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Student Veterans: The Transition Process

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Student Veterans: The Transition Process

by

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“Student Veterans: The Transition Process”

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Abstract

Title: Student Veterans: The Transition Process

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Separation from the military and reintegration into civilian life can be a challenging experience for veterans. One opportunity that veterans pursue during this transition process is secondary education. Despite growing rates of student veterans across campuses limited research exists on the psychosocial functioning and reintegration difficulties faced by these individuals. The current study examined the relationship between factors such as deployment experience, perceived social support following deployment, psychological flexibility, academic functioning, as well as student engagement in collegiate activities. Findings from this study highlight the relationship between experiential avoidance and social support with psychological distress and student engagement for student veterans. The theoretical lens of experiential avoidance was utilized to address the function of the behaviors studied.

Keywords: student veterans, student engagement, experiential avoidance, and psychological flexibility.

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Chapter 1 Introduction

“The soldier is the Army. No army is better than its soldiers. The Soldier is also a citizen. In fact, the highest obligation and privilege to citizenship is that of bearing arms for one’s country.” - General George S. Patton Jr. (VMI class of 1907).

Americans join the military for a variety of reasons, including honor, family, the pursuit of a higher good, service to one’s country, or financial security. The RAND Corporation conducted an extensive survey assessing the motivational factors that influence men and women to enlist in the United States Army. The most common reported incentives include the opportunity for travel, financial benefits, call to service, job stability, escaping poverty, or a negative situation, as well as unique training. While pursuing these opportunities, soldiers are required to sacrifice some of their prior opportunities and expected to endure challenging work environments. Since 2001, the United States has engaged in several hostile conflicts overseas. The most notable engagements include Operation Enduring Freedom (OEF), Operation New Dawn (OND), and Operation Iraqi Freedom (OIF). Due to the nature of these engagements, service members have often had to endure hostile deployments, stressful working environments, and unsafe living conditions. These experiences can negatively impact a soldier’s mental health, social support systems, and future occupational performance (Kaiser, Tvaryanas, & Maupin, 2018). Reintegration into the civilian world following deployment and military service has been extremely challenging for

some service members (Elnitsky, Fisher, & Belvins, 2017). To summarize the importance of supporting veterans as they transition to civilian life, Harry Colmery, the original author of the GI Bill, stated, “Trained in the art of destruction of both property and life in every known personal and mechanical method, the nation will owe an obligation to them. It has to take them back sympathetically away from the horrors and stark reality of war and allow them to again become disciplined forces for peaceful progress through educational opportunity in every aspect” (Mettler, 2005).

Upon separation from the military, veterans can be significantly impacted by the experiences that they endure throughout their years in service. While engaged in active duty service, military members are at an increased risk of experiencing physical injuries and developing mental health concerns. When veterans reintegrate into civilian society, they may encounter difficulties in interpersonal relationships, financial stability, educational success, as well as psychological and daily functioning. One opportunity and resource that some veterans pursue is secondary education. Currently, veterans are returning to college or other secondary education programs for a variety of reasons. According to the literature, veterans attend secondary education programs to increase job prospects, expand their skill set, or obtain the financial support provided for veterans attending secondary education programs (DiRamio, 2017). To compensate veterans for their service and ease their transition into the civilian sector, the United States government provides financial support for veterans through the Servicemen’s Readjustment Act of 1944 (GI Bill). Other resources such as the Department of Defense Tuition assistance program, Yellow Ribbon Program, or

the Student Veterans of America-Partner scholarship are also available and readily accessed by veterans.

Despite the financial support and internal motivation that veterans may possess, the transition from military life to civilian academia can be challenging. Compared to their nonveteran counterparts, student veterans have higher levels of depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) compared to their nonveteran counterparts (Niv & Bennett, 2017). Given the difficulties that student veterans may experience, it is essential to further our understanding of the psychological and behavioral impacts that transitioning from military to civilian life can have. Current research has addressed several areas of veteran adjustment; however, several questions remain. This review will attempt to conceptualize factors that impact student veterans to produce a better understanding of the unique challenges that student veterans face.

Chapter 2 Review of the Literature

Demographic Characteristics:

The student veteran population is inherently different from their civilian counterparts. In general, student veterans are older than their civilian peers. Based on the Student Veteran Associations' (2016) demographic analysis, approximately 80% of student veterans are over the age of 25. Most student veterans are between the age of 25 and 40 years old. The average age of student veterans is 33 years old, which is

approximately 11 years older than the average age of nonveteran students (Kim & Cole, 2013).

Compared to civilian students, veterans have increased relationship responsibilities as they are more likely to be married, divorced, or separated. Additionally, 46% of student veterans have child dependents (Cate & Davis, 2016). Thus, it is essential to note that veterans have greater responsibilities outside of their academic requirements than their nonveteran peers. Most current student veterans served during the conflicts in Iraq and Afghanistan. To better understand how military service impacts this population, it is valuable first to evaluate the unique aspects of these recent military conflicts.

Unique Features of OEF/OIF:

Since the Vietnam war, the United States has engaged in several international conflicts that have required military troop deployment. Most current student veterans served in Operation Enduring Freedom (OEF), or Operation Iraqi Freedom (OIF). Others deployed to operations such as Operation New Dawn, Operation Inherent Resolve, the Persian Gulf War (Desert Storm), and other global wars on terror missions (Cate & Davis, 2016). There are unique components of these operations that should be taken into consideration when discussing the current student veteran population. Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) were the first engagements to depend solely on the utilization of voluntary service members. As a result, more reservists and national

guard members have been called upon to deploy overseas during OIF, OEF, and OND than both Vietnam and World War II conflict. Additionally, the active-duty component of the military has been smaller compared to Vietnam and World War II. To meet the demands of OIF, OEF, and OND, while maintaining a volunteer only force, the DOD has been forced to send military personnel on repeated tours. The demand for deployed soldiers has outweighed the number of available men and women. As a result, some service members went on extended deployments with limited breaks in between. At times units have been required to extend their 12-month deployments to 15 months.

Since 2008 the cumulative amount of time that soldiers have spent deployed has increased on average by 28% (Baiocchi, 2013). This extended time on deployment increases the risk for adverse mental health outcomes such as PTSD and depression while placing a significant strain on prior interpersonal relationships and civilian support (Tanielian & Jaycox, 2008). Additionally, OIF and OND in Iraq, as well as OEF in Afghanistan, have represented the most sustained ground combat operations since the Vietnam Era (Borsari et al., 2017). Deployment to Iraq or Afghanistan has resulted in an increased risk of combat exposure, similar to Vietnam (Pirnie & O'Connell, 2008). Hoge, Castro, Messer, McGurk, Cotting, and Koffman (2004) surveyed 6,201 soldiers who served in Army Infantry brigades as well as Marine battalions in Iraq and Afghanistan during 2003. Approximately 31 percent of soldiers deployed to Afghanistan, and 86 percent of soldiers deployed to Iraq reported firefight experience. The median number of firefights reported by soldiers was two while in

Afghanistan and five in Iraq. A firefight is a hostile altercation between opposing forces during which shots are fired with the intent to harm or kill members of the opposing force. Increased exposure to these life-threatening situations increases the risk of PTSD (Grossman, 1996). Another unique component of the OIF, OEF, and OND conflicts is that opposing forces consisted of a mixture of armed groups whose motivations vary. Some insurgents fight for political power, others are motivated by religious agendas, while some are fighting to protect their land. These conflicts lacked a clearly defined enemy. As a result, some soldiers reported difficulty validating their engagement in warfare. Reports suggest violent extremists and independent militias often involved in these engagements have not abided by the same rules of war implemented in prior conflicts. For example, enemy forces used mosques and hospitals for military purposes, and they often concealed themselves amongst civilians (Pirini & O'Connell, 2008).

Additionally, these conflicts were considered counterinsurgencies, which meant that the enemy's primary tactics involved terrorism, insurgency (an active revolt or uprising), and guerilla warfare. As a result, a uniformed enemy did not exist, there were no defined lines or rules of engagement, and allegiances rarely existed. Given these situations, hypervigilance served as an adaptive trait during deployment. Thoughts of guilt or shame were often associated with fighting an enemy dressed as civilians. Since hypervigilance and feelings of guilt or shame are components of PTSD development, these are valuable aspects of OIF, OEF, and OND to consider. Another unique element of these engagements was the utilization of improvised explosive

devices (IED). IEDs were designed to destroy, disfigure, or halt opposing forces. They are easily hidden and have caused a significant percentage of US casualties in OEF and OIF, as 63 percent of deaths in Iraq have been the result of IED exposure (Belmont, Schoenfeld, & Goodman, 2010). Fear of IED exposure increases hypervigilance, and IED explosions can result in significant physical injuries.

Research suggests that the physical and psychological symptom patterns of war have not dramatically changed over the years (Jones, Hodgins-Vermass, & McCArtney, 2002; Marlowe, 2001). However, recent advancements in technology, medical services, armor, and military strategy have reduced the ratio of those killed in wartime conflicts. In an evaluation of war injuries, Tanielian and Joycox (2008) identified that injured soldiers during OEF or OIF saw a trauma specialist within 24 hours of injury. In comparison, during the Vietnam War, it could take 45 days to be evacuated from the battlefield and seen by a medical professional. The United States military achieved a 90% survival rate for combat-injured service members in the early stages of OIF/OEF (Gironda, Clark, Chait, et al., 2009). As a result, the death rate for US troops in Iraq has been much lower than previously experienced in Vietnam (Buzzell & Preston, 2007). This change in mortality rate has resulted in an increased number of veterans living with physical injuries such as TBI's, loss of limbs, and chronic pain. The volume of service members returning from combat increases, resulting in an increased number of soldiers returning home with mental health concerns. Surviving combat exposure impacts the likelihood of experiencing PTSD and depression symptoms. Student veterans may be plagued by the experiences they

have during their time in service as they are at the increased risk of physical and psychological injury. Therefore, transitioning from military to civilian life can be particularly challenging for the modern veteran.

The Veteran Transition Process:

According to Pew Research Center Social and Demographic Trends, at least 44% of veterans served in the modern era report difficulties in readjusting to civilian life (Morin, 2011). Additionally, veterans who served after 9/11 endorsed more problems returning to civilian life than those who served in Vietnam or the Korean War/World War II era (Morin, 2011). Some theories have attempted to explain the transition process for veterans from military service to civilian life. After World War II, researchers developed the Homecoming theory, which is still commonly used when addressing the transition process. This theory postulated that individuals serving in the military are separated from home by space and time. During this separation, they experience unique situations compared to their peers and family members remaining at home. As a result, not only will service members change, but their home environments, family, friends, and peers will also change. Therefore, these changes that occur in the veteran and home environment can make the transition process particularly stressful and challenging (Schuetz, 1945). Ahern, Worthen, Masters, Lippman, Ozer, and Moos (2015), conducted in-depth interviews with 24 Afghanistan and Iraq veterans. They served between 2009 and 2011 in an attempt to gain a better understanding of the transition process. Three significant themes appeared to play a

vital role in these veterans. The first theme identified was that service members often view the military as a family system. The military provides structure and support similar to that of a family. As a result, being removed from this environment placed a strain on some veterans. Another theme identified was that veterans might experience alienation upon returning to civilian life. In non-military settings, veterans reported feeling strange and unsettled. Additionally, they found a disconnect between themselves and other civilians, and they identified institutions such as the VA as unsupportive. Furthermore, they indicated difficulties finding purpose in the civilian sector compared to the passion they previously had in the military. The final theme reported was a struggle to rewrite their identities. They endorsed an inability to develop a new normal. Veterans presented three strategies to reduce these challenges: to identify role models, explain experiences with civilian peers, and understand how it takes time for tension associated with the transition to dissipate. Darcy and Powers (2013), found that one of the primary obstacles for student veterans was blending in with the civilian population. Student veterans struggle to find social connections in the civilian world that they were previously able to develop and maintain while in the military. Social interaction appears to be a positive factor in the transition process. An inability to establish social connections with peers can only make the process more challenging.

The possible combat experiences also complicate the transition process that veterans have following deployments. Veterans with prior combat experiences are at an increased risk for complications in their transition from military to academic life

(Branker, 2009). Some of these veterans have disabilities ranging from mental health disorders (depression, PTSD) to physical disabilities (TBI, physical malformations). Some veterans have problems with mobility, cognition, pain, hearing, and vision that are hard to manage. These complications can make school assignments, socializing with peers, and engaging in extracurricular activities particularly tricky. Furthermore, these symptoms are further exacerbated by the stress associated with secondary education (Kopacz, Ames, & Koenig, 2018). As college students report high levels of stress and fatigue (Daya & Hearn, 2017; Manning et al., 2019), the physical and psychological injuries that veterans return home with must be considered when discussing student veterans.

