

*The Post Deployment Reintegration of Australian Army Reservists*

The Post Deployment Reintegration of Australian Army Reservists

Geoffrey John Orme

School of Population Health

University of Adelaide

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## **Abstract**

The aim of the present research was to delineate the effects of deployment on Australian Army reservists serving on low-threat overseas stability operations. Even without exposure to traumatic events, reservists face challenges that differ from regular soldiers who prepare, deploy, and return within the constant context of their unit and wider army. More like civilian workers who deploy overseas to assist in disaster and post-conflict zones, Australian Army reservists are coalesced into temporary formations. They then leave the context of their families and civilian employment for the deployment and then return back to their civilian lives, often abruptly

Participants were Army reservists deployed to Timor L'Este for seven months (N=92) in 2002/03, and three consecutive groups (N=350) deployed to the Solomon Islands in 2006/07. The research was broadened to also incorporate the experiences of civilian employers (N=126) and families (N=32) of Army reservists, whose experiences were largely unknown.

The major findings across studies were as follows:

1) Reservists from all study groups returned in sound mental health and settled well.

Measures taken at the end of deployment, six months after return, and two years post deployment found low rates of referrals for follow-up, low scores on mental health screening instruments (K10, PCL-C, DASS-42), and a relatively unchanged pattern of alcohol use (AUDIT).

2) The deployment experience was reported as positive by 65-67%, with the number of positive statements (558) exceeding the number of negative statements (438) by a ratio of 1.30:1.00.

3) Readjustment to civilian life appeared uncomplicated and the reservists continued to be actively engaged with the Army. Their retention in a deployable status was more than twice the level seen among reservists as a whole. They promptly returned to service with their provider units after a substantial absence, despite what would have been the attractions and demands to attend to family, study, and civilian employment activities. Between 12%-25% enlisted in the regulars following their overseas service, and around 12% deployed overseas again within two years of returning.

4) As expected with low-threat military operations, traumatic stressors were only infrequently reported. Nevertheless, the few non-traumatic stressors reported by reservists during their tours were inversely associated with their reported deployment experience and what psychological distress could be detected. The primary source of a less-than-positive deployment experience and slightly elevated psychological distress predominately emanated from work-related sources, for example, the behaviour of others, leadership, and double standards.

5) These associations with non-traumatic stressors were moderated by psychological hardiness. Reservists with higher levels of hardiness nearly always reported a positive experience and negligible psychological distress, while reservists with lower levels of hardiness were more likely to report a less-than-positive deployment experience and low, but appreciable levels of psychological distress.

6) Employers and families reported seeing the benefits of deployment to the growth and satisfaction of their reservist. Both groups reported more positives than negatives when a reservist deploys (1.65:1 and 1.50:1 respectively).

The implications of the present findings are discussed with respect to their application to reservists, employers and families, as well as other occupational groups such as *ad hoc* mission-specific organizations working in conflict and disaster zones.

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**Statement of Originality and Consent for University of Adelaide Library**

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## INTRODUCTION

Academic study of the impact of operational service has predominantly focused on the adverse mental health effects of combat operations (Griffith, 2010a, 2011; Hotopf et al., 2006; King, King, Vogt, Knight, & Samper, 2006), particularly Post Traumatic Stress Disorder (PTSD) (Adler, Castro, & Britt, 2003; Fear et al., 2010; Ursano, Benedek, & Engel, 2007). The impact of service in lower-intensity operations however, variously denoted as peace-keeping, peace-making, or more generally as stability operations, has received far less attention. Similarly, less importance has been placed on the study of non-traumatic stressors, which also have a significant effect on adjustment during and after operations of any intensity (Bartone & Adler, 1994). These non-traumatic stressors include those inherent to operational deployments, but also include intercurrent life events at home. In fact, the overall impact of stressful life events on symptoms has at least once been observed to be greater than that of combat stress exposure (Bartone, 1999). In addition, the emphasis of research on the adverse effects of stress on some individuals has been accompanied by scant study of the salutogenic effects of military deployment on many other individuals (Antonovsky, 1996; Newby et al., 2005). Protective psychological factors such as psychological hardiness (Kobasa, 1979) may play a part in moderating the potential adverse effects of deployment to stability operations (Dolan & Adler, 2006).

In this context, one rarely-examined group of particular interest are military reservists who have deployed overseas on lower-intensity operations (Riviere, Kendall-Robbins, McGurk, Castro, & Hoge, 2011; Walker, 1992). More so than regular soldiers, reservists are qualitatively similar to civilians who also deploy overseas to assist in disaster and post-conflict zones. Both reservists and civilian workers face similar challenges. Both groups leave their ordinary civilian life, deploy overseas, and then return to their civilian lives, often abruptly (Browne et al., 2007; Lomsky-Feder, Gazit, & Ben-Ari, 2008; Malone et al., 1996; Sareen et al., 2007). Moreover, much like *ad hoc* teams of civilian workers who are often drawn from different aid organisations, the military group with whom Australian Army reservists deploy is not a preexisting unit but a mission-specific



organization. It is comprised of reservists provided by disparate Army reserve units, or provider units, spread across Australia. Thus, the deployed soldiers are compelled to develop familiarity, trust, and cohesion during a relatively brief preparatory training period, and while on deployment, just as civilian teams must do.

The aim of the present research is to delineate the effects of deployment on Australian Army reservists on stability operations and their post-deployment reintegration back in Australia. Moreover, the potential protective effects of psychological hardiness in this context will also be examined. In order to elaborate the background for the empirical studies, the remainder of this introduction is divided into seven sections. The first section will describe the structure of deployment for reservists and its consequences. The second section will describe the stressors inherent in lower-intensity, stability operations, and the third section will focus on the readjustment of reservists to their civilian lives after deployment. The fourth section will examine the personality variable of psychological hardiness (Kobasa, 1979) as a moderator of the impact of deployment stressors on psychological well-being, physical health, and adjustment to civilian life. The fifth and sixth sections will deal with the impact of deployments on the employers and families of reservists, respectively. The final section will provide a commentary and conclusions, followed by the research questions to be addressed in this research.

### **Section One: The Structure of Reservist Deployment**

The deployment of Australian Army reservists entails a web of interactions between the reservist and four key stakeholders, which are depicted in Figure 1. There are two distinct military stakeholders, specifically the formation in which the reservist is deployed (deployed formation) versus the unit from which the reservist volunteered (provider unit). Unlike regular Australian Army units and US National Guard units for example, Australian reserve units do not deploy as discrete entities (Smith & Jans, 2011; Weitz, 2007). Rather, reservists are recruited individually from amongst disparate provider units, usually spread across one or two adjacent states, and volunteer for overseas service on military operations. This development has occurred since 2001 through legislative changes authorising overseas service for reservists and protection for their civilian employment. As a consequence, Australian military reservists are now viewed as an operational force rather than strategic one dedicated to home defence.

In the UK, this process of individual recruitment of reservists for overseas service is referred to as 'intelligent mobilisation' where it is estimated that for each seven volunteers; only one will be selected for deployment (Dandeker et al., 2010; UK National Audit Office, 2006). The reservists join a mission-specific formation for the life of the deployment. In addition to the military stakeholders, Australian reservists have their families and, by extension, friends and social networks. Finally, reservists usually have a civilian employer, to whom they will likely return (Allison-Aipa, De La Rosa, Stetz, & Castro, 2005; Power & Nottage, 2004; Thie et al., 2004). Australia has strong legislation to ensure that reservists retain their positions with civilian employers. Throughout a deployment, each reservist is faced with managing their engagement with these stakeholders. For reservists, a deployment can be roughly divided into five stages, each characterized by different levels of engagement with key stakeholders.

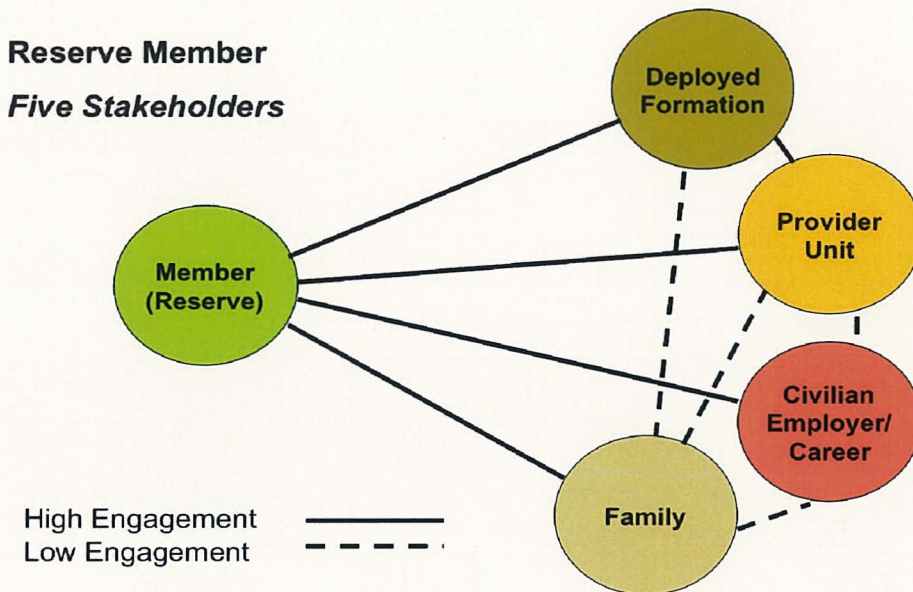


Figure 1 Model of Stakeholders in Reservist Deployment

**Notification.** A reservist's deployment commences when he or she is notified that they are to deploy. This stage can last days, weeks, or months prior to commencing full-time military duties and departure from civilian life (Wiens & Boss, 2006). During this stage, reservists begin their preparations for deployment and arrangements for separation from family, community, and their civilian workplace or studies. In most cases, neither the family nor the employer are likely to have familiarity with deployment processes, and many reservists themselves do not have the depth of familiarity with such processes as would regulars. These multiple demands on the reservist plus uncertainty can make the notification period one of moderate to high stress (Ford et al., 1993; MacDonald, Chamberlain, Long, Mirfin, & Pereira-Laird, 1998). These stresses can include a mixture of apprehension and eagerness on the part of the reservists themselves; family conflict triggered by the impending possibility of major financial, vocational, parental, and spousal role changes; and, disruption of normal family life cycle events (e.g., birthdays, pregnancies, and new births). In a study of US veterans over a five-year period, Wright (2002) found that soldiers in garrison preparing for deployment reported higher rates of distress than those returning from deployment. Thus, stress can start well before deployment or separation from family (Buttz, 1991; Dobson & Marshall, 1997; Wiens & Boss, 2006).

**Pre-deployment.** The pre-deployment stage begins when the reservists commence their full-time service and move into military accommodation with the other members of the deployed formation, usually away from their home location. In some cases, this can be thousands of kilometers distant from home. During this time, reservists become more fully immersed in the military *milieu* (Castro, Adler, & Britt, 2003; Oberg, 1960), yielding personal control and individuality (Baker, 1996; Segal, 1986), and fostering a new identity within their newly established formation (Adler et al., 2003; Griffith, 2009; Grojean & Thomas, 2005). While these predeployment activities can be challenging (Wynd & Dziedzicki, 1992), they have also been found to strengthen unit cohesion, increase interpersonal social support, and reduce the effects of subsequent operational stressors (Baker, 1996; Holmes, Tariot, & Cox, 1998).

**Deployment.** This stage begins when the reservists depart Australia and arrive in the area of operations. Following an initial adjustment and handover period, they commence their duties and mission roles. During stability and humanitarian operations, reservists may also be called upon to perform non-military functions related to their own civilian skill-sets (UK House of Commons, 2007; Lomsky-Feder et al., 2008; UK National Audit Office, 2006).

**Post-Deployment.** This stage entails a period of usually a few days to complete administration prior to departing from the operational theatre. Reservists may return to their home location directly (Haas, 2003) or undertake a two-three day group decompression activity at a military base in Australia before returning home. Employers of reservists often seek the early return to work of their employee once home, which may limit time for respite or reunion with family and friends.

**Reintegration.** A reservist's experience of deployment is not finished with the end of their full-time military service. A reservist must then re-enter their civilian work, their community life, their original provider unit, and reconnect with loved ones. This period is usually undertaken without proximal support from their peers or leaders in their now-dispersed, disbanded deployment formation (Stendt, 2006). This stage occurs in their home location around people who have

experienced their own adjustments and challenges independent of the reservist. Civilian studies describe repatriation stress and report that adjustment can usually take up to twelve months after return (Adler, 1986; Adler, 1981; Black & Gregersen, 1999; Black, Gregersen, & Mendenhall, 1992; Storti, 2003, p.19; Sussman, 2000; Sussman, 2001).

## Section Two: Stressors in Lower-intensity Stability Operations

Any military operation, even in a low-threat environment, carries a risk that unforeseen events can rapidly escalate into imminent threat and danger (Campbell & Nobel, 2009). With or without these events, low magnitude, non-traumatic stressors (Orsillo, Roemer, Litz, Ehlich, & Friedman, 1998) are a pervasive feature of all operations (Adler, Litz, & Bartone, 2003; Deans, 2002; Deans & Byrne, 2009; Murphy, Collyer, Cotton, & Levey, 2003). They include those generally present during deployment *per se*, as well as background, intercurrent life stressors (King, King, Gudanowski, & Vreven, 1995; Marshall, 2003), which can occur throughout all stages of a deployment. Studies from previous conflicts have also identified the importance of non-traumatic stressors (Friedman, 1972; Ikin et al., 2004; Stetz, McDonald, Lukey, & Gifford, 2005; Turner et al., 2005). These conflicts include the Vietnam War (King, King, Gudanowski, & Foy, 1996), the Persian Gulf War (1991-1992) (Ursano & Norwood, 1996; Wolfe, Keane, & Young, 1996; Wolfe, Proctor, Davis, Borgos, & Friedman, 1998; Wynd & Dziedzicki, 1992), and the Iraq War (2003)(Stetz et al., 2005; Turner et al., 2005).

Studies of peacekeepers have also identified the significant effect of non-traumatic stressors on military personnel prior, during, and after deployment (Adler et al., 2008; Kirkland, Halverson, & Bliese, 1996; Landrigan, 1997; NATO, 2007; Newby et al., 2005; Sareen et al., 2007; Shigemura & Nomura, 2002; Ward, 1997). For example, the largest stressors for US medical personnel deployed to Somalia in 1993 appeared to be the lack of a return date, followed by boredom, lack of a clearly defined mission, welfare issues, and slow mail (Ritchie & Ruck, 1994). A longitudinal study of New Zealand Defence Force peacekeepers, found that anxiety was relatively high at predeployment, low through the deployment and the post deployment stages, but increased at follow up (MacDonald, Chamberlain, Long, & Mirfin, 1996; MacDonald et al., 1998).

Factor analyses of the non-traumatic deployment stressors faced by Australian military personnel returning from overseas operations, including Timor L'Este, has identified three categories (Deans & Byrne, 2009; Deans, 2007); (cf Waller et al., 2012 for a similar four-factor

solution). Firstly, there are those stressors associated with the operational environment, for example climate, living conditions, and boredom. Secondly, service in a deployed military organisation also brings with it work or organizational stressors which can be significant (Murphy et al., 2003; Murphy & Skate, 2000). These include double standards, feelings of underutilisation and uncertainty, not being valued, lack of recognition, 'chain of command' issues, and the perception that their military duties are beyond their competence (Iversen et al., 2008). The third category of non-traumatic stressors are those associated with separation and isolation from families, significant relationships, home-life including celebrations, family milestones, and Western culture itself (Stretch et al., 1996a, 1996b).

Furthermore, intercurrent life stressors also have an impact, especially for reservists. These include career issues, disruption to one's civilian job, possible job loss upon return (Riviere et al., 2011; Yerkes & Holloway, 1996), potential future mobilization (Malone et al., 1996), postponement of career, work, and educational pursuits, absence from important job responsibilities (Wynd & Dziedzicki, 1992), financial concerns (Harvey et al., 2011; Riviere et al., 2011), and domestic crises (Wolfe et al., 1996).

Applying this broader approach leads to a much more in-depth understanding of the impact of non-traditional stressor events on psychological outcomes from deployment (Sareen et al., 2007; Scurfield & Tice, 1992), and incorporates social, psychological, and physical factors, which may affect symptom outcomes (Stuart & Bliese, 1998). This approach can also be applied beyond the military to related occupational groups working in post conflict zones such as civilian aid workers, NGO personnel, security services, and overseas government workers, who face similar stressors.

### **Section Three: Post-Deployment Readjustment of Reservists**

This section is subdivided into two main subsections. The first will describe the challenges of transition generally faced by reservists returning home, even under the best circumstances. The second will describe the additional risks of social isolation which reservists face when separated from proximal military support systems.

**Challenges of transition.** Effective transition from military operations contributes substantially to effective post deployment adjustment (Kirkland et al., 1996). Reservists face a range of post deployment challenges including rapid return from operations, with little opportunity for decompression (Chemtob et al., 1990; Hacker-Hughes et al., 2008; Hacker-Hughes et al., 2005; Iversen et al., 2008; Johnson et al., 1997; Kirkland, 1995; Shephard, 2002; Ursano & Norwood, 1996) and supported reintegration. Additionally, reservists face immediate financial, vocational, parental, and relationship pressures, and adjustment to sudden role realignments and personal losses upon return (Brinkerhoff & Horowitz, 1995; Faber, Willerton, Clymer, MacDernid, & Weiss, 2008; Friedman, 2006; Hoge et al., 2004; Kelly, 2010; Riviere et al., 2011; Stretch et al., 1996a, 1996b; Weisaeth, Mehlum, & Mortensen, 1996; Yerkes & Holloway, 1996). Many reservists find the transition from military deployment to post-deployment adjustment and civilian life difficult, and as such, may adversely affect their mental health (Harvey et al., 2011).

Among the many post-deployment transitions, many reservists fill demanding roles during deployment, only to find themselves effectively demoted to a lesser level of responsibility and status in their civilian job or family roles. Some return to find their former circumstances no longer fulfilling and challenging (Ford et al., 1993; Friedman, 2005), described as a form of 'psychic' loss (Faber et al., 2008; Friedman, 2006). It takes time for reservists to re-establish their jobs, their family connections, and their lives (Brinkerhoff & Horowitz, 1995). In a seminal UK study, Browne et al (2007) found that 37% of reservists reported major problems at home whilst on deployment to Iraq; 34% reported major problems on return from deployment; 48% found it difficult to adapt and adjust to being at home; 77% reported "people didn't understand what I'd been



through”; 40% “did not want to talk to family or friends about experiences”; and 21% reported “divorce or separation suggested in the past year”.

The transition process can also be prolonged. A study of Canadian reservists found that six months after return from Iraq, participants reported low levels of well-being combined with high levels of anxiety, depression, and psychological distress (Sareen et al., 2007). Similarly, New Zealand military peacekeepers reported stress lasting more than seven months following return home (MacDonald et al., 1996; MacDonald et al., 1998). For many soldiers returning from stability operations, the chief source of stress may be their employment, more so than their family relationships. Even among regulars, the same may be true. Stress in the months following return of New Zealand soldiers was mostly attributable to their work situation, and 31% of Australian soldiers returning from peacekeeping experienced ‘frequent’ or ‘very frequent’ difficulties in maintaining ‘interest at work’ following their return (Murphy & Skate, 2000).

**Risks of isolation from military support systems.** More often than not, Australian Army reservists risk isolation from military support systems (Yerkes & Holloway, 1996). On their return to civilian status, not only are reservists no longer embedded within a full-time military culture nor residing on military bases (Friedman, 2004; Friedman, 2005, 2006), the military organization with which they deployed, has disbanded. Without concerted individual effort, they often lose touch with their colleagues and leaders from their deployed formation (Greenberg, Iversen, Hull, Bland, & Wessely, 2007). Having said this, the available findings are unclear as to whether maintaining a military affiliation has a protective effect for psychological health (Hoge et al., 2002; Hoge, Auchterlonie, & Milliken, 2006; Iowa Persian Gulf Study Group, 1997; Stretch, 1986; Stretch, Vail, & Maloney, 1985; Trump, Brady, & Olsen, 2004).

Social isolation can also arise from an attitude that only a fellow veteran who had the same or similar experience can understand another veteran. This view of ‘specialness’ may further isolate the veteran in a vicious circle (Thie et al., 2004) and can limit adjustment and communication within the veteran’s own family (Borus, 1974). This cycle of isolation may be

amplified for reservists, whose cohort of deployment colleagues may be widely dispersed and returned to their pre-deployment lives. Harvey et al (2011) examined the post-deployment social functioning of UK reservists who had deployed to either Iraq or Afghanistan. When compared with their regular counterparts, reservists were more likely to feel unsupported by the military and to have difficulties with social functioning in the post-deployment period. Low levels of both military and non-military social support were reported to reduce mental health and increase alcohol misuse.

### **Return to Civilian Work**

The transition from military duties to civilian work can be especially demanding for reservists (Geisel, 2008; Gurchiek, 2006; Sayer et al., 2010; Thie et al., 2004). Operational experiences include working at very high and intense levels, a high focus on the mission, increased leadership responsibilities, increased self-confidence, and new ideas when returning to the seemingly more settled, routine civilian workplace. The intense cohesion of the military unit can be far different from the organizational climate at the civilian workplace (Friedman, 2006). Military-specific reintegration programs have been developed, such as those in the UK (Dandeker et al., 2010; Orme, 2009; UK Ministry of Defence, 2011) and the US (Morris, 2008; US Government, 2008) to improve the reintegration of National Guard and reservists back to civilian work and their communities (Boettcher, 2008; Kelly, 2010; Ross & Wonders, 1993; Scurfield & Tice, 1992; Thie et al., 2004; Ursano, 1996; US Government, 2008). In Australia, there are no such programs or reserve-specific psycho-education components of Defence reintegration programs.

### **Reintegration, Homecoming, and Civilian Repatriation**

The post deployment adjustment of military reservists from an overseas deployment has clear parallels with civilians returning from an overseas sojourn. In this regard, the civilian literature provides a perspective on returning sojourners such as missionaries, business and exchange students (Black et al., 1992; Gullahorn & Gullahorn, 1963), and their repatriation experience which may have utility in understanding the post deployment reintegration of reservists.

