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Male Student Veterans: A Survey of Current Transition Challenges and Issues from Active Duty to Collegiate Life

Mara Alyce Rowcliffe

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Male Student Veterans:
A Survey of Current Transition Challenges and Issues
from Active Duty to Collegiate Life

by

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We the undersigned committee
hereby approve the attached doctoral research project

Male Student Veterans:
A Survey of Current Transition Challenges and Issues
from Active Duty to Collegiate Life

by

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Abstract

TITLE: Male Student Veterans: A Survey of Current Transition Challenges and
Issues from Active Duty to Collegiate Life

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The present study evaluated the challenges associated with transitioning from active duty to collegiate life. This included examining if psychological factors and demographic variables influence a male veteran's ability to succeed in an academic institution. Success was defined by how well they performed in school measured by their self-reported grade point average. Other measures included the Combat Exposure Scale (CES), PTSD Checklist- Military Version (PCL-M), and Suicidal Behavior Questionnaire-Revised (SBQ-R). This study aimed to contribute to the limited research among student veterans, as well as inform academic institutions of how to approach improving retention rates among prior military members. Results of an online survey revealed the majority of participants reported obtaining over a 3.6 grade point average, and perceived academic support was a significant predictor of academic success. Over 26% of the sample endorsed clinically significant suicidal ideation, and post traumatic stress, while the majority denied ever seeking counseling or treatment. Combat Exposure was shown to predict both post traumatic stress and suicidal behavior. In addition, there was a significant difference between type of service connected disability and suicidal behavior. Those individuals who reported

sustaining a mental or both physical and mental disabilities reported significantly higher levels of suicidality.

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Introduction

Over 2.7 million military service members have deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). This includes members of the Army, Air Force, Navy, Marines, Coast Guard, and related reserve and National Guard Units. Operation Iraqi Freedom took place primarily in Iraq from March 19th, 2003 until August 31st, 2010, while transitional forces remained in Iraq under Operation New Dawn (OND) ending in December of 2011. Operation Enduring Freedom, has been characterized as the longest conflict in American history, as it took place from October 7th, 2001 until December 28th, 2014 (Baiocchi, 2013). Each year the military separates between 240,000 and 360,000 service members. As the war in Afghanistan came to an end, government administration estimated that a million service members would separate from the military over the next several years (U.S. Executive Office of the President, National Economic Council [NEC], 2013).

Following military service, many individuals chose to attend post-secondary educational institutions. While there is no completely accurate account of the number of student veterans attending college or universities, it can be estimated based off those pursuing educational benefits through the Veterans Administration (VA). According to the U.S. Department of Veterans Affairs, since August 1st, 2009, the VA has spent more than \$20 billion on educational benefits. This occurs through the Post-9/11 GI Bill and is estimated to support nearly 773,000 veterans and their family members (U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs [OPIA], 2014). The Post- 9/11 GI Bill offers financial

support for education and housing to those prior service members and their family members with at least 90 days of military service following September 10th, 2001. In addition, these benefits are provided to those individuals who discharged with a service connected disability after 30 days following September 10th, 2001. In order to be eligible for the benefits of the Post 9/11 GI Bill, the veteran is also required to receive an honorable discharge upon separation from the military (OPIA, 2014). These benefits include payment of tuition and fees, monthly housing allowance and up to \$1000 yearly for books and school supplies for the veteran or eligible dependents. Approved training for the Post-9/11 Bill includes graduate and undergraduate degrees, vocational/technical training, flight training, and many others (OPIA, 2014).

Specific calculations of the number of student veterans attending college or university are unknown. This is based solely on the fact that many prior service members may not be utilizing educational benefits. In fact, there may be veterans attending school who do not qualify for any type of tuition assistance. In addition to the numbers reported by the U.S. Department of Veterans Affairs, it is confidentially noted that the United States currently exhibits a significant student veteran population. With regard to taxpayer spending, and the mere moral obligation to care for those who have served our country, it is essential to understand the factors impacting the success of student veterans. This includes recognizing the implications of emotional adjustment and psychological functioning on the transition and possible challenges from active duty to collegiate life. The present study uses a survey to identify the current challenges and risk factors that are impacting the success of student veterans.

To reduce variability due to gender differences, male veterans will be the primary focus for the present research.

Literature Review

Mental Health

The United States population is estimated to include about 23.4 million military veterans (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Fulfilling military duty is likely to comprise of stressful situations potentially leading veterans to experience psychological distress. In fact, in 2009 it was reported that mental health and substance use disorders were the source of more hospitalizations among U.S. troops than any other cause. (SAMHSA, 2014). The emotional adjustment included in transitioning from military to civilian life may be exacerbated or further complicated by mental health conditions. Evaluation reports indicate that 50.2 percent of OEF and OIF veterans within the VA healthcare system have been formally diagnosed with a mental health disorder (Brancu, Straits-Troster, & Kudler, 2011). However, other studies note that only 50 percent of returning veterans who need mental health support are actually seeking treatment (SAMHSA, 2014). These analyses note that the frequency of mental health issues fluctuate depending on circumstance. This includes what specific population is assessed, the duration of the study, how symptomatology is measured, and the frequency and intensity of combat exposure.

With a focus on the student veteran population, it is imperative to note the mental health trends associated with age. A study evaluating the trends and risk

factors for mental health diagnoses among OIF and OEF veterans found that younger individuals had higher rates of posttraumatic stress disorder (PTSD) and alcohol and drug use disorder diagnoses when compared to those over the age of 40 (Seal et al., 2009). Two other evaluations confirmed this relationship, reporting that males under 40 are at greater risk of developing PTSD (Maguen, Ren, Bosch, Marmar, & Seal, 2010), and those under 30 are at increased risk for alcohol misuse (Hawkins, Lapham, Kivlahan, & Bradley, 2010). A review summarizing the epidemiology of mental health problems among veterans who served during the Iraq and Afghanistan conflicts, focused on available information between 2009 and 2014. These researchers indicated that the most prevalent mental health conditions include posttraumatic stress disorder, depression, suicidal ideation, and substance abuse (Ramchand, Rudavsky, Grant, Tanielian, & Jaycox, 2015).

Post Traumatic Stress Disorder

Among OEF and OIF veterans utilizing VA services, 27 percent have been diagnosed with posttraumatic stress disorder (Bagalman, 2011). Data provided by the U.S. Department of Defense depicts incidence rates of PTSD amongst active duty military members. In this case, PTSD was defined as someone with two or more outpatient visits or a hospitalization in which PTSD was formally diagnosed. Data was provided for those who have not previously deployed and those who have in support of the conflicts in Iraq and Afghanistan. Rates of PTSD among deployed service members were measured as occurring when the individual was diagnosed with PTSD at least 30 days after being deployed. Precisely 39,264 of the individuals who

had not previously deployed were diagnosed with PTSD between 2000 and 2015. This is in stark comparison to those military members who did deploy. Their incidents rates between 2002 and 2015 included 138,197 individuals (U.S. Congressional Research Service, 2015).