Physical Injuries:

Changes in modern warfare have impacted the type of injuries that our troops experienced in recent conflicts OEF and OIF. The utilization of grenades, missiles, and improvised explosive devices (IEDs) have increased the risk of suffering blast-related injuries. Blast exposure has always been a component of military operations; however, modern weapons increase the likelihood and intensity of blast exposure. Exposure to blasts places soldiers at risk of developing spinal cord or brain injuries. The co-occurrence of chronic pain and Traumatic Brain Injury (TBI) are two of the most common concerns among the OEF/OIF population (Bosco, Murphy, & Cark, 2013). The Department of Defense has estimated that approximately 20% of injuries from OIF and OEF have included spinal cord or brain injuries as well as at least 6%

resulting in amputations (Church, 2009). The prevalence of combat-acquired Traumatic Brain Injuries (TBI) has increased to 10-23% in OIF/OEF veterans, with an estimated 320,000 soldiers likely to have experienced a TBI (RAND, 2008). A traumatic brain injury, as defined by the Center for Disease Control (CDC), is a traumatically induced structural injury or physiological disruption of brain function as the result of an impact to the head, neck, or body that results in any period of decreased or lost consciousness, any loss of memory (post-traumatic amnesia), any alteration of mental state (confusion, disorientation, slowed thinking), neurological deficits (aphasia, sensory deprivation, loss of balance), or an intracranial lesion (Center for Disease Control Prevention, 2014; Veterans Affairs/Department of Defense, 2016). Generally speaking, mild traumatic brain injuries (mTBI or concussion) resolve within six months. However, many veterans continue to report headaches or mental health problems five years after the event. Additionally, moderate to severe TBIs are related to more severe and persistent cognitive deficits later in life. Memory impairment often accompanies TBIs as post-traumatic amnesia is one of the features used to define TBI severity. One feature of mild traumatic brain injuries (mTBI or concussion) is the simultaneous presence of PTSD. Inflammation in the brain as the result of a traumatic blow can impact depression (Elder, 2015). Therefore, it is crucial to take into consideration possible TBI experiences when evaluating resources and support for student veterans. TBIs can have a significant impact on veterans transitioning to college as they vary widely in the degree of physical, cognitive, and affective consequences (Bosco, Murphy, & Clark, 2013). Additionally,

approximately 57% of service members who reported a possible TBI during deployment were never assessed for a possible brain injury (Tanielian & Jaycox, 2008). Some veterans are not aware of TBI until they begin to experience difficulties with concentration and disinhibition of behavior in an academic setting (Church, 2009).

In addition to TBI's, other physical injuries such as chronic pain or the loss of a limb can significantly impact the veteran transition. Morin (2011), found that veterans who experienced physical trauma while serving were at the highest risk of reporting difficulties readjusting to civilian life. Additionally, suffering a severe injury while serving increased the chances of a veteran reporting significant challenges transitioning to private life. Before deployment to Afghanistan and Iraq for OEF and OIF, United States service members endorse baseline health functions that are superior compared to the general population (Smith et al., (2007). However, veterans report deteriorating and poorer health (Milliken, Auchterlonie, & Hoge, 2007). Self-reported poor health is indicative of increased health care utilization and mortality in veterans (DeSalvo, Fan, McDonnell, & Fihn, 2005). Elnitsky, Belvin, Findlow, Alverio, and Wiese (2018), evaluated 127 student veterans who had recently returned from active duty military into the civilian population. They found that 92.7% of student veterans experience chronic pain that inhibits their daily functioning. They concluded that approximately 26% of students experienced symptoms associated with TBI. Despite these findings, few students filed or utilized disability services or student health services. The literature suggests that rank plays a role in veteran health throughout

their years of service. MacLean and Edwards (2010) found a linear relationship between rank and health longitudinally. Enlisted personnel are at an increased risk of sustaining health problems throughout their military careers than officers. When evaluating the transition process for military service members, it is essential to consider the impact of physical injuries. In addition to the physical wounds of war, mental health injuries impact veterans' well-being and ability to transition.

Psychological Characteristics:

Veterans serving in Operation Iraqi Freedom and Operation Enduring Freedom are at an increased risk of experiencing mental health difficulties related to their time in service. Seal, Metzler, Gima, Bertenthal, Maguen, and Marmar (2009) utilized data from Veteran Affairs (VA) to determine that 36.9% of veterans returning from Iraq and Afghanistan between 2002 to 2008 received a mental health diagnosis. In particular, 21.8% received a diagnoses of post-traumatic stress disorder (PTSD) and 17.4% depression. They concluded that PTSD rates increased four to seven times after the Iraq invasion due to increased combat exposure. This rise in PTSD suggested that the start of the Iraqi war had a significant impact on deployed veterans' mental health. Notably, student veterans exhibit a considerable number of symptoms associated with a wide range of mental health diagnoses. In addition to PTSD, many student veterans present with symptoms of anxiety, depression, and substance use disorder (Barry, Whiteman, Wadsworth, & Hitt, 2012; Cleveland, Branscum, Bovdjerg, & Thorburn, 2015). Rudd, Goulding, and Bryan (2011) conducted a survey of student veterans

engaged in the Student Veteran Association (SVA) across the United States. They found that 34.6% of students experienced “severe anxiety” based on a brief anxiety questionnaire, and 23.7% experienced “severe depression” based on a brief depression questionnaire. These high rates suggest that a significant number of student veterans are experiencing symptoms of depression and anxiety.

Despite these significant findings indicating mental health concerns in the veteran population, veterans often fail to seek treatment. Veterans often report fear of the stigmatization associated with seeking help. Hoge et al. (2004) evaluated 2,530 service members returning from Iraq and Afghanistan. They found that only 23-40% of the soldiers whose self-report measures indicated mental health concerns sought professional help. These soldiers with significant concerns mentioned fear of being stigmatized as a primary reason for failing to seek treatment. Based on the literature, it appears as though their concerns are somewhat valid. Kirchner (2015), found that civilian populations often overestimate the prevalence of mental health concerns in the military community. This overestimation may play a role in the willingness that student veterans may have to disclose their military background with others. The ability and desire to communicate prior military experiences, as previously mentioned, could be an essential component of the transitioning process.

In addition to these presented concerns, research suggests that Universities and college campuses are underprepared for the mental health issues faced by veterans. Niv and Bennett (2017) found that, on average, schools only have one or fewer providers. Furthermore, these providers have limited training for combat-related PTSD

symptoms. The majority of the schools they assessed had not been tracking the services received by student veterans. These concerns reveal that many schools are not aware of the full extent of mental health difficulties their student veterans may be having. They noted that most online programs they considered in their study had no mental health resources for their students. The lack of support suggests that many campuses lack adequate services for student veterans.

PTSD:

Post-traumatic stress disorder (PTSD) involves a traumatic experience defined as exposure to actual or threatened death, serious injury, or sexual violence. Exposure is directly experienced, witnessed, repeated exposure to aversive details, or learning about an event occurring to a close family member. In order to meet diagnostic criteria, this exposure must result in the presence of one intrusive symptom associated with the event (distressing memories, distressing dreams, dissociative reactions, distress due to environmental cues, or physiological responses to symbols related to the event). Following the event, the individual will engage in some form of persistent avoidance. They will begin to experience negative alterations in cognitions or moods associated with the traumatic event. Finally, they will experience marked alterations in arousal and reactivity associated with the trauma (DSM-V, American Psychiatric Association, 2013). To summarize, PTSD involves repeated unwanted memories of a life-threatening experience. These memories result in avoidance of social or physical situations that trigger or provoke stress. Additionally, mood or emotional states negatively impact the individual's ability to self-regulate (Ness, Rocke, Harrist, &

Vroman, 2014). Wartime exposures include extended periods of isolation, fears about physical safety, heightened state of physiological arousal, concern for the safety of comrades, and military-related tasks such as firing upon the enemy or handling dead bodies (Schaubroeck, J.M., Riolli, L.T., Peng, A.C., & Spain, E.S., 2011). Research indicates prevalence rates of approximately 15% for Vietnam-era veterans, 2-10% for Persian Gulf War Veterans, and 11-22% for Afghanistan and Iraq conflicts (Kulkarni, M., Porter, K.E., & Rauch, S.A., 2012). In particular, the Department of Veteran Affairs (2015), claimed that one-third of returning OEF/OIF/OND veterans have PTSD (Department of Veterans Affairs, 2015). From 2002 to 2012, the number of veterans seeking care for PTSD in the VA health system increased by 249% (VA, 2013).

Military members with PTSD experience a variety of symptoms related to the disorder. Common traits found in veterans include increased irritability, always being “on guard” or “on edge,” insomnia, lack of concentration, detachment, emotional numbing, and vigorous attempts to avoid reminders of the event (Srpada, Hoff, Pfeiffer, Ganoczy, Blow, & Bohnert, 2020). Veterans with PTSD experience significant levels of anger. It is also noteworthy that younger veterans, who are likely proximal to their time of trauma, are at higher risk for reporting clinically significant levels of anger. Impulsive aggression, substance abuse, and poor social interactions are outcomes associated with anger that could be particularly distressing for student veterans (Kulkarni, Porter, & Rauch, 2012). Veterans who recently separated from the

military endorsed increased symptom severity compared to those separated for a more extended period (Srpada, Hoff, Pfeiffer, Ganoczy, Blow, & Bohnert, 2020).

Student veterans are no different from the general veteran population when it comes to experiencing PTSD. Rudd, Goulding, and Bryan (2011) found that 45.6% of the student veterans that completed their survey surpassed the PTSD cutoff score for OIF/OEF veterans. PTSD impacts student emotional and behavioral adjustment, but it also appears to have a significant impact on educational performance (Bachrach & Read, 2012; Barry, Whiteman, & MacDermid Wadsworth, 2012). To adequately assist student veterans in their transition process, we must develop an understanding of the unique difficulties that student veterans face, the coping strategies that they may be engaging in, as well as the resources that are currently provided.

Financial Consideration and the GI Bill:

Providing veterans with support following their time in service is an essential component of easing the challenge of transition to civilian life. Following World War II, there was a significant concern about the government's ability to provide job opportunities for the thousands of men returning from battle experiences. In an attempt to stabilize the middle class and provide support for the soldiers returning home, the Servicemen's Act of 1944, also known as the GI Bill, was implemented. The bill was intended to extend the opportunities for returning soldiers to obtain advanced education and eventually stimulate the middle class (Mettler, 2005). In 2002 Bound and Turner conducted a comprehensive evaluation of the impacts of the initial GI Bill.

Ultimately, they concluded that the G.I. benefit was substantial in the collegiate attainment of World War II veterans. The bill continued to provide services throughout the Vietnam War era.

Following the terrorist attacks on September 11th, the United States drastically increased its military forces and international involvement in the war on terrorism. An influx of men and women volunteered to serve as the American public's safety was put at risk. Additionally, individuals serving in the National Guard and Reserves were called upon to deploy to dangerous assignments such as Afghanistan and Iraq. Following these changes in the military structure, Congress recognized the need for adjustments to the G.I. benefits. In 2008, the government updated the GI Bill to increase financial support to include allocating money for living expenses, books, and providing the option to transfer funding to a spouse or child (United States Veteran Affairs, n.d.). The G.I. Bill was also expanded to include those serving in the National Guard. They were often called upon for deployments and placed in the same combat environments as active-duty members. As a result, the Post 9/11 G.I. Bill was set in place.

In 2019, the United States Government Accountability Office published a study indicating that 700,000 student veterans used their Post-9/11 GI Bill benefits to attend secondary schooling at almost 6,000 different programs. They found that 4.5 billion dollars were spent on tuition and school fees. It was suggested that approximately 40 percent went to public schools, 30 percent went to nonprofits, and 30 percent went to for-profits (United States Government Accountability Office,

2019). Given the government's investment in the higher education of those who serve, providing an academic environment where veterans can succeed is essential to evaluate and implement. Student veterans are an anomalous population that warrants further evaluation.

Student Veterans:

It is essential to recognize that members of the student veteran population have unique needs. Veterans attending higher education programs often vary in their educational aspirations, prior experiences, and backgrounds. Therefore, although student veterans experience similar difficulties during the transition process, the individualized goals and previous histories of this population have to be considered (Wilson, 2014). To account for the differences within this population, Diramio, Ackerman, and Mitchell (2008) identified four phases that student veterans go through as they transition into the military and then back into the civilian environment. The first phase in this process is the initial decision to join the military. Veterans' reasons for joining the military vary considerably to include financial stability, getting out of an unhealthy situation such as poverty or abuse, or attempting to fulfill a desire for achievement. The second phase in this process involves veterans' experiences throughout their military careers, such as combat exposures, long deployments, or intense training. The third phase is the decision to return to academia following military service. Veterans return to school for various reasons, such as furthering their knowledge base, becoming more competitive in the job market, or obtaining the government's financial resources. The final phase identified is the transition into

academic programs. For some veterans, the transition to the classroom can be smooth, while for others, this process has been extremely challenging. At each phase, veterans have experiences that impact their overall ability to transition into civilian life.

Therefore, it is crucial to consider each step within this process when working with student veterans.

Social Challenges:

Student veterans report difficulties connecting with the non-veteran student population as they view non-veterans as just “kids” (Smith-Osborn, 2012). Non-veteran students are less likely to have the permanent vocational, social, and family roles that veterans have obtained during their years in service. Negative interactions with civilian peers may exacerbate these viewpoints and beliefs. Frequently non-veteran students have little knowledge or concern about current military conflicts; they may ask inappropriate questions or express a lack of military appreciation.