Sussman (2001) found that repatriation is a psychologically distinct process (McDonald

& Arthur, 2005) from host country adaptation. Returnees appear to be unprepared for the psychological discomfort which accompanies a return home, as it may be counterintuitive to expect difficulties when returning to one's home country. An overseas sojourn can also lead to positive changes such as being more aware and accepting of cultural differences, and a greater appreciation of the host culture (Sussman, 2000).

Furthermore, preparedness for repatriation and cultural identity change were found to be major predictors of repatriation distress, that repatriation stress was highest among those least prepared for repatriation, and also those who experienced the most cultural identity change (Sussman, 2001). Like reservists, most expatriates find it difficult to give up the autonomy they experienced abroad. Moreover, loss of social status has been found to diminish work adjustment (Black et al., 1992). It is also generally accepted that the greater the difference between the home and host cultures, the more people have to change (Goss & Hynes, 2005; McDonald & Arthur, 2005), which can have implications for adjustment on return.

Overseas sojourners have also been found to experience a range of responses upon return to their homeland. It is common to feel lonely, 'out of place', as though one doesn't fit in, overwhelmed by the number of choices in, for example, entertainment and shopping, over-reactive emotionally to Western 'materialism,' especially its perceived extravagance and waste, and be overly critical of other people, their reactions, attitudes, and the way things are done (Jordan, 1992). This experience is akin to being temporarily 'homeless' (Storti, 2003, p.19). Similar findings have been reported with returnees from military operations (Borus, 1973; Orme, 2009; Shephard, 2002).

Importantly, Adler's (1981) study found that changes brought about by an overseas sojourn occurred relatively independently of changes in the home country, which permits little to no chance to examine the interplay of change between the individual and relationships at home. Although each individual's re-entry experience is different and people adjust or adapt at different rates, full repatriation adjustment typically takes between six and twelve months (Adler, 1986). Black & Gregersen (1991) identified three related yet distinct facets of repatriation adjustment. These are

adjustment to work, adjustment through interacting within one's personal life, and adjustment to the home country such as their community, environment and culture. *Inter alia*, McDonald & Arthur (2005) also found a positive association between the adjustment of returnees and their spouse (Gregerson & Stroh, 1997).

The impact of readjustment is particularly significant in the civilian setting when one takes account of the finding of a 50% attrition rate for repatriates from the organization which sent them overseas, within two years of returning home (Black & Gregersen, 1999; Black et al., 1992). Accordingly, to assist the readjustment of returnees, they suggested that employers engage in effective communication between home and overseas personnel during the sojourn through regular contacts, newsletters, and updates. This is based upon the premise that accurate information is crucial to the formation of realistic expectations (Black et al., 1992), leads to fewer surprises, fewer unmet expectations (Adler, 1981; Robbins, 2001), and can be facilitated by the active involvement of the organisation's leadership (Ericson, 1999). Goss and Hynes (2005) also recommended that employees cope better with re-entry and transition when informed about what to expect on their return.

### **Post Deployment Retention**

There is a body of evidence, which relates to the likelihood of reservists remaining in service following deployment. Kirby & Naftel (2000) studied the impact of deployment on retention in the wake of the First Gulf War and found that 55% of mobilised and 50% of non-mobilised US reservists were still in the reserve approximately three years later. Those with a higher chance of being called up in the event of war were three times more likely to stay, suggesting that reservists were motivated to stay by the prospect of putting their training into practice on actual deployments (Hosek & Totten, 2002).

Another US RAND (2003) study revealed that the likelihood of re-enlistment was higher for those with some deployment experience, consistent with Griffith (2005a) who found reservists' stated intention to remain in reserve military service increased from 55% to 61% if they were

deployed overseas. Reservists experience greater meaning from deployment, which coincidentally operates as a protective factor for operational stress (Britt, Adler, & Bartone, 2001; Griffith, 2009; Stretch, 1985; Stretch et al., 1985). Ben-Dor (2008) studied reserve service motivation in Israel and found that that motivation to serve in wartime was higher than in peacetime. In addition, during wartime as in peacetime, reservists in combat roles showed higher motivation than those in administrative positions (Ben-Dor, Pedahzur, & Hasisi, 2002).

Furthermore, although military research has predominantly focused on the deleterious effects of operational service, a variety of studies across conflicts have reported satisfaction and benefits from their experiences including early studies of US service personnel during WWII (Cottrell, 1949; Grinker & Spiegel, 1945, p.612) and Vietnam (Bloch, 1970; Borus, 1973). These benefits include gratification in their humanitarian role providing aid to suffering civilians, pride in service to their country (Sareen et al., 2007), and an increased consideration for their families at home (Kirkland et al., 1996).

Similar benefits were found for a majority of Norwegian soldiers (mostly reservists) who served with the United Nations in Lebanon (Weisaeth et al., 1996). A moderate proportion reported that their experiences had expanded their horizons with regard to the problems affecting the population in the region. Beyond the deployment experience itself, many carried away a positive impression of their service and the environment, and believed that their stress tolerance and self-reliance had been enhanced. In an Australian study, Murphy (2003) found that 61% of soldiers deployed to Timor L'Este on peace support operations felt that their deployment experience 'had a positive effect on me overall' (p.4), and led to a greater appreciation of Australia and their families. Between 60-70% of returnees reported that their experiences changed them for the better (Murphy et al., 2003, p.72).

#### **Section Four: Strength Paradigm and Personality Hardiness**

Despite the demands of military service, particularly overseas deployments, the majority of soldiers return with their mental health intact (Borus, 1974; Shephard, 2002; Wessely, 2005; Wessely & Jones, 2004). In the face of adversity around the demands of military service (including operational deployments), most men and women do exceptionally well across the life span of their service. Although chronic post service mental health problems (such as PTSD) represent a significant public health concern, a large majority of soldiers become productive and effective veterans, maturing and growing from their service experiences (Maguen, Suvak, & Litz, 2005). Consequently, the identification of reliable risk and resilience factors is critical to informing efforts to inoculate soldiers via training and preparation and to identify those most at risk for chronic mental health problems (Litz, Gray, Bryant, & Adler, 2002).

Similarly, with respect to deployment-related mental health, the 'pathogenic perspective' (Waysman, Schwartzwald, & Solomon, 2001) has been increasingly complemented by a strength paradigm grounded in such concepts as coping, hardiness, resilience, positive change (Newby et al., 2005), and learning from those who remain healthy (Antonovsky, 1979, 1996). This approach views deployed soldiers and their family members not as being 'broken' by a deployment experience and in need of 'fixing', but as having potentially benefited from the deployment and able to bounce back from any adverse effects. In particular, Paton & Burke (2007) recommended investigation of salutary outcomes; particularly those factors, such as personality variables, that influence growth and adaptation, and which may be amenable to strengthening through individual and organization-initiated efforts (Maguen et al., 2005).

Among personality variables, one promising candidate is personality hardiness (e.g., Bartone, Ursano, Wright, & Ingraham, 1989; Creamer & Forbes, 2003; Dolan & Adler, 2006). In brief, people with a hardy personality appear less susceptible to adverse effects of non-traumatic stressors of overseas deployment such as isolation, ambiguity, powerlessness, boredom, danger, and high workload (Bartone, Adler, & Vaitkus, 1998). Accordingly, this section will first describe the

construct of hardiness and its measurement. The empirical findings concerning hardiness as a buffer for operational stress will then be summarised.

### **The Construct of Hardiness**

Hardiness has its origins in existential thinking and the work by Frankl (1963) on the 'will to meaning' (Maddi, 1970) following his experiences as a prisoner in concentration camps during WWII. Personality hardiness refers to the characteristic ways people interpret potentially stressful events. Integrating theoretical and empirical approaches, Kobasa (1979) defined the hardy personality style as "a constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events" (Kobasa, Maddi, & Kahn, 1982, p.169). Hardiness encourages transformational coping, and is a combination of cognition, emotion, and action aimed at not only survival but also the enrichment of life. Those who experience high levels of stress without falling ill may have a personality structure which differentiates them from those who become ill under such circumstances (Maddi, 1999). Referring to Lazarus (1966), Kobasa, Maddi, and Courington (1981) described this dual process of cognition and action, which might protect health, as 'transformational coping'. Transformational coping, as described in Waysman, Schwartzwald & Solomon (2001), involves intensifying adaptive involvement with stressful circumstances through such means as positive reinterpretation, broadened perspective, deepened understanding, decisive actions, and seeking instrumental help which may all lead to goal-directed behaviour. Florian, Mikulincer & Taubman (1995) reported that hardy persons also use more problem-focused coping and less emotion-focused coping than do those less hardy.

In sum, personality hardiness involves both cognitive appraisal style – experiencing stimuli and deriving meaning – and certain activated actions. It is comprised of three components: (1) *control* refers to the belief that one can exert control or influence when confronted with adversity; (2) *commitment* refers to a capacity to feel deeply involved or committed to the activities of one's life, "a tendency to involve oneself in whatever one is doing or encounters"; and (3) *challenge*

refers to the belief that change rather than stability is normal in life (Kobasa, Maddi, & Kahn, 1982, pp.169-170).

### **Measuring Hardiness**

Early research into hardiness led to the design and application of numerous measurement scales. Initially, different items from existing measurement scales were used to construct multiple measures to assess the three components of hardiness. Some studies also relied on a composite of five measures (Kobasa, Maddi, & Zola, 1982; Kobasa & Puccetti, 1983), whilst others used no fewer than six (Kobasa, 1979). For example, items from the Internal–External Locus of Control Scale (Rotter, Seeman, & Liverant, 1962), have been used to measure the control component of hardiness. The original version of the hardiness scale contained 53-items to measure the three dimensions of hardiness, which were combined in the so-called Unabridged Hardiness Scale (Ouellette, 1993), which was further refined to a 36-item questionnaire (Jennings & Staggars, 1994).

In a critical analysis of the hardiness concept, Funk & Houston (1987) found that the effects of hardiness were not observed when controlled statistically for maladjustment. Factor analyses of the hardiness subscales also failed to reproduce the commitment, challenge, and control dimensions. Furthermore, the negative indicators used to measure hardiness were viewed as uncovering something similar to general maladjustment ('the inverse of negative affectivity') or psychopathology (such as neuroticism) (Funk, 1992; Waysman et al., 2001), leading to potential conceptual problems. Combined with certain questionnaire response styles, hardiness scores may have been distorted (Funk & Houston, 1987; Ouellette, 1993). Even when the three components were retained, their equal contribution to the measure of hardiness has been challenged (Hull, Van Treuren, & Virnelli, 1987). Only commitment and control had adequate psychometric properties and to have been systematically related to health outcomes. Whereas commitment and control were found to positively contribute to various indicators of hardiness, the challenge component had low correlations with both the other two components and health outcomes. Improvements in the



hardiness scale were recommended, in particular using equal numbers of positive and negative indicators of the three sub-components of hardiness. These recommendations were addressed in later instruments such as the 50-item Personal Views Survey (Hardiness Institute, 1985), the Dispositional Resilience Scale (Bartone et al., 1989), and the Revised Health Hardiness Inventory (RHHI-24) (Gebhardt, Van der Doef, & Paul, 2001; Pollock, 1984; Pollock & Duffy, 1990).

The Dispositional Resilience Scale (and its subsequent revisions, cf Sinclair & Oliver, 2003) developed by Bartone (1995), is a 15-item hardiness scale, which has shown sound psychometric properties. Pertinent to the present research, scores on this hardiness measure were predictive of illness/symptom indicators and health behaviors in a large group (N=787) of US Army reservists mobilized for the Gulf War (Bartone, 1999) and also Army Special Forces candidates for whom high scores were predictive of success on a rigorous selection course (Bartone, Roland, Picano, & Williams, 2008).

In addition to general hardiness measures, a military-specific hardiness scale has been developed by Dolan & Adler (2006) as part of their study of hardiness as a protective factor for US personnel deployed on peacekeeping duty to Europe and Kosovo. It is comprised of 18 items reflecting the three components of hardiness; military-specific commitment (7 items which reflect a strong identity with and commitment to the mission), military-specific control (6 items reflecting job control and personal influence on mission outcomes), and military-specific challenge (5 items reflecting the degree to which the individual exerts personal resources in response to occupational demands).

The final measure of hardiness described here and chosen for this research is the Cognitive Hardiness Scale (CHS)(Nowack, 1990; Nowack, 1999), which has been found to contribute significantly to predictions of psychological distress separate from physical illness (Nowack, 1989). The CHS is a 30-item hardiness scale, which was designed to assess an individual's endorsement of specific attitudes and beliefs based on the concept of personality hardiness (Kobasa, 1979; Kobasa & Maddi, 1977; Maddi, Khoshaba, & Pammenter, 1999). It uses a five point Likert scale to rate

statements about situations and beliefs from 1: 'strongly disagree' to 5: 'strongly agree'. A sample item is, "My involvement in non-work activities and hobbies provides me with a sense of meaning and purpose". Scores on each item are summed (some items are reverse scored) and total scores range from 30 to 150. The global or total score is used. Higher scores indicate higher hardiness. Nowack (1990) reported an internal consistency of .83, and an alpha co-efficient of .78. The CHS has been used in research in Australia with military personnel including Vietnam veterans (Scott, 2002) and also non-military studies of secondary school students (Green, Grant, & Rynsaardt, 2007).

### **Hardiness and Military Performance**

The concept of personality hardiness has demonstrated utility with military personnel, including Army reservists (Bartone, 1999). It has been shown to be an important stress resistance resource in moderating and mediating the effects of stressors on psychological health (Bartone, Barry, & Armstrong, 2009; Dolan & Adler, 2006), physical health (Kobasa, 1979), and wellbeing (Khoshaba & Maddi, 1999; Kobasa, 1979). Psychological hardiness (Kobasa, 1979) has been found to attenuate the relationship between objective stressors and performance decrement (Milgram, Orenstein, & Zafir, 1989; Sinclair & Oliver, 2003). A meta-study of personality hardiness found that, when controlling for personality dispositions, hardiness was positively associated with stress mitigation (e.g., active coping strategies and satisfaction with social support), job performance (e.g., role clarity, job satisfaction, and job involvement), and physical health (e.g., fewer work absences and fewer symptoms of illness) (Eschleman, Bowling, & Alarcon, 2010). A comprehensive summary of the development of personality hardiness and its application in modern military operations is provided by Bartone, Barry & Armstrong (2009).

The reported efficacy of psychological hardiness as a buffer for adverse affects of stress is especially salient the case of reservists who face multiple stressors in their post deployment adjustment and reintegration from deployment to stability operations (Maguen et al., 2005). Personality hardiness is of particular interest in military settings as higher levels of hardiness are

thought to protect people from the adverse consequences of operational or military-specific stress (Sinclair & Oliver, 2003). This section will describe research on psychological hardiness in a variety of settings broadly following the structure described by Campbell & Nobel (2009), and using the two categories which reflect the major levels of threat; namely high-threat military service in war-like service (combat, war-zone deployment) vs. low to moderate threat in non-war-like service (military training, domestic response, and stability operations overseas).

### **Hardiness in High Threat Military Service**

In military settings, hardiness has been found to have protective effects from the stressors of combat and captivity.

#### **Combat**

##### *Persian Gulf War*

Personality hardiness was found to be a protective variable among Army reservists in a study of six National Guard and Reserve medical units (Army field hospitals) mobilised for the 1992 Gulf War (Bartone, 1999). Three of these units deployed to Saudi Arabia, one to Germany, and two remained in the US. Surveys included measures of major life events (Holmes & Rahe, 1967), and the short 15-item hardiness scale (Bartone, 1995). Using a median split of hardiness scores, the low hardiness group reported more symptoms than the high hardiness group; and the divergence between the low and high hardiness groups was greater under high combat stress conditions. Hardiness thus partly explained why some soldiers remain healthy under war-related stress and emerged as a significant predictor of health across a variety of indicators, which accords with findings obtained with other occupational groups (Bartone, 1989)-bus drivers; (Kobasa, Maddi, & Puccetti, 1982)-executives; (Wiebe, 1991). Similarly, Sutker, Davis, Uddo and Ditta (1995) found that among US Persian Gulf War combatants, personality hardiness was predictive of reduced PTSD following exposure to war stress.

##### *Vietnam*

King, King, Keane, Fairbank, and Adams, (1998) examined current PTSD symptomatology and three resiliency-recovery factors including hardiness (a unitary score obtained

by summing 11 items from the National Vietnam Veterans Readjustment Study (NVVRS), Kulka et al., 1990). The four war-zone stressors studied included (1) exposure to traditional combat, (2) exposure to atrocities or episodes of extraordinarily abusive violence, (3) perceptions of threat or harm to personal safety, and (4) the discomfort of a harsh or malevolent environment. Hardiness had a negative association with PTSD (see also Kobasa, 1979; Kobasa, Maddi, & Kahn, 1982; Kobasa & Puccetti, 1983; Nowack, 1986). Also using NVVRS data, Taft, Stern, King and King (1999) examined current PTSD symptomatology, perceived social support, physical health, and hardiness. A relatively weak path between hardiness and physical health conditions appeared. Hardiness and social support did not display a direct connection to functional health status but operated as an intermediary variable between combat exposure and PTSD.

### **Captivity**

Among former Israeli prisoners-of-war from the 1973 Yom Kippur War, those with high hardiness scores reported more positive changes in their desirable personal characteristics and fewer negative changes from captivity than those with lower hardiness scores (Waysman et al., 2001). They were also found to possess a reduced vulnerability to PTSD and the associated symptoms of depression, anxiety, and somatisation (Zakin, Solomon, & Neria, 2003).

### **Hardiness in Low-Threat Military Service**

**Military training.** In a variety of military training settings, hardiness scores have been positively associated with performance, including Israeli Army conscripts (Florian et al., 1995), Israeli officer candidates (Westman, 1990), Canadian officer candidates (Skomorovsky & Sudom, 2011a, 2011b), and Norwegian Navy officer cadets (Bartone, Johnsen, Eid, Brun, & Laberg, 2002). Bartone, Johnsen, Eid, Brun & Laberg (2002) studied the effect of personality hardiness on small unit leadership and cohesion in two cohorts of Norwegian Navy officer cadets. Results revealed that hardiness and leadership interacted to affect small group cohesion levels following a rigorous military training exercise.

In their research, Bartone, Roland, Picano & Williams (2008) examined

psychological hardiness in a US Army Special Forces assessment and selection course. Results revealed that, despite range restriction issues (all candidates, whether successful or not, tended to score higher on hardiness than other military and non-military groups), psychological hardiness made a small but significant contribution to successful completion of the course. Course graduates were significantly higher in psychological hardiness when compared to non-graduates.

Two studies from Israel also reported similar findings. Firstly, Florian, Mikulincer & Taubman (1995) examined the contribution of hardiness to changes in mental health in 276 Israeli Army recruits. They assessed hardiness using a longitudinal design across the training period, unlike prior cross-sectional studies (Funk, 1992). Although the more hardy recruits consistently experienced events in similar ways to less hardy individuals, the more hardy recruits tended to appraise those events as less stressful and remained optimistic about their ability to cope. The hardy personality disposition reduced the appraisal of threat and increased the expectations of successful coping.

Westman (1990) investigated the relationship of hardiness to performance in men and women entering officer training school, also in the Israeli military. Results revealed that hardiness measured at the beginning of the course was positively related to performance. This relationship extended to all performance measures throughout the course, in the subsequent six months, and in the first performance appraisal on the job a year later. The correlations were however relatively modest ( $r = .12$  to  $.31$ ).

**Hardiness in domestic operations.** There have been few studies of the impact of psychological hardiness on military personnel serving on domestic operations. Bartone, Ursano, Wright (1989) examined the effects of stress on the health and psychological wellbeing of 131 Survivor Assistance Officers (SAO) appointed to work with families of 248 US soldiers who perished in a military air crash in 1985. The SAOs were surveyed six months and one year after the incident. Measures included a modified version of Kobasa's (1979) measure of personality hardiness and an index of social support. Some of the stressors associated with the duties of SAOs

included dealing with profound grief; initial lack of available information (role ambiguity and conflict); the lengthy body identification process; and strong emotional ties with family members. Participants were classified into three exposure groups; high (upper quartile); medium (mid 50%); and low (lower quartile). They were also grouped by level of social support from others (high and low).

The high hardiness and high support participants appeared resilient under high exposure and showed almost no change in psychological wellbeing from the medium to high exposure conditions. The participants high in hardiness were also high in psychological wellbeing across all three exposure levels. Hardiness and social support showed additive effects with exposure at low and medium levels, and an apparent buffering at high exposure.

#### **Stability and Peacekeeping Operations.**

One particular study of significance investigated whether hardiness buffered the impact of deployment on physical and psychological health among US soldiers during and after their participation in a peacekeeping deployment to Kosovo for six months (Dolan & Adler, 2006). Military hardiness correlated with psychological health (lower depression scale scores) during and 5-6 months after deployment. Those high in hardiness showed low depression at both low and high deployment stress levels. Those low in hardiness showed low depression at low deployment stress, but high depression at high deployment stress.

### **Section Five: The Impact of Operational Service on Employers of Reservists**

The growing use of reservists for military deployments on stability operations as well as domestic or homeland security has also increased strain on their civilian employers (Zapanta, 2004). Like reservists and their families, employers of reservists, described as ‘twice the employer’ (Hudec, 2008), also face challenges related to deployment, which can have an impact upon their business operations and the employees who cover workloads in the reservists’ absence. Riviere et al (2011) studied the perception of US National Guard personnel 3 months and 12 months (N=5,576) after their deployment to Iraq and found that their absence had negatively affected co-workers (16% at 3 months, and 18% at 12 months) and was a significant predictor for PTSD. Those who reported a neutral response as to whether their employer supported their military affiliation were also more likely, at three months, to meet criteria for depression. The authors speculated that perhaps the ambivalence of employers might be just as harmful as the perception that employers are unsupportive.

Additionally, there may be only minimal support in the civilian workplace for the reservists’ military role (Hotopf et al., 2006; Murray, 2006). That said, roughly 10% of US reservists work for the federal government, more than any other US employer (Kitfield, 2001), and most are supportive of reserve service (Thie et al., 2004).

