CASE STUDY  community reintegration for a returning warrior

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Baston is America’s first intentional community for returning warriors and families that addresses a critical gap in the continuum of care for this population.

ABSTRACT

This case study examines the challenges associated with mental health among military veterans, and the opportunities to improve the continuum of care for this population. Community resources in conjunction with social relationships may help improve veterans’ overall well-being (Power, Eheart, Racine & Karnik, 2007; Eheart & Power, 2001; Power & Eheart, 2001). Military veterans who return home from war often experience adverse health outcomes beyond physical wounds. Research suggests that mental health diagnoses tend to increase or are often exacerbated when this population transitions from active duty into civilian life (Seal et al., 2009; Demers, 2010; Hoerster, 2012; Schlossberg, 2004; Schlossberg 1989). Founded in 2012, Bastion Community of Resilience is an innovative, community-based intervention that provides housing, resources and, most importantly, propagates enduring relationships and
social support within an intentionally designed neighborhood for returning warriors. This case study details the experiences of one of those residents and describes the positive impact living at Bastion has had on his life.

DEPLOYMENT HISTORY

“Sam,” is a military veteran with ten years of service and multiple deployments overseas after September 11, 2001. “Sam” has called Bastion his home for over a year. Sam enlisted in the Army in 1999 as an infantryman and was assigned to Fort Hood, TX with the 1st Cavalry Division. From there, he volunteered for a one-year tour in South Korea as a member of the Honor Guard Company, United Nations Command, a highly distinguished unit responsible for the protection of a four-star general. Shortly after his tour in South Korea, Sam transferred to the Colorado National Guard and in 2004 was deployed to Belgium as part of a North Atlantic Treaty Organization security force. While in Belgium, Sam was encouraged by his superiors to apply to Officer Candidate School. Motivated by this dream, Sam felt that he first needed combat experience and considered a voluntary deployment. Despite objections from close friends, Sam re-enlisted on the last day of his military obligation in 2008 in order to deploy to Iraq.

Sam served in Iraq for one year as part of a small detainee operations team, transporting and guarding upwards of 200 prisoners at a time. On his first night in Iraq, he experienced an explosion and rumble “like an earthquake” that roused him from sleep. It was a mortar attack dangerously close to his sleeping quarters. Sam remembered seeing stars in a blackout condition and hearing a low hum in his ears, and for a second he thought he had died. He laid motionless until he regained his sight and his hearing returned to normal. Once Sam regained his faculties, he prepared himself to move to a reinforced bunker but was struck by the lack of response from those around him. Others who had been there longer than Sam were unfazed by the bombardment that had become typical of life at the base. Sam was unable to go back to sleep. That night marked the first of many other attacks and restless nights. It also symbolized a turning point, one in which Sam realized his life would never be the same.

TRANSITION TO CIVILIAN LIFE

Sam decided to separate from the National Guard upon his return to the United States and was honorably discharged in 2009. He transitioned to civilian life in Colorado where he moved into an apartment with a friend and used his GI Bill benefits to train as a helicopter pilot. At the same time, Sam started a new job and romantic relationship. Despite feelings of loneliness and disconnectedness from those around him, Sam tried to maintain a sense of optimism, but in 2010 these feelings started to disrupt his daily life. It was common to experience multiple panic attacks in a single day, in addition to low motivation, anxiety and fits of anger. Everyday tasks such as attending classes or going to the grocery store became unbearable. Sam felt overwhelmed in large crowds, characterizing those moments as “sensory overload.” The accumulation of these experiences led to his lowest point—the contemplation of suicide, and Sam felt there was nothing to lose by taking his own life. He decided to contact a close friend who urged him...
to go to the VA hospital. Overcoming his initial resistance, Sam went to the VA where he was diagnosed with post-traumatic stress disorder (PTSD), depression and anxiety disorder. However, Sam believed his experience in Iraq did not rise to the level of intensity that deserved assistance and feelings of guilt for receiving care accompanied his depressive state. During my interview with him, Sam remarked, "PTSD was seen as a badge for those who fought in combat."

During my interview with him, Sam remarked, "PTSD was seen as a badge for those who fought in combat. I didn't think that I had PTSD because I didn't think I deserved it. I didn't have the same experience as a lot of the people I knew with PTSD. And I also didn't want to admit my weakness."

Sam was initially treated with counseling and medication, which helped for a short period but his symptoms persisted as life became more challenging. Eventually, Sam was forced to drop out of flight school because he could not receive flight clearance while taking his prescribed medication. He lost his job, broke up with his girlfriend and became homeless. He sought shelter by living in his truck and "couch surfing" with friends.

