.
- o I understand. I am active-duty military.
- o I understand. I do not have military experience.

Facebook Consent Form

INFORMED CONSENT FORM FOR RESEARCH

Reintegration Experiences of Post 9/11 Service Members and Veterans

What is the purpose of this study?

You are being asked to participate in a research study. The purpose of the study is to learn more about the reintegration process for Service Members and Veterans who have deployed in support of one or more of the following conflicts: OEF, OIF, OND, OIR, and/or OFS. We are working to better understand your experience of this transition and how you view yourself as a civilian and Service Member/Veteran.

What will happen if you take part in the study?

If you decide to participate, click "I consent" below and continue with the survey. The survey will contain questions about your reintegration experiences, how you view yourself as a civilian and Service Member/Veteran, how you navigate various thoughts and feelings in your everyday life, and some general questions about your military service, age, and ethnicity. The survey will take approximately 20 minutes to complete. Any information you provide will be anonymous.

Benefits:

Other than your $5.00 Amazon eGift Card, you will receive no direct benefits as a result of participating in this study. However, your responses may inform future research.

Risks:

There are no anticipated risks to participating in this study. However, if at any point you are uncomfortable with a question, you may choose to skip it.

Confidentiality:

The survey will not ask for your name or any identifying information. Your responses are anonymous. The only people who will have access to your responses are research team members. You will be asked to email the random code generated at the end of this survey to SurveyCompensation@gmail.com to receive compensation. However, you will not be asked to provide any additional personal information (name, address, phone, etc.). This email account will be managed by a research assistant who will verify your code and respond to your email with your $5 Amazon eGift Card. Your email account will not be linked to your survey responses. We will not share individual responses with others—we will only share aggregated information (results summarized from many people). Information collected in this study will not be released to anyone for any purposes other than those

described here, unless required by law. Please note that completing this survey on a vulnerable computer network could pose a risk to your anonymity.

Costs/Payments:

For participating in this study you will earn $5.00 compensation. At the end of the survey, you will be given a unique numerical code. To receive compensation, you will need to record this code and email it to SurveyCompensation@gmail.com. This email account will be managed by a research assistant who will verify your code and respond to your email with your $5 Amazon eGift Card. Your email address will not be linked to your survey responses. You will receive payment or notification of an invalid code within 30 days of survey completion.

Right to Refuse or Withdraw:

You may choose to leave any item blank. Participation in this research is completely voluntary, and you may withdraw at any point during the study. All items are optional, but you must reach the final page of the study to receive the redemption code for the incentive.

What if you have questions about this study?

If you have questions about the research, you can call (805) 893-4986 or email lindsey_liles@ucsb.edu. If you have any questions regarding your rights as a research subject, please contact the Human Subjects Committee at (805) 893-3807 or hsc@research.ucsb.edu. Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050.

"I have read and understand the above information. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time."

If you consent to participate please click "I Consent" below to continue with the survey. If you choose not to participate please click "I do not wish to participate" and then the next page button to exit the survey.

- o I Consent
- o I do not wish to participate

"I understand that it is illegal to impersonate a Veteran or Service member for the purpose of obtaining financial gains (e.g., monetary incentives or gift cards)."

Please respond below to indicate that you have read and understand the statement above.

- o I understand. I am a Veteran of the US military.
- o I understand. I am active-duty military.
- o I understand. I do not have military experience.

APPENDIX C

Demographic Information

Personal Information

To begin please answer the following demographic questions.

What is your biological sex?

- ○ Male
- ○ Female

Have you ever served on active duty in the US Armed Forces?

- ○ Yes
- ○ No

Please enter your numerical age.

_____

Please answer the following question using the ethnicity you most identify with.
I consider myself:

- ○ Hispanic
- ○ Non-Hispanic

I consider myself to be:(Choose 1 or more)

- ○ White
- ○ Black or African American
- ○ American Indian or Alaska Native
- ○ Asian
- ○ Native Hawaiian or Pacific Islander
- ○ Other _____

Please indicate your current marital status.