Additionally, OEF/OIF/OND veterans have reported complaints about the misperceptions presented by their civilian peers (Dunwoody, Plane, Trescher, & Rice, 2014). As a result, veterans are more likely to find integration into the typical student population as unappealing. Student veterans are less likely to engage in college and university activities that are not associated with essential academic progress (Kim & Cole, 2013). Additionally, student veterans are less likely to participate in internships, practicums, study abroad programs, or community service projects. Overall, student veterans are less likely to report supportive relationships with their peers than non-veteran students (Kim & Carol, 2013). In addition to the social challenges faced on

campus or in the classroom, student veterans are at an increased risk of interpersonal conflict at home. Combat veterans with PTSD experience a high rate of marital instability. Combat-exposed veterans with PTSD are twice as likely as non-PTSD veterans to have been divorced and three times as likely to have experienced multiple divorces (Jordan et al., 1992). Furthermore, the literature suggests that veterans may have challenges developing intimate relationships with friends, family, and significant others following their time in service (Owens et al., 2014).

Research indicates that social isolation negatively impacts college performance (Alschuler & Yarab, 2018). Additionally, current literature suggests a positive relationship between perceived unit support before retirement and ongoing social support and academic success (Campbell & Riggs, 2015). Whiteman, Barry, Mroczek, and MacDermid (2013) found that peer emotional support was generally related to better academic and mental outcomes for student veterans. However, this relationship was more significant for civilian students than their veteran counterparts. Social engagement may mediate the challenges faced by many veterans, as positive interpersonal relationships are mediating variables for mental health concerns and collegiate performance. Poor interpersonal relationships negatively impact adjustment to civilian life for veterans, and poor mental health outcomes resulting from an inability to transition or adjust leads to poor interpersonal relationships. Therefore, it is essential to consider the social transition that veterans must make to obtain a positive transition.

Classroom Challenges:

In addition to the concerns previously mentioned, student veterans appear to have further difficulties in the classroom. In academic settings, students are often encouraged to challenge authority by scrutinizing the basis of others' claims. This expectation vastly differs from the structure and hierarchy found in the military. Service members strictly abide by the rules and expectations of their leadership. Therefore, veterans are less likely to seek assistance from their professors outside of class or push the boundaries on academic creativity compared to their non-veteran counterparts (Elliott, M., 2015). Additionally, some veterans report feeling judged unfairly by professors or uncomfortable with military-related discussions in classroom environments. In a study conducted by DiRamio, Ackerman, and Mitchell (2008), student veterans discussed the feeling that some professors are ill-equipped to address military history with veterans. They also reported feeling singled out as a representative for the military. An experience they described as uncomfortable. Elliot, Gonzalez, and Larsen (2011), found that veterans endorsed frustration when professors would speak out against military conflicts or when professors would negatively refer to troops. Furthermore, veterans supported increased emotional reactions when professors discussed anti-violence views, argued that war is unnecessary, or stated that all killing is unjust. As some veterans develop particular views of war conflicts as a protective measure, challenging these views in the classroom can be particularly startling and overwhelming (DiRamio, Ackerman, & Mitchell, 2008). An often-unspoken frustration exists among student veterans that their military experience was not validated, and in some situations even condemned in

the academic setting (Elliot, Gonzalez, & Larsen, 2011). Therefore, continued research into the experiences and challenges faced by student veterans is important to further educate academic leadership about the transitioning process. The literature that suggests that veterans cope with these presented challenges differently than their civilian peers.

Veteran Coping:

Despite the challenge's veterans face, such as mental health and physical disabilities, and financial setbacks, many veterans choose not to disclose their disabilities or struggles and, therefore, may not be able to obtain the adequate help and assistance they need. Recent OEF/OIF veterans request and receive fewer psychotherapeutic encounters despite the increase in mental health concerns (Paddock et al., 2013). Avoidance behaviors have been identified in several other studies as well. In a study of 93 veterans who screened positive for PTSD or major depressive disorder, less than half reported reaching out to a mental health professional or physician. Additionally, only 1 in 10 engaged in evidence-based therapy (Currier, McCormick, Carroll, Sims, & Isaak, 2018). Fortney, Curran, Hunt, Cheney, Lu, Valenstein, and Eisenberg (2016), recruited students from 11 different community colleges to evaluate mental health symptomatology and help-seeking behaviors such as attending psychotherapy or utilization of psychotropic medication. In their study, they found that student veterans were both more likely than nonveterans to screen positive for depression, suicidal ideation, and PTSD. Despite the greater need for support in the veteran population, there was no significant difference between veterans

and nonveteran students in their help-seeking behaviors. Additionally, veterans had significantly higher odds of perceiving stigma about seeking services than nonveteran students. Military culture likely contributes to mental health stigma in student veterans. The attitudes and beliefs such as toughness, mission focus, and self-sufficiency are instilled in service members to ensure combat readiness (Dickstein, Vogt, Handa, & Litz, 2010). Hoge et al. (2004) found that approximately fifty percent of soldiers meeting criteria for mental disorders felt that seeking treatment would be perceived as weak and ultimately have a negative impact on their career. These attitudes and beliefs appear to carry over into civilian life.

As a result of reduced help-seeking behaviors, veterans may be more prone to engaging in maladaptive coping skills. Wildome, Laska, Gulden, Fu, and Lust (2011), analyzed data from the 2008 Boynton College Student Health Survey comparing health-related behaviors of student veterans involved in OEF/OIF. They found that OEF/OIF student veterans were more likely to report tobacco usage and excessive alcohol consumption than their nonveteran counterparts. Student veterans were also at an increased risk of reporting risky safety behaviors such as “carrying a weapon,” being in physical fights,” or “not wearing a seatbelt.” Additionally, there was a positive correlation between total previous deployments and the tendency to utilize alcohol as a coping mechanism. Student veterans engage in higher levels of heavy drinking than their civilian counterparts (Borsari et al., 2017). Veterans are at an increased risk of suicidal ideation and completed suicide. The department of Veteran Affairs endorsed an elevation in veteran suicide (Leo III., 2018). More specifically,

student veterans are more likely than nonveteran students to endorse suicidal ideation and plan within the student population, as approximately 8-9% of student veterans reported a prior suicide attempt (Borsari et al., 2017).

Additionally, Ackerman, DiRamio, and Mitchell (2009) identified a common theme in their students of veterans returning to the classroom, was the need to stay busy. Cole and Kim (2013), found that student veterans were more likely to overinvest their time preparing for class than non-student veterans. Although this behavior can be seen as an adaptive strategy, excessive time spent on classroom work may inhibit student veterans' ability to cope and grow in other areas of their life. Over immersion can be considered avoidance behavior. Given the severe challenges that student veterans may face on deployment, the physical and mental injuries that they may return home with, along with the possible utilization of inadequate coping strategies many veterans have difficulties adjusting to civilian life.

Experiential Avoidance:

As identified and defined by Hayes et al. (1996), experiential avoidance occurs when an individual is reluctant or unwilling to experience unpleasant thoughts, feelings, or emotions. Experiential avoidance is conceptualized as the range of behaviors that individuals engage in that function to reduce uncomfortable pathological experiences (Follette & Vijay, 2009). For example, behaviors such as substance abuse or self-harm are two behaviors that many veterans with PTSD may rely on to reduce uncomfortable experiences. On the surface, these behaviors appear

topographically dissimilar; however, both behaviors function to reduce the pain caused by experiences on deployment. Research suggests that reliance on experiential avoidance magnifies negative emotions and intrusive traumatic cognitions. Avoidance exists in the literature as a central component of the maintenance of trauma symptoms (Plumb & Follette, 2006; Sprang & LaJoi, 2009). Higher levels of experiential avoidance positively correlate with higher levels of psychological distress and increased trauma symptomatology (Follette et al., 2004; Plumb, Orsillo, Luterek, 2004). Avoidance of feared stimuli, such as negative memories, maintains psychologically distressing symptomatology. Experiential avoidance does not allow individuals to remain in contact with the present moment and other essential areas of their lives (Follette & Vijay, 2009). Experiential avoidance is associated with psychological inflexibility. As a result, individuals with high levels of experiential avoidance are often unable to engage in adaptive behaviors that align with their goals and values (Hayes et al., 2004). Therefore, students with high levels of experiential avoidance may struggle in school, in social relationships, and finding a meaningful career. Further analysis of factors that impact this as well as the behavioral and psychological outcomes of experiential avoidance in this population is warranted.

Chapter 3 Rationale for the Proposed Study:

Although student veterans face many challenges transitioning from military life to academia, there are many benefits to obtaining a college education. Therefore, college retention and graduation could be an essential element of successful civilian life adjustment for some veterans (Armstrong, Best, & Domenici, 2013; Baum, Ma, &

Payea, 2013). However, on average, it took veterans significantly more time to complete their degrees than their civilian counterparts (McAndrew et al., 2019; Cate, 2014). Improving our understanding of veterans' transition process is an integral first step in decreasing the amount of time it takes for veterans to obtain their academic and career goals while improving their daily mental health functioning. Veterans' experiences in the military and the classroom are incredibly diverse. More research is required for individuals to understand how military life impacts future life as a civilian, particularly in collegiate settings.

Borak and Follette (2020), identified several unique and intriguing correlations in their previous examination of student veterans that support further investigation. Concurrent with the existing literature, student veterans who have experienced a deployment endorse higher levels of PTSD and depression related symptomatology than non-deployed student veterans. Additionally, being deployed resulted in higher levels of emotional avoidance and reduced student engagement. These findings indicate the different impacts that veteran status and deployment experience have on student veterans. Further analysis of these variables and their effects on student veterans is warranted. This project aimed to gather more data to further explore the findings from the previous study. Additionally, the examination of new hypotheses will promote an improved understanding of the relationship between military service, deployment experiences, mental health, academic achievement, and social support.

Chapter 4 Aims and Hypothesis:

Based on the reviewed literature and the previous findings, the following are the goals and hypotheses of the proposed study:

1. More years in service will predict PTSD and Depression symptoms as well as Emotional Avoidance (EA).
2. Higher levels of deployment stressors will be negatively associated with post-deployment social support.
 - a. Higher levels of difficult living and working environments as measured by the DRRI will be associated with decreased post-deployment social support.
 - b. Increased combat experiences as measured by the DRRI will be associated with decreased post-deployment social support.
 - c. Increased exposure to the aftermath of battle as measured by the DRRI will be associated with decreased post-deployment social support.
3. Post-deployment social support will be positively associated with academic performance as measured by GPA.
 - a. Student engagement will serve as a mediating variable between post-deployment social support and academic performance.
4. Higher levels of PTSD and Depression symptomology and EA will decrease academic performance.

5. Higher levels of PTSD and Depression symptomology and EA will lead to decreased student engagement.

Chapter 5 Method

Procedure for Participant Recruitment

Student veterans were previously recruited for participation via email and social media utilizing snowball sampling, a non-probability sampling method. Recruitment materials were sent out to the veteran list serve of two local southeastern universities. Participants were additionally recruited through Facebook and Reddit postings as well as from the Student Veterans of American chapter directories. There was also a posting in Division 19 (APA Society for Military Psychology). The emails/postings requested that student veterans 18 or older participate in a study to further our understanding of the unique needs of veterans on campus. Student veterans then completed a Qualtrics survey where they were provided with informed consent. They were informed that no identifying information would be collected as part of this study.

Participants

Two hundred and fifty-two United States Veterans from various locations across the country responded to the presented self-report survey. Seventy eight percent of the population was male, and the majority of the sample identified as Caucasian (71.8%). Of those who completed the survey approximately seventy-two percent of the student veterans endorsed attending college on campus. While 27.8% of the population endorsed taking classes online. Forty-five percent of the population

reported being married, forty-two percent of the population endorsed being single, and eleven percent of the population endorsed being divorced. Most participants completed their time of service in the Army (58.7%); however, the remainder of the branches are represented. Detailed descriptions of the sample are presented in Table 1.

Measures

Demographic Information. A demographic form was created for this study. It includes characteristics such as age, gender, race/ethnicity, and relationship status. It also assesses several variables related to current enrollment status, employment status, and prior/current military demographics.

Deployment Experiences. The Deployment Risk and Resilience Inventory-2 (DRRI-2) was utilized to evaluate deployment experience and post-deployment social support. The DRRI-2 was designed as an updated tool for assessing psychosocial risk and resilience factors among service members and veterans. The scale was updated in 2013 to account for the changes in military deployment experiences during recent conflicts such as OEF, OIF, and OND. Analysis conducted by Vogt, Smith, King, King, Knight, Vasterling (2013) indicated strong internal consistency, reliability, and criterion-related validity. The DRRI-2 can be applied to examine the role that psychosocial factors play in post-deployment health and can be utilized to help enhance the resilience among war veterans. For this study, only four scales have been used as they are the most relevant:

The first scale utilized is the Difficulty Living and Working Environment Scale (Section C). It is a 14-item section that measures exposure to events or circumstances representing repeated or day-to-day irritations and pressures related to life during military deployment. These personal discomforts or deprivations may include the lack of desirable food, lack of privacy, inadequate living arrangements, uncomfortable climate, cultural difficulties, and constraints to performing one's duties. This measure utilizes a 5-point Likert scale (1 = almost none of the time, 5 = almost all of the time). The Combat Experiences component (Section D), measures exposure to combat-related circumstances such as firing a weapon, being fired upon, being attacked or witnessing an attack, encountering friendly fire, or going on patrols. This 17-item section is scored utilizing a 6-point Likert scale (1 = Never and 6 = Daily or almost daily). The Aftermath of Battle section (Section E) evaluates exposure to combat, including observing or handling human remains, interacting with prisoners of war, and seeing other devastating consequences of war. This 13-item section is scored using a 6-point Likert scale (1 = Never and 6= Daily or almost daily). Finally, the Post-deployment Social Support section (Section O) measures the extent to which family, friends, and individuals within the community provide emotional support and assistance following deployment. This scale utilizes a 5-point Likert range (1 = strongly disagree to 5 = strongly agree).