The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000) describes post-traumatic stress disorder as being developed after an individual has been exposed to a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The response to this event elicited significant fear, helplessness or horror. The traumatic event is persistently re-experienced, and has resulted in avoidance of stimuli associated with the trauma and numbing of general responsiveness. Symptoms of increased arousal must also be present and the disturbance has resulted in clinically significant distress that has impacted the individual's functioning. The duration of the resulting symptoms of the trauma have to be present for more than one month (*DSM-IV-TR*).

Additional research regarding who is at risk for developing PTSD illustrates differences among service branches. According to a national study evaluating 249,440 veterans, those serving in the Army were more likely to be diagnosed with PTSD compared to the other service branches (Cohen, Gima, Bertenthal, Kim, Marmar, & Seal, 2010). However, this may also be related to the fact that the Army has contributed about 4 in 7 of the total deployments to operations in Iraq and Afghanistan (Baiocchi, 2013).

Another study assessed various risk factors for mental health problems among military members. The main purpose of the research was to determine if “baseline functional health” is capable of predicting the onset symptoms or diagnosis of PTSD for military members with combat exposure. Participants completed baseline and follow up questionnaires through self-report and electronic data in order to evaluate the relationship between PTSD and physical health. This was a longitudinal study that assessed military personnel from 2000 until 2006 who reported “combat-like exposures.” For the purposes of this evaluation, this was described as a personal experience occurring in the three years before completing the follow-up questionnaire. This included: “witnessing a person’s death due to war, disaster, or tragic event, witnessing instances of physical abuse (torture, beating, rape), dead and/or decomposing bodies, maimed soldiers or civilians, or prisoners of war or refugees.” Results of the analysis concluded that low mental or physical health prior to experiencing combat significantly increases an individual’s risk to developing symptoms or a diagnosis of PTSD following deployment. In addition, analysis revealed that individuals with a Bachelor’s degree were more likely to have new-onset symptoms of PTSD when compared to those with a high school education or less. (LeardMann, Smith C., Smith B., Wells, & Ryan, 2009).

Suicidality

Suicide has become one of the leading causes of death among the U.S. military (Armed Forces Health Surveillance Center (AFHSC), 2012). From 2001 to July 2015 there have been 6,855 casualties reported in Iraq and Afghanistan as the

direct result of warfare (Fischer, 2015). While the number of deaths associated with combat are easily accessible, it is difficult to find a precise account for the number of suicides among current and previous service members. However, there are various estimates for different time periods. For example, according to the Department of Defense Quarterly Suicide Report (Franklin, 2015), over 1,600 active duty and reservists have died as a result of suicide since 2012. An earlier estimate from 2005 to 2009, reported that more than 1,100 active military members took their own life. It was stated that this rate averaged to about 1 suicide every 36 hours (SAMHSA, 2014). However, the suicide rate among veterans is thought to be much higher. According to a Suicide Report conducted by the Department of Veterans Affairs, an estimated 22 veterans died from suicide each day in 2012 (Kemp, & Bossarte, 2012). Examination of suicide prevalence rates between 1998 and 2011 suggested that 2,900 service members died by suicide while serving on active duty (AFHSC, 2012). While the U.S. military promotes suicide prevention training and provides universal healthcare, suicide continues to be a serious problem among service members.

An all-encompassing number pertaining to military suicide rates does not appear to be publically available. However, several research articles discuss the risk factors associated with suicide and the military/veteran population. According to the VA Suicide Report, males accounted for more than 97% of suicides among those identified as veterans. This was compared to civilian suicides, where non-veteran males account for approximately 74% of suicides. Analysis of this data also noted that veterans who died from suicide were more likely to be married, widowed, or divorced

(Kemp, & Bossarte, 2012). In a prospective longitudinal study evaluating current and former military personnel researchers reported that deployment factors such as combat experience, cumulative days deployed, or number of deployments were not associated with increased suicidal risks (LeardMann et al., 2013). Reger et al. (2015) also examined the association between deployment and suicide among OEF and OIF veterans. These results confirmed that deployment alone was not associated with the rate of suicide. However, it was confirmed that separation from military service was associated with an increased rate of suicide. These results indicated that once a service member leaves active duty and obtains veteran status they are at higher risk for suicide. Furthermore, receiving a discharge from duty that is not honorable is also a suicidal risk factor (Reger et al., 2015).

Combat Exposure

While the majority of veterans who return from Iraq and Afghanistan do not experience a mental health condition, Ramchand et al. (2010) argues that combat exposure is the strongest predictor of mental health problems among military personnel deployed in support of these operations. It has also been found that soldiers with multiple deployments, and reduced time between deployments report more psychological concerns, acute stress, marital problems, and medication use for psychological or combat-related issues. In addition, this study noted that they also experience a lower morale than those service members on their first or second deployment (Brancu, Straits-Troster, & Kudler, 2011).

As previously mentioned, the Army makes up 54% of the services members deployed in support of OEF and OIF, this comprises of 1.08 million soldiers. The Navy consists of 17%, the Air Force at 15%, and the Marine Corps makes up 14%. By evaluating this data, it is acknowledged that the Army has provided more troops than all the other services combined (Baiocchi, 2013). In addition, several trends have been noted since 2008. This includes an increase in percentage of Army soldiers who have deployed, and an increase in the number who have accumulated two or more years deployed. The amount of time that a soldier spends deployed has increased by about 28% (Baiocchi, 2013).

A systemic analysis of the U.S. military program designed to screen for mental health problems following deployment was conducted. This study consisted of 303,905 Army soldiers and Marines who completed post-deployment health assessment between 2003 and 2004 (Hoge, Auchterlonie, & Milliken, 2006). These service members were returning from deployment to OEF, OIF, and other locations. Results noted 19.1% of those returning from Iraq reported a mental health concern. This was compared to 11.3% of those returning from Afghanistan. The mental health concerns reported on the assessment were significantly associated with combat experience (Hoge, Auchterlonie, & Milliken, 2006).