"I had a ton of different jobs but I couldn't keep them," remarked Sam. Shortly after becoming homeless, Sam reinjured his back—a herniated disk sustained during his military service. The excruciating pain left him incapacitated. He was forced to leave Colorado and moved into his parents’ basement in Ohio for six months while completing rehab. "I was broke, I couldn't move, I couldn't walk, and I was in constant pain."

After completing rehab Sam became well enough to live on his own again. He moved to New York City with hopes of a fresh start. He enrolled in school but his GI Bill had exhausted one year from graduation. Once again, maintaining a job became difficult. He sought employment but struggled in the absence of social support. Sensing a void in his life, Sam began a fellowship with The Mission Continues, a nonprofit that helps post 9/11 veterans reintegrate into civilian society through community service. It was through The Mission Continues that Sam learned of Bastion.

**HOME AT BASTION**

Sam believed that Bastion might help fill the void in his life since his departure from the military. Upon initial research online, what appealed to Sam the most about Bastion was living together and serving the community with other veterans like himself. He saw the opportunity as a way to get back on his feet, but more importantly, find new purpose with others in similar circumstances. "We can be there for each other just like we were in the military," remarked Sam. Sam contacted Bastion to add his name to the waiting list for housing even before construction started in 2016. In the following weeks, he sold his belongings and relocated to New Orleans to assist Dylan Tête, the Bastion Executive Director, begin the first phase of the community development.

After living at Bastion for 11 months, Sam feels that he has received a second chance to start a new life with a new family—his Bastion neighbors and friends. He was accepted into a baccalaureate program at a local university and began an internship abroad after graduation to begin a new career in human services. Sam feels the Bastion community supports him every step of the way in his reintegration to civilian life. It provides him with the social and emotional supports he needs to maintain a stable life, in addition to affordable housing which helps him financially.

"I still struggle now and then, but now that I live at Bastion my setbacks are not nearly as damaging. Things are getting better. Everyone is always here when I need them and I have the help I need to stay on track."

Sam loves Bastion for three main reasons. First, he has a safety net within the community. He knows that when he encounters a setback, his neighbors and Bastion's onsite staff are on hand to help stabilize the situation. Second, he has made friends at Bastion who truly understand his journey. Finally, he feels
that he has a responsibility to other people, including his neighbors, whose hearts are invested into the community as much as his own. "It’s nice to know that you’re needed again, and your life has value. Bastion is pushing the boundaries of what the community can do to help veterans heal, and I’m a part of that too."

MENTAL HEALTH IN THE RANKS

In the past 12 years, 2.2 million military service members have been deployed to Iraq and Afghanistan, and a reported 20% of this population are returning home with complex mental and behavioral health challenges (Demers, 2010; SAMSHA, 2017). Researchers believe that this is caused by the demanding circumstances associated with military life, including but not limited to the actuality of combat itself, as well as evolving periods of transition from civilian to service member then back to civilian life (Brown, 2016). The physiological and psychological distress experienced during time in active duty continues and is sometimes exacerbated upon return to the United States. Often this distress further metastasizes into trauma, suicidal ideation, homelessness and/or involvement in the criminal justice system (SAMSHA, 2017). In fact, the risk for suicide among post-9/11 service members is heightened after they separate from service and re-enter civilian life (Reger et al., 2015).

Nancy Schlossberg, a researcher who has done extensive work in human adaptation to transition research, presents a noteworthy perspective, which is applicable to veterans, like Sam, who transition into civilian life. She defines the transition as "an event or non-event that results in a change in assumptions about oneself and the world and thus requires a corresponding change in one’s behavior and relationships (Schlossberg, 2004; Brown, 2016). In her model titled “A model for analyzing human development to transition,” she describes three key factors that influence life course adaptation: (1) the characteristics of the particular transition, (2) the characteristics of the pre-transition and post-transition environment, and (3) the characteristics of the individual experiencing the transition. These characteristics describe the transition and can include any variation of, “role change (gain or loss); affect (positive or negative); source (internal or external); timing (on-time or off-time); onset (gradual or sudden); duration (permanent, temporary, uncertain); and degree of stress (Schlossberg, 2004; Brown, 2016).”

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Schlossberg further states that, “ease of adaptation to a transition depends on one’s perceived and/or actual balance of resources to deficits in terms of the transition itself, the pre-post environment, and the individual’s sense of competency, well-being, and health (Schlossberg, 2004).”

Like many military veterans, Sam was met with a change in his role, support and environment which resulted in mental and behavioral changes such as anger, depression, isolation and anxiety. The concepts presented in the Schlossberg model offer insight on influences that impact the mental health of military personnel who have fostered relationships based on shared experience and/or combat related trauma within their units and transition out of the military as veterans, often leaving these relationships and supportive environments behind (Brown, 2016).