Psychological Health

Depression. The Patient Health Questionnaire - 9 (PHQ-9; Kroenke, Kurt, Robert, & Williams, 2001) is a modified version of the full PHQ that serves as a brief self-report

measure of the presence and severity of depressive symptoms. Participants are asked to rate how often they experienced nine symptoms over the past two weeks using a 4-point Likert scale ranging from 0 (not at all) to 3 (nearly every day). Scores can range from 0 to 27 to measure depression severity, (0-4) minimal depression, (5-9) mild depression, (10-14) moderate depression, (15-19) moderately severe depression, and (20-27) severe depression. Kroenke et al. (2001) found that the PHQ-9 demonstrated excellent reliability and validity.

Post-Traumatic Stress Disorder. The Posttraumatic Check List - 5 (PCL-5; Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013) is a brief, self-report measure of Posttraumatic Stress Disorder-related symptomatology. This instrument contains 20 items corresponding to the four Diagnostic Statistical Manual - V symptoms. Currently, the literature suggests that a score of 33 or higher is indicative of a Posttraumatic Stress Disorder diagnosis.

Experiential Avoidance. The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) was utilized to assess an individual's willingness to accept their unwanted thoughts and feelings while acting in a corresponding way with their values and goals. It has 7 items that are scored using a 7-point Likert scale ranging from 1 (Never true) to 7 (always true). Lower scores on this questionnaire reflect greater psychological willingness, less avoidance, and an ability to act in the presence of painful thoughts and feelings. The AAQ-II is internally consistent and has good convergent and discriminant validity (Bond et al., 2011).

Student Engagement. A scale to specifically assess student involvement on campus was developed by the researchers. Thoughts, feelings, and behaviors related to campus experiences were evaluated with this measure. Student veterans were asked to rate their comfort level in campus settings, their participation in academics, their utilization of resources, and their sense of feeling welcomed on campus. A composite score to represent engagement was utilized for analysis.

Procedure

The Florida Institute of Technology Institutional Review Board has approved all procedures. Informed consent provides more detailed information about the purpose of the study, including the estimated time requirement. Participants were additionally given Dr. Victoria Follette's contact information for questions before or after completion of the study. Participants were told that they can withdraw from the study at any time without consequence. At the end of the study, participants were offered the choice of participating in a raffle for two gift cards by sending an email to a separate address that was not linked to their data. As previously mentioned, data were collected utilizing online resources.

Statistical Analysis

This study is a cross-sectional study examining variables related to student veterans' risk and resilience. Frequency data were calculated for demographic and combat-related variables. Descriptions of psychological scores are presented. A bivariate correlation was calculated to assess correlational information. A multiple

regression was conducted to determine whether deployment experience predicts post-deployment social support. Similarly, academic achievement will be evaluated utilizing a hierarchical regression analysis. Finally, PTSD, depression, and experiential avoidance were assessed in relation to student engagement.

Chapter 6 Results

Descriptive Frequencies

Descriptive frequencies of the demographic variables are displayed in Table 1. As noted, most of the sample were Caucasian (n = 181; 71.8%) males (n = 197; 78.5%). Approximately half of the sample were married (45.6%) and the other half were primarily single (42.1%). Additionally, thirty seven percent of the population endorsed having children with only eighteen percent of those individuals describing themselves as single parents. Fifty two percent of the population were employed at the time of completing the survey while twenty percent endorsed being unemployed. Other participants were collecting disability benefits (5.2%) or retired (8.7%). Most students surveyed were attending college on campus (72.3%), while only twenty seven percent of the population reported taking classes strictly online. Notably, thirty-four percent of the participants endorsed being in graduate school.

Most of the participants endorsed serving in the Army (58.7%); while the Navy (19.8%), Air Force (9.5%), and Marine Corps (7.1%) were also common selected branches of service. The student participants were predominantly enlisted members (81.7%) in comparison to those who served as officers (18.3%). One hundred and

fifty-eight of the participants reported veteran status (62.7%), nineteen students were Active Duty (7.5%), twenty nine endorsed Reservist status (11.5%), twenty five were Individual Ready Reserve or Inactive Reserve (IRR) (9.9%), and twenty one participants reported being in the National Guard (8.3%). Approximately two-thirds of the sample endorsed a previous deployment ($n = 144$, 57.1%) and only sixty-nine participants stated that they had not been deployed (27.4%). Of those deployed the most common engagements endorsed included Operation Enduring Freedom (36.5%), Operation Iraqi Freedom (21.0%), Operation Inherit Resolve (11.9%), and Operation New Dawn (10.7%). Of those who reported their initial joining date one hundred and eighty-five of the participants joined after 2001; while only thirty-four participants endorsed entering service before 9/11. The average time in service for participants was approximately 9 years ($M = 8.7$, $SD = 6.4$). Additionally, descriptive statistics regarding psychological variables are presented in Table 2.

Time in Service in Relation to Psychological Variables

It was hypothesized that years in service would predict PTSD and depression symptomology as well as experiential avoidance. However, simple linear regressions revealed that time in service was not a significant predictor of psychological symptoms as measured by the PHQ-9, AAQ, and PCL-5, as reported in Table 4. Given that most participants fell below the clinical cutoff for depression, PTSD, and experiential avoidance exploratory analysis was warranted to assess if time in service was clinically relevant for this population. Two groups were created for those who endorsed items above and below the clinical cutoff on the PCL-5, PHQ-9, and AAQ.

An independent-samples t-test was computed to compare mean time in service between those who fell above and below the clinical cut off for psychological variables. As reported in Table 5, no statistical differences were noted between those who elevated on the PHQ-9, PCL-5, and AAQ regarding average time in service. While no difference was observed regarding time in service, a more useful variable could have been time deployed. Information regarding number of deployments or time on deployment was not obtained in this present study.

Notably, reporting a deployment during time in service was positively correlated with the PHQ-9, PCL-5, and AAQ. Multiple independent samples t-test were performed to examine the relationship between self-report measures of experiential avoidance, depression, and post-traumatic stress disorder between deployed and non-deployed student veterans (see Table 3). There was a statistically significant difference between deployed veterans and non-deployed veterans on the AAQ and the PCL. Student veterans who endorsed a deployment reported higher levels of PTSD symptomology than those who had not been deployed. Additionally, veterans who had been deployed endorsed higher levels of experiential avoidance, meaning that they were less psychologically flexible and attempted to avoid or control undesirable thoughts and feelings more than those who denied a deployment. In the literature, PTSD has been consistently associated with higher levels of experiential avoidance (Follette et. Al., 2004). There was no difference in depression between deployed and non-deployed veterans.

Deployment Stress Exposure and Psychological Distress

Pearson correlations were conducted to investigate the relationship between the different deployment stress variables measured by the DRRI-2 and psychological distress as evaluated by the PCL-5 and PHQ-9. Results revealed that difficult living and working environment as measured by the DRRI-C was positively correlated with symptoms of depression and PTSD as measured by the PCL-5 and PHQ-9.

Additionally, aftermath of battle exposure as measured by the DRRI-E was positively correlated with symptoms of depression and PTSD. However, it was observed that combat experience as measured by the DRRI-D was not correlated with any of the presented psychological variables. The first question in the DRRI-D scale asks participants if they have gone on combat patrols or missions. A Pearson correlation was computed to assess if this question was correlated with psychological distress. It was found that having been on combat patrols or missions during deployment was positively correlated with symptoms of depression. Interestingly, combat patrols or missions were not correlated with PTSD symptoms. Based on these findings combat experience may not be the most pressing factor impacting student veteran's mental health. Other components of deployment may be more challenging for this population to overcome such as long periods of time living in uncomfortable environments as assessed by the DRRI-C or having been exposed to the aftermath of battle such as seeing dead bodies or walking through battle torn areas as measured by the DRRI-E.

Deployment stress and Post-Deployment Social Support

Pearson correlations were conducted to investigate the relationship between the Difficulty Living and Working Environment Scale (DRRI-C), Aftermath of Battle Scale (DRRI-E), and the Combat Experience Scale (DRRI-D) with the Post Deployment Social Support Scale (DRRI-O). Distressing experiences on deployment as evaluated in the DRRI-2 scales may be associated with development of negative cognitions in the deployed veterans. It was hypothesized that veterans who experienced an increased amount of exposure to stress during deployment would be less likely to perceive social support upon returning home as a result of increased negative thoughts about the world around them. Therefore, difficult living and working environment, aftermath of battle exposure, and combat experiences would be negatively correlated with perceived social support following deployment. As presented in table 2, difficult living and working environment and aftermath of battle exposure was negatively correlated with perceived social support following deployment. This supported the hypothesis that increased exposure to difficult living and working environments as well as aftermath of battle experiences were associated with decreased perceived social support. However, combat exposure was not correlated with perceived social support following deployment. An additional Pearson correlation was conducted to assess the relationship between the first question on the DRRI-D that asks participants if they have been on combat patrols or missions with perceived social support following deployment. The relationship between these two variables was also not significant. This suggest that for this population, increased

combat exposure or engaging in combat missions were not correlated with perceived social support following deployment.

A multiple regression was conducted to assess if difficult living and working environment or aftermath of battle exposure predicted perceived social support following deployment. When both predictors were included difficult living and working environment predicted perceived social support ($R^2 = .089$, $p = .001$); however, aftermath of battle exposure did not significantly predict perceived social support ($R^2 = .098$, $p = .288$). As a result, increased difficult living and working environment exposure during deployment was a significant predictor of decreased perceived social support following deployment. The DRRI-C addresses individuals physiological needs on deployment such as adequate food, water, shelter, and sleep. Individuals who endorsed more items on this measure were deprived of these needs while on deployment. Given the relationship between the DRRI-C and perceived social support following deployment, difficult living and working environment may increase soldiers' negative cognitions negatively impacting their ability to perceive or develop positive interpersonal relationships following deployment.

Academic Performance

Academic performance is often considered a component of collegiate success. Approximately half of the participants who completed the survey endorsed having a GPA between 3.5 and 4.0. Only 2.8 percent of the participants endorsed a GPA lower than a 2.5. This indicated that most participants in this study were excelling in the

classroom. It was hypothesized that perceived post-deployment social support would be positively correlated with academic performance as measured by GPA. However, results indicated that no correlational relationship existed between the two variables. In an attempt to further explore perceived social support following deployment and academic success an independent samples t-test was conducted to evaluate mean differences in GPA between those who endorsed significant perceived social support and those who denied perceived social support following deployment. No statistically significant differences were observed, as evidenced in Table 6. Given that a relationship between perceived social support and academic success was not observed, no mediating analysis were conducted.

To assess the predictive relationship between PTSD and depression symptomology and academic achievement, regression analyses were conducted. Depression symptomology significantly predicted academic achievement, $b = -.026$, $p < .01$, supporting Hypothesis 4 that higher levels of depression symptomology will be related to decrease academic performance. Additionally, increased PTSD symptomology was predictive of decreased academic achievement, $b = -.007$, $p = .04$. It was also hypothesized that experiential avoidance would predict academic performance; however, a regression analysis revealed that a predictive relationship did not exist between the two variables.

Student Engagement

It was hypothesized that increased symptoms of PTSD and depression as well as experiential avoidance would be associated with decreased student engagement. Pearson correlations were conducted to evaluate the relationship between these variables. Results revealed a negative correlation between symptoms of depression and student engagement as well as experiential avoidance and student engagement (Table 2). Student veterans who endorsed more symptoms of depression and increased levels of experiential avoidance were less likely to endorse items such as “I have felt connected to campus” or “I have joined campus academic, sports or social groups/clubs.” Additionally, Pearson correlations revealed that perceived social support following deployment was also positively correlated with student engagement (Table 2). Student veterans who perceived increased levels of social support were more likely to report engagement with peers, their professors, and on campus.

Chapter 7 Discussion

During time in service, soldiers make significant sacrifices, such as spending time away from loved ones, enduring challenging work environments, and delaying career or life advancements. In recent years, veterans engaged in hostile overseas conflicts such as OEF, OND, and OIF. These deployment experiences have negatively impacted soldiers' mental health and their ability to adjust to civilian life following service. Despite the abundance of research on veterans' challenges, limited research exists on student veterans' retention on college campuses. Secondary degrees can help

veterans obtain financial security and a sense of purpose following their time in service. Universities are currently experiencing an increase in the number of military members returning to school (Sander, 2012). The literature suggests that student veterans continue to struggle with the transition (Branker, 2009). Therefore, we must continue to learn more about evaluating what resources student veterans need and will utilize to improve retention and transitional success.