Education

A National Survey evaluated how student veterans differ from their civilian peers. First and foremost, the average age of a student veteran is 33 compared to 22. In order to control for age differences, the survey only included responses from

veteran and civilian students over the age of 25. Key findings noted that 61.8% of student veterans are first generation college students compared to 42.8% of civilians. Veterans were more likely to study more and spend at least 10 hours per week preparing for their courses. Discrepancies in social engagement were noted, as civilian students were more likely to report friendly and supportive relationships with other students, as well as spending more time collaborating with classmates outside of class. However, student veterans were more likely to report feeling supported by administrative personnel (Kim, & Cole., 2013).

An additional national survey explored psychological symptoms, and suicide risk specific to student veterans (Rudd, Goulding, & Bryan, 2011). The study examined 628 veterans and postulated that their difficulties would reflect those experienced by active duty military members and OIF/OEF veterans. The analysis revealed concerning levels of psychological distress. This included 35% of the sample reporting “severe anxiety,” and about 46% indicating significant symptoms of PTSD. In addition, almost half of the participants reported thinking about suicide. These researchers discussed the alarming nature of their findings particularly when compared to the average student population. As psychological distress impacts overall functioning, it can be assumed that these concerns may be negatively influencing the student veteran’s academic success (Rudd, Goulding, & Bryan, 2011).

Statement of Purpose

The purpose of this study is to provide further understanding of the implications of emotional adjustment and psychological symptoms on male veteran’s success in

college following military service. Particularly whether the frequency, severity, and potentially unique nature of their psychological difficulties differs depending on combat exposure, perceived social support, suicidal ideation, military and academic experiences. By identifying potential risk factors that are likely to influence their academic success, it is our hope that this research will contribute a framework for developing interventions focused on increasing retention rates leading student veterans to graduation. It is intended that this research will add to the current knowledge of unique transitional difficulties experienced by student veterans. Therefore, by developing a better understanding of these needs, this research may facilitate psychological treatment specific to student veterans, as well as improving university retention rates.

Hypotheses

Based on the findings from the literature, the following hypotheses are proposed:

1. There will be a significant positive correlation between PTSD Checklist-Military Version (PCL-M) and Suicidal Behavior Questionnaire- Revised (SBQ-R) scores. This hypothesis will be tested using a Pearson Correlation.
2. There will be a significant positive correlation between Combat Exposure Scale (CES) scores and SBQ-R scores. This hypothesis will be tested using a Pearson Correlation.
3. There will be a significant difference between type of disability and SBQ-R scores. This hypothesis will be tested using a one-way ANOVA.
4. There will be a significant difference between marital status and SBQ-R scores. This hypothesis will be tested using a one-way ANOVA.
5. The Combat Exposure Scale (CES) and length of deployment will predict PCL-M scores. This hypothesis will be tested using a multiple regression.

6. The Combat Exposure Scale and length of deployment will predict SBQ-R scores. This hypothesis will be tested using a multiple regression.
7. PCL-M and SBQ-R scores will predict GPA. This hypothesis will be tested using a multiple regression.
8. Perceived academic support and perceived social support will predict GPA. This hypothesis will be tested using a multiple regression.
9. Combat Exposure and branch of service will predict PCL-M scores. This hypothesis will be tested using a multiple regression.

Method

Participants

Participants included 253 United States military veterans who pursued a higher education after completing their military service. These individuals were all over the age of 18, male, and came from a variety of military backgrounds, universities, years in school, and majors of study.

Instruments/Measures

Three objective measures were used in this research and distributed through an online survey. The Combat Exposure Scale (CES), Suicidal Behaviors Questionnaire – Revised (SBQ-R), and the PTSD Checklist- Military Version (PCL-M). Research supports the validity and reliability of all three measures. These assessments were included within the survey along with questions utilized to obtain demographic data. The PCL-M assessed for psychological distress as the result of a military experience, the SBQ-R for suicidality, and the CES was used to measure severity of combat exposure. The current study's survey included 6 types of information gathered via

self-report: demographic data, perception of academic and social support, academic success measured by Grade Point Average (GPA), and responses to the PCL-M, CES, and SBQ-R. Please see appendices A-F for scoring and interpretation guidelines for all measures.

Design/Plan of Analysis

The current study is exploratory. Pearson correlations were conducted to determine if there are relationships between different expressions of psychological distress and suicidal ideation. In addition, one-way between groups analysis of variances evaluated the differences between type of disability, marital status and the manifestation of suicidal behavior. Finally, multiple regression analyses sought to identify predictors of psychological distress, suicidal ideation, and academic success.

Procedure

Approval from the Florida Institute of Technology Institutional Review Board was obtained before data was collected. Participants were recruited through listservs, social media, and various department contacts at multiple American universities. This included the Florida Institute of Technology, Eastern Florida State College, and Kaiser University. Participants were asked to voluntarily participate in the anonymous survey. Data was coded and analyzed using SPSS.

Results

Descriptive Frequencies

The descriptive frequencies and statistics of the sample demographics are displayed in Table 1. Participants of the survey included a total of 253 males who

attended a higher institution of learning following military service. Their ages ranged from 21- 69, with an average age of 36 (SD = 9.31). The majority of the sample identified as Caucasian/White (66.4%), 12.6% identified as African American/Black, 9.5% as Hispanic or Latino, 8.7% as Asian/Pacific Islander, 2.4% as “other,” and 0.4% as Middle Eastern. The majority of the sample indicated being married (70%), while 13% noted being single, and 9.1% stated they were divorced. Most participants reported they did not have any children (38.7%), while two children was the second common response (23.3%).

The most popular branch of service included the United States Army represented by 38.7% of participants. Next, the Air Force included 23.3%, followed by the Navy (18.6%), Marine Corps (17.4%), and Coast Guard (2.0%). Enlisted military members represented 77.5% of participants, while officers included 22.5% of the sample. The majority of participants reported serving between 4-8 years in the military (45.8%), followed by 9-14 years (18.6%), over 20 years (16.6%), 15-20 years (9.9%), and 3 years and under (9.1%). An overwhelming 80.6% of the sample indicated they deployed during their military service. The majority indicated they deployed once (24.5%), closely followed by those participants who stated they deployed four or more times (22.5%). Over half of the participants (53%) stated their longest deployment was between 6 to 12 months. Out of the 204 participants who indicated they had deployed, the majority (28.5%) stated it was in support of both Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).

The majority of the sample (84.2%) noted they were presently enrolled in an academic institution at the time of completing the survey. The sample included almost an equal number of those pursuing a Bachelor's degree (43.5%) or a graduate degree (43.9%). The rest of the participants reported obtaining an Associate's or technical degree. The majority of participants reported being full-time students (65.2%) compared to those enrolled in school part-time (31.6%). Most of them also denied involvement with any veteran organizations (67.2%).