Civilian employers also have a major influence on their employee’s participation in the reserves (US Government, 2008). For example, deployed reservists who experienced conflict between civilian employment and reserve military service, reported less motivation to re-enlist (Griffith, 2005a, 2005b, 2010b). In Israel, reservists maintain relations between civilian and martial spheres not only when off duty, but also during active deployments. Many reservists, described as ‘transmigrants’, continue to run their businesses or partially participate in civilian assignments during active service, so that communication technology has the potential to narrow the spatial and temporal gap between the two realms (Lomsky-Feder et al., 2008).

Employers of reservists, such as US law enforcement agencies, have identified positives from military service. These include new skills, maturity and leadership ability, which have been described as 'a huge benefit to cops making decisions on the street' (Geisel, 2008). Reservists' attributes include a highly developed sense of loyalty, dedication and teamwork. They return from operational deployments with a newfound sense of self-esteem, confidence and integrity, which, in turn, permeates the civilian workplace. In a study of employers of reservists, 54% agreed that reservist employees are more reliable than other employees (Allison-Aipa et al., 2005). Military training also provides employers with a well-trained and skilled individual who can communicate, think, apply knowledge, and learn rapidly in a high-pressure environment (Hudec, 2008).

The only published study of employers of reservists was conducted in the US and examined the impact of deployment of their reservist employee following the events of September 11, 2001 (Allison-Aipa et al., 2005). Most participants were in law enforcement (39%). Results revealed that the activation of reservist employees disrupted the civilian work environment. Supervisors saw the reservists' absence as having a negative impact on work scheduling, product delivery/workflow, workload of co-workers, hiring/training replacements, ability to find replacements, critical work skills, and co-worker morale. Most (71%) stated that they needed to assign responsibilities of their activated employees to their co-workers. The morale of co-workers reportedly suffered in combination with increased workloads and the inability to find replacements for activated employees. Nevertheless, these civilian employers were generally supportive of their activated reservist employee.

It must be noted that the only published study into the impact upon a modest sample of civilian employers (N=28) largely examined negative consequences (Allison-Aipa et al., 2005). Despite this limitation, it provides a baseline of understanding and alludes to some potential positives though as yet unexplored.



**Section Six: The Impact of Operational Service on Families of Reservists**

The focus of military research has been on active duty families and, as a result, very little is known about the social adaptation of families of reservists both during and after deployment (Wheeler & Torres-Stone, 2010). This section on families of reservists is divided into five topic areas. Firstly there will be a discussion of how families manage with separations related to deployment, followed by the research findings on the influence of family attitudes on reservists' intention to remain in the military (retention). The importance of return to civilian work will be discussed, particularly as this event has an important influence on family adjustment. This leads to a more general discussion of post deployment adjustment of families of reservists and the impact of increased military deployments for reservists and their families. The five topic areas will be drawn together for commentary and conclusions.

Akin to reservists themselves, family members of reservists face special challenges associated with deployment on operational service overseas (Norwood, Fullerton, & Hagen, 1996). Described as 'suddenly military' (National Assembly on School-based Health Care, 2013), they often reside at a considerable distance from military facilities (Brinkerhoff & Horowitz, 1995; Phelps & Farr, 1996; Zapanta, 2004), and lack the on-base infrastructure and assistance available to active duty family members (Segal, 1986; US Assistant Secretary of Defense (Reserve Affairs), 2000; US Government, 2008). Additional challenges include managing separation related to deployment, limited knowledge or confidence dealing with the military, and limited awareness of the support services, including negative attitudes toward formal or informal military support (Caliber Associates, 1992). Families of reservists are also less likely to be integrated into a military social support network, are less familiar with how to access the military benefits to which they are entitled, and are less likely to use installation-based social services (Faber et al., 2008). Reservists and their families are a unique subpopulation within the armed forces and have been found to encounter additional stressors related to deployment and reunion (p.223). Finally, they may be less prepared attitudinally than regulars for the demands of military deployment (Ford et al., 1993). Of

particular significance is the post deployment period. Families of reservists must deal with their homecoming alone, having no models for reintegrating the military member into the family (Yerkes & Holloway, 1996).

### **Managing Deployment Separation**

As noted, families face considerable challenges given the increased deployment of reservists on operational service, and may not have experienced lengthy separation or demands of deployment. Military deployments and duty-related separations can be defining experiences for military service members and their families, and are widely recognised as a major stressor for families (Wiens & Boss, 2006). Deployments can result in a loss in emotional support, loneliness, role overload, role shifts, and concerns about the safety and well-being of the deployed military member (Faber et al., 2008). Because deployed service members miss out on significant events in the family life cycle, they are oftentimes unable to participate fully in normal psychological processes like grief and celebration, which may lead to later problems (Mott, 2010).

However, not all military separations affect families in the same way or to the same degree, and different types of separation have been shown to have varying effects on families (Rohall, 1999). For example, sudden and longer deployments tend to cause more problems such as loneliness, depression, anxiety, anger, and physical illnesses, whilst service members themselves may also experience guilt for leaving their families (Isay, 1968). The first family separation has also been found to have the greatest affect on family members. This notwithstanding, the experience of separation can also strengthen military couples and families by increasing their resilience through successfully experiencing stressors that facilitate growth and adaptation (Wiens & Boss, 2006). Learning to tolerate the stress of ambiguity is one of the greatest challenges of military family separations (Boss, 2002).

Furthermore, a greater reliance on reservists, who are often older and have established families, may result in more complex patterns of family related stress (Caliber Associates, 1992, p.234). Any approach to support families of reservists needs to take account of potential barriers to

engagement, which can range from the practical (for example, travel distance, lack of childcare), to the clinical (for example, reluctance to discuss psychological problems in the presence of family members). What has been described as the 'citizen soldier experience', which refers to a lack of information and lack of familiarity with the military supports, may place the family at risk; especially families of self-employed reservists (Wiens & Boss, 2006).

### **Family Attitudes Influence Retention**

The importance of supporting families of reservists extends well beyond taking care of an essential stakeholder to the deployment and reintegration stages. Effectively engaging families of reservists directly impacts retention of reservists. Evidence from studies of US Army reservists found that spouse attitudes and family support toward reserve service were related to the soldier's intent to stay in the Army Reserve (Griffith, 1995), and that changing spouses' attitudes in a more positive direction can also increase retention (intention to remain) (Lakhani & Fugita, 1993). Spousal attitude has also been found to influence retention amongst non-mobilised Army reservists. Those who perceived that their spouses had a 'very unfavourable' attitude towards their reserve service had a retention rate of 30%, compared to those with 'very supportive' spouses at 70% (Griffith, 2005b). Reservists were also less motivated to re-enlist if they reported conflicts between family and reserve military service.

In a series of studies of UK reservists, Dandeker et al (2010) found that conflict between reserve service and family commitments had a negative effect on military career intentions. Similarly, many reservists reported a range of pressures including family, and 'inadequate support', as reasons for leaving (House of Commons, 2007; UK National Audit Office, 2006). A survey of reservists conducted by the UK National Audit Office (2006) found that of those intending to leave military service (16%) within the next year, a moderate proportion (41%) agreed that inadequate support played a part in their decision to leave. The welfare and support most used by reservists and their families was that provided by their reserve unit. Similar to US findings, problems

remained for those families residing a long way from their reserve unit, and those with limited awareness of available services.

### **Families and Return to Civilian Work**

An essential part of reintegration for reservists is to return fully to their civilian lives. One important transition is that from family life to work life, which usually co-incides with the end of post deployment leave (usually three to four weeks). This major adjustment triggers further challenges to family relationships and expectations. This is a time of increased boundary ambiguity (referred to as ambiguous presence: Boss & Greenberg, 1984, p.536), and one which has been found to lessen when the reservist returns to their civilian work (Faber et al., 2008). Their return to their civilian work has the effect of re-stabilising roles and relationships and thereby reducing ambiguity through a return to familiar routines. In some cases this leads to spousal pressure for the reservist to return to work as a means of re-establishing a routine. For some reservists however, boundary ambiguity can remain fairly high due to employment-related factors such as difficulty finding employment, returning to a different position that is unfamiliar, being retrenched, and feeling unhappy in their job. For example, a US study of reservists returned from Iraq reported that approximately 10% had experienced job loss on return home (Riviere et al., 2011). These experiences led to feelings of loss ('psychic loss'), delayed psychological adjustment, and prolonged ambiguous presence. In addition to the demands of reunion, other life events such as divorce, marriage, financial stress (which in turn creates relationship stress), health problems or changing jobs, also make finding a routine more difficult.

For most reservists, the stress during this period dissipated around six weeks following their return to civilian employment (Faber et al., 2008). In the case of Australian Army reservists however, this period is usually well beyond the expiration of their contracted service. Of concern is that the reservists and their families are no longer entitled to the full suite of supports which are available to their regular counterparts. In the US however, reservists and their families have an ongoing entitlement and access to government sponsored Employee Assistance Programs

(Boettcher, 2008; Scurfield & Tice, 1992; Ursano, 1996) such as 'MilitaryOneSource', (US Government, 2008) to facilitate readjustment after homecoming (Ross & Wonders, 1993; Thie et al., 2004).

Significantly, reservists and their families confront post deployment and reintegration challenges with less experience and confidence and may potentially 'fall through the cracks'. Any ongoing deployment-related adjustment or transition issues may not be detected, dealt with, nor elicit an entitlement for suitable care and support.

### **Post Deployment Adjustment**

Families of reservists also experience disruption around rapid mobilization and deployment, which includes minimal time to prepare practically and psychologically, and so are at greater risk of psychological stress (Malone et al., 1996). They also face special challenges and are considered to be amongst the 'new' models of families within the military, which also include ethnic minorities, dual service couples, and also same-sex couples (Norwood et al., 1996).

Additionally, unexpected disruption to families and careers and resulting financial pressures may contribute to problems at home, as well as relationship difficulties. Families crave accurate and timely information and find support from other family members of military personnel, and organizational supports to be helpful (Faber et al., 2008; Norwood et al., 1996; Ursano, 1996). They also find staying busy and being optimistic as helpful (Wood, Scarville, & Gravino, 1995), as well as clear communication once notified, time to prepare (Balson, Howard, Manning, & Mathison, 1986; Wynd & Dziedzicki, 1992), and use of technology during deployment, such as telephone and Internet (Wheeler & Torres-Stone, 2010). Many of the stressors and coping strategies observed with families of reservists were also found in studies of full-time active duty spouses (Castro, Adler, & Britt, 2006). Although the families of reservists studied experienced a range of negative events, many used the opportunity to develop themselves, make positive changes within their own lives, and remain resilient.

The extent of the challenges facing families of reservists is worthy of research attention and the development of evidence-informed policies. In a UK study, Browne et al (2007) found that 37% of reservists reported major problems at home whilst on deployment, whilst 34% reported major problems on return. It was also reported that 48% of reservists found it difficult to adapt and adjust to being at home. A large majority (77%) reported “people didn't understand what I'd been through”; 40% “did not want to talk to family or friends about experiences”; and for 21%, “divorce or separation suggested in the past year”. This is in stark contrast with 13% for a non-deployed comparison group of reservists, 17% for a non-deployed comparison group of regulars, and 18% for Iraq regular veterans.

### **Impact of Increased deployments**

Increasing military deployments is also likely to have an impact upon families of reservists. A US study of attitudes of reservist veterans from the first Persian Gulf War found that 41.6% of reservists reported that increased deployments would make it more likely that they would have severe difficulty keeping the same civilian job, whilst 51.1% reported similar difficulties with their marriage or other family relationships (Schumm & Jurich, 1998), p.987). Efforts to involve families and employers in reserve activities by reserve units, and showing them greater appreciation may also achieve considerable benefits (Kirby & Naftel, 2000).

Additionally, information for families should be provided to help them have contact with one another; assist them to navigate the military system; understand what to expect in dealing with deployment and its impact; reintegration briefings; homecoming meetings; group sessions with families; and, clinical support for those with significant difficulties adjusting (Adler et al., 2008).

## **Section Seven: Commentary, Conclusions, and Research Aim**

The visible landscape of deployment for reservists even in a low-threat environment exposes a series of potential stressors in relation to each key stakeholder. The reservists by themselves must largely manage many of these stressors (Allison-Aipa et al., 2005; Passey & Crockett, 1995; Segal, 1986; Thie et al., 2004). The families, friends, and employers themselves have little experience with the military, unlike families of regular military members and the regulars' employer, who is in fact the Australian Defence Force. For many Australian Army reservists and their families, the deployment overseas may be one of many 'firsts'. For example, this may be their first deployment, first time overseas, first exposure to a second or third world environment, and first time serving in the full-time Army. The deployed formation is a temporary, operationally-focused organisation that is formed rapidly during predeployment and similarly disbanded during the post-deployment period. The deployed formation ideally might support the reservist during the deployment, but historically lack the resources to directly engage with the family or civilian employers.

Likewise, provider units, although geographically well situated with respect to the families and employers, typically do not have sufficient information about their serving reservists, nor personnel to provide much assistance. Within the larger Australian Defence Organisation, there are support agencies, but their capability to support reservists and civilian stakeholders may be constrained by geographic dispersion, ignorance of their existence, and ambiguity over entitlements by reservists once they have completed their full-time service.

### **Research Aim**

The aim of the present research is to delineate the effects of deployment on Australian Army reservists on stability operations and their post-deployment reintegration back in Australia. Moreover, the potential protective effects of psychological hardiness in this context will also be examined. The following section will provide a brief outline of the rationale for the research, its focus, and the respective research questions to be addressed.

### *Research Rationale*

The broader perspective taken here recognises the influence of multiple stakeholders involved in deployment of reservists (see Figure 1), variously engaged across the continuum of deployment from initial notification through to reintegration to civilian life. Little is known about the respective experience of each stakeholder around the successful reintegration of reservists themselves, with few studies of reservists' experience. There are also very few studies of the experience of families of reservists, and one only published study on the experience of civilian employers of reservists.

Furthermore, the pervasive influence of non-traumatic stressors during deployment, the influence of multiple and often rapid transitions, and the risk of social isolation from military support systems following deployment all conspire to affect post deployment outcomes. The present research is designed to address a world-wide gap in the literature concerning the deployment of reservists and their reintegration after serving on low threat stability operations. In fact, there have been only a handful of overseas studies of reservists, and none in Australia. Most overseas research has been confined to the study of the effects of combat and major mental health disorders especially PTSD (e.g., Campbell & Nobel, 2009). Finally, the challenges faced by the various stakeholders around the reservists' repatriation, adjustment to work, home, and family life are not well understood nor have they been the subject of primary interest to military researchers. As mentioned, there is only one published paper concerning the impact of reservist service on employers (Allison-Aipa 2005). Likewise, there are only a few recently published studies of families of reservists (Faber et al., 2008), none of which have been undertaken in Australia.

### *Research Context and Questions*

The research reported here focuses on an initial study of reservists deployed on stability operations.

*Operation Citadel.* The first group studied deployed to Timor L'Este from 2002 to 2003 (N=92), which supported Australia's contribution to the United Nations Military In Support of East



Timor (UNMISET) and was under the Australian operational name Operation Citadel (Australian Government, 2002). The study group comprised an infantry rifle company of mostly reservists who served alongside their regular counterparts as the Australian Battle Group number seven, referred to as AUSBATT VII. They were drawn from two reserve infantry brigades; the Eighth Brigade from New South Wales and the Fourth Brigade from Victoria. Selected personnel commenced their full time service in June 2002, completed predeployment training in Tulley (North Queensland) and Darwin (NT) and deployed to Timor L'Este from October 2002 until May 2003, a total of seven months in country, which was one month longer than the originally planned six months.

*Operation Anode.* Subsequently, data were added from three sequential rotations of Australian Army reservists who each deployed for three months to the Solomon Islands during the period 2006 to 2007 (N=350). They were part of the Regional Assistance Mission in support of the Solomon Islands (RAMSI) under the operational name Operation Anode. The three successive rotations were based upon a rifle company group, commencing with Rotation 11 (mostly from south east Queensland), then Rotation 12 (mostly from New South Wales), and Rotation 13 (mostly from Victoria and Tasmania).

### *Reservists*

The studies of reservists were undertaken initially in the theatre of operations (Timor L'Este and the Solomon Islands) with follow-up in Australia. The Timor L'Este reservists were the first formed body of Australian reservists to deploy on overseas operations since WWII (Kuring, 2004). They were deployed as part of an Australian battle group, which meant that although the reservists were the primary objects of study, the findings could be directly compared with a similar-sized group of regular soldiers who served under the same deployment conditions and as part of the same battle group. Additionally, post deployment data was available for roughly 9,000 Australian Army personnel who had served on all overseas military operations from 2003 to 2006, which enabled broader Army-wide comparisons for all study groups (Twomey, 2007).

The research questions of interest related firstly to a comparison of the impact of operational service on reservists and regulars for the Timor L'Este study across a number of outcome measures including psychological health, morale, deployment experience, and retention. Secondly, whether the post-deployment adjustment from operational service was the same for reservists as the Army-wide sample, also across a number of outcome measures including psychological health, morale, deployment experience, and retention.

### *Psychological Hardiness*

The studies of psychological hardiness were incorporated into the research by including the Cognitive Hardiness Scale into the measures completed during each survey occasion. Of primary interest was whether personality hardiness influenced the strains and outcomes of deployment stressors and post deployment adjustment experienced by the reservists.

### *Employers of Reservists*

The opportunity also arose to survey employers of reservists participating in a Defence-supported visit to their reservist employees during their deployment. Known as Exercise Boss Lift (Department of Defence, 2014), employers undertook three-day visits to the operational theatres and participated in familiarization tours, information sessions, and programmed interactions with their reservist employees. The employers were surveyed at the conclusion of their visit, using a questionnaire designed for this research (Appendix 1). Completed surveys were provided by a number of participants who attended Exercise Boss Lift from 2006 to 2010 (N=126). The research was aimed at understanding the impact on civilian employers, both positive and negative, when their reservist employee deploys overseas.

### *Families of Reservists*

Finally, little is known about the impact of overseas deployments on the families of reservists. Although there are a handful of US studies, they focus on the effects of high threat operations including combat on the families of reservists. There is a dearth of research on the impact, both positive and negative, of lower threat operations on the families of deployed reservists.

The opportunity also arose to survey families of reservists serving on a short-tour deployment to the Solomon Islands in 2007. They were surveyed shortly after the conclusion of the deployment, using a questionnaire designed for this research (Appendix 1). Completed surveys were provided by a small number of participants (N=32). The research was aimed at understanding the impact on family members, both positive and negative, when their reservist family member deploys overseas.

### **Research Papers**

The research aimed at addressing the issues raised in the preceding introduction is contained in eight papers. Five have been published in international, peer-reviewed journals, and the remaining three have been published in Australian-based, peer-reviewed journals.

### **Sections 8 and 9: The Contemporary Context of Reserve Service**

The first two papers provide a comprehensive analysis of current theory and experimental rationale to the field studies. They examine the relevant literature and place the research undertaken in its appropriate academic context. Additionally, in the case of reservists, it is argued that models which demonstrate an increased number stakeholders, variable stakeholder engagement, and a five stage deployment model, are an optimal framework for understanding and supporting reservists prior to, during and after operational service on short-tour Stability operations.

**Section 8: Return to sender: Reintegration after reservists deploy.** Orme, GJ. *Journal of Australian Defence Force Health*, 2009; 10 (1); 23-27.

The first paper summarises the broader literature on military reservists and discusses a number of key issues and challenges faced by reservists following a military deployment. There is an emphasis on re-entry and reintegration and important differences between reservists and regulars.

The transformation of many militaries has highlighted the evolution of the role of reservists from a strategic reserve to an essential part of the total force. As a result of this change, reservists are now an integral component of military responses both overseas and domestically and rates of deployment are increasing. The risks to reservists, with an emphasis on mental health and

psychological well-being, are discussed. Reference is also made to civilian research on repatriation which identifies a longer period of adjustment following an overseas sojourn than is usually prescribed in the three-stage military deployment model (pre-deployment, deployment, and post-deployment).

**Section 9: The UK's reserve forces: Retrospect and prospect.** Dandeker C, Greenberg N, Orme GJ, *Armed Forces & Society*, 2011; 37; 341-360.

The second paper is aimed at placing the changes in the status of Australian Army reserves in their contemporary international context. The paper focuses on how the role and structure of the UK's reserve forces have changed since their foundation before the First World War, with particular attention paid to the last two decades, during which time the UK government (like many other Western governments, including Australia), has sought to make the reserves more useable and relevant to post-Cold War military missions, including changing the legislative and administrative basis of their use.

Since 9/11, reserves have played an important role in the defence of the United Kingdom, particularly in operations in Afghanistan and Iraq, but the recent financial crisis has spurred further consideration of how best to structure and use this capability, which has been included as part of the recent Strategic Defence and Security Review (SDSR). The article analyses the current debate on whether the number of reserve forces should be cut or increased, and on how best to integrate their efforts with those of the regular forces. It also considers the evidence on the recent operational experience of reserve forces and its impact on a number of personnel issues, including recruitment, retention, and their health and well-being. The differences between the health and well-being outcomes for reserve and regular forces are discussed and future lines of research enquiry highlighted, while the implications for the comparative analysis of reserve forces are also drawn out.

**Sections 10, 11, 12, 13: Operational service and other factors affect reservists**

These three papers examined whether the impact of operational service was the same for regulars as reservists. This was addressed in two separate longitudinal field research studies of Australian Army reservists, each conducted during deployment and up to two years post return to Australia (post deployment). The first paper in this set examined a company of Australian Army reservists deployed as part of an Australian Battle Group to Timor L'Este in 2002, and the second study applied the same research methods and materials to three company-size rotations of Army reservists which deployed to the Solomon Islands as part of the Regional Assistance Mission Solomon Islands (RAMSI) through 2006 and 2007.

Three major hypotheses were tested:

- (1) Reservists will experience more mental health concerns and reintegration difficulties after deployment than their regular Army counterparts.
- (2) While on deployment, reservists will experience greater stress and frustration from work-related sources (e.g., the behaviour of others, leadership, and double standard) as opposed to separation or the operational environment;
- (3) Hardiness scores will be positively related to the deployment experience.

**Section 10: Psychological adjustment and retention of Australian Army reservists following a Stability Operation.** Orme, GJ Kehoe, EJ. *Military Medicine*, Vol. 176, 2011; 1223-1231.

