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Student Veterans: Factors Impacting Campus Adjustment

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"Student Veterans: Factors Impacting Campus Adjustment,"

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Abstract

Title: Student Veterans: Factors Impacting Campus Adjustment

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Veterans represent a growing part of the student body on college campuses. Yet, retention rates continue to remain lower among student veterans in comparison to their civilian peers. A majority of research regarding the student veteran population focuses solely on the physical and mental challenges they face as they transition into student life. However, limited research has explored the relationship experiential avoidance and student engagement has on psychosocial functioning and reintegration difficulties, leaving a gap in universities empirical knowledge about how to successfully meet student veteran needs. Therefore, the current study examined the relationships between factors such as traumatic exposure, perceived social support, psychological flexibility and functioning, and student engagement on college campus. The theoretical lens of experiential avoidance was utilized to examine the function of the behaviors studied.

Keywords: student veterans, reintegration, deployment stress, student engagement, and experiential avoidance.

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Introduction

"However great may be the service of the men and women who have served on the battlefields or home front in this war, an ever greater obligation will face them when peace returns.. The continuing duty of citizenship is to apply the lessons of this war to the establishments of a better and stronger nation. As these veterans have led in war, so much they lead in peace." – Warren Atherton (Mettler, 2005)

Student veterans returning to school often face many challenges that can be different from those faced by traditional students. They leave a highly structured military setting where they heavily rely on a chain of command and enter a less-structured college campus with more freedom and openness to make decisions (Kirchner, 2015). In addition to the typical stressors experienced by students in higher education, such as difficulties with time management, academic demands, and financial hardships, many student veterans experience issues that are specific to their veteran status. These may include navigating government paperwork, providing for dependents, and integrating back into civilian life; all while keeping up with their academic requirements (Siniski, 2012).

A higher percentage of Veterans returning from Afghanistan and Iraq have a variety of physical and mental health issues due to repeated exposure of the traumas of war and their ability to survive what would have once been fatal injuries. Veterans may experience three major types of injuries or trauma upon their return home: physical injuries, mental health injuries, and Traumatic Brain Injuries (TBI). These

factors impact veterans' lives in many domains including interpersonal, financial, educational, psychological, and daily functioning (Church, 2009). For some veterans, these factors may impact multiple domains in their lives, which may increase severity of difficulties.

Today, schools are experiencing the largest arrival of military students since World War II. Colleges have welcomed the influx of veterans joining higher education, however the graduation rates are not well documented in the literature (Sander, 2012). In addition, many veterans must also manage the physical and psychological injuries from deployment. The vast majority of veterans are unfamiliar with campus life. Over 90% of our military members joined the military without a Bachelor's Degree and many are first generation college students (Ryan, Carlstrom, Highey, & Harris, 2011). Krichner (2015) reported the retention rate for student veterans "remains relatively unexplored." In citing the National Association of Student Personnel Administrators, he indicated that "only 33% of responding universities track the retention of student veterans" (Kirchner, 2015). Because student tracking is not assessed systematically, there is a wide discrepancy in reported retention rates, ranging from 12 – 60 percent (Briggs, 2012).

Because of the range of difficulties some student veterans experience, it is vital for universities to understand the psychological and behavioral impacts returning from service has on academic functioning and college adjustment. While there is some research on the diverse range of outcomes that can be experienced by student veterans, important gaps in the literature remain. This review will describe and contextualize

these issues. Factors such as veteran characteristics and the history and importance of the Government Issued (G.I.) educational bill will be discussed. In addition, specific aspects of the Iraq and Afghanistan conflicts will be reviewed to allow a better understanding of the current population of student veterans. The impact of physical and psychological injuries will also be explored as well as the overview of how their experiences and injuries have been shown to impact their academic and social functioning, coping skills, and overall psychological well-being.