- ○ Married
- ○ Widowed
- ○ Divorced
- ○ Separated
- ○ Never Married

What is the highest level of school you have completed or the highest degree you have received?

- ○ Less than high school degree
- ○ High school graduate (high school diploma or equivalent including GED)
- ○ Some college but no degree
- ○ Associate degree in college (2-year)
- ○ Bachelor's degree in college (4-year)
- ○ Master's degree
- ○ Doctoral degree
- ○ Professional degree (JD, MD)

Information about income is very important to understand. Would you please give your best guess? Please indicate the answer that includes your entire household income in (previous year) before taxes.

- ○ Less than $10,000
- ○ $10,000 to $19,999
- ○ $20,000 to $29,999
- ○ $30,000 to $39,999
- ○ $40,000 to $49,999
- ○ $50,000 to $59,999
- ○ $60,000 to $69,999
- ○ $70,000 to $79,999
- ○ $80,000 to $89,999
- ○ $90,000 to $99,999
- ○ $100,000 to $149,999
- ○ $150,000 or more

Branch of Service and Deployment Information

Please answer the following questions about your military experience.

Are you currently active duty in the U.S. Armed Forces?

- ○ Yes
- ○ No

Display This Question: If Are you currently active duty in the U.S. Armed Forces? = No
When did you separate from active duty?

_____

Display This Question:If Are you currently active duty in the U.S. Armed Forces? = No
How long did you actively serve in the military?

_____Years _____Months

Display This Question: If Are you currently active duty in the U.S. Armed Forces? = Yes
How long have you served in the Armed Forces?

_____Years _____Months

Display This Question: If Are you currently active duty in the U.S. Armed Forces? = Yes
In which branch of the military do you currently serve?

- ○ Air Force
- ○ Army
- ○ Coast Guard
- ○ Marine Corps
- ○ Navy
- ○ I am not in the military.

Display This Question: If Are you currently active duty in the U.S. Armed Forces? = No

In which branch of the military did you serve?

- ○ Air Force
- ○ Army
- ○ Coast Guard
- ○ Marine Corps
- ○ Navy
- ○ I did not serve in the military.

Have you deployed in support of any of the following U.S. military operations:

Operation Enduring Freedom (OEF)
Operation Iraqi Freedom (OIF)
Operation New Dawn (OND)
Operation Inherent Resolve (OIR)
Operation Freedom's Sentinel (OFS)

- ○ Yes
- ○ No

How many total deployments have you completed in support of OEF/OIF/OND/OIR/OFS?

_____

Were any of those deployments considered a "combat deployment"?

- ○ Yes
- ○ No
- ○ I Don't Know

To which of the following locations did you deploy in support of OEF/OIF/OND/OIR/OFS?

- ○ Iraq
- ○ Afghanistan
- ○ Pakistan
- ○ Syria
- ○ Other (Please Specify) _____

Please answer in relation to deployments in support of OIF, OEF, OND, OIR, or OFS.
When did you return from your most recent deployment?

_____

APPENDIX D

Measures on Survey

Acceptance and Action Questionnaire-II (AAQ-II)

Below you will find a list of statements. Please rate how true each statement is for you.

1 = Never True
2 = Very Seldom True
3 = Seldom True
4 = Sometimes True
5 = Frequently True
6 = Almost Always True
7 = Always True

1. My painful experiences and memories make it difficult for me to live a life that I would value.

Never True 1 2 3 4 5 6 7 Always True

2. I'm afraid of my feelings

Never True 1 2 3 4 5 6 7 Always True

3. I worry about not being able to control my worries and feelings.

Never True 1 2 3 4 5 6 7 Always True

4. My painful memories prevent me from having a fulfilling life.

Never True 1 2 3 4 5 6 7 Always True

5. Emotions cause problems in my life.

Never True 1 2 3 4 5 6 7 Always True

6. It seems like most people are handling their lives better than I am.

Never True 1 2 3 4 5 6 7 Always True

7. Worries get in the way of my success.

Never True 1 2 3 4 5 6 7 Always True

(Bond et al., 2011)

Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT)

Please rate the following 23 statements using the scale below:

0	1	2	3	4	5	6
Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Neither Agree Nor Disagree**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

1. I tell myself that I shouldn't have certain thoughts.
2. I try to stay busy to keep thoughts or feelings from coming
3. One of my big goals is to be free from painful emotions
4. I go out of my way to avoid situations that might bring difficult thoughts, feelings, or sensations
5. Even when something is important to me, I'll rarely do it if there is a chance it will upset me
6. I work hard to keep out upsetting feelings
7. I can take thoughts and feelings as they come, without attempting to control or avoid them
8. I am willing to fully experience whatever thoughts, feelings and sensations come up for me, without trying to change or defend against them
9. I get so caught up in my thoughts that I am unable to do the things that I most want to do
10. Thoughts are just thoughts – they don't control what I do
11. It seems I am "running on automatic" without much awareness of what I'm doing
12. Even when doing the things that matter to me,I find myself doing them without paying attention
13. I rush through meaningful activities without being really attentive to them
14. I do jobs or tasks automatically, without being aware of what I'm doing
15. I find it difficult to stay focused on what's happening in the present
16. I make choices based on what is important to me, even if it is stressful
17. My values are really reflected in my behavior
18. I am able to follow my longterm plans including times when progress is slow
19. I can keep going with something when it's important to me
20. I behave in line with my personal values
21. I undertake things that are meaningful to me, even when I find it hard to do so
22. I act in ways that are consistent with how I wish to live my life
23. I can identify the things that really matter to me in life and pursue them

(Francis et al., 2016)

Adapted Bicultural Identity Integration Scale-2 (BIIS-2)

Please rate your agreement with each statement on a scale from 1 *(strongly disagree)* to 5 *(strongly agree).*

1	2	3	4	5
Strongly Disagree				**Strongly Agree**

1. I feel caught between the Military and Civilian cultures.
2. I feel like someone moving between two cultures.
3. Being both a citizen in the civilian world and a Service Member means having two cultural forces pulling on me at the same time.
4. I do not feel trapped between Military culture and Civilian culture.
5. I feel conflicted between the Military and Civilian ways of doing things.
6. I find it easy to balance both my Military and Civilian cultures.
7. I rarely feel conflicted about being both a citizen in the civilian world and a Service Member.
8. I feel torn between Military and Civilian cultures.
9. I feel that my Military and Civilian cultures are incompatible.
10. I find it easy to harmonize Military and Civilian cultures.
11. I feel like a Service Member-Civilian.
12. I feel like a Service Member and a Civilian at the same time.
13. I relate better to a combined culture than to Military or Civilian culture alone.
14. I feel part of a combined culture.
15. I cannot ignore the Military or Civilian side of me.
16. I find it difficult to combine Military and Civilian cultures.
17. I do not blend my Military and Civilian cultures.
18. I keep Military and Civilian cultures separate.
19. I am simply a Service Member who lives among civilians.

(Huynh, 2009)

Adapted Centrality Scale of Multidimensional Inventory of Black Identity (MIBI)

Please rate your agreement with each statement on a scale from 1 *(strongly disagree)* to 7 *(strongly agree).*

1	2	3	4	5	6	7
Strongly Disagree						**Strongly Agree**

1. Overall, being a Service Member has very little to do with how I feel about myself.
2. In general, being Service Member is an important part of my self-image.
3. My destiny is tied to the destiny of other Service Members.
4. Being a Service Member is unimportant to my sense of what kind of person I am.
5. I have a strong sense of belonging to the military.
6. I have a strong attachment to other Service Members.
7. Being a Service Member is an important reflection of who I am.
8. Being a Service Member is not a major factor in my social relationships.