Demographics and Veteran History

Participants in the current study were recruited from various sources using a snowball sampling method from university and social media forums. The sample represents the current veteran population as the majority were Caucasian males with some gender and ethnic diversity present. All military branches were represented, with most participants having served in the Army (58%). Eighty-one percent of the participants endorsed enlistment as opposed to serving as an officer. It is noteworthy that approximately sixty-six percent of the population endorsed utilizing the Post 9/11 GI Bill for financial support. Over half of the participants were completing their undergraduate degree, while thirty-four percent were completing graduate degrees. Operation Enduring Freedom, Operation Iraqi Freedom, and Operation Odyssey Dawn were the most endorsed deployments within this sample. Approximately twenty-seven percent of the population denied a deployment experience, while fifty-seven percent endorsed a deployment, with the remaining participants failing to report deployment status. The obtained sample of student veterans generally denied significant psychological distress, as evidenced by seventy percent of the population falling

below the clinical cut-off on the PCL-5 and sixty-four percent falling below the clinical cut-off on the PHQ-9. Additionally, it is noteworthy that seventy-four percent of the sample's experiential avoidance endorsement was below the clinical cut-off. Despite limited psychological distress or experiential avoidance endorsement with this sample, associations between the variables remained consistent with previous literature findings.

Deployment and Psychological Distress

Based on evidence that military service members experience increased psychological distress, it was hypothesized that total time in service would impact this relationship. However, results revealed that time in service alone might not be a significant contributing factor for veteran distress. Total time in service was not associated with PTSD or depression symptomology, and those who reported more years in service were not any more likely to endorse experiential avoidance. However, as evidenced in previous literature, results from the current study indicated higher levels of PTSD symptomology and experiential avoidance in student veterans who endorsed having been deployed. Therefore, deployment experience compared to time in service may be a more critical factor to consider when service members reintegrate into the civilian world. Future research should address the relationship between time spent on deployment and psychological factors for student veterans.

Within this sample, veterans who endorsed a deployment experience were more likely to endorse a reluctance to experience unpleasant thoughts, feelings, and emotions (EA). The results from this study identified a positive correlation between

depression and PTSD symptomology and experiential avoidance. This result is consistent with prior literature that identifies experiential avoidance as an etiological component of psychological distress, given that experiential avoidance magnifies negative emotions and intrusive trauma symptoms (Hayes et al., 2004; Plumb & Follette, 2006). This study's findings validate our current understanding of experiential avoidance and its possible impact on student veterans. Experiential avoidance may be an underlying process negatively impacting veterans' transition into civilian life. A paradoxical relationship exists between avoiding, suppressing, and eliminating private experiences as attempting these behaviors often results in an upsurge of the intensity of the experience an individual is trying to avoid (Hayes, Strosahl, & Wilson, 2012). Given our understanding of experiential avoidance and the findings from this study, psychoeducation and acceptance and commitment therapy (ACT) techniques should be considered when addressing student veterans' transition process. ACT postulates that by feeling and engaging in all unpleasant and pleasant thoughts, an individual can learn and heal, developing a fulfilling life aligned with their values. Addressing experiential avoidance from this perspective may reduce psychological distress for student veterans and increase veterans' sense of fulfillment while completing collegiate activities.

Deployment Stress and Psychological Variables

Individual components of deployment were addressed in this study to evaluate their impact on depression and PTSD symptomology in student veterans. One component addressed was challenging working and living environment during

deployment: deprivation of basic needs such as adequate food and water, living in unsanitary conditions, lack of privacy, decreased sleep or rest and reduced contact with the civilian world. Results indicated that an increase in these factors was positively correlated with increased psychological distress. Deprivation of basic needs and unsanitary conditions can increase an individual's negative cognitions, possibly leading to psychological distress. Notably, an increase in difficult working and living environments on deployment predicted increased experiential avoidance. Living in an uncomfortable environment for six months or more on deployment was associated with increased avoidance, suppression, or elimination of experiences expected to be distressing. Engagement in experiential avoidance can lead to decreased interpersonal relationships, negative thoughts and feelings can become more intense, and the individual's ability to enjoy the present moment dwindles. As a result, student veterans who have been deprived of basic needs or exposed to unsanitary conditions during their deployment may require increased assistance during their transition process. Increasing veteran awareness of how these experiences can have adverse long-term effects on their mental health may be one way to encourage student veterans to seek assistance. Additionally, educating mental health care providers on campus to look for and address these prior experiences may be one way to create positive change for student veterans.

Additionally, the aftermath of battle exposure, which includes observing destroyed communities, seeing wounded bodies, and handling human remains, was positively correlated with depression and PTSD symptomology. Exposure to these

negative outcomes of battle can impact an individual's world view, eventually leading to depression and PTSD symptoms. Aftermath of battle is another component of deployment that mental health care providers on campus need to be aware of when working with student veterans. Student veterans have these unique experiences on deployment that impact the lens through which they view the world. Awareness of these factors will improve providers' ability to serve student veterans. Education about these experiences may also be beneficial for professors. One participant wrote in the open response section, "The transition from 20 years in the military culture to the politically correct academic culture has been extremely difficult. I feel like I have 20 years of world/life experience, and I am surrounded by people (both students and professors) who have only lived in an academic environment. That disconnect is very difficult to handle and usually results in me just keeping quiet." Reducing the disconnect by educating professors about the experiences veterans have may be one way to assist student veterans during their transition.

Notably, broadly measured combat experience was not associated with psychological distress for this sample. Individual components of combat experience measured by the DRRI-D were analyzed, but no significant findings were observed. This result contradicts the existing literature on combat exposure and psychological distress. However, many different factors could impact these results. Most participants in this study fell below the clinical cut-off on measures of psychological distress and experiential avoidance. Student veterans presenting with higher levels of psychological distress or experiential avoidance found in prior studies were not

represented by this sample. Therefore, future research on combat exposure may want to address more specific student veteran populations who are actively struggling with psychological distress.

Deployment Stress and Social Support

Transitioning from military life to civilian life is challenging for many veterans. One factor that impacts this struggle is the perception of social support. Often veterans discharging from the military perceive a significant loss in social support. They are disconnected from the soldiers who understood their experiences and are expected to reintegrate socially with civilians. Service members are separated from the civilian world by time and space during their time in service and find it hard to connect with others when they retire or are discharged (Schuetz, 1945; Ahern et al., 2015). Given the findings that social support is a protective factor against psychological distress and college attrition (Campbell & Riggs, 2015; Whiteman et al., 2013; Alschuler & Yarab, 2018) it was an integrated aspect of this study. This study indicated that difficult living and working environment factors are correlated with decreased perceived social support following deployment. Being deprived of basic needs and being exposed to unsanitary conditions for an extended period likely increases negative cognitions while decreasing positive thoughts and feelings. As a result, individuals with increased exposure to these factors were less likely to perceive social support upon returning from deployment. This parallels the findings of Robinaugh et al. (2011) that suggest that traumatic exposure reduces an individual's ability to perceive positive aspects of their life, such as social support. Cognitive-behavioral therapy techniques can help

these individuals address their negative cognitions, identify social support, and develop social skills to develop and maintain positive interpersonal relationships with civilians. This study's findings should be presented to mental health providers working with student veterans to increase their understanding of how to help these individuals.

Another factor that impacted post-deployment perceived social support was aftermath of battle exposure to include seeing dead bodies, observing destroyed communities, and being exposed to hurt civilians while on deployment. Aftermath of battle exposure is another deployment factor that can impact a soldier's world view in a significant way. They may be more likely to perceive the world through a negative lens after being exposed to war components. As a result, they may be less likely to perceive or seek out social support following deployment. Given this finding, student veterans with aftermath of battle exposure may need more assistance in identifying, developing, and maintaining social support. On-campus or virtual groups for veterans is one possible way to address this concern of social support. Veterans are more likely to engage with others who genuinely understand their experiences during their time in service. Veterans in this survey reported an increased willingness to engage with other student veterans than their civilian peers. Creating places for student veterans to meet and engage with one another may, over time, increase their perceived social support, and have a positive impact on their transition to civilian life as a student.

Academic Performance

Student veterans experience unique classroom challenges (DiRamio, Ackerman, & Mitchell, 2008; Elliot, Gonzales, & Larsen, 2011). One aspect of

collegiate success is academic performance. Participants in this study generally endorsed performing well above average. Individuals who engaged in this study were excelling in the classroom. Research indicates, military service members often possess unique traits that lend well to academic performance. Results from this study support that finding as most participants reported a GPA between 3.5 and 4.0. The only variables correlated with the academic performance for this sample were depression and PTSD symptomology. These findings parallel the current literature suggesting that psychological distress may impact student performance in the classroom (Dendle et al., 2018). However, it is noteworthy that although student veterans may be excelling academically, they face other challenges during the transition process that impact their overall engagement in college.

Deployment, Social Support, and Student Engagement

The structure and hierarchy of collegiate life are different from those found in the military, which can be particularly challenging for veterans returning to school. Veterans endorse difficulty connecting with other students and professors on campus due to the unique experiences they have had during their time in service (Elliot, 2015; DiRamio, Ackerman, & Mitchell, 2008). One student veteran in the present study stated, "As a veteran or active soldier it is hard to connect with regular college students. We are so disconnected it is difficult to figure out basic campus life like frats, sororities, honor clubs, etc.," suggesting an increased disconnect between student veterans and collegiate life.

The results of this study revealed a negative correlation between depression and student engagement. As suspected, given the relationship between depression symptomology and diminished interest in daily activities, student veterans dealing with increased symptoms of depression are less likely to engage with other students, professors, or within collegiate organizations outside of the classroom. Additionally, experiential avoidance was also negatively correlated with student engagement. Students endorsing higher levels of experiential avoidance were also less likely to engage in these interpersonal activities. Student veterans may feel more comfortable in the immediate moment avoiding engagement on campus. However, by failing to engage in campus activities or interact with professors or peers, student veterans are failing to obtain positive social experiences associated with college. College offers students the opportunity to learn information in the classroom and learn outside of the classroom through interpersonal relationships. By failing to engage student veterans are failing to obtain the benefits.

Furthermore, social support and engagement in the present moment can reduce symptoms of depression over time. Decreasing avoidance and increasing student engagement for student veterans struggling with their transition process could have positive long-term effects. These findings further validate the need to educate school counselors about the impact of experiential avoidance, depression, and student engagement.

Limitations

This study utilized cross-sectional data as it was an efficient way to observe and identify characteristics that exist in the student veteran population. However, given this observation method, a causal relationship cannot be inferred from the information obtained. It is also noteworthy that participants were recruited online, utilizing a random snowball sampling approach. Veterans received an email with information about the study and were asked to complete the survey online. This recruiting approach was an efficient way to obtain participants but lent itself to several complications. Snowball sampling has the potential risk of leading to selection bias. In this study, in particular, a large portion of the participants were in graduate school or taking classes online, which may not accurately depict the student veteran population at large.

Additionally, this study's sample was generally performing well academically, denied significant psychological distress, and endorsed positive interpersonal relationships. Therefore, the obtained information may not be relatable to the student veterans who are struggling. Future research should evaluate student veterans who dropped out of college, are struggling academically, or seek mental health treatment due to overwhelming distress to understand what factors are impacting this population genuinely.

Another factor to consider is that although most of the measures demonstrated good reliability and validity, the researchers developed the student engagement scale for this study. The scale items were implemented to address specific components of

student engagement previously addressed in the literature. However, the reliability and validity of the total scale score have not been identified.

Future Research

Future research should continue to evaluate the specific concerns that many veterans face while transitioning from military to civilian life. As suggested, it could be beneficial to obtain participants who dropped out of college or are taking a significant amount of time to complete their degree. The population assessed in this study handled the transition process particularly well compared to others identified in the literature. As presented in this study, social support following deployment is correlated with student engagement and may serve an essential role in the transition process. Future research should address the efficacy of programs provided at Universities for student veterans. Notably, only 11 percent of the population endorsed being engaged in Student Veterans of America, and even fewer endorsed other options such as VFW, American Legion, or Wounded Warriors. Future research should evaluate the reason for the limited engagement while addressing the efficacy of these resources to further our understanding of what student veterans may engage in and benefit from.

Longitudinal data may be worth considering for future research projects involving student veterans. As listed in the limitations, individuals who engaged in this study performed well academically and generally denied significant psychological distress. Implementing a study that had student veterans assess their performance and mental health before engaging in academia and at different time points throughout the

process could address this issue. It would allow researchers to address veterans' transitional process to see where issues appear to present themselves.

As identified in the literature, veterans are prone to dropping out and taking longer to complete their degrees. This study's findings suggest that this may not be related to academic performance but to other factors. Future research should address student engagement, mental health, and financial security as challenges that may impact student veterans. The findings from this study support the claim and hypothesis that student engagement and mental health are associated. Mental health challenges may be causing veterans to disengage from school. Future research could evaluate the causal relationships between the presented variables in this study.