This study was a 'natural experiment', which compared the effects of deployment in the absence of acute or sustained traumatic events. Participants were two different company-size deployed groups of Army reservists and regulars from the same Australian Battle Group who deployed on peacekeeping operations to Timor L'Este from Oct 02 to May 03. Both were surveyed at the end of their deployment, and approximately 6 months after returning to Australia. Their retention in the Australian Defence Force (ADF) was tracked for a further 6 years using personnel records.

**Section 11: The reintegration of reservist veterans: An Australian perspective.** Brereton PL, Orme GJ, Kehoe EJ: *Australian Defence Force Journal*, 2013; 191: 87-98.

This paper brought together results from the study of Australian Army reservists deployed on short-tour stability operations to Timor L'Este in 2002-03 (Orme & Kehoe, 2011) plus the preliminary results from the initial three rotations of reservists to the Solomon Islands.

**Section 12: Reservists in Post conflict Zone: Deployment stressors and deployment experience.** Orme GJ, Kehoe EJ: *Military Medicine*, 2014; 179: 137-142.

This paper presented detailed results from the study of Australian Army reservists deployed on short-tour stability operations to the Solomon Islands, with a special focus on the impact of non-traumatic stressors.

**Section 13: Hardiness as a predictor of mental health and wellbeing of Australian Army reservists on and after Stability Operations.** Orme GJ and Kehoe EJ, *Military Medicine*, 2014; 179; 401-412.

This study examined whether personality hardiness influenced the impact of operational stressors experienced by a company-sized group of Army reservists deployed on a short-tour (4-7 months) Stability Operation to Timor L'Este in 2002-03, and three company-sized groups of consecutive rotations to the Solomon Islands from 2006-07. This was the first published study of psychological hardiness in any Australian military population.

**Section 14: Impact of operational service on employers of reservists**  
**Perceptions of deployment of Australian Army reservists by their employers.** Orme, GJ and Kehoe, EJ, *Military Medicine*, 2013 177; 1-7.

This study was the first research conducted in Australia and only the second ever published research on the impact of operational service or deployment upon civilian employers of reservists. This action research was an opportunity study with the employers of Australian Army reservists who participated in EX BOSS LIFT, an ADF program designed to educate and inform employers of reservists. A survey was developed for this research, which was administered to employers participating in EX BOSS LIFT to Malaysia and the Solomon Islands from 2006 to 2010 (N=126). In part, it was aimed at testing the civilian employer element of the models of stakeholder engagement, mastery, and complexity, developed as part of this research.

Three major hypotheses were tested concerning employers participating in visits to their reservist employees on operational deployment:

- (4) The employers will express a greater understanding of the benefits of reserve service to both (a) their reservist employee and (b) their enterprise when the employee returns.
- (5) The employers will see these benefits as outweighing the costs of temporary absence of a valued employees.
- (6) The employers will express a greater likelihood of engagement with the Australian Defence Force.

**Section 15: Impact of operational service on families of reservists.**

***Left behind but not left out? Perceptions of support for family members of deployed reservists.***

Orme GJ and Kehoe EJ, *Australian Defence Force Journal*, Issue 185, 2011, pp. 26-32.

This was action research conducted as an opportunity study with the family members of a company-size group of Australian Army reservists, which deployed on a short-tour Stability Operation to the Solomon Islands in 2007-08 (Rotation 14, Operation Anode). In part, it was aimed at testing the family element of the models of stakeholder engagement, mastery, and complexity, developed as part of this research.

Two major hypotheses were tested:

- (7) The family members will express a greater understanding of the benefits of operational deployment to their reservist family member.
- (8) The family members will see these benefits as outweighing the emotional costs of the absence of their family member.

**Section Eight: Orme G.J., 2009, *Return to sender: Reintegration after reservists deploy.***



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## Author Contributions

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Sole author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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**Section Nine: Dandeker C., Greenberg N., and Orme G.J., 2011, *The UK's reserve forces: Retrospect and prospect.***

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## Author Contributions

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Name of Principal Author (Candidate)	Christopher Dandeker		
Contribution to the Paper	Lead author		
Signature		Date	26 May 2014

Name of Co-Author	Neil Greenberg		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author	Geoffrey John Orme		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of <del>Principal</del> Author (Candidate)	Geoffrey J Orme Co-author		
Contribution to the Paper	An equal author involved in drafting and re-drafting earlier versions of the paper, commenting on the data analysis, making important amendments to the design of the paper, adding sources, exploring the policy of the paper, exploring the policy implications of the arguments, and going through the final version in meticulous detail for submission and acceptance by the journal.		
Signature	Geoff Orme	Date	4 June 2014

Name of <del>Co</del> -Author	Christopher Dandeker Principal Author		
Contribution to the Paper	Principal author involved in designing, drafting, editing and technical oversight at all stages. Corresponding author.		
Signature	Christopher Dandeker	Date	4 June 2014

Name of Co-Author	Neil Greenberg		
Contribution to the Paper	An equal author involved in all facets of drafting and re-drafting earlier versions of the paper, commenting on the data analysis, making important amendments to the design of the paper.		
Signature	Neil Greenberg	Date	4 June 14

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Lead author		
Signature		Date	26 May 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	



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Name of Principal Author (Candidate)	Paul Brereton		
Contribution to the Paper	Lead author		
Signature		Date	19 May 2014

Name of Co-Author	Geoffrey John Orme		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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## Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate's thesis.

Name of <del>Principal</del> Author (Candidate)	Geoffrey J Orme Co-Author		
Contribution to the Paper	Conducted all research design and data collection for the paper. Assisted with data analysis on all samples, interpreted data. Provided significant input to all drafts of the manuscript preparation, submission, and revision. Acted as corresponding author.  Prepared and delivered the source presentation along with Paul Brereton.		
Signature	Geoffrey J Orme	Date	4 June 2014

Name of <del>Co</del> -Author	Paul L Brereton Principal Author		
Contribution to the Paper	Provided input to the direction and content including key principles and critical arguments. Provided significant input to all drafts of the manuscript and final version.  Prepared and delivered the source presentation along with Geoffrey Orme.		
Signature	Paul L Brereton	Date	4 June 2014

Name of Co-Author	E. James Kehoe		
Contribution to the Paper	Significant technical oversight and advice. Significant input to all drafts of the manuscript and final version. Assisted in the statistical analysis of the data and their presentation for publication.		
Signature	E. James Kehoe	Date	4 June 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Lead author		
Signature		Date	26 May 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Lead author		
Signature		Date	26 MAY 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Lead author		
Signature		Date	26 May 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	

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Name of Principal Author (Candidate)	Geoffrey John Orme		
Contribution to the Paper	Lead author		
Signature		Date	26 MAY 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	26 May 2014

Name of Co-Author	Edward James Kehoe		
Contribution to the Paper	Co-author		
Signature		Date	

Name of Co-Author			
Contribution to the Paper			
Signature		Date	



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## GENERAL DISCUSSION

Despite the potential adverse effects of overseas deployment in low-threat environments, the present research uniformly revealed that Australian Army reservists, their employers, and their families weathered the stresses and strains very well, and generally had a positive experience with relatively few drawbacks. In particular, the major findings, across studies, were as follows:

- (1) Reservists will experience more mental health concerns and reintegration difficulties after deployment than their regular Army counterparts.

*Findings:* Contrary to this hypothesis, reservists returned in sound mental health and reintegrated well. This finding was consistent across those deployed to Timor L'Este and the Solomon Islands. Longitudinal measures taken at the end of deployment, six months after return, and two years post deployment revealed low rates of referrals for follow-up, low scores on mental health screening instruments (K10, PCL-C, DASS-42), and a relatively unchanged pattern of alcohol use (AUDIT).

The deployment experience reported by the reservists, which for most was their first, was largely positive. The deployment experience of reservists deployed to Timor L'Este and the Solomon Islands was reported as positive by 65% and 67%, respectively. These rates were close to the 71% positive ratings reported by an Australian Army-wide sample for all deployments. Consistent with the quantitative results, the number of positive statements by reservists (558) exceeded the number of negative statements (438) by a ratio of 1.30:1.00.

Readjustment to civilian life appeared uncomplicated. The reservists from the Timor L'Este and Solomon Islands deployments did not appear to have experienced unmanageable difficulties in returning to their civilian environment. In the domains of Work Life, Personal Life, and Home Life, the prevalence of "Many" issues was low from the outset for both the Timor L'Este and Solomon Islands groups at 11% and 6%, respectively. However, 60% of the Timor L'Este group, which was the first to deploy, reported "Some" issues that persisted up to two years post deployment. In contrast, only 30% of the subsequent Solomon Islands groups reported "Some"

issues following deployment. This frequency appeared to correspond to the levels experienced prior to the start of deployment. Open-ended questioning revealed that these “issues” arose from positive life events, for example, birth of child, becoming engaged or promoted at work, as well as negative life events, such as family illness, end of a relationship or job loss.

Most reservists continued to be actively engaged with the Army. They promptly returned to service with their provider units, despite what would have been the attractions and demands to attend to family, study, and civilian employment activities, after a substantial absence. Their retention in a deployable status as observed up to six years following deployment, was remarkably high (70%), more than twice the level seen among Australian Army reservists as a whole. Furthermore, between 12%-25% enlisted in the regulars following their overseas service, and around 12% deployed overseas again within two years of returning.

(2) While on deployment, reservists will experience greater stress and frustration from work-related sources (e.g., the behaviour of others, leadership, and double standards) as opposed to separation, or the operational environment.

*Findings:* In support of this hypothesis, there were low levels of stress, as might be expected with low-threat military operations. Nevertheless, even with these low levels, the deployment experience reported by the reservists differed by the types of deployment stressors. Specifically, the few stressors which were associated with a less positive deployment experience were non-traumatic and predominately emanated from work-related sources, for example, the behaviour of others, leadership, and double standards. Compared with reservists who reported a positive deployment experience, those who reported a “negative” or “neutral” deployment experience, more frequently reported “moderate stress” or “a lot of stress” for a composite work rating than those with a positive experience. There was also a small but reliable tendency for reservists with a negative or neutral experience to report "slight stress" from separation more frequently than respondents with a positive experience.

(9) Hardiness scores will be positively related to the deployment experience.

*Findings:* In support of this hypothesis, hardiness scores for reservists were found to be positively associated with ratings of their deployment experience. Conversely, those with high hardiness scores had uniformly low scores on measures of psychological distress and physical ill-health, whilst those with medium to lower hardiness scores had a greater dispersion of scores on the same measures. Furthermore, the results of regression modelling revealed that hardiness may operate in a protective manner and moderate the impact of deployment stressors.

(10) The employers will express a greater understanding of the benefits of reserve service to both (a) their reservist employee and (b) their enterprise when the employee returns.

*Findings:* In support of this hypothesis, the reservists' employers could see benefits from deployment of their reservist employees. Specifically, employers of reservists reported a substantial number of positive aspects for both their individual reservist employee and their enterprise, such as an increase in leadership, teamwork, maturity, and confidence

(11) The employers will see these benefits as outweighing the costs of temporary absence of a valued employee.

*Findings:* In support of this hypothesis, employers rated the positives as outweighing the negatives. The reported negatives almost entirely concerned the costs associated with the absence of an important employee. Consistent with quantitative ratings, the number of positive statements by employers (269) exceeded the number of negative statements (163) by a ratio of 1.65:1.00.

(12) The employers will express a greater likelihood of engagement with the Australian Defence Force.

*Findings:* In support of this hypothesis, employers desired greater direct communication with ADF representatives regarding the deployment of their employee throughout all stages, including information on ways to manage the transition from military service back to civilian life. They especially desired greater certainty regarding the dates of departure and return of their employee. They reported an increase in their understanding and respect with regard to the Army,

the reserves, and their individual employee. Many offered to become advocates for the employment of reservists.

(13) The family members will express a greater understanding of the benefits of operational deployment to their reservist family member.

*Findings:* In support of this hypothesis, family members reported positive aspects stemming from deployment, including pride in their family member, seeing them mature, developing skills such as leadership, and achieving an ambition to deploy.

(14) The family members will see these benefits as outweighing the emotional costs of the absence of their family member.

*Findings:* In support of this hypothesis, family members rated the positives as outweighing the negatives. The reported negatives revolved around difficulties in communication, loneliness, separation, and anxiety about the safety of their family member. Similar to employers, the number of positive statements by family members (54) exceeded the number of negative statements (35) by a ratio of 1.50:1.00.

### **Convergence of Research Findings**

The present findings largely confirmed relevant findings but added considerably to the total picture with respect to three of the key stakeholders, specifically the reservists themselves, their employers, and their families (Orme, 2009). Most notably, the uniformly consistent finding that each of these stakeholders experienced more positives than negatives when a reservist deploys, constitutes a 'good news' story. Previously, studies of these groups have tended to focus on the potential adverse impact of deployment as opposed to a broader appreciation of the total experience, including salutogenic effects. The research also confirmed the value of examining the impact of non-traumatic stressors, which occur in any deployed setting, even low-threat operations (Adler et al., 2003; Bartone & Adler, 1994; Bartone et al., 1998; Hotopf et al., 2003; Ikin et al., 2005; Weisaeth, Mehlunn, & Mortensen, 1993). The present findings extend the current understanding by identifying specific stressors in low-threat operations.

With respect to the range of non-traumatic stressors, the present findings demonstrated the salience of organizational factors as a source of moderate but still appreciable non-traumatic stress, which is consistent with a model of deployment stress that includes organizational factors as significant components in the stressor-strain process (Sinclair & Tucker, 2006). More broadly, the present findings agreed with those from related occupational groups such as ambulance personnel (Jonsson, Segesten, & Mattson, 2003; van der Ploeg & Kleber, 2003) and police officers (Evans & Coman, 1993; Huddleston, Stephens, & Paton, 2007; Paton & Burke, 2007; van der Velden, Kleber, Grievnink, & Yzermans, 2010). For example, in their studies of New Zealand police, Huddleston, Paton and Stephens (2006) found that officers implicated organizational factors three times more often than operational ones in their assessment of factors that contributed to negative perceptions of police work. Organizational “hassles” were also the most frequent presenting issue among those officers who had accessed psychological assistance under the New Zealand police trauma peer support program. Similarly, in a study of UK police, Brown and Campbell (1990) found that police were four times more likely to identify organizational and management features as more stressful than operational duties.

## **Reservists**

### **Challenges of Transition**

The present findings are relevant to the many-fold challenges facing reservists as they transition from military operations (Kirkland et al., 1996). These include little opportunity for decompression and supported reintegration (Hacker-Hughes et al., 2008), financial, vocational, parental, and relationship pressures, and adjustment to sudden role realignments (Friedman, 2006; Riviere et al., 2011). Despite these challenges, the reservists did not experience unmanageable difficulties. Unlike the UK study by Harvey et al (2011) of post deployment adjustment of reservists, there was no evidence of any adverse affect on their mental health. In the broader domains of adjustment to Work Life, Personal Life, and Home Life, only small numbers of the Australian reservists reported having “Many” issues. That said, some reservists found their former

work circumstances no longer fulfilling and challenging (Ford et al., 1993; Friedman, 2005). For example, they stated, “*Civilian work is a bit boring compared to Army*” (CPL, surveyor’s assistant, SI).

### **Risks of Isolation from Military Support Systems**

Returning Australian Army reservists may have risked isolation from military support systems (Yerkes & Holloway, 1996), a loss of contact with their colleagues and leaders from their deployed formation (Greenberg et al., 2007), and potentially feeling unsupported by the military (Harvey et al., 2011). Despite the reservists leaving full-time military service and dispersing to their home locations across Australia, there was no discernible change in the already reported sound levels of mental health up to two years post deployment. Furthermore, rates of alcohol use measured at pre deployment and up to two years post deployment, remained low and unchanged. Although not clear from this research, levels of social support beyond the military by families, civilian communities, and even civilian workplaces to some extent, may have operated to sustain reservists’ wellbeing during their transition back to civilian life and their relative isolation from military support systems. Furthermore, the provider units may have also been a source of ongoing support for the reservists, as evidenced by the high rates of attendance within the first months following return.

### **Return to Civilian Work**

The transition from military duties to civilian work can be especially demanding for reservists (Geisel, 2008; Gurchiek, 2006; Sayer et al., 2010; Thie et al., 2004). In the present case however, reservists returned to civilian work with minimal difficulties. Despite facing the uncertain prospect of resettling into their civilian work and the range of reactions from co-workers, the reservists fared well. There were some indications from the open-ended questioning which revealed that a proportion reported feeling underutilised, less satisfied at work, and desired a job change (Storti, 2003). As one reservist wrote in a survey completed six months after return from deployment to the Solomon Is, “*At times in civilian work I feel like I would rather be in the regular Army and on deployment either in SI [Solomon Islands] or even anywhere. If I’m at work on*

*weekdays I do get bored so sometimes I have taken on extra shifts”* (LT, health professional, aged 26).

Unlike the US, where approximately 10% of reservists faced the highly stressful prospect of unemployment on return (Riviere et al., 2011), Australian reservists are largely protected from job loss by strong national legislation (Brereton, Orme, & Kehoe, 2013). As far as could be ascertained, only a handful, possibly less 5%, lost their civilian jobs as a result of organizational restructures whilst they were deployed. However, those few individuals still experienced the daunting prospect of finding a new job following a six-month absence (three months overseas) for the Solomon Islands reservists, or twelve months (seven months overseas) in the case of the Timor L’Este reservists. This situation may have been further exacerbated for those reservists who resided in parts of Australia where work is scarce or only seasonal. At present, the ADF has no post deployment support structures to facilitate job-seeking, or services to assist unemployed reservists after their full time contract has expired.

Findings also confirmed the value of communication between the deployed reservists and their families via regular contacts, newsletters, and updates (Adler, 1981; Black et al., 1992; Ericson, 1999; Robbins, 2001).

### **Reintegration, Homecoming, and Civilian Repatriation**

By contrast with UK research by Browne et al (2007) which found that 34% of UK reservists reported major problems on return, the reservists studied here reported minimal adjustment issues, both positive and negative. Specifically, only 11% of reservists deployed to Timor L’Este and 6% from Solomon Islands reported “Many” issues on their return home. These rates are also slightly lower than studies of civilian repatriates (Black & Gregersen, 1999; Black et al., 1992). For example, Sussman (2001) found approximately 15% of international repatriates remained uncomfortable past one year.

The post deployment adjustment of military reservists from an overseas deployment has clear parallels with civilians returning from an overseas sojourn. The research confirmed a range of



responses upon return home (Jordan, 1992). For example, participants reported, "*Patience has waned and a bit short with some people*" (signaller, Solomon Is). This was consistent with civilian sojourner studies by Sussman (2001) that returnees appear to be unprepared for the psychological discomfort which accompanies a return home. It confirmed the need to educate and inform returning reservists, for example through a reserve-specific reintegration brief during the decompression period (Orme & Kehoe, 2012).

### **Post Deployment Retention**

This research confirmed findings from the US (Griffith, 2005a; RAND Corporation, 2003) and Israel (Ben-Dor et al., 2008), that deployment on low-threat operations has a positive effect on retention of reservists. Moreover, between 12-25% of reservists who deployed subsequently joined the regular Army. This tendency to enlist in the regulars after deployment has been termed 'try before you buy', or the 'learning hypothesis' (Hosek & Totten, 2002) in which the deployment experience is used by the reservist to revise expectations, which are then incorporated into decision-making. As one Timor L'Este survey respondent wrote "*I realised I enjoy the Army lifestyle & opportunities*".

More broadly speaking, the deployment may have also been seen as allowing the reservists to be part of a meaningful enterprise which benefits others (Britt et al., 2001; Griffith, 2009; Stretch, 1985; Stretch et al., 1985). Many of the positive statements by the reservists, their families, and their employers, referred to pride in service to their country (Sareen et al., 2007) and providing security for people in need. Other statements referred to an increased appreciation by the reservists for their families at home (Kirkland et al., 1996). This meaning arising from deployment may have enhanced their desire to remain in service. For example, one respondent expressed a sense of meaning, "*CFTS made me realise how I could do more outside the Army*".

### **Personality Hardiness and the Impact of Military Operations**

The present findings revealed a negative correlation between psychological hardiness of reservists and reductions in their physical health and psychological well-being, even under low

threat conditions (Bartone, Gifford, Wright, Marlowe, & Martin, 1992). Consistent with Dolan & Adler (2006), a protective or mediating effect of hardiness was found for psychological distress, but not physical health. The literature however reflects variability in findings regarding any moderating effect of psychological hardiness on physical health (Eschleman et al., 2010). One explanation for this divergence in findings is the multifactorial nature of physical health and the influence of other variables such as such as exercise, diet, family medical history, immunological functioning, and other social and psychological factors (Kobasa & Puccetti, 1983).

The findings reported here signpost a way toward mitigating deployment stress during periods of transition. For example Green, Grant, & Rynsaart (2007) found that cognitive hardiness insulated against depression, particularly relevant during major life transitions such as those experienced by senior high school students. Moreover, psychological hardiness can be increased through training (Green, Grant, & Rynsaart, 2007; Khoshaba & Maddi, 1999; Maddi, 1987; Maddi, Kahn, & Maddi, 1998), and incorporated into the development of leaders (Bartone et al., 2009). For example, Bartone, Roland, Picano & Williams (2008) found that psychological hardiness predicted success in the selection of successful candidates for US Army Special Forces (SF) assessment and selection course, and can be built into training which increases resilience in the face of sustained stressors. Consequently, such training may also have utility beyond military applications to other occupational groups who work in post conflict zones such as humanitarian aid workers, diplomatic, and security personnel (Feinstein & Botes, 2009).

### **Employers of Reservists**

This study substantially broadened our understanding from the literature in a number of important areas in connection with civilian employers of reservists. Firstly, there was a convergence of findings with the only published study of employers of reservists conducted in the US by Allison-Aipa (2005). This study mostly examined the negative impact of deployment of their reservist employee following the events of September 11, 2001, and sampled a small number of civilian employers (N=28). Of these, a large proportion (39%) were in law enforcement, and

were interviewed by telephone for 20 minutes. Furthermore, the research was conducted nearly 18 months after their reservist employee had been deactivated. Their results revealed that employers viewed the activation as disruptive, it occurred at an inconvenient time, involved a lengthy absence, and there was no clear date of return.