(Sellers et al., 1997)

Adapted Army Post Deployment Reintegration Scale (APDRS)

There are no right or wrong answers to the following questions. People may have differing views, and we are interested in what *your* experiences are. Please indicate the extent to which each of the statements below is true for you since returning from your most recent deployment using the following rating scale, ranging from 1*(Not At All True)* to 5 *(Completely True)*.

Not At All True				Completely True
1	2	3	4	5

Since returning from my most recent deployment:

1. I am glad I went on the tour.
2. I feel closer to my family.
3. Putting the events of the tour behind me has been tough.
4. There has been tension in my family relationships.
5. I find military bureaucracy more frustrating.
6. I am more aware of problems in the world.
7. I am applying job-related skills I learned during my deployment.
8. I have become more responsive to my family's needs.
9. I have had difficulty reconciling the devastation I saw overseas with life in the US.
10. I am better able to deal with stress.
11. I feel the tour has had a negative impact on my personal life.
12. I feel my current work duties are less meaningful.
13. I have become more involved in my family relationships.
14. I have a better understanding of other cultures.
15. I feel my family has had difficulty understanding me.
16. I have been confused about my experiences during the tour.
17. Day to Day work tasks seem tedious.
18. The tour has put a strain on my family life.
19. I have realized how well off we are in the US.
20. I feel I am a better Service Member.

21. It has been hard to get used to being in the US again.
22. Garrison life has been boring.
23. I have realized how important my family is to me.
24. I have a greater appreciation of the value of life.
25. Getting back “into sync” with family life has been hard.
26. Being back in the US has been a bit of a culture shock.
27. I am proud of having served overseas.
28. I have a greater willingness to be with my family.
29. I have a greater appreciation of the conveniences taken for granted in the US.
30. I feel a lower sense of accomplishment at work.
31. I feel my family resented my absence.
32. I have considered leaving the military.
33. I more fully appreciate the rights and freedoms taken for granted in the US.
34. I have developed stronger friendships.
35. Focusing on things other than the tour has been difficult.
36. I more fully appreciate the time I spend with my family.

(Blais et al., 2009)

Military to Civilian Questionnaire (M2C-Q)

For the following items, please respond on a scale from 0 *(no difficulty)* to 4 *(extreme difficulty).* For some items, you may answer 9 *(not applicable).*

0	1	2	3	4
No Difficulty	A Little Difficulty	Some Difficulty	A Lot of Difficulty	Extreme Difficulty

Over the past 30 days have you had difficulty with…

1. Dealing with people you do not know well (such as acquaintances or strangers)?
0 1 2 3 4

2. Making new friends?
0 1 2 3 4

3. Keeping up friendships with people who have no military experience?
0 1 2 3 4

4. Keeping up friendships with people who have military experience (including friends who have military experience)?
0 1 2 3 4

5. Getting along with relatives (such as siblings, parents, grandparents, in laws and children not living at home)?
0 1 2 3 4 N/A

6. Getting along with your spouse or partner (such as communicating, doing things together, enjoying his or her company)?
0 1 2 3 4 N/A

7. Getting along with your child or children (such as communicating, doing things together, enjoying his or her company)?
0 1 2 3 4 N/A

8. Finding or keeping a job (paid or non-paid or self employment)?
0 1 2 3 4

9. Doing what you need to do for work or school?
0 1 2 3 4 N/A

10. Taking care of your chores at home (such as housework, yard work, cooking, cleaning, shopping, errands)?

0 1 2 3 4

11. Taking care of your health (such as exercising, sleeping, bathing, eating well, and taking medications as needed)?

0 1 2 3 4

12. Enjoying or making good use of free time?

0 1 2 3 4

13. Taking part in community events or celebrations (for example festivals, PTA meetings, religious or other activities)?

0 1 2 3 4

14. Feeling like you belong in "civilian" society?

0 1 2 3 4

15. Confiding or sharing personal thoughts and feelings?

0 1 2 3 4

16. Finding meaning or purpose in life?

0 1 2 3 4

(Sayer et al., 2011)