The Sam case is typical for many military personnel who screen positive for mental health related diagnoses during and after service. According to Hoge et. al., of military personnel who screened positive for mental health problems, only 23-40% sought assistance and of those, only 13-27% sought help from a behavioral health provider (Hoge et al., 2004). In addition, many in this population refuse treatment because of guilt or for fear of being discriminated against, due to nationalized stigma associated with mental health treatment or policies that discriminate against people with mental health conditions (SAMSHA, 2017). For example, Sam was ineligible to receive flight clearance when in helicopter school because he was on medication for a mental health condition. Although the Department of VA began increasing the capacity for mental health treatment in 2005 in response to Operation Enduring Freedom and Operation Iraqi Freedom, less than 10% of veterans are utilizing services as intended in terms of receiving the recommended treatment and dose. Moreover, while the VA may deliver a high level of acute care, it cannot be expected to provide all of the essential inputs for a successful community integration.

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A CULTURE OF CARE

According to David Hopping of Generations of Hope, a “culture of care” encompasses a community approach, utilizing the largely untapped potential of a community to address problems in populations burdened by hardship (Hopping, 2011). To date, there are several ethnographic studies detailing the benefits of a culture of care, stating that social relationships and community
engagement are linked to wellbeing (Power, Eheart, Racine & Karnik, 2007; Eheart & Power, 2001; Power & Eheart, 2001). Furthermore, in a recent meta-analytic review of over 148 studies, researchers found a positive correlation between social connectedness and social relationships on morbidity and mortality. Across the studies included, researchers compounded a 50 percent increased likelihood of survival as a function of stronger social relations (Holt-Lunstad et al., 2010). They went on to state that lack of social relationships can result in outcomes akin to the well-established mortality and morbidity risks associated with smoking and alcohol (Holt-Lunstad et al., 2010). These studies demonstrate that opportunities to develop social relationships, like what is offered within a culture of care, are beneficial, especially for military populations who have disproportional rates of physical and mental health diagnoses. Intentional communities with a culture of care, like Bastion, provide an opportunity for this population to transition into civilian life with social supports and an abundance of other resources.

**BASTION COMMUNITY OF RESILIENCE**

Intentional communities are planned residential communities designed from the “ground up” to address a specific social challenge and foster a high degree of cohesion among residents (Fellowship for Intentional Community, 2005). Similar to cohousing models that are peer based or intergenerational, intentional communities are organized around health and wellness, an economic benefit, or a sense of joint purpose. Bastion is America’s first intentional community for returning warriors and families that addresses a critical gap in the continuum of care for this population.

Bastion’s intervention incorporates six core strategies which were developed in accordance with an innovative, evidence-informed model pioneered by Generations of Hope Development Corporation. These strategies include: 1) An intentional environment, 2) Community-based supports, 3) Person-centered services, 4) Professional partnerships, 5) Property management, and 6) The promotion of positive health outcomes. In Generations of Hope Communities like Bastion, naturally emergent alliances, relationships, and enduring commitments are facilitated across generational lines, shifting the primary paradigm of problem solving from professional services back to the community itself (Hopping, 2011).

While professional services are utilized as needed by Bastion’s residents, the primary reliance is on neighbors and friends who give six hours of service each week to support one another and the community mandate. Each resident is committed to providing friendship and/or mentoring on a daily basis and at crucial times. Bastion’s team of five full-time employees work to execute development, implement resident services, and maintain growth. In all, Bastion Community of Resilience provides a viable solution for military veterans who need assistance transitioning into civilian life. In the future, more research should be done to assess the impact of intentional communities like Bastion Community of Resilience on veteran populations with adverse mental and physical health outcomes.
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Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002–2008


*Names have been changed for anonymity.
Dylan Tète
Executive Director

Dylan Tète is the Executive Director and founder of Bastion Community of Resilience. He earned a Bachelors of Science in Economics and Systems Engineering at West Point, as well as a Master’s in Public Health at the LSU School of Public Health. During a combat tour in Iraq as second-in-command of an Infantry company, Dylan established multiple recovery projects in collaboration with the Department of State. He moved to New Orleans in 2005 where he managed the construction of several FEMA housing facilities after Hurricane Katrina. Before his most recent position as a civil servant working alongside the New Orleans Deputy Mayor of Public Safety, Dylan was hired by Military.com to assist transitioning military personnel and wounded warriors begin new careers in the civilian workforce. Dylan was selected into the Propeller Social Venture Accelerator in 2010, and awarded a fellowship with The Mission Continues for the creation of Bastion.

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