Over half of the sample (53%) reported a service connected disability, consisting of physical disability (28.5%), mental (3.6%), or both (20.2%). The PCL-M revealed that 58.5% of participants were experiencing low post traumatic stress (PTS), while 10.3% indicated moderate PTS, and 26.5% reported high PTS. The CES scores noted that the majority of the sample experienced Light combat exposure (39.5%), followed by Light-Moderate (15%), Moderate (12.6%), and Moderate-Heavy exposure (10.7%). Scores on the SBQ-R revealed that 66 participants scored above the cutoff for suicide risk. This consisted of 26% of the sample population. However, the majority of the sample (68.8) denied ever seeking counseling or therapy as a student veteran.

Over half of the sample (70.7%) indicated they either "agreed" or "strongly agreed" that as a veteran, they felt supported by their academic institution. This number increased (85.8%) when assessing if they felt support by family and friends. In addition, the overwhelming majority (90.5%) noted they either "agreed" or "strongly agreed" that they felt satisfied with their decision to pursue high education

following military service. Furthermore, the majority of the sample also reported an above average grade point average of over 3.6.

Hypothesis 1

A Pearson Correlation was conducted to determine if there is a relationship between the scores on the PTSD Checklist – Military Version (PCL-M) and the Suicidal Behaviors Questionnaire – Revised (SBQ-R). Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The results revealed a statistically significant positive correlation between the two variables, $r(251) = .67, p < .001$. As the scores of the PCL-M increase, so do the SBQ-R scores.

Hypothesis 2

A Pearson Correlation was conducted to determine if there is a relationship between scores on the Combat Exposure Scale (CES) and those scores on the Suicidal Behaviors Questionnaire- Revised (SBQ-R). Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The results revealed a relatively weak, but statistically significant positive correlation between the two variables, $r(251) = .19, p < .001$, two tailed. As the scores of the CES increase, so do the SBQ-R scores.

Hypothesis 3

A one-way between groups analysis of variance was conducted to evaluate the difference between type of disability and the Suicidal Behavior Questionnaire-Revised scores. The results revealed a significant main effect of disability type, $F(3, 249) =$

34.20, $p < .001$, $\eta^2 = .29$. When compared to individuals with a physical disability ($M = 4.96$, $SD = 2.21$), participants who reported sustaining a mental disability reported significantly higher SBQ-R scores ($M = 7.44$, $SD = 1.96$). There was also a significant difference between physical disabilities and those individuals who sustained both mental and physical service connected disabilities, as they reported the highest SBQ-R scores ($M = 8.65$, $SD = 3.78$). There were no other statistically significant differences. However, it should be noted that the Mental and Both disability groups displayed means above the clinical cutoff score, which indicated suicidal risk. *See Figure 1.*

Hypothesis 4

A one-way between groups analysis of variance was conducted to explore the impact of marital status on Suicidal Behavior Questionnaire-Revised scores. The results revealed a significant main effect of marital status, $F(4, 248) = 2.94$ $p = .02$, $\eta^2 = .05$. The levels of marital status included single ($M = 6.88$, $SD = 3.74$), married ($M = 5.37$, $SD = 2.87$), separated ($M = 6.00$, $SD = 2.45$), divorced ($M = 5.87$, $SD = 3.71$), or in a relationship ($M = 3.86$, $SD = 1.87$). A Post Hoc Tukey test noted there is a significant difference between participants who are single versus in a relationship. Individuals in a relationship demonstrated significantly lower SBQ-R scores compared to participants who indicated they were single. There were no other statistically significant differences between the other groups.

Hypothesis 5

A multiple regression analysis was conducted to evaluate how well deployment factors predict post traumatic stress. The predictors were amount of combat exposure and length of deployment. The criterion variable was PCL-M scores. Table 3 contains the means and standard deviations for each variable. The linear combination of the predictors was significant related to post traumatic stress, $F(2, 194) = 24.23, p < .001$, and the hypothesis was supported. The multiple correlation coefficient (R) was .45, indicating that approximately 20% of the variance in post traumatic stress in this sample can be accounted for by the amount of combat exposure and length of deployment combined. The standardized and unstandardized regression coefficients are presented in Table 4. As the amount of combat exposure and length of deployment increases, post traumatic stress also increases. The regression model can be written as $Y_{\text{stress}} = .71X_{\text{combat}} + .3.48X_{\text{length}} + 19.15$. T-tests were used to determine if individual predictors contribute significantly to the model. Results indicated that combat exposure significantly contributed to the model; $t(194) = 5.64, p < .001$, while the length of deployment was not significant $t(194) = 1.55, p > .05$.

Hypothesis 6

A multiple regression analysis was conducted to evaluate how well deployment factors predict suicidal behaviors. The predictors were amount of combat exposure and length of deployment. The criterion variable was participants scores on the Suicidal Behavioral Questionnaire – Revised. Table 5 contains the means and

standard deviations for each variable. The linear combination of the predictors was significantly related to suicidal behavior, $F(2, 194) = 3.77, p < .05$, and the hypothesis was supported. The multiple correlation coefficient (R) = .19, indicating that approximately 3.7% of the variance in the scores of suicidal behavior in this sample can be accounted for by the amount of combat exposure and length of deployment combined. The standardized and unstandardized coefficients are presented in Table 6. As the amount of combat exposure and length of deployment increases, so does suicidal behavior. The regression model can be written as $Y_{\text{suicide}} = .10X_{\text{combat}} + .05X_{\text{length}} + 5.14$. T-tests were used to determine if individual predictors contributed significantly to the model. Results indicated that combat exposure significantly contributed; $t(194) = 2.48, p < .05$, while the length of deployment did not $t(194) = .11, p = .91$.

Hypothesis 7

A multiple regression analysis was used to understand how well certain psychological symptoms predict academic success. The predictors were post traumatic stress measured by using the PCL-M and suicidal behavior measured by using the SBQ-R. The criterion variable was participants self-reported grade point average (GPA). The linear combination of the predictors was not significantly related to GPA, $F(2, 197) = 1.01, p = 3.66$. Therefore, the hypothesis was not supported and PCL-M and SBQ-R do not significantly predict GPA.

Hypothesis 8

Another multiple regression analysis was conducted to examine how perceived support influences academic success. The predictors were perceived academic and social support measured using a 5 point Likert scale. Participants indicated how much they felt supported as a student veteran by their academic institution, family, and friends. The criterion variable was the participants self-reported grade point average (GPA). Table 7 contains the means and standard deviations for each variable. The linear combination of the predictors was significantly related to GPA, $F(2,197) = 7.93$, $p < .001$, and the hypothesis was supported. The multiple correlation coefficient (R) = .27, indicating that approximately 7.5% of the variance in grade point average in this sample can be accounted for by the level of perceived academic and social support combined. The standardized and unstandardized coefficients are presented in Table 8. As the amount of academic support decreases and social support increases, so does GPA. The regression model can be written as $Y_{GPA} = -.16X_{academic} + .08X_{social} + 3.70$. T-tests were used to evaluate if individual predictors contributed significantly to the model. Results revealed that perceived academic support significantly contributed; $t(197) = -3.87$, $p < .001$, while perceived social support did not $t(197) = 1.60$, $p = .11$.