Conclusion

Student veterans' transition to college with unique experiences obtained during their time in service distinguishes them from the civilian population. Difficult living and working environments and aftermath of battle exposure while on deployment have a significant impact on student veterans' mental health and their willingness to engage in life. Resources such as mental health providers with an understanding of these experiences, veteran social support groups, and increased education for professors and providers on campus should be considered to improve student veterans' transition process. The findings from this study and those previously identified in the literature suggest that experiential avoidance is an etiological component of psychological distress. When working with veteran's avoidance should be addressed to reduce the long-term impacts that adverse experiences in service can have. Increasing mental

health provider's awareness of these variables may improve their ability to serve student veterans adequately.

Student veterans possess unique characteristics that make them well suited to perform well in the classroom. The results from this study indicate that veterans can excel academically. When evaluating student veteran success and monitoring veterans' transition process, it is essential to look further than just academic performance. College experiences such as developing interpersonal relationships and engaging in campus activities should be addressed. Student engagement should be addressed with student veterans. Providing education about the benefits of engaging with peers and professors on campus could be beneficial. Additionally, collegiate programs should look to increase groups and organizations on campus as well as virtually that veterans feel comfortable engaging with. Creating environments for veterans to engage where they don't view themselves as outsiders could have a positive impact on their collegiate experience. Ultimately, this study's findings increase our awareness of factors that can be addressed to improve student veterans' lives.

References

- Ahern, J., Worthen, M., Masters, J., Lippman, S.A., Ozer, E.J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PloS ONE* 10(7). Doi: 10.1371/journal.pone.0128599
- Armstrong, K., Best, S., & Domenici, P. (2013). *Courage after fire for parents of service members: Strategies for coping when your son or daughter returns from deployment*. Oakland, CA: New Harbinger
- Albright, D.L., Landor, A.M., McDaniel, J.T. *et al.* Sexual Behaviors and Health Practices Among Student Service Members and Veterans. *Arch Sex Behav* 48, 2595–2604 (2019). <https://doi.org/10.1007/s10508-018-1331-3>
- Alright, D.L., Fletcher, K.L., Pelts, M.D., & Taliaferro, L. (2017). Use of college mental health services among student veterans. *Best Practices in Mental Health*, 13(1): 66-80.
- Alschuler, M. & Yarab, J. (2018). Preventing Student Veteran Attrition: What more can we do? *Journal of College Student Retention: Research, Theory, & Practice* 20(1), 47-66. DOI: 10.1177/1521025116646382
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM 5)*. American Psychiatric Pub.
- Bachrach, R. L., & Read, J. P. (2012). The role of posttraumatic stress and problem alcohol involvement in university academic performance. *Journal of Clinical Psychology*, 68, 843– 859. Doi: <http://dx.doi.org/10.1002/jclp.21874>
- Barry, A. E., Whiteman, S. D., & MacDermid Wadsworth, S. M. (2012). Implications of posttraumatic stress among military-affiliated and civilian students. *Journal of American College Health*, 60, 562–573. doi: <http://dx.doi.org/10.1080/07448481.2012.721427>
- Barry, A. E., Whiteman, S., Wadsworth, S. M., & Hitt, S. (2012). The alcohol use and associated mental health problems of student service members/veterans in higher education. *Drugs: Education, Prevention & Policy*, 19(5), 415-425. doi:<http://dx.doi.org.portal.lib.fit.edu/10.3109/09687637.2011.647123>
- Baum, S., Ma, J., & Payea, K. *Education pays 2013: The benefits of higher education for individuals and society*. The College Board; New York: 2013.

- Belmont, P.J., Schoenfeld, A.J., & Goodman, G., (2010). Epidemiology of combat wounds in operation Iraqi freedom and operation enduring freedom: Orthopaedic burden of disease. *Journal of Surgical Orthopaedic Advances* 19(1), 2-7.
- Bond, F.W., Hayes, S.C., Baer, R.A., Carpenter, K.M., Guenole, N., Orcutte, H.K., Waltz, T., & Zettle, R.D. (2011). Preliminary psychometric properties of the acceptance and action questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy* 42(2), 676-688. Doi: <https://doi.org/10.1016/j.beth.2011.03.007>.
- Borsari, B., Yurasek, A., Miller, M. B., Murphy, J. G., McDevitt-Murphy, M. E., Martens, M. P., Darcy, M. G., & Carey, K. B. (2017). Student service members/veterans on campus: Challenges for reintegration. *The American journal of orthopsychiatry*, 87(2), 166–175. <https://doi.org/10.1037/ort0000199>
- Buzzell, E. & Preston, S.H. (2007). Mortality of American troops in the Iraq war. *Population and Development Review* 33(3) . doi: <https://doi.org/10.1111/j.1728-4457.2007.00185.x>
- Campbell, R., & Riggs, S.A. (2015). The role of psychological symptomatology and social support in the academic adjustment of previously deployed student veterans. *Journal of American College Health*, 62(7), 473-481. Doi: <https://doi-org.portal.lib.fit.edu/10.1080/07448481.2015.1040408>
- Cate CA. Million records project: Research from student veterans of America. Student Veterans of America; Washington, DC: 2014.
- Cate, C. & Davis, T. (2016). Student veteran demographics select results from student veterans of America spotlight 2016. *SVA Spotlight* 2(1): 1-7.
- Centers for Disease Control Prevention; National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Report to congress on traumatic brain injury in the United States: Epidemiology and rehabilitation. Atlanta, GA: Centers for Disease Control Prevention; 2014.
- Church, T. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22(1), 43-52.
- Cleveland, S. D., Branscum, A. J., Bovbjerg, V. E., & Thorburn, S. (2015). Mental Health Symptoms Among Student Service Members/Veterans and Civilian College Students. *Journal of American College Health*, 63(7), 459–472. Doi: <https://doi-org.portal.lib.fit.edu/10.1080/07448481.2014.983925>

- Currier, J.M., McCormick, W.H., Carroll, T.D., Sims, B.M., and Isaak, S.L., (2018). Prospective patterns of help-seeking behavior among military veterans with probable posttraumatic stress disorder and major depressive disorder. *Journal of Nervous Mental Disorders* 206(12), 950-954. Doi: 10.1097/NMD.0000000000000907
- Darcy, M.G. & Powers, J.T. (2019). Student Veterans: advantages and obstacles in college transition. *The Journal of College Orientation, Transition, and Retention* 21(1). Doi: <https://doi.org/10.24926/jcotr.v21i1.2860>
- Daya, Z. and Hearn, J. H. (2017) ‘Mindfulness interventions in medical education: A systematic review of their impact on medical student stress, depression, fatigue and burnout’, *Medical Teacher*, pp. 1–8. doi: 10.1080/0142159X.2017.1394999.
- Dendle, C., Baulch, J., Pellicano, R., Hay, M., Lichtwark, I., Ayoub, S., Clarke, D. M., Morand, E. F., Kumar, A., Leech, M., & Horne, K. (2018). Medical student psychological distress and academic performance. *Medical teacher*, 40(12), 1257–1263. <https://doi.org/10.1080/0142159X.2018.1427222>
- DeSalvo, K.B., Fan, V.S., McDonell, M.B., & Fihn, S.D. (2005). Predicting mortality and healthcare utilization with a single question. *Health Services Research* 40: 1234-1246. doi: 10.1111/j.1475-6773.2005.00404.x.
- Department of Veterans Affairs. (2013). *The Long Journey Home XXII: Treatment of posttraumatic stress disorder (PTSD)*. West Haven, CT: Northeast Program Evaluation Center
- Department of Veterans Affairs. (2015). *Epidemiology Program, PostDeployment Health Group, Office of Patient Care Services, Veterans Health Administration, Department of Veterans Affairs. Analysis of VA90 SRIPADA ET AL. Health Care Utilization among Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans, from 1st Qtr FY 2002 through 3rd Qtr FY 2015*. Washington, DC: Author. Retrieved from <https://www.publichealth.va.gov/docs/epidemiology/healthcareutilization-report-fy2015-qtr3.pdf>
- Dickstein, B.D., Vogt, D.S., Handa, S., & Litz, B.T. (2010) Targeting Self-Stigma in Returning Military Personnel and Veterans: A Review of Intervention Strategies, *Military Psychology*, 22:2, 224-236, DOI: 10.1080/08995600903417399
- DiRamio, D. (2017). *What’s next for student veterans? Moving from transition to academic success*. Columbia SC: University of South Carolina, National Resource Center for The First-Year Experience & Students in Transition.

- DiRamio, D., Ackerman R., & Mitchell, R.L. (2008). From Combat to Campus: Voices of Student Veterans. *NASPA Journal* 45(1): 73-102. Doi: <https://doi.org/10.2202/1949-6605.1908>
- Dunwoody, P. T., Plane, D. L., Trescher, S. A., & Rice, D. (2014). Authoritarianism, social dominance, and misperceptions of war. *Peace and Conflict: Journal of Peace Psychology*, 20(3), 256–266. <https://doi.org/10.1037/pac0000037>
- Elder, G.A. (2015). Update on TBI and cognitive impairment in military veterans. *Current Neurology and Neuroscience Reports* 15(68). Doi: <https://doi.org/10.007/s11910-015-0591-8>
- Elliott, M., Gonzalez, C., & Larsen, B. (2011). U.S. Military Veterans Transition to College: Combat, PTSD, and Alienation on Campus. *Journal of Student Affairs Research and Practice*, 48(3), 279-296, DOI: [10.2202/1949-6605.6293](https://doi.org/10.2202/1949-6605.6293)
- Elnitsky, C.A., Belvins, C., Findlow, J.W., Averro, T., & Wiese D. (2018). Student veterans reintegrating from the military to the university with traumatic injuries: how does service use relate to health status? *Archives of Physical Medicine and Rehabilitation* 99(2s): S58-S64. doi: 10.1016/j.apmr.2017.10.008
- Elnitsky, C. A., Fisher, M. P., & Blevins, C. L. (2017). Military Service Member and Veteran Reintegration: A Conceptual Analysis, Unified Definition, and Key Domains. *Frontiers in psychology* 8. <https://doi.org/10.3389/fpsyg.2017.00369>
- Elliott, M. (2015). Predicting Problems on Campus: An Analysis of College Student Veterans. *Analyses of Social Issues & Public Policy*, 15(1), 105–126. <https://doi-org.portal.lib.fit.edu/10.1111/asap.12066>
- Follette V.M., Vijay A. (2009) Mindfulness for Trauma and Posttraumatic Stress Disorder. In: Didonna F. (eds) *Clinical Handbook of Mindfulness*. Springer, New York, NY. doi: https://doi-org.portal.lib.fit.edu/10.1007/978-0-387-09593-6_17
- Fortney, J. C., Curran, G. M., Hunt, J. B., Cheney, A. M., Lu, L., Valenstein, M., & Eisenberg, D. (2016). Prevalence of probable mental disorders and help-seeking behaviors among veteran and non-veteran community college students. *General Hospital Psychiatry*, 38, 99-104. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1016/j.genhosppsych.2015.09.007>
- Girona R.J., Clark, M.E., Ruff, R.L., Chait, S., Craine, M., Walker, R., & Scholte, J. (2009). Traumatic brain injury, polytrauma, and pain: challenges and treatment strategies for the polytrauma rehabilitation. *Rehabilitation Psychology* 54(3): 247-258. Doi. 10.1037/a016906.

- Grossman, D. (1996). *On killing: The psychological cost of learning to kill in war and society*. Little, Brown and Co.
- Gumber, C & Jonathan Vespa (2020). *The Employment, Earnings, and Occupations of Post-9/11 Veterans: American Community Survey Reports*. U.S. Department of Commerce U.S. Census Bureau.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. The Guilford Press.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., Strosahl, K. D. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64(6), 1152–1168.
- 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(1): 13-22).
- Hopkins, C., Hermann, D., Wilson, R. B., Allen, B., & Malley, L. (2010). *Improving college education for veterans*. Lexington, KY: CreateSpace Independent Publishing Platform.
- Institute of Medicine (US) Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families (2010). *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academies Press (US). Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK220068/>
- Jones, E., R. Hodgins-Vermass, and E. McCartney. 2002. Post-combat syndromes from the Boer War to the Gulf War. *British Journal of Medicine* 324, 321-324.
- Jordan, B.K., Marmar, C.R., Fairbank, J.A., Schenger, W.E., Kulka, R.A, Hough, R.L., et al. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal fo Consulting and Clinical Psychology*, 60, 916-926.
- Kelly, M. M., DeBeer, B. B., Meyer, E. C., Kimbrel, N. A., Gulliver, S. B., & Morissette, S.B. (2018). Experiential avoidance as a mediator of the association between posttraumatic stress disorder symptoms and social support: A longitudinal analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Kim, Y.M. & Cole, J.S. (2013). *Student veterans/service members' engagement in college and university life and education*. American Council on Education.