Although the reservists' absence was a strain on their civilian employers and co-workers (Zapanta, 2004), most Australian employers surveyed were supportive of reserve service (Thie et al., 2004), and were able to identify positives such as new skills, maturity, and leadership ability (Geisel, 2008). Employers reported that military training provided them with a well-trained and skilled individual who can communicate, think, apply knowledge, and learn rapidly in a high-pressure environment (Hudec, 2008). Additionally, attributes such as loyalty, dedication, teamwork, and increased confidence can, in turn, permeate through the civilian workplace (Allison-Aipa et al., 2005).

A notable desire was also found among employers of reservists to engage with Defence and a stated willingness to act as advocates for reserve service within their enterprise and more generally within industry. Efforts to involve employers in reserve activities by reserve units, and showing greater appreciation to them may also lead to considerable benefits (Kirby & Naftel, 2000). The research also found an increased understanding of the views of civilian employers and highlighted the significance of civilian employers as potential advocates for Defence. As one employer wrote, *"Personally I didn't expect it be anything like it was. The experience swallows up all of my expectations. It was a great privilege and honour to be involved. For that I am truly grateful. I was inspired by the calibre of young men & women we have in our armed forces"*.

Moreover, the civilian employer is likely to be the primary source of post deployment support for workplace issues, possibly including those that flow from the 'military workplace'. Although not systematically studied to date, the burden of post deployment care in the workplace may ultimately rest with civilian employers, whose needs are unknown much less understood. Current models of post deployment support in Australia do not include civilian employers. In the

US however, some employers on their own initiative, engage with their Employee Assistance Program (EAP) provider to familiarize them with post deployment adjustment issues for their returning reservist employee (Boettcher, 2008).

The research conducted here with civilian employers also identified their desire for tangible assistance from Defence when it comes to the reintegration of their reservist employee. They perceived Defence as holding considerable expertise in this area, yet ironically, civilian employers have no standing with Defence's support structures much less its support agencies. A preliminary study conducted as an extension of this research identified the efficacy of a reserve-specific reintegration brief, which might be adapted for use with civilian employers (Orme & Kehoe, 2012).

### **Families of Reservists**

The study of families of Australian Army reservists revealed that they are resilient and generally manage well with the absence of their reservist family member. These findings are consistent with existing research on the social adaptation of military families of reservists during and after deployment (Faber et al., 2008; Wheeler & Torres-Stone, 2010). Families of reservists experienced more positives than negatives when their reservist family member deployed, which was 1.50:1.00 positives to negatives.

The present study broadened the meaning of family in the case of Army reservists as it revealed the importance of parents as a source of significant support. Despite comprising 65% of the survey respondents, parents have not been included in any meaningful way in studies of families of reservists or even regulars for that matter. Parents as a source of primary support for reservists seems to be a logical but overlooked fact, especially if one considers the age and relationship status of the reservists studied. This finding gives weight to Norwood et al (1996) that reservists' families are amongst the 'new' models of families within the military, which also include ethnic minorities, dual service couples, and also same-sex couples.

For the most part, the reservists resided and worked in their local communities often in proximity to established family support including parents and extended family. The average ages of participants deployed to Timor L'Este and the Solomon Islands were 26.6 years and 29.7 years respectively. Similarly, the proportions that were either single or without a partner were 63% and 47% also respectively. A moderate proportion of reservists may return to their family homes as a practical measure and importantly, to save costs such as property rental during deployment. For a moderate proportion of reservists, the burden of post deployment care may, to some extent, rest with parents, immediate and extended family, the needs of whom are neither known much less understood.

### **Managing Deployment Separation**

The findings confirmed the additional challenges faced by families of deployed reservists which include separation, limited knowledge or confidence dealing with the military, limited awareness of support services, including formal and informal military support (Caliber Associates, 1992). They also confirmed that families of reservists are also less likely to be integrated into a military social support network, are less familiar with how to access the military benefits to which they are entitled, and are less likely to use installation-based social services (Faber et al., 2008). Families also face a loss of emotional support, loneliness, role overload, role shifts, and concerns about the safety and well-being of the deployed military members (Faber et al., 2008), and findings confirmed potential barriers to engagement such as travel distance, and lack of childcare. Described as the 'citizen soldier experience', it refers to a lack of information and lack of familiarity with the military supports, which may place the family at risk; especially those of self-employed reservists (Wiens & Boss, 2006). Finally, families must also deal with the homecoming alone, having no models for reintegrating the military member into the family (Yerkes & Holloway, 1996). As one family member wrote, *"I had to wear both hats in our family. I had a massive job of getting an investment property onto the market by myself. Back breaking work on my own. Still, it got done and house sold. I missed him terribly!!!"*

Despite the challenges revealed in the research, the families of the reservists managed well. It also confirmed the experience that separation can strengthen military couples and families by increasing their resilience through successfully experiencing stressors that facilitate growth and adaptation (Wiens & Boss, 2006). Although the families experienced a range of negative events, many used the opportunity to make positive changes within their own lives, and remain resilient. As one family member wrote, *“Value family unit more. Personal development for both of us”*. The families in this research appeared to be able to tolerate the stress of ambiguity, which is one of the greatest challenges of military family separations (Boss, 2002). As one participant spouse wrote, *“Sense of pride, to be doing our bit for Australian Defence Force, Sense of pride to be helping developing country. Terrific contact with reservist whilst overseas-email, phone calls, meant we didn't worry too much”*. Another wrote, *“No more cooking/less cleaning. Could visit more friends/family. Free to make all decisions around home and family. Free to go on holidays”*.

The research also confirmed that families of reservists, who are often older and established, may experience more complex patterns of family-related stress (Caliber Associates, 1992, p.234). For example, one 38-year old reservist deployed to the Solomon Islands wrote, *“I'm a single parent with three kids. My work is full time however juggling kids and work is not always easy, though I don't feel as if I'm under any unusual stress. I would like to serve on operations again”* (SNCO, driver).

### **Family Attitudes Influence Retention**

The research partially confirmed the importance of supporting and effectively engaging families of reservists, which directly influences their retention (Griffith, 1995, 2005b; Lakhani & Fugita, 1993). The positive support of families surveyed, combined with higher than expected attendance rates immediately post deployment and over the subsequent two to six years, lends weight to this conclusion.

Although families of reservists were aware of the availability of most of Defence's support offerings, for the most part they tended to reach out to families of other deployed reservists and also

the provider units. This finding is consistent with research with UK reservists by the National Audit Office (2006), which revealed that the welfare and support most used by reservists and their families was that provided by their reserve unit. The UK research also revealed a limited awareness of available services, similar to findings with families of Australian reservists.

### **Post Deployment Adjustment**

The reservists' return to civilian work has been found to have the effect of re-stabilising roles and relationships and thereby reducing ambiguity through a return to familiar routines (Faber et al., 2008). Although not directly evaluated, a review of the completed surveys does not reveal any major difficulties associated with return to civilian work. The evidence partially confirms US findings that family stress during this period dissipated around six weeks following their return to civilian employment (Faber et al., 2008).

The research also confirmed findings by Malone, (1996) that families of military reservists also experience disruption around rapid mobilization and deployment, which includes minimal time to prepare practically and psychologically, and so are at greater risk of psychological stress.

The research demonstrated that families crave accurate and timely information, and find support from other family members of military personnel and organizational supports to be helpful (Faber et al., 2008; Norwood et al., 1996; Ursano, 1996). It also revealed the importance of clear communication once notified, time to prepare (Balson et al., 1986; Wynd & Dziedzicki, 1992), and use of technology, such as telephone and Internet during deployment (Wheeler & Torres-Stone, 2010). As one family member wrote, "*Sense of pride-to be doing our bit for Australian Defence Force. Sense of pride to be helping a developing country. Terrific contact with reservist whilst overseas-email, phone calls, meant we didn't worry too much*".

### **Limitations of this Research**

The major limitation of the present research arose from the reliance on self-report surveys used in conjunction with mandatory post-deployment screening. In both the US and UK militaries there remains considerable reluctance to admit to mental health problems because of stigma and the

perception of negative effects on career (Rona, Hooper, Jones, Hull, Browne, Horn, Murphy, Hotopf, and Wessely, 2006; Southwick et al 1993). Until these are addressed, screening results in underreporting of mental health issues and possibly general dissatisfaction with military service. However, other researchers have reported that universal post-deployment screening may decrease the stigma associated with reporting and thus increase its accuracy (Wright, Adler, Bliese, Eckford 2008; Bliese, Wright, Adler, Thomas & Hoge, 2007). Moreover, even when mental health concerns are reported in a self-report method, such symptoms do not necessarily indicate a clinical disorder. Thus, self-reports can provide widely varying over-estimates and underestimates of any given disorder (Rona, Hyams & Wessely 2005).

In comparison to regular Army personnel, reservists may have a differential bias to report mental health concerns. A study by the US Defense Science Board (2007) concluded that there is no evidence that reservists are less mentally healthy than regular soldiers; however, reservists report higher rates of concern about their mental health when interviewed during their three-month post-deployment health assessments. In particular, reservists after operational service may be more open in their responses. The Iowa Persian Gulf Study Group (1997) noted that National Guard/Reserve Gulf War veterans had a lower mean on the social desirability scale scores than non-Gulf War personnel.

Another potential source of bias is the mandatory nature of the post-deployment screening plus an additional perceived requirement by the presence of the researcher who held senior rank. However, there were controls in place to minimize such perceptions. These controls included (1) verbal and written reminders concerning the voluntary nature of participation, (2) signed consent that the data could be used for research purposes, and (3) repeated reassurance that their participation would have no bearing on their military service.

In addition to the limitation of the self-report surveys, the generalizability of the results may be limited due to the highly selected nature of personnel admitted to the Australian Defence Force, which represents approximately 10% of the Australian population. They are an inherently fit



and healthy population, drug-free, educated to a high-school graduate level, and free of recent criminal convictions. Selection of reservists for operational service was even more limited.

Reservists individually volunteer from their provider units and, prior to deployment, approximately 30% either remove themselves or are eliminated for a variety of reasons. Although women constituted approximately 15% of Army personnel at the time of these studies, no women were included in deployed infantry-based contingents.

### **Commentary and Conclusions**

The present findings add considerably to the patchwork of previously available findings concerning the experience of reservists on and after overseas deployment. While the available findings were collected from disparate samples under disparate conditions, the present findings provide a cohesive body of data collected from repeated samples under relatively constant conditions. In addition to surveying the reservists themselves, other stakeholders, specifically employers and families, provided converging evidence on the impact of overseas deployment on the reservists as well as themselves. What has emerged is a much broader perspective, which uncovers the interdependence of largely silent stakeholders.

At its core, the deployment of reservists studied here highlights the interplay of significant stakeholder relationships across the five stages of deployment. Employers of reservists appear to have minimal engagement once their employee commences full-time military service, and to a large extent throughout the deployment itself. However, they expressed a keen desire to be more engaged with their employee and the ADF during the deployment. At present, they become re-engaged and very actively so only once the reservist returns to Australia. Likewise, among family members, there also emerged a strong desire to remain even more engaged throughout the deployment cycle. However, there are structural barriers such as the separation itself, one-way communications with their family members, and variable motivation (possibly based on low confidence) in working through the military organisation. Family members therefore tend to self-manage and reach out to more 'personal' supports such as family members of other reservists, or

Unit chaplains, rather than institutional supports (Norwood et al., 1996; Wiens & Boss, 2006; Zapanta, 2004).

### **Wider Implications for Research**

As a one-off, mission-specific activity for a prescribed period, the deployment of reservists has clear parallels with other occupational groups, such as humanitarian aid workers, overseas volunteers, and missionaries. This aspect has hitherto been unexplored, despite early research, especially in the US, into the effectiveness of utilizing reservists on military deployments overseas (Brinkerhoff & Horowitz, 1995) and continental US (Brinkerhoff & Horowitz, 1995).

Consequently, the present research can be broadened to include the other occupational groups such as non-military populations and *ad hoc* mission-specific organizations operating in post-conflict and disaster zones.

The following lines of further study may provide useful points of departure from the findings presented here.

#### ***Reservists***

- (1) The observed pattern of successful post deployment adjustment of Army reservists needs to be tested in higher threat environments and for a wider range of military personnel. What factors would make important differences to the well-being and post deployment adjustment for such personnel deployed on operations that entail greater levels of threat and actual combat? Can such research also be applied to *ad hoc* civilian agencies which also operate in the same or similar environments?
- (2) What other groups within and beyond the military, warrant further examination in terms of post deployment adjustment to low-threat environments? Such groups tend to deploy in small numbers in multinational, and multiagency environments, and include specialist reserve medical and health personnel, and unarmed UN observers.
- 3) To what extent do positive and negative life events influence post deployment adjustment of reservists? Also, in what way might these life events account for the differences in the observed

prevalence of “Some” adjustment issues between the Timor L’Este (60%) and the Solomon Islands groups (30%) studied here?

(4) The finding that organizational and work stressors, such as leadership and double standards, were salient to the deployment experience reported by reservists, was explained in terms of organizational justice. Tyler (1996) found that evaluations of organizational justice, or an emphasis on fair and consistent regulations and procedures, are related to feelings of self-esteem and stress coping. Frustration increases when personnel are required to perform duties which they perceive as irrelevant to their role or not meaningful. Future research might be fruitfully aimed at identifying which aspects of organizational justice are most salient before, during, and after a military deployment. Furthermore, what steps can be taken to enhance perceptions of organizational justice, especially when reservists deploy?

(5) What factors promoted the retention of the reservists in military service and their apparent successful transition and reintegration back to civilian life? Their reintegration appears to have been successful but for what reasons and in what ways did this occur? Additionally, as ‘new veterans’, in what ways did their reassimilation occur within their provider units? What impact did the temporary absence and subsequent return of operationally experienced reservists have on the provider units themselves?

### ***Psychological Hardiness***

(6) The observed pattern of dispersion of hardiness scores for psychological distress needs to be tested in higher threat environments and for a wider range of military personnel beyond Army reservists, e.g. Army regulars, Navy personnel, Special Forces, and even perhaps civilian aid workers.

(7) The results of this study confirmed the mediating effects of hardiness on deployment stress. For future research, there are two questions. First, can hardiness be used as a reliable predictor for success of reservists on operations? There is some promising but limited evidence that hardiness protects against war-related stress in US Army reservists (Bartone, 1999) and is

predictive of success of candidates in a selection course for the US Special Forces (Bartone, 2008). However, in both cases, the effect sizes were modest. Second, can hardiness be increased through deliberate training and development activities? Orme and Kehoe (2014) could not discern any spontaneous changes in hardiness scores when tracked up to two years post-deployment, suggesting hardiness may be a relatively stable trait. However, active interventions have, on some occasions, increased hardiness scores and concomitantly, job satisfaction, social support, and psychological wellness in civilian populations (Khoshaba & Maddi, 1999; Green, Grant, & Rynsaart, 2007).

(8) Is it worthwhile training military personnel, especially those scoring low on measures of psychological hardiness, so as to buffer the demands of deployment and enhance post deployment adjustment? Is it worthwhile developing training for military personnel and their leaders to increase psychological hardiness generally?

#### ***Families and Employers of Reservists***

(9) What communication methods between reservists, their employers, and their families are most desired and effective for peace-of-mind? Is it worthwhile developing reserve-specific programs for families, employers, and communities, which provide support (Warner, Appenzeller, Mullen, Warner, & Grieger, 2008; Wheeler & Torres-Stone, 2010; Wiens & Boss, 2006) and practical assistance such as the '*Beyond the Yellow Ribbon*' program in the US (Griffith, 2010a; US Government, 2008)?

(10) The observed pattern of successful post deployment adjustment of families of Army reservists needs to be further tested with larger samples and for both lower and higher threat deployments (Peebles-Kleiger & Kleiger, 1994). What factors would make important differences to the well being and post deployment adjustment of families of reservists for operations that entail greater levels of threat and actual combat?

**Appendices**

**Appendix 1**

ADF Questionnaire Booklet

Confidential Employer Survey

Confidential Family Feedback

**CONFIDENTIAL**

**ADF MEMBER  
INFORMATION  
QUESTIONNAIRE**

**Instructions**

The questions in this booklet cover a number of areas that can affect the health of personnel reintegrating after operational service. The information in this booklet will be used to ascertain any health needs and is *STRICTLY CONFIDENTIAL*. This booklet has several sections. When you come to the beginning of each section, please carefully read the instructions before commencing each new section as the instructions may vary. Please provide as much information as you can. Your answers will be treated in the strictest confidence.

This is the final questionnaire which you will be asked to complete for this research.

If you make a mistake clearly cross out the wrong answer and mark the answer you believe is correct for you.

All questions **must** be completed for each section.

The booklet should take about 15 –30 minutes to complete.

Thank you for completing this information.

If you have any queries, please contact LTCOL Geoff Orme on 0418 648 156 or 02 9806 9644 (civ wk).

Please return your completed booklet and place your **completed Attendance Record** in the prepaid envelope provided (PO Box 950, Parramatta, NSW, 2124), **by 30 September 2005**.

**- SECTION 1 -**  
*In Confidence*

**PERSONAL PARTICULARS**

First Name: ..... Preferred Name: ..... Last Name: .....

Date of Birth: ..... /.../... Today's date: ...../...../.....

Current Contact Address (please include postal address): .....

City: ..... P/Code: ..... Tel:..... Mobile.....

E-mail Address: .....

Current Unit:..... Posting:.....

Unit Location (Depot):..... Rank:..... Been deployed since AUSBATT VII?...  Yes  No  
If Yes, please indicate the operation and deployment dates.....

**RELATIONSHIP STATUS**

Please indicate if your relationship status has changed since the last survey (incl. birth of a child)

- NO  YES  
 Engaged  De Facto  Married  Divorced  
 Separated  Remarried  Widowed  
 Other.....

If YES, please specify in what way(s) it has changed.....  
.....

**EMPLOYMENT STATUS**

Please indicate your current employment status

- Full time  Part time  Casual  Other?  
Student:  Part time  Full time  
 Home duties  Unemployed (duration.....)

Please indicate your current Military Service:

- Active Res  Standby Res  Discharged  
 Full Time Service  Transferred to  ARA  
 RAAF  RAN

Have you experienced any other work changes?  
.....

**EDUCATION AND COURSES**

Please indicate any training courses you have undertaken or are completing at present, since the last survey.  
Please indicate both military and civilian courses and provide as much detail as possible.

Civilian Courses/Training:

.....  
.....

Military Courses/Training:

.....  
.....

Have you been involved in any traumatic, life threatening, or significant events such as incidents of violence, assault, natural disaster, serious accidents etc. since your last survey?

- NO  YES

If YES, please specify

.....  
.....  
.....

**- SECTION 1 -**  
*In Confidence*

**CURRENT ISSUES**

Please take a moment to describe how things are going for you. Please list any current concerns or issues in your life such as stresses, family, relationships, work, study, health, adjustment, etc.

.....

.....

.....

How would you rate your adjustment to life since your period of Continuous Full Time Service (CFTS)?

**Personal life**

- No adjustment issues    Some adjustment difficulties    Many adjustment difficulties

**Work Life**

- No adjustment issues    Some adjustment difficulties    Many adjustment difficulties

**Home Life**

- No adjustment issues    Some adjustment difficulties    Many adjustment difficulties

Comments:.....

.....

Are you currently on prescribed medication?

- No
- Yes (please specify what type of medication and the purpose)

.....

.....

.....

Have you sought or been referred for counselling (eg. GP, DCO, VVCS, psych)?

- No
- Yes (please indicate the reason)

.....

.....

If YES, was it related to your CFTS?  Yes  No

What are your current (military) career intentions?

- Remain in Active Reserve
- Transfer to Stand by (Inactive) Reserve
- Apply for Full Time Service?
- Join the Full Time ( Army  RAAF  RAN  Civ  other)
- Leave the ADF
- Apply for  Officer training  AWOC  Specialist Service Officer
- Other? (Please specify) .....

Has your period of CFTS changed your military career intentions generally?

- Yes    No    Undecided

Comments:.....

.....



**- SECTION 2 -**  
*In Confidence*

**Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.**

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

**- SECTION 2 -**  
*In Confidence*

*Reminder of rating scale:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

**- SECTION 3 -**  
***In Confidence***

Please answer ALL the following questions by **CIRCLING** the response that best corresponds to any **thoughts** of harming yourself either in the past, present or future. If you circle **1 Does not apply to me** in section A of each of PAST, PRESENT, or INTENTIONS, you are not required to complete B, C or D in each of those sections.