Hypothesis 9

A final multiple regression analysis was used to determine how military components predict post traumatic stress. The predictors were combat exposure measured by the combat exposure scale and branch of military service. The criterion variable was the participant's scores on the PCL-M measure. The linear combination

of the predictors was significantly related to post traumatic stress, $F(2, 194) = 23.29, p < .001$, and the hypothesis was supported. The multiple correlation coefficient (R) = .44, noting that 19% of the variance in PCL-M scores in this sample can be accounted for by the amount of combat exposure and which branch of service the member served in. The standardized and unstandardized coefficients are presented in Table 9. The regression model can be written as $Y_{\text{stress}} = .80X_{\text{combat}} + .92X_{\text{branch}} + 23.33$. T-tests were used to examine if the individual predictors contributed significantly to the model. Results showed that combat exposure significantly contributed; $t(194) = 6.82, p < .001$, but branch of service did not, $t(194) = .942, p + .35$.

Discussion

The present study evaluated the challenges associated with transitioning from active duty to collegiate life. This included examining if psychological factors and demographic variables influence a male veteran's ability to succeed in an academic institution. Success was defined by how well they performed in school measured by their self-reported grade point average. This study aimed to contribute to the limited research among student veterans, as well as inform academic institutions of how to approach improving retention rates among prior military members. Many significant findings, as well as non-significant findings will aid in informing future research and clinical application. The following serves as a review and discussion of the results, limitations of the study, and areas for future research.

Results of the descriptive frequencies indicate some notable demographics. The large majority of the sample described being married, and many reported not having any children. The average age of the participants was 36 years old, consistent with the tendency for student veterans to be older than their classmates. The majority of participants reported serving between 4-8 years, which likely provided them more time to pursue higher education following military service. This may also contribute to the higher age of those veterans attending school after serving. The overwhelming majority of the sample also indicated being deployed for both Operation Iraqi Freedom and Operation Enduring Freedom. Over 80% also stated they were presently enrolled in school and the majority were pursuing either a Bachelor's or Graduate degree. Therefore, this research is evaluating many current student veterans.

Evaluation of markers of symptom severity revealed the sample demonstrated averages consistent with low post traumatic stress, light-moderate combat exposure, and low suicidal risk. Fortunately, these numbers were lower than anticipated, as the majority of the sample population did not appear to be in significant psychological distress. However, it is important to note that 66 of the individuals reported suicidal behavior that qualified them for clinically significant suicidal risk. This was determined by their scores on the SBQ-R. This number amounts for 26% of the sample population and is concerning. Additionally, approximately 25% of the sample also endorsed experiencing a high level of post traumatic stress as the result of a military experience. The results noted that almost 70% of the sample denied ever seeking counseling or therapy as a student. It is our hopes that the 30% who did

endorse seeking help are also the individuals experiencing psychological distress. However, this was not examined. Furthermore, the majority of the population indicated that as a student veteran they felt supported by their academic institution, family, and friends.

The majority of participants endorsed an above average grade point average of over 3.5. This indicates that many student veterans in this sample are succeeding in their academic institution. This is despite any challenges they endure while transitioning from active duty. In fact, this may indicate that many veterans bring attributes and characteristics that help them succeed and foster resiliency. This is an important area for future research, as it may be beneficial to focus on the strengths and benefits of being a student veteran.

As hypothesized, there was a positive relationship between the scores on the PTSD Checklist-Military Version (PCL-M) and the Suicidal Behaviors Questionnaire-Revised (SBQ-R). This is also supported in the literature, as suicidality has been related to post traumatic stress disorder and vice versa. Another hypothesis was confirmed as there was a positive correlation between the Combat Exposure Scale (CES) and SBQ-R. While this relationship was weak, it was still statistically significant and not surprising, as many mental health concerns have been associated with combat experience (Hoge, Auchterlonie, & Milliken, 2006).

In addition, results showed a significant difference between SBQ-R scores and type of disability confirming the hypothesis. Those individuals who reported sustaining both a mental and physical service connected disability indicated the

highest suicidal scores. However, participants who indicated they had both disabilities or just a mental health disability displayed averages above the clinical cutoff score, indicating suicidal risk. These results show that sustaining a service connected disability influences suicidality. It is possible that these disabilities are also associated with combat and/or post traumatic stress disorder which have been found to impact suicidality (Hoge, Auchterlonie, & Milliken, 2006). However, several individuals sustain service connected disabilities that are not connected to deployments or experiences of combat. Therefore, this is an important area for further research to distinguish the nature and source of these disabilities and where they originate from.

Another significant finding included a main effect of marital status, indicating that those participants in a relationship demonstrated lower SBQ-R scores compared to those who indicated they were single. This supported the hypothesis that there would be a difference between marital status, as relationships typically serve as protective factors from suicide. However, it is interesting that this sample did not reveal any significant findings for those individuals who reported being married or divorced. This may be due to the majority of participants reporting being married and a larger sample of those divorced or single would be needed to pick up on any significant differences.

This research aimed at evaluating how well deployment factors could predict post traumatic stress and suicidal behavior. It was found that level of combat exposure significantly predicted post traumatic stress and suicidal behavior, but length of deployment did not. Combat exposure has been linked to mental health difficulties in

previous research, so this part of the hypothesis was confirmed (LeardMann, Smith C., Smith B., Wells, & Ryan, 2009). However, it was hypothesized that the longer a deployment occurs for, the more opportunities the individual may have to be exposed to combat and related military stressors, therefore increasing the probability of later experiencing post traumatic stress and suicidal behavior. This sample of research did not support this theory.

Furthermore, academic success measured by grade point average was not predicted by post traumatic stress or suicidal behavior. It appears that despite experiencing any level of psychological distress, many student veterans are still able to maintain above average GPAs. This may be a result of their resiliency and ability to overcome challenges and remain determined. Therefore, further research may consider developing a better understanding of the positive characteristics that assist the student veterans with academic success. Furthermore, the results noted that perceived academic support significantly predicted GPA, while perceived social support did not. This is an interesting finding, as one would assume social support may positively influence academic success, as good relationships are typically seen as protective factors.