- Kirchner, M. J. (2015). Supporting student veteran transition to college and academic success. *Adult Learning*, 26(3), 116-123.
- Kirchner, M.J. & Yelich Biniecki, S.M. (2019). Student veteran career pathways: A proposed framework for higher education. *New Horizons in Adult Education and Human Resources Development* 32(2): 27-40. Doi: 10.1002/nha3.20248
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606-613.
- Kulkarni, M., Porter, E., & Rauch, S.A. (2012). Anger, dissociation, and PTSD among mal veterans entering into PTSD treatment. *Journal of Anxiety Disorders* 26(2): 271-278. Doi: <https://doi.org/10.1016/j.janxdis.2011.12.005>
- Lostutter, T.W., Neighbors, C.R., Simpson, T., & Larimer, M.E. (2019). The relationship of college student and veteran identities to mental health symptoms and alcohol use among veteran and nonveteran students. *Military Behavioral Health* 8: 33-41. Doi: <https://doi.org/10.1080/21635781.2019.1644259>.
- Ness, B. M., Rocke, M. R., Harrist, C. J., & Vroman, K. G. (2014). College and combat trauma: An insider's perspective of the post-secondary education experience shared by service members managing neurobehavioral symptoms. *NeuroRehabilitation*, 35(1), 147-158.
- Niv, N. & Bennett, L. (2017). Veterans' Mental Health in Higher Education Settings: Services and Clinical Education Needs. *Psychiatric Services* 68(6): 636-639. Doi: <https://doi.org/10.1176/appi.ps.201600065>
- Maclean, A., & Edwards, R. D. (2010). The Pervasive Role of Rank in the Health of U.S. Veterans. *Armed forces and society*, 36(5), 765-785. <https://doi.org/10.1177/0095327X09356166>
- Manning, K., Bakhshaie, J. Shepherd, J.M., Jones, J, Timpano, K.R., Viann, A.G., & Zvlenksy, M.J. (2019) Fatigue severity and emotion dysregulation: roles in mental health among trauma exposed college students. *Fatigue: Biomedicine, Health & Behavior*, 7(4): 181-195. DOI: [10.1080/21641846.2019.1661942](https://doi.org/10.1080/21641846.2019.1661942)
- Marlowe, D. H. 2001. Psychological and Psychosocial Consequences of Combat and Deployment with Special Emphasis on the Gulf War. Washington, DC: RAND Corporation.

- McAndrew, L. M., Slotkin, S., Kimber, J., Maestro, K., Phillips, L. A., Martin, J. L., Credé, M., & Eklund, A. (2019). Cultural incongruity predicts adjustment to college for student veterans. *Journal of Counseling Psychology, 66*(6), 678–689. <https://doi.org/10.1037/cou0000363>
- Milliken, C.S., Auchterlonie, J.L., & Hoge, C.W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *JAMA 298*: 2141-2128. Doi: 10.1001/jama.298.18.2141
- Morin, R. (2011). The difficult transition from military to civilian life. *Pew Research Center Social & Demographic Trends*.
- Owens, G. P., Held, P., Blackburn, L., Auerbach, J. S., Clark, A. A., Herrera, C. J., Cook, J., & Stuart, G. L. (2014). Differences in relationship conflict, attachment, and depression in treatment-seeking veterans with hazardous substance use, PTSD, or PTSD and hazardous substance use. *Journal of Interpersonal Violence, 29*(7), 1318-1337. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1177/0886260513506274>
- Paddock, S.M., Woodroffe, A., Watkins, K.E., Sorbero, M.E., Smith, B., Mannle, T.E., Solomon, J., & Pincus, H.A. (2013). The Quality of Mental Health Care for Veterans of Operation Enduring Freedom/Operation Iraqi Freedom. *Medical Care 51*: 84-89.
- Pirnie, B.R. & O’Connell, E. (2008). Counterinsurgency in Iraq (2003-2006). RAND Counterinsurgency Study Volume 2.
- Riggs, S.A., Carver, K.S., Romero, D., Morissette, S.B., Wilson, J., Campbell, R. and McGuffin, J. (2019), Attachment, Communication, and Relationship Functioning Among College Student Veterans and Nonveterans. *Journal of College Counseling, 22*: 110-124. doi:[10.1002/jocc.12124](https://doi.org/10.1002/jocc.12124)
- Robert J. Dillard, Helen H. Yu. (2018) Best Practices in Student Veteran Education: Faculty Professional Development and Student Veteran Success. *The Journal of Continuing Higher Education 66*:2, pages 122-128.
- Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk. *Professional Psychology: Research and Practice, 42*(5), 354-360. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/a0025164>
- Schuetz, A. (1945). The homecomer. *American Journal of Sociology 50*(5): 69-376.

- Seal, K.H., Metzler, T.J., Gima, K.S., Bertenthal, D., Maguen, S., & Mamar, C.R. (2009) Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002–2008. *American Journal of Public Health* 99(9): 1651-1658. doi: 10.2105/AJPH.2008.150284
- Smith, T.C., Zamorski M., Smith, B., Riddle, J.R., Leadermann, C.A. Wells, T.S., Engel, C.C., Hoge, C.W., Adkins, J., Blaze, D., & Millennium Cohort Study Team (2007). The physical and mental health of a large military cohort: baseline functional health status of the Millenium Cohort. *BMC Public Health* 7(340). Doi: 10.1186/1471-2458-7-340
- Smith-Osborne, A. M. (2012). Supporting resilience in the academic setting for student soldiers and veterans as an aspect of community reintegration: The design of the student veteran project study. *Advances in Social Work Research*, 13, 34 – 50.
- Sprang, G. & LaJoi, A.S. (2009). Exposure, avoidance, and PTSD among Hurrigan Katrina evacuees. *Traumatology* 15(2), 10-19. Doi: 10.1177/1534765609331607.
- Sripada, R. K., Hoff, R., Pfeiffer, P. N., Ganoczy, D., Blow, F. C., & Bohnert, K. M. (2020). Latent classes of PTSD symptoms in veterans undergoing residential PTSD treatment. *Psychological Services*, 17(1): 84-92. doi:http://dx.doi.org.portal.lib.fit.edu/10.1037/ser0000284
- Tanielian, T. L. & Jaycox, L. (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery (Vol. 1). Rand Corporation.
- Vogt, D., Smith, B.N., King, L.A., King, D.W., Knight, J., & Vasterling, J.J. (2013). Deployment Risk and Resilience Inventory-2 (DRRI-2): An updated tool for assessing psychosocial risk and resilience factors among service members and veterans. *Journal of Traumatic Stress* 26, 710-717.
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The ptsd checklist for dsm-5 (pcl-5). Scale available from the National Center for PTSD at www.ptsd.va.gov
- Whiteman, S. D., Barry, A. E., Mroczek, D. K., & MacDermid Wadsworth, S. (2013). The development and implications of peer emotional support for student service members/veterans and civilian college students. *Journal of Counseling Psychology*, 60(2), 265-278. doi:http://dx.doi.org.portal.lib.fit.edu/10.1037/a0031650

Widome, R., Laska, M.N., Gulden, A., Fu, S.S., & Lust, K. (2011). Health risk behaviors of Afghanistan and Iraq war veterans attending college. *American Journal of Health Promotions* 26(2): 101-108. Doi: 10.4278/ajhp.09082-QUAN-278

Wilson, K.B. (2014). Thank you for your service: Military initiatives on college campuses. *New Horizons in Adult Education and Human Resource Development* 26(3): 54-60. Doi: 10.1002/nha3.20072

United States Department of Veteran Affairs (n.d.). Education and Training, History and Timeline. Retrieved April 9, 2020, from <https://www.benefits.va.gov/gibill/history.asp>

Appendix A

Table 1
Descriptive Frequencies for Student Veteran Sample

Variable	Frequency	Percent
Gender		
Male	197	78.5%
Female	50	19.9%
Nonbinary	1	0.4%
Prefer to self-describe	1	0.4%
Other	2	0.8%
Ethnicity		
African American	13	5.2%
Asian	18	7.1%
Hispanic	17	6.7%
Hawaiian/Pacific Islander	2	.8%
Native American/Alaskan Native	3	1.2%
Caucasian	181	71.8%
Other (Multi-racial)	12	4.8%
Prefer not to say	6	2.4%
Relationship Status		
Single	106	42.1%
Married	115	45.6%
Separated/Divorced	29	11.5%
Prefer not to say	2	0.8%
Current Enrollment Status		
Full-Time Undergrad on Campus	124	49.2%
Part-Time Undergrad on Campus	13	5.2%
Full-Time Undergrad Online	17	6.7%
Part-Time Undergrad Online	12	4.8%
Graduate Student on Campus	45	17.9%
Graduate Student Online	41	16.3%
Source of Finance for College		
GI Benefits	14	5.6%
Employer Benefits	168	66.7%
Tuition Assistance	38	15.1%
Yellow Ribbon Program	20	7.9%
Private Grant	8	3.2%

School Grant	46	18.3%
Personal Savings/Current Income	56	22.2%
SVA Partner Scholarship	2	0.8%
Family/Friend Support	10	4.0%
Other	44	17.5%
Current Employment Status		
Employed	131	52.0%
Unemployed	51	20.2%
Collecting on SSDI/disability benefits	13	5.2%
Retired	22	8.7%
Prefer not to state	1	0.4%
Other	6	2.4%
Branch of Service		
Air Force	24	9.5%
Army	148	58.7%
Marine Corps	18	7.1%
Navy	50	19.8%
Coast Guard	4	1.6%
National Guard	8	3.2%
Current Military Status		
Active Duty	19	7.5%
Reservist	29	11.5%
Individual Ready Reserves or Inactive Reserve	25	9.9%
National Guard	21	8.3%
Veteran	158	62.7%
Military Rank		
E-1-E3	19	7.5%
E4-E6	168	66.7%
E7-E9 (Special)	19	7.5%
O1-O3	30	11.9%
O4-O6	15	6.0%
O7-O19 (Special)	1	0.4%
Deployment Information		
Operation Inherent Resolve	30	11.9%

Operation New Dawn	27	10.7%
Operation Enduring Freedom	92	36.5%
Operation Iraqi Freedom	53	21.0%
Operation Active Endeavour	1	0.4%
Operation Odyssey Dawn	5	2.0%
Operation Desert Storm/Shield (Persian Gulf War)	11	4.4%
Panama (Operation Just Cause)	1	0.4%
Other	37	14.7%
None of the above, Not deployed	69	27.4%

Table 2
Correlations between Deployment Stressors and Time in Service and PTSD, Depression, EA, Social Support, and Student Engagement

Variables	M	SD	1	2	3	4	5	6	7	8	9
1. Time in Service	8.70	6.36	-								
2. Student Engagement	26.41	7.78	-0.03	-							
3. AAQ	19.12	10.02	0.06	-0.23**	-						
4. PHQ-9	8.04	6.02	0.11	-0.20**	0.62**	-					
5. PCL-5	18.85	17.61	0.07	0.13	0.83**	0.72*	-				
6. DRRI-C	40.82	12.03	0.01	0.01	0.18*	0.32**	0.34**	-			
7. DRRI-D	30.14	12.74	0.01	0.15	-0.00	0.15	0.17	0.51**	-		
8. DRRI-E	23.01	9.88	0.10	0.14	0.05	0.18*	0.21*	0.54**	0.76**	-	
9. DRRI-O	40.44	8.88	0.16	0.35**	-0.44**	-0.32**	-0.48**	-0.30**	-0.14	-0.24**	
10. GPA	3.41	0.41	0.17*	0.08	-0.01	-0.18**	-0.15*	-0.14	0.00	0.07	0.02

Table 3.
Results of t-tests for Deployed versus Non-Deployed Student Veterans

Outcome	Group						95% CI for Mean Difference	t	df
	Deployed			Non-Deployed					
	M	SD	n	M	SD	n			
AAQ-II	20.55	10.46	137	16.67	8.62	67	-6.78, -0.97	-2.627*	202
PCL-5	21.69	18.69	123	15.08	15.26	62	-12.02, -1.20	-2.41*	183
PHQ-9	8.29	6.02	129	6.48	5.85	67	-3.58, -0.04	-2.01	194

Note. * $p < .05$, ** $p < .01$. AAQ-II = experiential avoidance, PHQ-9 = Depression symptoms and severity, PCL-5 = PTSD symptoms and severity

Table 4.
Linear regression of Time in Service and PHQ-9, PCL-5, and AAQ

Time in Service	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	<i>b</i>	Standard Error of the Estimate	Significant <i>F</i> - Change
<i>Time In Service as Predictor</i>						
PHQ-9	.111	.012	.007	0.102	5.994	.120
PCL-5	.065	.004	-.001	0.177	17.87	.377
AAQ	.063	.004	-.001	0.097	10.01	.370

Table 5.

Independent samples t-test Time in Service and PHQ-9, PCL-5, and AAQ

Outcome	Group						95% CI for Mean Difference	t	df
	Below Clinical cutoff			Above Clinical cutoff					
	M	SD	n	M	SD	n			
PHQ-9	8.52	6.43	128	9.48	6.83	69	-2.89, 0.98	-0.97	195
PCL-5	8.89	6.79	137	9.14	6.06	49	-2.42, 1.92	-0.23	184
AAQ	8.86	6.83	151	8.66	5.43	53	-1.84, 2.25	0.19	202

Table 6.