**1. PAST (3 or more months ago)**

**A. In the past** have you had *serious thoughts* about harming or killing yourself?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Does not apply to me	Rarely	Sometimes	Often	Very Often

**B. In the past** did these thoughts about harming or killing yourself cause you *distress*?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Distress at all	A bit of Distress	Some Distress	Quite a bit of Distress	Significant Distress

**C. In the past** did these thoughts about harming or killing yourself give you a feeling of *relief or release*?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No sense of relief at all	A bit of Relief	Some Relief	Quite a bit of Relief	Significant sense of relief

**D. In the past** over what continuous *period of time* were you experiencing these thoughts?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Does not apply to me	For a day or two	For up to a week	For a week to a month	For a month or more

**2. PRESENT (last 3 months to now)**

**A. At the present time**, do you have *serious thoughts* about harming or killing yourself?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Does not apply to me	Rarely	Sometimes	Often	Very Often

**B. At the present time**, how much *distress* do your thoughts about harming or killing yourself cause you?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Distress at all	A bit of Distress	Some Distress	Quite a bit of Distress	Extremely Distressing

**C. At the present time**, do these thoughts about harming or killing yourself give you a feeling of *relief or release*?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No sense of relief at all	A bit of Relief	Some Relief	Quite a bit of Relief	Significant sense of relief

**D. At the present time**, over what *period of time* have you been having these thoughts?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Does not apply to me	For a day or two	For several days	For a week or more	For a month or more

**- SECTION 4 -**  
*In Confidence*

**STANDARD DRINKS**



1 schooner (425 ml)  
of light beer

1 stubby (375 ml) of mid-  
strength "Gold" beer

1 pot (285 ml)  
of heavy beer

1 small glass  
(100 ml) of wine

1 nip (30 ml)  
of spirits

*Please TICK the box which best corresponds to your answer*

		Never	Monthly or Less	Once per week or less	Two to four times a week	Five or more a week
1	How often do you have a <b>standard drink</b> containing alcohol (see above diagram for what equals a standard drink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How many <b>standard drinks</b> do you have on a typical day when you are drinking?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 or more <input type="checkbox"/>
3	How often do you have 6 or more <b>standard drinks</b> on one occasion?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
5	How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
6	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
7	How often during the last year have you had a feeling of guilt or regret after drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>
9	Have you or someone else been injured as a result of your drinking?	No <input type="checkbox"/>		Yes, but not in the last year <input type="checkbox"/>	Yes, during the last year <input type="checkbox"/>	
10	Has a friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No <input type="checkbox"/>		Yes, but not in the last year <input type="checkbox"/>	Yes, during the last year <input type="checkbox"/>	
11	Do you think you presently have a problem with drinking?	No <input type="checkbox"/>	Probably Not <input type="checkbox"/>	Unsure <input type="checkbox"/>	Possibly <input type="checkbox"/>	Definitely <input type="checkbox"/>
12	In the next 3 months, how difficult would you find it to cut down or stop drinking?	Very Easy <input type="checkbox"/>	Fairly easy <input type="checkbox"/>	Neither difficult nor easy <input type="checkbox"/>	Fairly difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>

**- SECTION 6 -**  
*In Confidence*

**HARDINESS**

Below is a list of common beliefs people hold. How strongly would you have **agreed** or **disagreed** with each statement **over the last three to six months months?** (1 = Strongly Disagree; 2 = Disagree; 3 = Neither disagree or agree; 4 = Agree; 5 = Strongly Agree) Circle one response for each question.

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1. My involvement in non-work activities and hobbies provides me with a sense of meaning and purpose.	1	2	3	4	5
2. By taking part in political and social affairs, people can strongly influence world events and politics.	1	2	3	4	5
3. When all else appears miserable, I can always turn to my family and friends for help and support.	1	2	3	4	5
4. I prefer to do things that are risky, exciting and adventurous rather than stick to the same routine and lifestyle.	1	2	3	4	5
5. Becoming a success is mostly a matter of working hard; luck plays little or no role.	1	2	3	4	5
6. There are few things about which I lack confidence or feel self-conscious or insecure.	1	2	3	4	5
7. In general, I tend to be a bit critical and negative about most things in life.	1	2	3	4	5
8. It wouldn't take much to cause me to leave my present job.	1	2	3	4	5
9. I'm not very satisfied with my day to day involvement in the activities of my family and friends.	1	2	3	4	5
10. In general, I would prefer to have things well planned out in advance rather than deal with the unknown.	1	2	3	4	5
11. Most of life is wasted in meaningless activity.	1	2	3	4	5
12. I often feel awkward, uncomfortable, or insecure interacting with others socially.	1	2	3	4	5
13. I rarely find myself saying out loud or thinking that I'm not good enough or capable of accomplishing something.	1	2	3	4	5
14. I am committed to my job or other activities that I am involved in.	1	2	3	4	5
15. I tend to view most work and life changes, disappointments, and setbacks as threatening, harmful, or stressful rather than challenging.	1	2	3	4	5

**- SECTION 6 -**  
***In Confidence***

16. Just for variety's sake, I often explore new and different routes to places that I travel regularly (e.g. home, work ).	1	2	3	4	5
17. Others will act according to their own self-interests no matter what I attempt to say or do to influence them.	1	2	3	4	5
18. If I get a chance to see how others have done something or get the opportunity to be taught what to do, I am confident that I can be successful at almost anything.	1	2	3	4	5
19. I expect some things to go wrong now and then, but there is little doubt in my mind that I can cope with just about anything that comes my way.	1	2	3	4	5
20. Overall, most of the things that I am involved in (e.g., work, social relationships) are not very stimulating, enjoyable, and rewarding.	1	2	3	4	5
21. I am likely to get frustrated and upset if my plans do not work out as I hoped, or if things do not happen the way I really want them to.	1	2	3	4	5
22. There is a direct relationship between how hard I work and the success and respect that I will have.	1	2	3	4	5
23. I don't feel that I have accomplished much lately that is really important or meaningful with respect to my future goals and objectives in life.	1	2	3	4	5
24. I often think that I am not as good as or less important than others with whom I work or whom I know.	1	2	3	4	5
25. Many times I feel that I have little or no control and influence over things that happen to me.	1	2	3	4	5
26. If anything else changes or goes wrong in my life right now, I feel that I might not be able to cope with it.	1	2	3	4	5
27. When change occurs at work or home I often find myself thinking that the worst is going to happen.	1	2	3	4	5
28. At the moment, things at work and at home are fairly predictable and any more changes would just be too much to handle.	1	2	3	4	5
29. You can't really trust that many people because most people are looking for ways to improve their welfare and happiness at your expense.	1	2	3	4	5
30. Most of the meaning of life comes from internal, rather than external, definitions of success, achievement and self- satisfaction.	1	2	3	4	5

**CONFIDENTIAL EMPLOYER SURVEY**

This is a confidential survey to obtain your feedback about your experience and views around deployment of your employee/reservist at all stages – pre deployment, deployment post deployment and reintegration. Our aim is to achieve best practice across all stakeholders in this important area and your feedback is essential to this. Please be open and as detailed as you wish. The information will be collated and de-identified to preserve anonymity\*. Your participation is especially welcome and most appreciated.

<b>Your Position:</b> e.g. CEO/MD, Exec/Senior Mgt, Technical, Owner etc: (please describe as best as possible):	
<b>Type of Industry:</b> e.g. Local/State/Fed Govt, Education, Health, Mining, Manufacturing, Retail etc (please describe as best as possible)	
<b>Size of Business:</b>	<input type="checkbox"/> under 5 <input type="checkbox"/> 5-19 <input type="checkbox"/> 20-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> over 500
<b>What Does Your Enterprise Do?</b>	

**Section A**

A1. What **major positives** will your enterprise experience from your employee undertaking this deployment/period of Continuous Full Time Service (CFTS)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>Comments:</b>

A2. What **major negatives** will your enterprise experience from your employee undertaking this deployment/period of Continuous Full Time Service (CFTS)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>Comments:</b>

**Section B**

On a scale of 1 to 5, where 1 is most important and 5 is least important, please rank the following:

B1. The most important factors in the enterprise's decision to release our employee for this deployment/CFTS are:

- Enhancing the overalls skills, competencies, leadership and maturity etc of my employee.
- Financial Support to the enterprise (e.g. Employer Support Payments-ESP).
- Community Support i.e. doing our part, (recognition of Corporate citizenship).
- Supporting a neighbour nation (Altruism).
- Helps my employee meet an aspiration or goal.

<b>Comments:</b>

B2. The most important factors in the enterprise's decision to release our employee for future deployments/CFTS are (please rank from 1 to 5):

- Enhancing the overalls skills, competencies, leadership and maturity etc of my employee.
- Financial Support to the enterprise (e.g. Employer Support Payments-ESP).
- Community Support i.e. doing your part, (recognition of Corporate citizenship).
- Supporting a neighbour nation (Altruism).
- Helps my employee meet an aspiration or goal.

<b>Comments:</b>

**Section C**

C1. Please rank the optimum leave period and location for an employee's deployment /CFTS for your enterprise:

<b>Duration:</b>	<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 1 month	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> Other (please specify):
<b>Location:</b>	<input type="checkbox"/> Local community	<input type="checkbox"/> State/Territory	<input type="checkbox"/> Aust	<input type="checkbox"/> Overseas	<input type="checkbox"/> Other (please specify):

C2. What support, assistance or information needs does your enterprise have during the following periods:

i) Prior to commencing a deployment/CFTS (**Predeployment**)?

<b>Comments:</b>

ii) During a deployment/CFTS (**Deployment**)?

<b>Comments:</b>

iii) After the deployment (**Post Deployment**) (just prior to return to work)?

<b>Comments:</b>

iv) Return to Work (**Reintegration**)?

<b>Comments:</b>

What ideas or observations would you like to make to assist us in achieving best practice in engaging employers and enterprises?


**Thank you for your participation. Please pass to LTCOL Matt Vertzonis on completion.**

\*This confidential survey has been prepared by LTCOL Geoff Orme, Senior Officer Operations Analysis and Defence Psychologist at Headquarters Second Division. Please direct any queries to geoff.orme@defence.gov.au or 0418 648 156.



## Deployment of Reservists

# CONFIDENTIAL FAMILY FEEDBACK

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This is a confidential request to obtain your feedback about your recent experience from the deployment of your family member (Reservist). Our aim is to understand how we can best support families of our Reservists. Your feedback is entirely voluntary however would be very much appreciated.

The information obtained will be collated and de-identified to preserve anonymity\*. Your participation is especially welcome and most appreciated.

***Thank you.***

---

What is your role in the family?	<input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Relative (please specify):..... <input type="checkbox"/> Other (please specify):.....
Where do you live?	<input type="checkbox"/> Metropolitan (capital city) <input type="checkbox"/> Regional centre <input type="checkbox"/> Regional area <input type="checkbox"/> Other (please specify):.....
What distance do you live from a major Defence facility with support services e.g. Army, Navy or RAAF Base?	<input type="checkbox"/> under 25 km <input type="checkbox"/> 25-50 km <input type="checkbox"/> 51-100 km <input type="checkbox"/> 101-200 km <input type="checkbox"/> over 200 km
Are you employed?(optional):	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Other (please specify):.....

**Major Positives and Negatives of the Deployment**

1. What **major positives** did your family experience from this deployment?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

2. What **major negatives** did your family experience from this deployment?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**The Family's Decision to Support the Reservist's Deployment**

Can you please **rank the items in the following questions from 1 to 5** (where 1 is most important, 2 is second most important etc) in the following two questions which relate to the most important and least important factors in the family's decision to agree to the deployment.

3. What were the most important factors in the family's decision to support this **current** deployment/CFTS?

- Increase the person's skills, competencies, leadership, maturity etc.
- Financial Support to the family (e.g. salary, allowances).
- Community Support , doing our part for Australia (Citizenship).
- Supporting a neighbour nation (Altruism).
- Help my family member meet a goal or ambition.

4. What would be the most important factors in the family's decision to support a **future** deployment/CFTS?

- Increase the person's skills, competencies, leadership, maturity etc.
- Financial Support to the family (e.g. salary, allowances).

- Community Support , doing our part for Australia (Citizenship).
- Supporting a neighbour nation (Altruism).
- Help my family member meet a goal or ambition.

<b>Comments:</b>

<b>Accessing Family Support Services</b>
--

5. Were you aware of or did you access any of the following support services? (Please tick ✓)

- |  |                                      |  |
|--|--------------------------------------|--|
| <b>My Family Member's (Reservist's) Unit (Provider Unit)</b> | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Other Reservist's Families</b>                            | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>National Welfare Co-ord Centre (NWCC 1800 801 026)</b>    | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Defence Chaplaincy Services</b>                           | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Defence Community Organisation (DCO 1800 020 031)</b>     | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Defence Psychology Services</b>                           | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Defence Reserves Support (DRS 1800 803 485)</b>           | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>All Hours Support Line (AHSL 1800 628 036)</b>            | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |
| <b>Other (please specify.....)</b>                           | <input type="checkbox"/> I was aware | <input type="checkbox"/> I accessed their services |

6. Which services, if any, helped the most?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Overall, how effective were the support agencies and services in meeting your needs? (Please circle)

<i>Extremely helpful</i>	<i>Very helpful</i>	<i>Somewhat helpful</i>	<i>Not helpful</i>	<i>Inappropriate</i>
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7. What support, assistance or information needs did you have during the following periods:

- i) In the period after being notified, just prior to commencing the predeployment training? (**Notification and Preparation**)

<b>Comments:</b>



**Appendix 2**

Consent Form

## CONSENT FORM FOR PARTICIPANTS

**Title of Study: The Adjustment and Reintegration Experience of Army Reserve Personnel Following Full Time Service: A Longtudinal Case Study**

**Name of Researcher:** LTCOL Geoff Orme (AAPSYCH), Project Officer  
HQ Second Division, Poziers Lines RANDWICK BARRACKS, Avoca Street,  
RANDWICK NSW Ph: 0418 648 156 and (02) 9806 9644 (civ wk).

I have been asked to participate in the above research study and give my consent by signing this form on the understanding that:

1. The research will be carried out in a manner conforming to the principles set out by the National Health and Medical Research Council of Australia for research on human subjects.
2. I have been informed about this research and have been provided with an 'Information Sheet For Participants' which outlines the general purpose, research aims, methods, demands and possible risks, and inconvenience of participating in this study. I understand that the purpose of this study is to improve the understanding of the effect of full time service (including operational deployment) on Army Reserve personnel, and my participation may not be of any immediate benefit to me.
3. I may be required to complete a booklet containing a number of questionnaires and section for additional personal demographic information (including regimental/PM Keys numbers), on four occasions, under the supervision and guidance of a member of the AAPSYCH Corps (Psych Examiner or military psychologist). I understand also that this information will be held under the strictest confidence by the researcher and secured for a period of five (5) years after which it will be destroyed.
4. I understand and give consent to data relating to me held by Defence Force Psychology Organisation (DFPO) being accessed and used by the researcher as part of this project, including RTAPS and POPS data. I understand also that this information will be held under the strictest confidence by the researcher .
5. I give permission for information previously collected by the Defence Force Psychology Organisation (DFPO) to be accessed and used as part of this research for the aims and purpose outlined in the Information Sheet only, and for no other purpose. This consent is for the duration of this research only and for the nominated researcher only.
6. I understand that if I do not volunteer to participate or if I withdraw my consent at any time, it will not prejudice my career or access to future treatment.
7. No information regarding my medical or psych history will be divulged to any other person, and information involving me will not be published so as to reveal my identity.
8. I am co-operating in this project on condition that the information I provide will be kept confidential, and only used for this project. I understand that all research results will be made available to me at my request and any published reports of this study will preserve my anonymity.
9. This study has been approved by the Australian Defence Human Research Ethics Committee (ADHREC).
10. I have been given a copy of the 'Information Sheet For Participants' and this form, by the principal researcher LTCOL Geoff Orme. I have also been given a copy of ADHREC's Guidelines for Volunteers.

Signed..... Date: .....

Investigator..... Date: .....<sup>1</sup>

<sup>1</sup> If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Australian Defence Human Research Ethics Committee at the following address – Executive Secretary, ADHREC, CP2-7-006, Department of Defence, Canberra ACT 2601. Tel: (02) 6266 3925

**Appendix 2**

**Information Sheet**

# **Information Sheet for Participants**

## Title of Study

### **The Adjustment and Reintegration Experience of Army Reserve Personnel Following Full Time Service: A Longitudinal Case Study**

#### **Background**

This research is being conducted by Lieutenant Colonel Geoff Orme, military psychologist, in order to assess and compare the reintegration experience of Army Reserve personnel who have undertaken a period of fulltime service (including operational deployment), with their Regular counterparts. This surveillance and research program has been approved by Headquarters Second Division, and Headquarters First Division. It is also under the professional supervision of Group Captain Sandy McFarlane at the Centre for Military and Veteran's Health (CMVH) and Lieutenant Colonel Stephanie Hodson, Commanding Officer, One Psychology Unit.

You are invited to participate in this study by completing a booklet requesting some personal details, as well as containing some brief questionnaires. The booklet takes about 15-20 minutes to complete.

#### **Research Aim**

The aim of this research is to gain an understanding of post deployment adjustment and reintegration of Army Reserve personnel to civilian and military life following a period of full time service, compared with their Regular counterparts who completed the same deployment. This surveillance research relates to personnel who were selected for, and successfully completed, a period of twelve months full time service which included a seven month tour of duty on operational deployment to East Timor..

This surveillance project will reveal information which can be used to help both you, as well as Army Reserve personnel, who may undertake similar tasks in the future. This serves both the interests of each member as well as the wider ADF. This study has been approved by the Australian Defence Human Research Ethics Committee.

You are free to decide whether or not you wish to help with this study. Your authorisation will be sought to refer to information previously given by you to AAPSYPH personnel at the end of deployment period in May 2003. This information is currently held by the Defence Force Psychology Organisation (DFPO).

#### **Participation**

Participation is entirely voluntary. You are under no obligation to participate. Whatever your decision in this regard, it will have no effect on your military career. Your chain of command will not have access to any information regarding your participation or involvement in this study.



As part of your participation in this study, your name and details have been requested on the booklet, as well as your regimental details and PM Keys number. This information, along with the questionnaires themselves and any additional information utilised during this research, will be kept protected and in the strictest confidence by the researcher. Completed questionnaires will be used for research purposes only.

Additionally, you have authorised the researcher to access some data previously given by you at the end of deployment period in May 2003, which is held on your records kept by the Defence Force Psychology Organisation (DFPO). By signing the Consent Form, you have agreed that this data can be accessed so as to form part of the research. All data will be securely stored under the researcher's control for a period of five years, after which it will then be destroyed. The researcher only, will have access to this information. All data will be treated confidentially and identities respected and preserved in reports or published articles.

Amongst other things, the questionnaires ask you to describe characteristics about yourself, some of which may be sensitive to you. They also ask you about any feelings and experiences which you may have found stressful during your deployment or training. Should you have any concerns at any time either during or following the completion of the questionnaires, please immediately contact the researcher on 0418 648 156.

Should you consider at any time that you may wish to speak with or consult a psychologist or health professional, please contact either the researcher or any of the services listed below.

#### **IMPORTANT CONTACT NUMBERS FOR PSYCHOLOGICAL SERVICES**

Psych Support Section-Brisbane	(07) 3258 2863
Psych Support Section 7 CSSB	(07) 3332 4505
1 Psychology Unit (Randwick)	(02) 9349 0345
All Hours Support Line	1800 628 036
Defence Community Organisation	1800 020 031
Vietnam Veterans Counselling Service	1800 043 503 (National)
Defence Community Organisation	(02) 9600 4864 (Sydney) (03) 9282 3028 (Melbourne)
1 Health Services Battalion (RAP)	(02) 9600 1345

#### **Researcher's Responsibilities**

If the researcher finds however on completion of the questionnaires that you may be experiencing some significant symptoms relating to adjustment, he will, in his capacity as a psychologist, contact you to ensure your safety. If required, he will provide you with assistance in accessing the appropriate psychological support.

Given the desired anonymity of this process, it is important that you feel you can inform the researcher immediately.

## **Ethical Matters**

Should you have any complaints or concerns about the manner in which this project is conducted, please do not hesitate to contact the researcher in person, or you may prefer to contact the Australian Defence Human Research Ethics Committee. Their contact details are as follows:

Executive Secretary  
Australian Defence Human Research Ethics Committee  
CP2-7-66  
Department of Defence  
CANBERRA ACT 2600  
Ph: (02) 6266 3925  
Fax: (02) 6266 4982  
E-mail: [ADHREC@defence.gov.au](mailto:ADHREC@defence.gov.au)

If you decide that you would like to participate in this study by completing the booklet, please read the Consent Form and sign both copies. One copy is to be kept by you for your reference, and the other will be kept by the researcher.

After you have signed the Consent Form, complete the booklet, place it in the self addressed envelope and mail it as soon as possible.

**Thank you for your assistance.**

### Bibliography

- Adler, A., Castro, C. A., & Britt, T. W. (2003). Operational Stress. In C. A. Castro & T. W. Britt (Eds.), *Operational Stress* (Vol. 2): Praeger.
- Adler, A., Cawkill, P., van den Berg, L. C., Arvers, M. P., Puente, M. J., & Cuvelier, L. Y. (2008). International military leaders' survey on operational stress. *Military Medicine*, 173(1), 10-16.
- Adler, A., Litz, B. T., & Bartone, P. T. (2003). The nature of peacekeeping stressors. In T. W. Britt & A. B. Adler (Eds.), *The Psychology of the Peacekeeper: Lessons from the Field* (pp. 162-163). Westport, CT.: Praeger.
- Adler, N. (1981). Re-entry: Managing cross-cultural transitions. *Group and Organizational Studies*, 6(3), 341-356.
- Adler, N. (1986). *International dimensions of organizational behavior*. Boston: PWS Kent.
- Allison-Aipa, T. S., De La Rosa, G. M., Stetz, M. C., & Castro, C. A. (2005). The impact of National Guard activation for homeland defense: Employers' perspective. *Military Medicine*, 170(10), 846-850.
- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Josey Bass Publishers.
- Antonovsky, A. (1996). The salutogenic model as theory to guide health promotion. *Health Promotion International*, 11(1), 11-18.
- Australian Government. (2002). Reserve company to East Timor [Press release]. Retrieved 9 June 2013, from <http://www.defence.gov.au/minister/15tpl.cfm?CurrentId=1496>
- Baker, M. S. (1996). Preventing post-traumatic stress disorders in military medical personnel. *Military Medicine*, 161(5), 262-264.
- Balson, P. M., Howard, N. S., Manning, D. T., & Mathison, J. (1986). The psychophysiologic study of stress in military populations. *Military Medicine*, 151(3), 144-153.

- Bartone, P. T. (1989). Predictors of stress-related illness in city bus drivers. *Journal of Occupational Medicine, 31*(8), 657-663.
- Bartone, P. T. (1995). A short hardiness scale. Washington DC: Walter Reed Army Institute of Research.
- Bartone, P. T. (1999). Hardiness protects against war-related stress in Army reserve forces. *Consulting Psychology Journal: Practice and Research, 51*(2), 72-82.
- Bartone, P. T., & Adler, A. B. (1994). *A model for soldier psychological adaptation in peacekeeping operations*. Paper presented at the 36th Annual Conference of the International Military Testing Association, Rotterdam, Netherlands.
- Bartone, P. T., Adler, A. B., & Vaitkus, M. (1998). Dimensions of psychological stress in peacekeeping operations. *Military Medicine, 163*, 587-593.
- Bartone, P. T., Barry, C. L., & Armstrong, R. E. (2009). To build resilience: Leader influence on mental hardiness. *Defense Horizons, (69)*, 8.
- Bartone, P. T., Gifford, R. K., Wright, K. M., Marlowe, D. H., & Martin, J. A. (1992). *U.S. soldiers remain healthy under Gulf War stress*. Paper presented at the Fourth Annual Convention of the American Psychological Society, San Diego, CA.
- Bartone, P. T., Johnsen, B. H., Eid, J., Brun, W., & Laberg, J. C. (2002). Factors influencing small-unit cohesion in Norwegian Navy officer cadets. *Military Psychology, 14*(1), 22.
- Bartone, P. T., Roland, R. R., Picano, J. J., & Williams, T. J. (2008). Psychological hardiness predicts success in US Army Special Forces candidates. *International Journal of Selection and Assessment, 16*(1), 78-81.
- Bartone, P. T., Ursano, R. J., Wright, K. M., & Ingraham, L. H. (1989). The impact of a military air disaster on the health of assistance workers. *Journal of Nervous and Mental Disease, 177*(6), 11.