Finally, branch of service did not significantly predict post traumatic stress. This is somewhat surprising, as the research illustrates that those service members in the US Army experience more mental health difficulties compared to the other branches. This is assumed to be the result of longer and more frequent deployments,

as well as more exposure to combat (Cohen, Gima, Bertenthal, Kim, Marmar, & Seal, 2010).

There were some limitations to this research. While using a survey including self-report measures is simple, cost-effective, and easy to administer, it is possible that inaccurate self-reporting occurred. For example, the participant was asked to report their grade point average (GPA). If they were unable to accurately recall this data, they may have simply guessed or exaggerated their response. This could have potentially happened through recall bias, or social desirability leading respondents to select answers that portray them in the best light. In addition, participants were asked to report whether they experience psychological distress as the result of a military experience. This presents the possibility for denial or unwillingness to discuss material that may potentially elicit emotional discomfort. However, it is hoped that the confidential nature of the survey mediated this possibility.

In order to gain participants, it was necessary to limit the time needed to complete the survey. It was assumed that more individuals were likely to participate if the survey was not too lengthy or time consuming. Therefore, brief assessment measures were chosen, and the breadth and depth of symptom assessment is somewhat limited. For the purpose of this study, psychological distress focused on posttraumatic stress responses, and suicidal ideation. While other symptoms such as depression and anxiety may be subsumed into these categories, they are not individually measured. Furthermore, academic success is measured simply using self-reported current grade point average. As this is a snapshot of a student's academic experience, it may be

worthwhile for future research to include a deeper examination of student academic evaluations. This may include assessing the variability, progress, or decline as time progresses.

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Appendix A

Survey Instructions and Consent Page

You are invited to participate in our survey regarding Experiences of Student Veterans. In order to be eligible for this study, you must be at least 18 years of age, a military veteran, and currently enrolled in school. In this survey, you will be asked to answer questions about your military and school experience. It will take approximately 10-15 minutes to complete the questionnaire.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this research, however, if you feel uncomfortable answering any questions, you may withdraw from the survey at any point. If the nature of this study results in any increased discomfort, and you feel the need for emotional support, please contact the Veterans Crisis Line: **1-800-273-8255**. They provide 24/7 confidential support.

Your responses will be strictly confidential and anonymous. If you participate, data from this research will be reported with no identifying information. If you have any questions at any time, you may contact the researchers at vetteam@fit.edu.

Thank you for your time and support. Please begin the survey by selecting "I agree" and clicking on the Continue button below.

I agree

Appendix B

Demographic Variables

1. Gender
 - a. Male
 - b. Female
2. Age
 - a. Enter in
3. Marital Status
 - a. Single
 - b. Married
 - c. Separated
 - d. Divorced
 - e. In a Relationship
4. Children
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4+
5. Race/Ethnicity
 - a. White/Caucasian
 - b. Black/African American
 - c. Hispanic
 - d. Asian/Pacific Islander
 - e. Middle Eastern
 - f. Other
6. Branch of Service
 - a. Army
 - b. Air Force
 - c. Marine Corps
 - d. Navy
 - e. Coast Guard
7. Rank in Military
 - a. Officer
 - b. Enlisted
8. Years of Military Service
 - a. 0-3 years
 - b. 4-8 years

- c. 9-14 years
 - d. 15-20 years
 - e. 20+ years
9. Deployment
- a. Yes
 - b. No
10. Number of Deployments
- a. 1
 - b. 2
 - c. 3
 - d. 4+
11. Longest Deployment
- a. Less than 6 months
 - b. 6-12 months
 - c. Over 12 months
12. Operation(s) supported
- a. OIF
 - b. OEF
 - c. OND
 - d. OIF & OEF
 - e. OEF/OIF & OND
13. Highest level of completed education
- a. High School diploma/GED
 - b. Technical Degree/Certificate
 - c. Associate's Degree
 - d. Bachelor's Degree
 - e. Graduate Degree
14. Current Class Standing
- a. Freshmen (1st year)
 - b. Sophomore (2nd year)
 - c. Junior (3rd year)
 - d. Senior (4th or more year)
15. Part-time or full-time student
- a. Select one
16. Grade Point Average (GPA)
- a. 4.0 – 3.6
 - b. 3.5 – 3.1
 - c. 3.0 – 2.6
 - d. 2.5 – 2.0
 - e. 1.9 – 0.0

17. Involvement in any on- or off-campus veteran organization(s)
 - a. Yes
 - b. No
18. Service Connected Disability
 - a. Yes
 - b. No
19. If answered Yes to question 18, select type of disability
 - a. Physical
 - b. Mental
 - c. Both
20. Received mental health counseling or therapy since becoming a student veteran
 - a. Yes
 - b. No

Perception of Support

1. As a student veteran, I feel supported by my academic institution
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree or Disagree
 - d. Disagree
 - e. Strongly Disagree
2. As a student veteran, I feel supported by my friends and family
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree or Disagree
 - d. Disagree
 - e. Strongly Disagree

Satisfaction

1. I am satisfied with my decision to pursue higher education following my military experience
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree or Disagree
 - d. Disagree
 - e. Strongly Disagree

Appendix C

Combat Exposure Scale (CES) and Scoring Sheet

Please circle the number next to the answer that best describes your you experience

- 1) Did you ever go on combat patrols or have other dangerous duty?
 1. No
 2. 1-3x
 3. 4-12x
 4. 13-50x
 5. 51+times

- 2) Were you ever under enemy fire?
 1. Never
 2. <1 month
 3. 1-3 months
 4. 4-6 months
 5. 7 months or more

- 3) Were you ever surrounded by the enemy?
 1. No
 2. 1-2x
 3. 3-12x
 4. 13-25x
 5. 26+ times

- 4) What percentage of the soldiers in your unit were killed (KIA), wounded or missing in action (MIA)?
 1. None
 2. 1-25%
 3. 26-50%
 4. 51-75%
 5. 76% or more

- 5) How often did you fire rounds at the enemy?
 1. Never
 2. 1-2x
 3. 3-12x
 4. 13-50x
 5. 51 or more

- 6) How often did you see someone hit by incoming or outgoing rounds?
1. Never
 2. 1-2x
 3. 3-12x
 4. 13-50x
 5. 51 or more
- 7) How often were you in danger of being injured or killed (i.e., being pinned down, overrun, ambushed, near miss, etc.)?
1. Never
 2. 1-2x
 3. 3-12x
 4. 13-50x
 5. 51 or more

COMBAT EXPOSURE SCALE SCORING SHEET

Answers (raw scores) on the Combat Exposure Scale can range from 1 to 5. However, the Scoring of the items requires the conversions described below:

- (1) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2
(e.g., a raw score of 4 becomes a converted score of 6).
- (2) SUBTRACT 1 FROM THE RAW SCORE
(e.g., a raw score of 4 becomes a converted score of 3).
- (3) *IF THE RAW SCORE IS BETWEEN 1 AND 4:
SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2
(e.g., a raw score of 4 becomes a converted score of 6).
*IF THE RAW SCORE IS 5:
SUBTRACT 2 FROM THE RAW SCORE AND MULTIPLY BY 2
(e.g., a raw score of 5 becomes a converted score of 6).
- (4) *IF THE RAW SCORE IS BETWEEN 1 AND 4:
SUBTRACT 1 FROM THE RAW SCORE
(e.g., a raw score of 4 becomes a converted score of 3).
* IF THE RAW SCORE IS 5:
SUBTRACT 2 FROM THE RAW SCORE
(e.g., a raw score of 5 becomes a converted score of 3).
- (5) SUBTRACT 1 FROM THE RAW SCORE
(e.g., a raw score of 4 becomes a converted score of 3).
- (6) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2
(e.g., a raw score of 4 becomes a converted score of 6).
- (7) SUBTRACT 1 FROM THE RAW SCORE AND MULTIPLY BY 2
(e.g., a raw score of 4 becomes a converted score of 6).

ADD ALL CONVERTED SCORES TO OBTAIN A TOTAL SCORE:

TOTAL: _____

The total exposure to combat score can be categorized according to the following scale:

1 = 0-8 light

2 = 9-16 light - moderate

3 = 17-24 moderate

4 = 25-32 moderate - heavy

5 = 33-41 heavy

Appendix D
The PTSD Checklist, Military Version (PCL-M)
PCL-M

INSTRUCTIONS: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories</i> , <i>thoughts</i> , or <i>images</i> of a stressful military experience?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful military experience?	1	2	3	4	5
3. Suddenly <i>acting</i> or <i>feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
6. Avoiding <i>thinking about</i> or <i>talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities</i> or <i>situations</i> because they <i>reminded you</i> of a stressful military experience?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful military experience?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5

10. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling</i> or <i>staying asleep</i>	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Algorithm

Total = 17-33 Low PTS

Total = 34-43 Moderate PTS

Total = 44-85 High PTS

Appendix E

Suicidal Behaviors Questionnaire- Revised (SBQ-R)

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself? (check one only)

1. Never
2. It was just a brief passing thought
- 3a. I have had a plan at least once to kill myself but did not try to do it
- 3b. I have had a plan at least once to kill myself and really wanted to die
- 4a. I have attempted to kill myself, but did not want to die
- 4.b I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year? (check only one)

1. Never
2. Rarely (1 time)
3. Sometimes (2 times)
4. Often (3-4 times)
5. Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it? (check only one)

1. No
- 2a. Yes, at one time, but did not really want to die
- 2b. Yes, at one time, and really wanted to die
- 3a. Yes, more than once, but did not want to do it
- 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday? (check only one)

0. Never
1. No chance at all
2. Rather unlikely
3. Unlikely
4. Likely
5. Rather likely
6. Very likely

SBQ-R Scoring

Item 1:

Selected response 1 = 1 point

Selected response 2 = 2 points

Selected response 3a or 3b = 3 points

Selected response 4a or 4b = 4 points

Item 2:

Selected Never = 1 point

Selected Rarely (1 time) = 2 points

Selected Sometimes (2 times) = 3 points

Selected Often (3-4 times) = 4 points

Selected Very Often (5 or more times) = 5 points

Item 3:

Selected response 1 = 1 point

Selected response 2a or 2b = 2 points

Selected response 3a or 3b = 3 points

Item 4:

Selected Never = 0 point

Selected No chance at all = 1 points

Selected Rather Unlikely = 2 points

Selected Unlikely = 3 points

Selected Likely = 4 points

Selected Rather Likely = 5 points

Selected Very Likely = 6 points

Total = Sum of points

Adult General Population Cutoff score ≥ 7

Appendix F
Survey Thank You Page

Thank you for participating in this survey. If the nature of this study resulted in any increased discomfort, and you feel the need for emotional support, please contact the Veterans Crisis Line at **1-800-273-8255**. They provide 24/7 confidential support.

Table 1.
Descriptive Frequencies of Demographic Variables

Variable	Frequency	Percent
Age		
18-30	69	27.3%
31-45	105	41.5%
46-59	32	12.6%
61+	4	1.6%
Race		
African American/Black	32	12.6%
Asian/Pacific Islander	22	8.7%
Caucasian/White	168	66.4%
Hispanic or Latino	24	9.5%
Middle Eastern	1	0.4%
Other	6	2.4%
Marital Status		
Single	33	13.0%
Married	177	70.0%
Separated	6	2.4%
Divorced	23	9.1%
In a Relationship	14	5.5%
Number of Children		
0	98	38.7%
1	33	13.0%
2	59	23.3%
3	36	14.2%
4+	27	10.7%
Branch of Service		
Army	98	38.7%
Air Force	59	23.3%
Coast Guard	5	2.0%
Marine Corps	44	17.4%
Navy	47	18.6%
Rank		
Officer	57	22.5%
Enlisted	196	77.5%
Years of Service		
0-3 years	23	9.1%
4-8 years	116	45.8%
9-14 years	47	18.6%
15-20 years	25	9.9%
20+ years	42	16.6%

Continued on following pages

Variable	Frequency	Percent
Deployed		
Yes	204	80.6%
No	49	19.4%
Times Deployed		
Once	62	24.5%
Twice	48	19.0%
Three Times	36	14.2%
Four or More Times	57	22.5%
Longest Deployment		
Less Than 6 Months	25	9.9%
6-12 Months	134	53.0%
Over 12 Months	44	17.4%
Deployed in Support of		
Operation Iraqi Freedom (OIF)	32	12.6%
Operation Enduring Freedom (OEF)	45	17.8%
OIF & OEF	72	28.5%
OIF/OEF & Operation New Dawn	20	7.9%
Other	34	13.4%
Current Academic Standing		
In School	213	84.2%
Graduated	31	12.3%
Dropped Out	4	1.6%
Leave of Absence	5	2.0%
Degree Pursuing		
Technical Degree/Certificate	4	1.6%
Associate's Degree	21	8.3%
Bachelor's Degree	110	43.5%
Graduate Degree	111	43.9%
Class Standing		
First year	8	3.2%
Second year	24	9.5%
Third year	46	18.2%
Fourth or more year	32	12.6%
Other	143	56.5%
Full/Part Time		
Full-time Student	165	65.2%
Part-time Student	80	31.6%
Involvement with Vet Organization		
Yes	75	29.6%
No	170	67.2%