Independent samples t-test Perceived Social Support and GPA

Outcome	Group						95% CI for Mean Difference	t	df
	Low Social Support			High Social Support					
	M	SD	n	M	SD	n			
GPA	3.43	0.45	36	3.38	0.49	42	-0.17, 0.26	0.460	76

Appendix B

Demographic Questionnaire

1. What is your age?
2. Current Relationship Status?
 - a. Single/Never Married
 - b. Married
 - c. Separated/Divorced
 - d. Widowed
 - e. Prefer not to say
3. What best describes your ethnicity?
 - a. African American/Black
 - b. Asian
 - c. Hispanic/Latino
 - d. Middle Eastern
 - e. Native Hawaiian/Pacific Islander
 - f. Native American/Alaska Native
 - g. Caucasian
 - h. Other (please fill)
 - i. Prefer not to say
4. What best describes your gender identity?
 - a. Male
 - b. Female
 - c. Transgender Male
 - d. Transgender Female
 - e. Non binary
 - f. Prefer to self-describe
 - g. Other not listed
5. Do you have any children?
 - a. Yes
 - b. No
 - c. Prefer not to say
6. Do you consider yourself a single parent?
 - a. Yes
 - b. No
 - c. Prefer not to say
7. Where are you currently enrolled?

- a. Florida Institute of Technology (FIT)
 - b. Eastern Florida State College (EFSC)
 - c. Keiser University
 - d. Other (please fill in)
8. What is our current enrollment status?
- a. Full-Time Undergraduate on-campus
 - b. Part-Time Undergraduate on-campus
 - c. Full-Time Undergraduate online
 - d. Part-time Undergraduate online
 - e. Graduate Student on-campus
 - f. Graduate Student online
9. Have you ever had to withdraw from school due to military deployment or duty orders?
- a. Yes
 - b. No
10. What range does your current cumulative GPA fall within?
- a. 3.5-4.0
 - b. 3.0-3.5
 - c. 2.5-3.0
 - d. 2.0-2.5
 - e. Below 2.0
11. How many semesters have you completed?
- a. 0-1
 - b. 2-3
 - c. 4-5
 - d. 6-7
 - e. 8+
12. What type of certification or degree are you currently working towards?
- a. 2 year degree (AA/AS)
 - b. 4 year degree (BA/BS)
 - c. 5 year certification (teaching, counseling, etc.)
 - d. Graduate Degree (MA/MS/MBA)
 - e. Doctorate (PhD, MD, JD, DVM)
13. How similar is your major/field of study with your MOS/Specialization in the Military? (rank on a scale of 1-5)
- a. Not Similar
 - b. A little similar
 - c. Somewhat similar

- d. Very Similar
 - e. Exactly the Same
14. What is your primary motivation for taking college classes? (select the best representative)
- a. Be more competitive in the job market
 - b. Change of career
 - c. Earn a certificate/degree
 - d. Job promotion
 - e. Learn skills for job
 - f. Personal Enrichment
 - g. Preparation for the civilian job market
 - h. Using VA benefits to supply income
 - i. Other
15. What sources of financial aid are you using to pay for school? (please select all that apply)
- a. Employer benefits
 - b. GI Bill
 - c. Tuition Assistance (TA)
 - d. Yellow Ribbon Program
 - e. Private Grant
 - f. School Grant
 - g. Personal Savings/Current income
 - h. Federal Student Loans
 - i. Private Student Loans
 - j. SVA-Partner Scholarship
 - k. Family/Friend Support
 - l. Other
16. What is your current employment status?
- a. Employed
 - b. Unemployed
 - c. Collecting SSDI/On disability benefits
 - d. Retired
 - e. Prefer not to state
 - f. Other
17. How similar is your current job with your MOS/Military specialization?
- a. Not Similar
 - b. A little similar
 - c. Somewhat similar
 - d. Very Similar
 - e. Exactly the Same

18. On Average, how many hours a week do you work at a paid job outside of school?
- 1-10
 - 10-20
 - 20-30
 - 30-40
 - 40 or more
 - Not currently working a paid job
19. Which of the following Veteran Voluntary Community Organizations are you currently affiliated with or have been affiliated with in the past? (please mark all that apply)
- American Veterans (AMVETS)
 - Blinded American Veteran Association (BVA)
 - Disabled American Veterans Associate (DV)
 - Iraq Afghanistan Veterans Association (IAVA)
 - Paralyzed Veterans of America (PVA)
 - RallyPoint
 - Student Veterans of America (SVA)
 - Team Red White and Blue (RWB)
 - Veterans of Foreign Wars (VFW)
 - Wounded Warrior Project (WWP)
 - Other (please list)
20. Where would you place yourself on the following scale?
- Veteran
 - .
 - .
 - .
 - Student
21. In what branch of the military did you serve?
- Air Force
 - Army
 - Marine Corps
 - Navy
 - Coast Guard
 - National Guard
22. What is your current military status?
- Active Duty
 - Reservist
 - Individual Ready Reserve or Inactive Reserve

- d. National Guard
 - e. Veteran
23. What was/is your rank?
- a. E1-E3
 - b. E4-E6
 - c. E7-E9 (special)
 - d. W1-W5
 - e. O1-O3
 - f. O4-O6
 - g. O7-O10 (special)
24. What year did you enter the service? (insert below)
25. If applicable in what year did you complete separation from military service?
(insert below)
26. What military operation have you been deployed in? (Select all that apply)
- a. Operation Inherent Resolve
 - b. Operation New Dawn
 - c. Operation Enduring Freedom (OEF)
 - d. Operation Iraqi Freedom (OIF)
 - e. Operation Active Endeavour
 - f. Operation Odyssey Dawn
 - g. Operation Desert Storm/Shield (Persian Gulf War)
 - h. Panama (Operation Just Cause)
 - i. Grenada (Operation Urgent Fury)
 - j. Other
 - k. None of the above, not deployed
27. Does your University/Program offer sufficient resources for student veterans?
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither agree nor disagree
 - d. Somewhat agree
 - e. Strongly agree

Student Engagement Scale

Instructions: Please select how true each of the statements is for you.

(Always True) (Mostly True) (Slightly True) (Never) – unless otherwise indicated.

1. I feel comfortable asking questions in class.
2. I feel comfortable talking about my experiences and opinions in class discussions.
3. As a Veteran, I feel welcome on campus.
4. I feel comfortable asking my classmates for help with the material.
5. I have helped my classmates when they were struggling with the material.
6. I have worked with other students on academic projects outside of the classroom.
7. I have discussed academic matters with my classmates (via social media, telephone, study groups, email).
8. I have felt connected to campus.
9. I have joined campus academic, sports, or social groups/clubs.
10. Often my past veteran experiences make it hard for me to pay attention to class.
11. I have experienced an intrusive memory/flashback in class.
12. I felt comfortable disclosing my veteran status and classroom needs to my professors.
13. I feel I am able to connect with other student veterans if I desire to.

14. I feel comfortable with the layout of my classroom.
15. I feel I have the support I need in school.
16. I find it difficult to balance my home, academic, and financial responsibilities.
17. I have met with faculty to discuss my academic performance
- a) Yes
 - b) No
18. I was satisfied with my meeting with faculty to discuss my academic performance.
19. I have discussed career plans with a campus faculty member.
- a) Yes
 - b) No
20. I was satisfied with my meeting with faculty to discuss my career plans.
21. I have met with and received guidance from my academic advisor.
- a) Yes
 - b) No
22. I was satisfied with my meeting and guidance from my academic advisor.
23. Please feel free to write any additional information that is important to you and your experience.

Acceptance and Action Questionnaire – II

Instructions: Please rate how true each of the following statements is for you.

(Never True) (Very Seldom True) (Seldom True) (Sometimes True) (Frequently True)
(Almost Always True) (Always True)

1. My painful experiences and memories make it difficult for me to live a life that I would value.
2. I am afraid of my feelings.
3. I worry about not being able to control my worries and feelings.
4. My painful memories prevent me from having a fulfilling life.
5. Emotions cause problems in my life.
6. It seems like most people are handling their lives better than I am.
7. Worry gets in the way of my success.

The Posttraumatic Check List – 5 (PCL-5)

Instructions: Below is a list of problems and complaints that people sometimes have in response to a very stressful experience. Please read each problem carefully and then choose one of the answers to indicate how much you have been bothered by them in the past month. In the past month how often were you bothered by:

(Not at all) (A little bit) (Moderately) (Quite a bit) (Extremely)

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

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

The Patient Health Questionnaire – 9 (PHQ-9)

Instructions: Over the last *two weeks*, how often have you been bothered by any of the following?

(Not at all) (Several days) (More than half the days) (Nearly every day)

1. Little interest or pleasure in doing things.
2. Feeling down or depressed.
3. Trouble falling or staying asleep.
4. Feeling tired or having little energy.
5. Poor appetite or overeating.
6. Feeling bad about yourself – or that you are a failure or have let your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching the television.
8. Moving or speaking so slowly that other people could have noticed.
Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts you would be better off dead, or of hurting yourself.
10. If you checked off any of the problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with people?
 - a) Not difficult at all
 - b) Somewhat difficult

- c) Very difficult
- d) Extremely difficult

Deployment Risk and Resilience Inventory-2 (DRRI-2)

Section C: Difficult Living and Working Environment

Instructions: The next set of statements is about the conditions of day-to-day life DURING YOUR MOST RECENT DEPLOYMENT. Please read each statement and describe what amount of time you were exposed to each condition over the course of the entire time of your most recent deployment. Mark the response that best fits your choice.

(Almost none of the time) (A few times) (Some of the time) (Most of the time)

(Almost all of the time)

During Deployment...

1. ...the climate was uncomfortable.
2. ...I had to deal with uncomfortable animals, insects, or plants.
3. ...the food I had to eat was of very poor quality.
4. ...the conditions I lived in were extremely unsanitary.
5. ...I didn't have access to bathrooms or showers when I needed them.
6. ...I wasn't able to get as much privacy as I needed.
7. ...I was exposed to awful smells.
8. ...I was subjected to loud noises.
9. ...my daily activities were restricted because of local religious or ethnic customs.

10. ...I wasn't able to get rest when I needed it.
11. ...I wasn't able to contact home when I needed to.
12. ...I had to hassle with putting on and taking off heavy or annoying gear.
13. ...I was not allowed to do the things I needed to do to get my job done.
14. ...I did not have adequate shelter from uncomfortable living conditions (i.e. heat, cold, wet, etc.).

Section D: Combat Experiences

Instructions: The statements below are about your combat experiences during your most recent deployment. As used in these statements, the term “unit” refers to those you lived and worked with on a daily basis during deployment. Please mark how often you experienced each circumstance.

(Never) (Once or twice) (Several times over the entire deployment) (A few times each week) (Daily or Almost daily)

During Deployment...

1. ...I went on combat patrols or missions.
2. ...I took part in an assault on entrenched or fortified positions that involved naval and/or land forces.
3. ...I personally witnessed someone from my unit or an ally unit being seriously wounded or killed.
4. ...I encountered land or water mines, booby traps, or roadside bombs (e.g. IEDs).
5. ...I was exposed to hostile incoming fire.
6. ...I was exposed to “friendly fire”.
7. ...I was in a vehicle (e.g. a “Humvee,” helicopter, or boat) or part of a convoy unit that was attacked.
8. ...I personally witnessed enemy combatants being seriously wounded or killed.

9. ...I personally witnessed civilians (e.g. women and children) being seriously wounded or killed.
10. ...I was injured in a combat-related incident.
11. ...I fired my weapon at enemy combatants.
12. ...I think I wounded or killed someone during combat operations.
13. ...I was involved in locating or disarming explosive devices.
14. ...I was involved in searching or clearing homes, buildings, or other locations.
15. ...I participated in hand-to-hand combat.
16. ...I was involved in searching and/or disarming potential enemy combatants.

Section E: Aftermath of Battle

Instructions: Next are statements about your exposure to the consequences of warfare during your most recent deployment. Please mark how often you experienced each circumstance.

(Never) (Once or twice) (Several times over the entire deployment) (A few times each week) (Daily or Almost daily)

During Deployment...

1. ...I saw people begging for food.
2. ...I saw refugees who had lost their homes or belongings.
3. ...I observed homes or communities that had been destroyed.
4. ...I took care of injured or dying people.
5. ...I saw civilians after they had been severely wounded or disfigured.
6. ...I saw enemy combatants after they had been severely wounded or disfigured.
7. ...I saw Americans or allies after they had been severely wounded or disfigured.
8. ...I saw the bodies of dead Americans, allies, or civilians.
9. ...I interacted with detainees or prisoners of war.
10. ...I was exposed to sight, sound, or smell of dead or dying animals.
11. ...I was involved in handling human remains.

Section O: Postdeployment Social Support

Instructions: The next set of statements refer to the social support AFTER YOUR MOST RECENT DEPLOYMENT, as well as current social support. Please mark how much you agree or disagree with each statement.

(Strongly Disagree) (Somewhat Disagree) (Neither Agree nor Disagree) (Somewhat Agree) (Strongly Agree)

Since returning...

1. ...the American people made me feel at home.
2. ...people made me feel proud to have served my country in the Armed Forces.
3. ...my family members and/or friends make me feel better when I am down.
4. ...my family and friends understand what I have been through in the Armed Forces.
5. ...there are family and/or friends whom I can talk to about my deployment experiences.
6. ...my family members or friends would lend me money if I needed it.
7. ...when I am ill, family members or friends will help me out until I am well.