- Ben-Dor, G., Pedahzur, A., Canetti-Nisim, D., Zaidise, E., Perliger, A., & Bermanis, S. (2008). I versus we: Collective and individual factors of reserve service motivation during war and peace. *Armed Forces and Society, 34*(4), 565-592.
- Ben-Dor, G., Pedahzur, A., & Hasisi, B. (2002). Israel's national security doctrine under strain: The crisis of the reserve Army. *Armed Forces and Society, 28*(2), 22.
- Black, J. S., & Gregersen, H. B. (1991). When Yankee comes home: Returning expatriates feel foreign in their native land. *Journal of International Business Studies, 22*(4), 671-694.
- Black, J. S., & Gregersen, H. B. (1999). The right way to manage expats. *Harvard Business Review, 77*(2), 52-63.
- Black, J. S., Gregersen, H. B., & Mendenhall, M. E. (1992). Toward a theoretical framework of repatriation adjustment. *Journal of International Business Studies, 23*, 737-760.
- Bliese, P. D., Wright, K. M., Adler, A. B., Thomas, J. L., & Hoge, C. W. (2007). Timing of post-combat mental health assessments. *Psychological Services, 4*, 141-148.
- Bloch, H. S. (1970). The psychological adjustment of normal people during a year's tour in Vietnam. *Psychiatric Quarterly, 44*(1-4), 613-626.
- Boettcher, D. (2008). How to prepare for IA deployment. *US Navy Institute, 134* (4), 80-82.
- Borus, J. F. (1973). Reentry III. Facilitating healthy readjustment in Vietnam veterans. *Psychiatry, 36*, 428-439.
- Borus, J. F. (1974). Incidence of maladjustment in Vietnam returnees. *Psychiatry, 30*, 554-557.
- Boss, P. (2002). *Family stress management: A contextual approach* (Second ed.). Minnesota University: Sage Publications, Inc.
- Boss, P., & Greenberg, J. (1984). Family boundary ambiguity: A new variable in family stress theory. *Family Process, 23*(4), 535-546.
- Brereton, P. L., Orme, G. J., & Kehoe, E. J. (2013). The reintegration of reservist veterans: An Australian perspective. *Australian Defence Force Journal, 191*, 87-98.

- Brinkerhoff, J. R., & Horowitz, S. A. (1995). Case studies in reserve component volunteerism: The 670th Military Police Company in Operation Uphold Democracy. Alexandria, VA: Institute for Defense Analyses.
- Brinkerhoff, J. R., & Horowitz, S. A. (1995). Case studies in reserve component volunteerism: The US Army element of the Multinational Force and Observers mission, Sinai. Alexandria, VA: Institute for Defense Analyses.
- Britt, T. W., Adler, A. B., & Bartone, P. T. (2001). Deriving benefits from stressful events: The role of engagement in meaningful work and hardiness. *Journal of Occupational Health Psychology, 6*, 53 - 63.
- Brown, J. M., & Campbell, E. A. (1990). Sources of occupational stress in police. *Work and Stress, 4*, 305-318.
- Browne, T., Hull, L., Horn, O., Jones, M., Murphy, D., Fear, N. T., . . . Hotopf, M. (2007). Explanations for the increase in mental health problems in UK reserve forces who have served in Iraq. *British Journal of Psychiatry, 190*, 484-489.
- Buttz, C. L. (1991). Preparation for overseas movement: Lessons learned. *Military Medicine, 156*(11), 639-641.
- Caliber Associates. (1992). *A study of the effectiveness of family assistance programs in the Air Force during Operation Desert Shield/Storm*. Washington DC: Hay Systems Inc.
- Campbell, D. J., & Nobel, O. B. (2009). Occupational stressors in military service: A review and framework. *Military Psychology, 21*(Sup 2), 47-67.
- Castro, C. A., Adler, A. B., & Britt, T. W. (2006). The military family: Common themes and future directions. In A. B. Adler, C. A. Castro & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 3, pp. 245-247). Westport, CT: Praeger.
- Castro, C. A., Adler, A. B., & Britt, T. W. (Eds.). (2003). *Military Life: The psychology of serving in peace and combat* (Vol. 3: The Military Family). Westport, CT: Praeger.

- Chemtob, C. M., Bauer, G. B., Neller, G., Hamada, R., Glisson, C., & Stevens, V. (1990). Post-traumatic stress disorder among Special Forces Vietnam veterans. *Military Medicine*, *155*(1), 16-20.
- Cottrell, L. S. (1949). *The American soldier: Combat and its aftermath*. Princeton, NJ: Princeton University Press.
- Creamer, M., & Forbes, D. (2003). Long-term effects of traumatic stress. In G. E. Kearney, M. Creamer, R. Marshall & A. Goynne (Eds.), *Managing stress in deployed operations; The Australian Defence Force experience* (Ch. 12): Melbourne University Press.
- Dandeker, C., Eversden-French, C., Greenberg, N., Hatch, S., Riley, P., Van Staden, L., & Wessely, S. (2010). Laying down their rifles: The changing influences on the retention of volunteer British Army reservists returning from Iraq, 2003-2006. *Armed Forces and Society*, *36*(2), 264-289.
- Deans, C. L. (2002). *Content analysis of return to Australia questionnaires: Positive and negative experiences*. (06/2002). Canberra, ACT: Psychology Research and Technology Group.
- Deans, C. L., & Byrne, D. G. (2009). A scale to measure non-traumatic military operational stress. *Stress and Health*, *25*, 53-62.
- Deans, M. C. (2007). *Non-traumatic stressors in deployed military personnel: Impact on mental health*. (08/2007). Canberra, Australia: Australian Government.
- Department of Defence. (2014). Exercise Boss Lift. Retrieved 4 April 2014, from <http://www.defencereservessupport.gov.au/for-employers/get-the-reservist-experience/exercise-boss-lift.aspx>
- Dobson, M., & Marshall, R. (1997). Surviving the war zone experience: Preventing psychiatric casualties. *Military Medicine*, *162*(4), 283-287.
- Dolan, C. A., & Adler, A. B. (2006). Military hardiness as a buffer of psychological health on return from deployment. *Military Medicine*, *171*(2), 93-98.

- Ericson, D. A. (1999). *Predicting behaviour among repatriates: A test of equity theory*. (PhD Unpublished doctoral dissertation), Nova Southeastern University.
- Eschleman, K. J., Bowling, N. A., & Alarcon, G. M. (2010). A meta-analytic examination of hardiness. *International Journal of Stress Management, 17*(4), 277-307.
- Evans, B. J., & Coman, G. (1993). General versus specific measures of occupational stress: An Australian police survey. *Stress Medicine, 9*(1), 11-20.
- Faber, A. J., Willerton, E., Clymer, S. R., MacDernid, S. M., & Weiss, H. M. (2008). Ambiguous absence, ambiguous presence: A qualitative study of military reserve families in wartime. *Journal of Family Psychology, 22*(2), 222-230.
- Fear, N. T., Jones, M., Murphy, D., Hull, L., Iversen, A. C., Coker, B., . . . Wessely, S. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *The Lancet, 375*, 1783 - 1797.
- Feinstein, A., & Botes, M. (2009). The psychological health of contractors working in war zones. *Journal of Traumatic Stress, 22*(2), 102-105.
- Florian, V., Mikulincer, M., & Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology, 68*(4), 687-695.
- Ford, J. D., Shaw, D., Sennhauser, S., Greaves, D., Thacker, B., Chandler, P., . . . McClain, V. (1993). *Psychosocial debriefing after Operation Desert Storm: Marital and family assessment and intervention*. The Society for the Psychological Study of Social Issues.
- Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy*. Boston, MA: Beacon.
- Friedman, H. J. (1972). Military psychiatry: Limitations of the current preventive approach. *Archives of General Psychiatry, 26*, 118-123.
- Friedman, M. J. (2004). Acknowledging the psychiatric cost of war. *New England Journal of Medicine, 351*(1), 75-77.



- Friedman, M. J. (2005). Veterans' mental health in the wake of war. *New England Journal of Medicine*, 352, 1287-1290.
- Friedman, M. J. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *American Journal of Psychiatry*, 163(4), 586-593.
- Funk, S. C. (1992). Hardiness: A review of theory and research. *Health Psychology*, 11(5), 335-345.
- Funk, S. C., & Houston, B. K. (1987). A critical analysis of the hardiness scale's validity and utility. *Journal of Personality and Social Psychology*, 53(3), 572-578.
- Gebhardt, W. A., Van der Doef, M. P., & Paul, L. B. (2001). The Revised Health Hardiness Inventory (RHHI-24): Psychometric properties and relationship with self-reported health and health behavior in two Dutch samples. *Health Education Research*, 16(5), 579-592.
- Geisel, R. W. (2008). Easing military veterans' return. *Business Insurance*, 42, 11-12.
- Goss, Y., & Hynes, G. E. (2005). Strategies for successful repatriation. *Journal of International Business Research*, 4(1), 97 - 109.
- Green, S., Grant, A., & Rynsaardt, J. (2007). Evidence-based life coaching for senior high school students: Building hardiness and hope. *International Coaching Psychological Review*, 2(1), 24 - 32.
- Greenberg, N., Iversen, A. C., Hull, L., Bland, D., & Wessely, S. (2007). Getting a peace of the action: Measures of posttraumatic stress in UK military peacekeepers. *Journal of the Royal Society of Medicine*, 101, 78-84.
- Gregerson, H. B., & Stroh, L. K. (1997). Coming home to the Arctic cold: Antecedents to Finnish expatriate and spouse repatriation adjustment. *Personnel Psychology*, 50, 635-654.
- Griffith, J. (1995). The Army reserve soldier in Operation Desert Storm: Perceptions of being prepared for mobilisation, deployment, and combat. *Armed Forces and Society*, 21(2), 195-215.

- Griffith, J. (2005a). The Army National Guard soldier in post 9/11 operations: Perceptions of being prepared for mobilization, deployment and combat. *Journal of Political and Military Sociology, 33*(2), 16.
- Griffith, J. (2005b). Will citizens be soldiers? Examining retention of reserve component soldiers. *Armed Forces and Society, 31*(3), 30.
- Griffith, J. (2009). After 9/11, what kind of reserve soldier: Considerations given to emerging demands, organizational orientation, and individual commitment. *Armed Forces and Society, 35*(2), 26.
- Griffith, J. (2010a). Citizens coping as soldiers: A review of post-deployment stress symptoms among deployed reservists. *Military Psychology, 22*, 30.
- Griffith, J. (2010b). When does soldier patriotism or nationalism matter? The role of transformational small-unit leaders. *Journal of Applied Social Psychology, 40*(5), 22.
- Griffith, J. (2011). Contradictory and complementary identities of US Army reservists: A historical perspective. *Armed Forces and Society, 37*(2), 261-283.
- Grinker, R. R., & Spiegel, J. P. (1945). *Men under stress*. New York: McGraw Hill.
- Grojean, M. W., & Thomas, J. T. (2005). From values to performance: It's the journey that changes the traveller. In T. W. Britt, A. Adler & C. A. Castro (Eds.), *Minds in the military: Psychology and life in the armed services* (Vol. 4). Westport, CT: Praeger.
- Gullahorn, J. T., & Gullahorn, J. E. (1963). An extension of the U-curve hypothesis. *Journal of Social Issues, 19*(3), 33-47.
- Gurchiek, K. (2006). Employers urged to help workers adjust to life after combat. *HR News*, Retrieved 21 Nov 12, from [http://www.shrm.org/Publications/HRNews/Pages/CMS\\_019498.aspx](http://www.shrm.org/Publications/HRNews/Pages/CMS_019498.aspx)
- Haas, K. L. (2003). Stress and mental health support to Australian defence service personnel on deployment: A pilot study. *ADF Health, 4*(April), 19-22.

Hacker-Hughes, J., Earnshaw, M., Greenberg, N., Eldridge, R., Fear, N., French, C., . . . Wessely, S. (2008). The use of psychological decompression in military operational environments. *Military Medicine, 173*(6), 534-538.

Hacker-Hughes J., Cameron, F., Eldridge, R., Devon, M., Wessely, S., & Greenberg, N., (2005). Going to war does not have to hurt: Preliminary findings from the British deployment to Iraq. *British Journal of Psychiatry, 186*, 536-537.

Hardiness Institute. (1985). Personal views survey. *Arlington Heights, IL*.

Harvey, S. B., Hatch, S., Jones, M., Hull, L., Jones, N., Greenberg, N., . . . Wessely, S. (2011). Coming home: Social functioning and the mental health of UK reservists on return from deployment to Iraq or Afghanistan. *Annals of Epidemiology, 21*(9), 666-672.

Hoge, C. W., Lesikar, S. E., Guevara, R., Lange, J., Brundage, J. F., Engel, C. C. J., . . . Orman, D. T. (2002). Mental disorders among US military personnel in the 1990s: Association with high levels of health care utilization and early military attrition. *American Journal of Psychiatry, 159*, 1576-1583.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association, 295*, 1023-1032.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*, 13-22.

Holmes, D. T., Tariot, P. N., & Cox, C. (1998). Preliminary evidence of psychological distress among reservists in the Persian Gulf War. *Journal of Nervous & Mental Disease, 186*(3), 166-173.

Holmes, T., & Rahe, R. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research, 11*(2), 213-218.

- Hosek, J., & Totten, M. (2002). Serving away from home: How deployments influence re-enlistments: RAND, MR-1594-OSD.
- Hotopf, M., David, A., Hull, L., Ismail, K., Palmer, I., Unwin, C., & Wessely, S. (2003). The health effects of peacekeeping in the UK armed forces: Bosnia 1992-1996. Predictors of psychological symptoms. *Psychological Medicine*, *33*, 155-162.
- Hotopf, M., Hull, L., Fear, N. T., Browne, T., Horn, O., Iversen, A., . . . Wessely, S. (2006). The health of UK military personnel who deployed to the 2003 Iraq War: A cohort study. *Lancet*, *367*, 1731-1741.
- House of Commons. (2007). *Reserve Forces*. London: The Stationery Office Ltd.
- Huddleston, L., Paton, D., & Stephens, C. (2006). Conceptualising traumatic stress in police officers: Pre-employment, critical incident, and organizational influences. *Traumatology*, *12*(3), 170-177.
- Huddleston, L., Stephens, C., & Paton, D. (2007). An evaluation of traumatic and organizational experiences on the psychological health of New Zealand police recruits. *Work*, *28*, 199-207.
- Hudec, J. A. (2008). Twice the citizen-Twice the employer. *Canadian Military Journal*, *6*(3), 3.
- Hull, J. G., Van Treuren, R. R., & Virnelli, S. (1987). Hardiness and health: A critique and alternative approach. *Journal of Personality and Social Psychology*, *53*(3), 518-530.
- Ikin, J. F., McKenzie, D. P., Creamer, M. C., McFarlane, A. C., Kelsall, H. L., Glass, D. C., . . . Sim, M. R. (2005). War zone stress without direct combat: The Australian Naval experience of the Gulf War. *Journal of Traumatic Stress*, *18*(3), 193-204.
- Ikin, J. F., Sim, M. R., Creamer, M. C., Forbes, A. B., McKenzie, D. P., Kelsall, H. L., . . . Schwarz, H. (2004). War-related psychological stressors and risk of psychological disorders in Australian veterans of the 1991 Gulf War. *British Journal of Psychiatry*, *185*, 116-126.

- Iowa Persian Gulf Study Group. (1997). Self-reported illness and health status among Gulf War veterans: A population-based study. *Journal of American Medical Association*, 277, 238-235.
- Isay, R. A. (1968). The submariners' wives syndrome. *Psychiatric Quarterly*, 42(4), 647-657.
- Iversen, A. C., Fear, N. T., Ehlers, A., Hacker-Hughes, J., Hull, L., Earnshaw, M., . . . Hotopf, M. (2008). Risk factors for post-traumatic stress disorder among UK armed forces personnel. *Psychological Medicine*, 38(4), 511-522.
- Jennings, B. M., & Staggars, N. (1994). A critical analysis of hardiness. *Nursing Research*, 43, 274-281.
- Johnson, D. R., Lubin, H., Rosenheck, R., Fontana, A., Southwick, S., & Charney, D. (1997). The impact of the homecoming reception on the development of post traumatic stress disorder: The West Haven Homecoming Stress Scale (WHHSS). *Journal of Traumatic Stress*, 10(2), 259-277.
- Jonsson, A., Segesten, K., & Mattson, B. (2003). Post-traumatic stress among Swedish ambulance personnel. *Emergency Medicine Journal*, 20, 15.
- Jordan, P. (1992). *Re-entry: Making the transition from missions to life at home: Youth With A Mission (YWAM)*.
- Kelly, J. P. (2010). Call to action: Real warriors campaign encourages warriors, families to seek needed help. *Defense Centers of Excellence in Action Newsletter*, 2(4), 9, Retrieved 12 May 2013, from [http://www.dcoe.mil/MediaCenter/Newsletters/DCoE\\_in\\_Action.aspx](http://www.dcoe.mil/MediaCenter/Newsletters/DCoE_in_Action.aspx)
- Khoshaba, D. M., & Maddi, K. L. (1999). Early experiences in hardiness development. *Consulting Psychology Journal: Practice and Research*, 51(2), 106-116.
- King, D. W., King, L. A., Gudanowski, D. M., & Foy, D. W. (1996). Prewar factors in combat-related posttraumatic stress disorder: Structural equation modelling with a national sample of female and male Vietnam veterans. *Journal of Consulting and Clinical Psychology*, 64(3), 520 - 531.

- King, D. W., King, L. A., Gudanowski, D. M., & Vreven, D. L. (1995). Alternative representations of war zone stressors: Relationships to posttraumatic stress disorder in male and female Vietnam veterans. *Journal of Abnormal Psychology, 104*(1), 184-196.
- King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology, 74*(2), 420-434.
- King, L. A., King, D. W., Vogt, D. S., Knight, J. A., & Samper, R. E. (2006). Deployment risk and resilience inventory. *Military Psychology, 18*, 89-120.
- Kirby, S. N., & Naftel, S. (2000). The impact of deployment on the retention of military reservists. *Armed Forces and Society, 26*(2), 259-284.
- Kirkland, F. R. (1995). Post-combat Re-entry. In F. D. Jones, M. A. Sparacino, V. L. Wilcox, J. M. Rothberg & J. W. Stokes (Eds.), *War psychiatry. Textbook of military medicine* (pp. 291-317). Philadelphia, PA: Borden Institute.
- Kirkland, F. R., Halverson, R. R., & Bliese, P. D. (1996). Stress and psychological readiness in post-Cold War operations. *Parameters, 79*-91.
- Kitfield, J. (2001). Are we wearing out the Guard and Reserve? *Air Force Magazine, (Feb)*, 34-39. Retrieved 12 May 2013, from <http://www.airforce-magazine.com/MagazineArchive/Pages/2001/February%202001/0201reserve.aspx>
- Kobasa, S. C. (1979). Stressful life events, personality and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37*(1), 1-11.
- Kobasa, S. C., & Maddi, S. R. (1977). Existential personality theory. In R. J. Corsini (Ed.), *Current personality theories* (pp. 243-276). Itasca, Ill: FE Peacock Publishers Inc.
- Kobasa, S. C., Maddi, S. R., & Courington, S. (1981). Personality and constitution as mediators in the stress-illness relationship. *Journal of Health and Social Behavior, 22*(4), 368-378.

- Kobasa, S. C., Maddi, S. R., & Kahn, S. (1982). Hardiness and health: A prospective study. *Journal of Personality and Social Psychology*, 42(1), 168-177.
- Kobasa, S. C., Maddi, S. R., & Puccetti, M. C. (1982). Personality and exercise as buffers on the stress-illness relationship. *Journal of Behavioral Medicine*, 5(4), 391-404.
- Kobasa, S. C., Maddi, S. R., & Zola, M. A. (1982). Type A and hardiness. *Journal of Behavioral Medicine*, 6(1), 41-51.
- Kobasa, S. C., & Puccetti, M. C. (1983). Personality processes and individual differences: Personality and social resources in stress resistance. *Journal of Personality and Social Psychology*, 45(4), 839 - 850.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study* (Vol. 18). New York, N.Y.: Brunner/Mazel.
- Kuring, I. (2004). *Red coats to cams: A history of Australian infantry 1788 to 2001*. Australian Military History Publications.
- Lakhani, H., & Fugita, S. S. (1993). Reserve/Guard retention: Moonlighting or patriotism? *Military Psychology*, 5(2), 113-125.
- Landrigan, P. J. (1997). Illness in Gulf War veterans: Causes and consequences. *Journal of the American Medical Association*, 277(3), 259-261.
- Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw Hill.
- Litz, B. T., Gray, M. J., Bryant, R., & Adler, A. B. (2002). Intervention for trauma: Current status and future directions. *Clinical Psychology: Science and Practice*, 9, 112-134.
- Lomsky-Feder, E., Gazit, N., & Ben-Ari, E. (2008). Reserve soldiers as transmigrants: Moving between the civilian and military worlds. *Armed Forces and Society*, 34(4), 593-614.