Service Connected Disability		
Yes	134	53.0%
No	111	43.9%
Variable	Frequency	Percent
Type of Disability		
Physical	72	28.5%
Mental	9	3.6%
Both	51	20.2%
Counseling or Therapy as a Student Vet		
Yes	67	26.5%
No	174	68.8%
No Response	12	4.7%
I Feel/Felt Supported by my Academic Institution		
Strongly Agree	83	32.8%
Agree	96	37.9%
Neither Agree nor Disagree	41	16.2%
Disagree	13	5.1%
Strongly Disagree	10	4.0%
I Feel/Felt Supported by my Family and Friends		
Strongly Agree	134	53.0%
Agree	83	32.8%
Neither Agree nor Disagree	14	5.5%
Disagree	8	3.2%
Strongly Disagree	4	1.6%
I'm Satisfied with my Decision to Pursue Higher Education		
Strongly Agree	169	66.8%
Agree	60	23.7%
Neither Agree nor Disagree	8	3.2%
Disagree	3	1.2%
Strongly Disagree	3	1.2%
GPA		
1.5 – 2.4	9	3.6%
2.5 – 3.0	31	12.3%
3.1 – 3.5	40	15.8%
3.6 +	119	47.0%
PCL-M		
Low PTS	148	58.5%
Moderate PTS	26	10.3%
High PTS	67	26.5%

CES		
Light Exposure	100	39.5%
Light - Moderate	38	15.0%
Moderate	32	12.6%
Moderate - Heavy	27	10.7%

Table 2.
Markers of Symptom Severity in Sample

Scale	Total N	Range	Mean	SD	Clinical Interpretation of Mean Score
PCL-M	253	0 - 85	32.23	18.58	Low Post Traumatic Stress
CES	197	0 - 41	10.92	10.19	Light-Moderate Combat Exposure
SBQ-R	253	0 - 18	5.55	3.07	Cutoff of > 7 for suicide risk*
GPA	253	2 - 4	3.52	0.51	Above Average GPA

**66 males scored 7 or above on SBQ-R, 26%*

Figure 1.

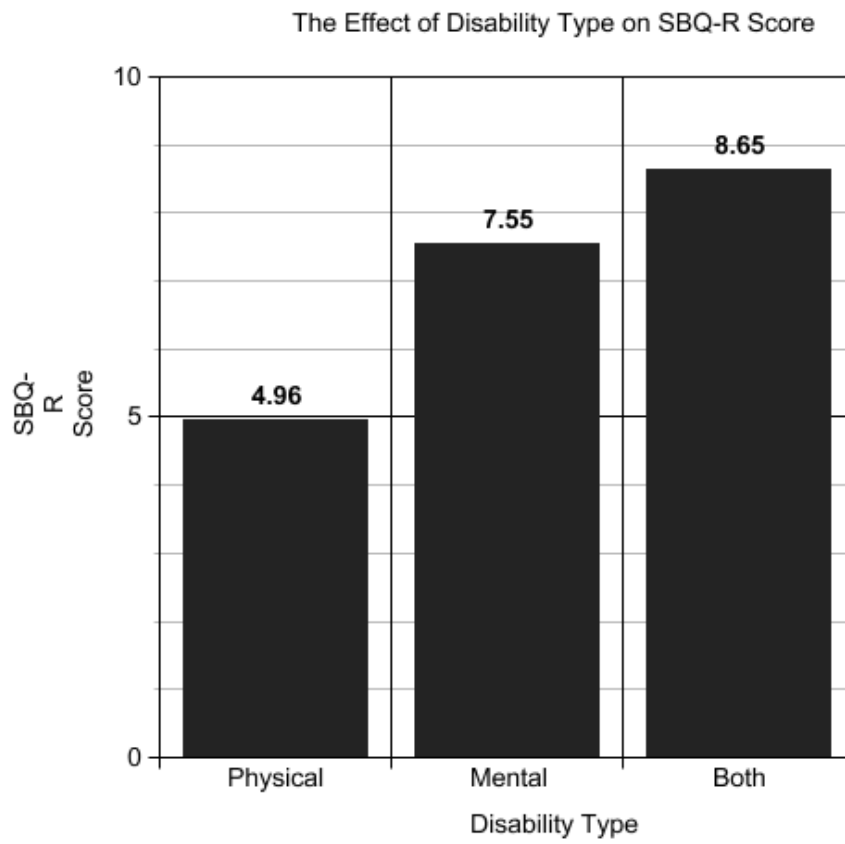


Table 3.
Descriptive Statistics for Regression Model for Hypothesis 5

Variable	Mean	SD
PCL-M	34.15	18.26
Combat Exposure	10.92	10.18
Length of Deployment	2.10	.57

Table 4.
Regression Coefficients Predicting PCL-M Scores

Variable	<i>B</i>	SE	β	<i>t</i>	<i>p</i>
Combat Exposure	.71	1.3	.39	5.64	.000
Length Deployed	3.48	2.25	.11	1.55	.000
Adjusted R ²		.19			
<i>F</i>		24.23			

Table 5.
Descriptive Statistics for Regression Model for Hypothesis 6

Variable	Mean	SD
SBQ-R	5.85	3.02
Combat Exposure	10.92	10.18
Length of Deployment	2.10	.57

Table 6.
Regression Coefficients Predicting SBQ-R Scores

Variable	<i>B</i>	SE	β	<i>t</i>	<i>p</i>
Combat Exposure	.06	.02	.19	2.48	.014
Length Deployed	.05	.41	.01	.11	.91
Adjusted R ²		.04			
<i>F</i>		3.77			

Table 7.
Descriptive Statistics for Regression Model for Hypothesis 8

Variable	Mean	SD
GPA	3.52	.51
Academic Support	1.99	1.07
Social Support	1.61	.89

Table 8.
Regression Coefficients (Academic and Social Support) Predicting GPA

Variable	<i>B</i>	SE	β	<i>t</i>	<i>p</i>
Academic Support	-.16	.04	-.33	-3.87	.000
Social Support	.08	.05	.14	1.60	.11
Adjusted R ²		.07			
<i>F</i>		7.93			

Table 9.

Regression Coefficients (Combat Exposure and Service Branch) Predicting PCL-M

Variable	<i>B</i>	SE	β	<i>t</i>	<i>p</i>
Combat Exposure	.80	.18	.45	6.82	.000
Branch of Service	.92	.97	.06	.94	.35
Adjusted R ²		.19			
<i>F</i>		23.29			