- MacDonald, C., Chamberlain, K., Long, N., & Mirfin, K. (1996). Psychological effects of peacekeeping deployments on military personnel. Palmerston North, New Zealand: Department of Psychology, Massey University.
- MacDonald, C., Chamberlain, K., Long, N., Mirfin, K., & Pereira-Laird, J. (1998). Mental health, physical health and stressors reported by New Zealand Defence Force peacekeepers: A longitudinal Study. *Military Medicine*, 163(7), 477-481.
- Maddi, S. R. (1970). *The search for meaning*. In W. J. Arnold & M. M. Page (Eds.) *Nebraska Symposium on Motivation* (pp. 137-186). Lincoln NB: University of Nebraska.
- Maddi, S. R. (1987). Hardiness training at Illinois Bell Telephone. In J. P. Opatz (Ed.), *Health promotion evaluation* (pp. 101-115). Stevens Point, WI: National Wellness Institute.
- Maddi, S. R. (1999). Comment on trends in hardiness research and theorizing. *Consulting Psychology Journal: Practice and Research*, 51(2), 67-71.
- Maddi, S. R., Kahn, S., & Maddi, K. L. (1998). The effectiveness of hardiness training. *Consulting Psychology Journal: Practice and Research*, 50(2), 78-86.
- Maddi, S. R., Khoshaba, D. M., & Pammeter, A. (1999). The hardy organisation: Success by turning change to advantage. *Consulting Psychology Journal: Practice and Research*, 51(2), 117-124.
- Maguen, S., Suvak, M., & Litz, B. T. (2005). Predictors and prevalence of PTSD among military veterans. In A. B. Adler, C. A. Castro & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 2, pp. 141-169). Westport, CT: Praeger.
- Malone, J. D., Paige-Dobson, B., Ohl, C., DiGiovanni, C., Cunnion, S., & Roy, M. J. (1996). Possibilities for unexplained chronic illness among reserve units deployed in Operations Desert Shield\Desert Storm. *Southern Medical Journal*, 89(12), 1147-1155.
- Marshall, R. (2003). Managing stress in deployed operations: The Australian Defence Force experience. In G. E. Kearney, M. Creamer, R. Marshall & A. Goynne (Eds.), *Military stress and performance* (pp. 39-54). Melbourne: Melbourne University Press.



McDonald, S., & Arthur, N. (2005). Connecting career management to repatriation adjustment.

*Career Development International*, 10(2), 145-158.

Milgram, N. A., Orenstein, R., & Zafir, E. (1989). Stressors, personal resources and social supports in military performance during wartime. *Military Psychology*, 1(4), 185-199.

Morris, J. (2008). *Beyond the yellow ribbon: A Minnesota deployment cycle model*. Unpublished Report.

Mott, D. H. (2010). How families are learning to cope with repeat deployments. *Ameriforce*, 8-13.

Retrieved 13 May 2013, from [www.docstoc.com/docs/5377425/Repeat-Deployments](http://www.docstoc.com/docs/5377425/Repeat-Deployments).

Murphy, P. J. (2003). The stress of deployment. In G. E. Kearney, M. Creamer, R. Marshall & A. Goynes (Eds.), *Military stress and performance: The Australian Defence Force experience*. Melbourne, Australia: Melbourne University Press.

Murphy, P. J., Collyer, R. S., Cotton, A. J., & Levey, M. (2003). Psychological support to Australian Defence Force operations: A decade of transformation. In G. E. Kearney, M. Creamer, R. Marshall & A. Goynes (Eds.), *Military stress and performance: The Australian Defence Force experience* (pp. 57-97). Melbourne, Australia: Melbourne University Press.

Murphy, P. J., & Skate, A. M. (2000). Adjustment after service in East Timor: Preliminary findings from the post-deployment survey (pp. 4-20).

Murray, M. M. (2006). What reservists should know to keep their jobs while on deployment.

*Deployment Guide*. Retrieved 25 April 2013, from

<http://www.docstoc.com/docs/130021470/Family-By-Michele-Murray>

National Assembly on School-based Health Care (2013). Military families. Retrieved 25 April 2013, from

[http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7517549/k.897A/Military\\_Family.htm](http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7517549/k.897A/Military_Family.htm)

NATO. (2007). *A leader's guide to psychological support across the deployment cycle*. NATO Task Group HFM 081/RTG RTO-TR-HFM-081.

- Newby, J. H., McCarroll, J. E., Ursano, R. J., Fan, Z., Shigemura, J., & Tucker-Hariss, Y. (2005). Positive and negative consequences of a military deployment. *Military Medicine, 170*(10), 815-819.
- Norwood, A. E., Fullerton, C. S., & Hagen, R. N. (1996). Those left behind: Military families. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities and nations* (pp. 163-196). Washington, DC: American Psychiatric Press.
- Nowack, K. M. (1986). Type A, hardiness, and psychological distress. *Journal of Behavioral Medicine, 9*(6), 537-548.
- Nowack, K. M. (1989). Coping style, cognitive hardiness and health status. *Journal of Behavioral Medicine, 12*(2), 145-158.
- Nowack, K. M. (1990). Initial development of an inventory to assess stress and health risk. *American Journal of Health Promotion, 4*(3), 13-24.
- Nowack, K. M. (1999). *Stress Profile Manual*. Los Angeles, CA: Western Psychological Services.
- Oberg, K. (1960). Cultural shock: Adjustment to new cultural environments. *Practical Anthropology, 7*, 177-182.
- Orme, G. (2009). *Post deployment reintegration of Australian Army reservists*. Paper presented at the 11th European Conference on Traumatic Stress, Oslo, Norway.
- Orme, G. J. (2009). Return to sender: Reintegration after reservists deploy. *ADF Health, 10*(1), 4.
- Orme, G. J., & Kehoe, E. J. (2012). *Evaluation of a reintegration presentation for returning Australian Army reservists*. Paper presented at the Australian Military Medicine Association Annual Conference 2012, Brisbane, Australia.
- Orme, G.J., & Kehoe, E.J. (2014). Hardiness as a predictor of mental health and well being of Australian Army reservists on and after stability operations. *Military Medicine, 179*(4), 404-412

- Orsillo, S. M., Roemer, L., Litz, B. T., Ehlich, P., & Friedman, M. J. (1998). Psychiatric symptomatology associated with contemporary peacekeeping. *Journal of Traumatic Stress, 11*(4), 611-625.
- Ouellette, S. C. (1993). Inquiries into hardiness. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (Second ed., pp. 77-100). New York: Free Press.
- Passey, G., & Crockett, D. (1995). *Psychological consequences of Canadian UN peacekeeping in Croatia and Bosnia*. Paper presented at the International Society for Traumatic Stress Studies, Boston, MA.
- Paton, D., & Burke, K. J. (2007). Personal and organizational predictors of posttraumatic adaptation and growth in police officers. *Australasian Journal of Disaster and Trauma Studies, 1*, 1-16.
- Peebles-Kleiger, M. J., & Kleiger, J. H. (1994). Re-integration stress for Desert Storm families: Wartime deployments and family trauma. *Journal of Traumatic Stress, 7*, 173-194.
- Phelps, R. H., & Farr, B. J. (1996). *Reserve component soldiers as peacekeepers*. (Report 96-07). Alexandria, VA: US Army Research Institute for Behavioral and Social Sciences.
- Pollock, S. E. (1984). Adaptation to stress. *Texas Nursing, 58*, 12-13.
- Pollock, S. E., & Duffy, M. E. (1990). The health-related hardiness scale: Development and psychometric analysis. *Nursing Research, 39*, 218-222.
- Power, M., & Nottage, C. (2004). *2004 Australian Defence Force reserves: Attitude survey report*. (5/2005). Canberra, Australia: Directorate of Strategic Personnel Planning and Research. Retrieved 9 June 2004, from <http://trove.nla.gov.au/work/26451635>.
- RAND-Corporation. (2003). How does deployment affect retention of military personnel? : RAND Corporation (Report RB-7557-OSD).
- Ritchie, E. C., & Ruck, D. C. (1994). The 528th Combat stress control unit in Somalia in support of Operation Restore Hope. *Military Medicine, 159*(5), 372-376.

- Riviere, L. A., Kendall-Robbins, A., McGurk, D., Castro, C. A., & Hoge, C. W. (2011). Coming home may hurt: Risk factors for mental ill health in US reservists after deployment in Iraq. *British Journal of Psychiatry, 198*, 136-142.
- Robbins, S. P. (2001). *Organizational Behavior*. New Jersey: Prentice Hall.
- Rohall, D. E. (1999). Examining the importance of organizational supports on family adjustment to Army life in a period of increasing separation. *Journal of Political and Military Sociology, 27*(1), 49-65.
- Rona, R. J., Hyams, K. C., & Wessely, S. (2005). Screening for psychological illness in military personnel. *Journal of the American Medical Association, 293*(10), 1257-1260.
- Rona, R. J., Hooper, R., Jones, M., Hull, L., Browne, T., Horn, O., . . . Wessely, S. (2006). Mental health screening in armed forces before the Iraq war and prevention of subsequent morbidity: Follow-up study. *British Medical Journal, 333*, 991-995.
- Ross, M. C., & Wonders, J. (1993). An exploration of the characteristics of post traumatic stress disorder in reserve forces deployed during Desert Storm. *Archives of Psychiatric Nursing, 7*(5), 265-269.
- Rotter, J. B., Seeman, M., & Liverant, S. (1962). Internal vs. external locus of control of reinforcement: A major variable in behavior theory. In J. B. Rotter, M. Seeman & S. Liverant (Eds.), *Decisions, Values, and Groups*. (pp. 473-516.). London: Pergamon
- Sareen, J., Cox, B. J., Afifi, T. O., Stein, M. B., Belik, S. L., Meadows, G., & Asmundson, G. J. (2007). Combat and peacekeeping operations in relation to prevalence of mental disorders and perceived need for mental health care: Findings from a large representative sample of military personnel. *Archives of General Psychiatry, 64*(7), 843-852.
- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services, 61*(6), 589-597.

- Schumm, W. R., & Jurich, A. P. (1998). Attitudes of the reserve component service members regarding the consequences of frequent overseas deployments. *Psychological Reports, 83*, 983-989.
- Scott, W. J. (2002). *The assessment and prediction of posttraumatic stress disorder in Vietnam veterans and the implications for Australian Defence Force peacekeepers*. (unpublished PhD thesis), University of New England, Armidale, NSW.
- Scurfield, R. M., & Tice, S. N. (1992). Interventions with medical and psychiatric evacuees and their families: From Vietnam through the Gulf War. *Military Medicine, 157*(2), 88-97.
- Segal, M. W. (1986). The military and the family as greedy institutions. *Armed Forces and Society, 13*(9), 9-38.
- Shephard, B. (2002). *A war of nerves: Soldiers and psychiatrists 1914-1994*. London: Pimlico.
- Shigemura, J., & Nomura, S. (2002). Mental health issues of peacekeeping workers. *Psychiatry and Clinical Neurosciences, 56*, 483-491.
- Sinclair, R. R., & Oliver, C. M. (2003). Development and validation of a short measure of hardiness. Portland, OR: Defense Technical Information Center.
- Sinclair, R. R., & Tucker, J. S. (2006). Stress-care: An integrated model of individual differences in soldier performance under stress. In T. W. Britt, C. A. Castro & A. B. Adler (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 1, pp. 202-231). Westport, CT: Praeger.
- Skomorovsky, A., & Sudom, K. A. (2011a). Psychological well-being of Canadian forces officer candidates: The unique roles of hardiness and personality. *Military Medicine, 176*(4), 389-396.
- Skomorovsky, A., & Sudom, K. A. (2011b). Role of hardiness in the psychological well-being of Canadian forces officer cadets. *Military Medicine, 176*(1), 7-12.
- Smith, H., & Jans, N. (2011). Use them or lose them? Australia's Defence Force reserves. *Armed Forces & Society, 37*(2), 301-320.

Southwick, S. M., Morgan, A., Nagy, L. M., Bremner, D., Nicolaou, A. L., Johnson, D. R., . . .

Charney, D. S. (1993). Trauma-related symptoms in veterans of Operation Desert Storm: A preliminary report. *American Journal of Psychiatry*, *150*(10), 1524-1528.

Stendt, D. M. (2006). A nurse's experience in Iraq. *ADF Health*, *7*(2), 87-91.

Stetz, M. C., McDonald, J. J., Lukey, B. J., & Gifford, R. K. (2005). Psychiatric diagnoses as a cause of medical evacuation. *Aviation Space Environmental Medicine*, *76*(7 Sup), C15-20.

Storti, C. (2003). *The art of coming home*. Yarmouth, Maine: Intercultural Press Ltd.

Stretch, R. H. (1985). PTSD among US Army reserve Vietnam and Vietnam era veterans. *Journal of Consulting and Clinical Psychology*, *53*(6), 935-936.

Stretch, R. H. (1986). Incidence and aetiology of PTSD among active duty Army personnel. *Journal of Applied Social Psychology*, *16*, 464-481.

Stretch, R. H., Bliese, P. D., Marlowe, D. H., Wright, K. M., Knudson, K. H., & Hoover, C. H. (1996a). Post-traumatic stress disorder symptoms among Gulf War veterans. *Military Medicine*, *161*(7), 407-410.

Stretch, R. H., Bliese, P. D., Marlowe, D. H., Wright, K. M., Knudson, K. H., & Hoover, C. H. (1996b). Psychological health of Gulf War-era military personnel. *Military Medicine*, *161*(5), 257-261.

Stretch, R. H., Vail, J. D., & Maloney, J. P. (1985). PTSD among Army Nurse Corps Vietnam veterans. *Journal of Consulting and Clinical Psychology*, *53*(5), 704-708.

Stuart, J. A., & Bliese, P. D. (1998). The long-term effects of Operation Desert Storm on the psychological distress of US Army reserve and National Guard veterans. *Journal of Applied Social Psychology*, *28*(1), 1-22.

Sussman, N. M. (2000). The dynamic nature of cultural identity throughout cultural transitions: Why home is not so sweet. *Personality and Social Psychology Review*, *4*(4), 355-373.

- Sussman, N. M. (2001). Repatriation transitions: Psychological preparedness, cultural identity, and attributions among American managers. *International Journal of Intercultural Relations*, 25, 109-123.
- Sutker, P. B., Davis, J. M., Uddo, M., & Ditta, S. R. (1995). War zone stress, personal resources, and PTSD in Persian Gulf War returnees. *Journal of Abnormal Psychology*, 104(3), 444-452.
- Taft, C. T., Stern, A. S., King, L. A., & King, D. W. (1999). Modeling physical health and functional health status. *Journal of Traumatic Stress*, 12(1), 3-23.
- Thie, H. J., Conley, R. E., Leonard, H. A., Abbott, M., Larson, E. V., McMahon, K. S., . . . Yardley, R. J. (2004). *Past and future: Insights for reserve component use*. Monica, CA: RAND National Security Research Division.
- Trump, D. H., Brady, P. J., & Olsen, C. H. (2004). Self-rated health and subsequent health care use among military personnel returning from international deployments. *Military Medicine*, 169(2), 128-133.
- Turner, M. A., Kiernan, M. D., McKechnie, A. G., Finch, P. J., McManus, F. B., & Neal, L. A. (2005). Acute military psychiatric casualties from the war in Iraq. *British Journal of Psychiatry*, 186, 476-479.
- Twomey, A. (2007). *ADF mental health surveillance: Deployment baselines Jan 03-Aug 06*. Canberra: Australian Government Department of Defence.
- Tyler, T., DeGoey, P., & Smith, H. (1996). Understanding why the justice of group procedures matters: A test of the psychological dynamics of the group-value model. *Journal of Personality and Social Psychology*, 70(5), 913-930.
- UK Ministry of Defence. (2011). *Future reserves 2020: The independent commission to review the United Kingdom's reserve forces*. London: The Stationery Office. Retrieved 12 June 2014, from [http://www.army.mod.uk/documents/general/88\\_FutureReserves\\_2020\\_\(1\).pdf](http://www.army.mod.uk/documents/general/88_FutureReserves_2020_(1).pdf).

UK National Audit Office. (2006). *Ministry of Defence Reserve Forces*. (HC 964 Session 2005-2006). London: The Stationery Office. Retrieved 13 May 2013, from

<http://www.nao.org.uk/wp-content/uploads/2006/03/0506964.pdf>.

Ursano, R. J. (1996). *Emotional aftermath of the Persian Gulf War: Veterans, families, and communities*. Arlington, VA: American Psychiatric Press.

Ursano, R. J., Benedek, D. M., & Engel, C. C. (2007). Mental illness in deployed soldiers. *British Medical Journal*, 335, 571-576.

Ursano, R. J., & Norwood, A. E. (1996). The effect of war on soldiers and families, communities and nations: Summary. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War* (pp. 535-547). Arlington, VA: American Psychiatric Press.

US Assistant Secretary of Defense: Reserve Affairs. (2000). *National Guard and reserve family readiness strategic plan: 2000-2005*. Washington DC: US Department of Defense.

Retrieved 13 May 2013, from <http://fhpr.osd.mil/pdfs/stratpln.pdf>.

US Defense Science Board, (2007). *Deployment of Members of the National Guard and Reserve in the Global War on Terrorism*. Retrieved 2 May 2013, from

<http://www.acq.osd.mil/dsb/reports/ADA478163.pdf>

US Government. (2008). *Commission on the National Guard and Reserves*. Retrieved 13 May 2013, from [http://www.loc.gov/rr/frd/pdf-files/CNGR\\_final-report.pdf](http://www.loc.gov/rr/frd/pdf-files/CNGR_final-report.pdf)

van der Ploeg, E., & Kleber, R. J. (2003). Acute and chronic job stressors among ambulance personnel: Predictors of health symptoms. *Occupational Environmental Medicine*, 60(Sup 1), i40-i46.

van der Velden, P., Kleber, R. J., Grievnink, L., & Yzermans, J. C. (2010). Confrontations with aggression and mental health problems in police officers: The role of organizational stressors, life events and previous mental health problems. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(2), 135-144.



Walker, W. E. (1992). Comparing Army reserve forces: A tale of multiple ironies, conflicting realities, and more certain prospects. *Armed Forces and Society, 18*(3), 303-323.

Waller, M., Treloar, S. A., Sim, M. R., McFarlane, A. C., McGuire, A. C. L., Bleier, J., & Dobson, A. J. (2012). Traumatic events, other operational stressors and physical and mental health reported by Australian Defence Force personnel following peacekeeping and war-like deployments. *BMC Psychiatry, 12*(88), 10. Retrieved 13 May 2013, from <http://www.biomedcentral.com/content/pdf/1471-244X-12-88.pdf>.

Ward, W. (1997). Psychiatric morbidity in Australian veterans of the United Nations peacekeeping force in Somalia. *Australia and New Zealand Journal of Psychiatry, 31*, 184-193.

Warner, C. H., Appenzeller, G. N., Mullen, K., Warner, C. M., & Grieger, T. (2008). Soldier attitudes toward mental health screening and seeking care upon return from combat. *Military Medicine, 173*(6), 563-570.

Waysman, M., Schwartzwald, J., & Solomon, Z. (2001). Hardiness: An examination of its relationship with positive and negative long term changes following trauma. *Journal of Traumatic Stress, 14*(3), 531-548.

Weisaeth, L., Mehlum, L., & Mortensen, M. S. (1996). Peacekeeper stress: New and different? *NCP Clinical Quarterly, 6*(1), 5.

Weisaeth, L., Mehlunn, L., & Mortensen, M. S. (1993). The UNIFIL study-positive and negative consequences of service in UNIFIL: The Norwegian experience. *Unpublished report*.

Weitz, R. (2007). The reserve policies of nations: A comparative analysis. Retrieved 12 May 2013, from <http://www.StrategicStudiesInstitute.army.mil/>: Strategic Studies Institute.

Wessely, S. (2005). Risk, psychiatry and the military. *British Journal of Psychiatry, 186*, 459-466.

Wessely, S., & Jones, E. (2004). Psychiatry and the 'Lessons of Vietnam': What were they, and are they still relevant? *War and Society, 22*(1), 89-103.

Westman, M. (1990). The relationship between stress and performance: The moderating effect of hardiness. *Human Performance, 3*(3), 141-155.

- Wheeler, A. R., & Torres-Stone, R. A. (2010). Exploring stress and coping strategies among National Guard spouses during times of deployment: A research note. *Armed Forces and Society, 36*(3), 12.
- Wiebe, D. J. (1991). Hardiness and stress moderation: A test of proposed mechanisms. *Journal of Personality and Social Psychology, 60*, 89-99.
- Wiens, T. W., & Boss, P. (2006). Maintaining family resiliency before, during and after military separation. In A. B. Adler, C. A. Castro & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 3, pp. 13-38). Westport, CT: Praeger.
- Wolfe, J., Keane, T. M., & Young, B. L. (1996). From soldier to civilian: Acute adjustment patterns of returned Persian Gulf veterans. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities and nations* (pp. 477-499). Washington, DC: American Psychiatric Press.
- Wolfe, J., Proctor, S. P., Davis, J. D., Borgos, M. S., & Friedman, M. J. (1998). Health symptoms reported by Persian Gulf War veterans two years after return. *American Journal of Industrial Medicine, 33*, 104-113.
- Wood, S., Scarville, J., & Gravino, K. S. (1995). Waiting wives: Separation and reunion among Army wives. *Armed Forces and Society, 21*(2), 217-236.
- Wright, K. M., Huffman, A. H., Adler, A. B., & Castro, C. A. (2002). Psychological screening program overview. *Military Medicine, 167*, 853-861.
- Wright, K. M., Adler, A. B., Bliese, P. D., & Eckford, R. D. (2008). Structured Clinical Interview Guide for Postdeployment Psychological screenings Programs. *Military Medicine, 173*(5), 411-421.
- Wynd, C. A., & Dziedzicki, R. E. (1992). Heightened anxiety in Army reserve nurses anticipating mobilisation during Operation Desert Storm. *Military Medicine, 157*(12), 630-633.
- Yerkes, S. A., & Holloway, H. C. (1996). War and homecomings: The stressors of war and of returning from war. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the*

*Persian Gulf War: Veterans, families, communities, and nations* (pp. 25-42). Washington, DC: American Psychiatric Press.

Zakin, G., Solomon, Z., & Neria, Y. (2003). Hardiness, attachment style and long term psychological distress among Israeli POWs and combat veterans. *Personality and Individual Differences*, 34, 819-829.

Zapanta, A. C. (2004). Transforming reserve forces. *Joint Force Quarterly*, 36(36), 62-71.