Review of the Literature

Contextual Factors

Demographics Characteristics

Student veterans are usually older than civilian students and are more likely have dependents they care for (Cole & Kim, 2013; Randford, 2009). Sixty-two percent of student veterans reported being a first-generation student in comparison to 43% of civilian students. In four-year universities, the average age for a student veteran is 33. This is an 11 year difference when compared to their civilian peers who average the age of 22 (Cole & Kim, 2013). A large number (over 48%) of student veterans are married (Ryan, Calstrom, Hughey, & Harris, 2011). They often have more family or work responsibilities than civilian students, restricting any free time outside of the classroom (Cole & Kim, 2013). Furthermore, they spend more time commuting to class, partly because a higher number of student veterans live off campus (Cole & Kim, 2013). Women are also more likely to be a part of the student veteran population. The Iraq and Afghanistan conflicts changed the way females experience

war. While the military prohibits female soldiers from the frontlines of direct combat, the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) wars "blurred the frontlines of battle." Thus, women were not immune to the stresses or war.

Unique Features of OEF/OIF

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) were radically different from previous wars. These operations were the first to depend solely on a completely voluntary military, relying heavily on reservists. OEF and OIF made up the "longest sustained US Military Operations" since the Vietnam War (Baiocchi, 2013). During OEF and OIF, soldiers faced multiple deployments, with little break between deployments, as the volunteer force was not sized to meet the demands of the extended conflicts. Additionally, some units were required to extend their deployments from 12 to 15 months. It was not out of the ordinary for some combat units to spend less time in the United States than "in country" as they were called to deploy multiple times (Tanielian & Jaycox, 2008).

According to the Institute of Medicine (2014), the ratio of those killed or wounded in Iraq and Afghanistan was lower in comparison to both Vietnam and World War II due to the advancements in technology, medical services, and armor. For instance, medical advances such as emergency medical evacuations allowed OEF/OIF service members to be taken to a nearby trauma centers within 24 hours of their injury. In comparison, it would take 45 days to evacuate soldiers from the battlefield to a hospital during the Vietnam War (Tanielian & Jaycox, 2008). These

advancements decreased the injury to death ratio (16:1) in comparison to the Vietnam and Korean War (Church, 2009; RAND, 2008). Thus, those returning from these most recent operations are more likely to have survived battlefield injuries, which have led to chronic problems.

One study surveyed four U.S combat infantry units (three Army units and one Marine unit) before their deployment and three to four months after returning home from Iraq and Afghanistan (Hoge et al., 2004). Of the 2,530 soldiers who participated, this survey found more than 90% of the soldiers who had been deployed to Iraq had been under direct enemy fire. High percentages reported traumatic experiences such as handling dead bodies, having killed enemy combatants, and having someone close to them killed or significantly injured. Many soldiers reported significant rates of "close calls," where their body armor saved them from being injured or from death (Hoge et al., 2004).

In addition to physical wounds, the traumatic experiences these individuals have experienced created many invisible wounds, in that the challenges OIF/OEF veterans endure often go unknown to the public. The Pew Research Center (2011) found "84% of post-9/11 veterans report the public does not understand the problems they and their families face, and 71% of the general public agree that they know little about the military experience" (Krichner, 2015). This sheds light to the importance of continued research on this specific population and the impact this war has had on our service members.

Financial Considerations: The GI Bill

The importance of supporting our returning veterans in transitioning to civilian life is poignantly described in the first chapter of the GI Bill. "..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 give them an opportunity to again become disciplined forces for peaceful progress through educational opportunity in every aspect." – Harry Colmery; author of the first draft of the original GI Bill (Mettler, 2005).

After World War II, the government became more involved in easing the reintegration to civilian life for the men and women who had served in the military. Franklin D. Roosevelt passed The Servicemen's Readjustment Act of 1944, commonly known as the G.I. Bill of Rights. The Bill provided unemployment benefits, affordable mortgages, and funding for education or other trainings, such as trade school and reduced the financial hardships for both Veterans and the nation post World War II (Mettler, 2005; Barr, 2015).

Following the September 11th terrorist attacks in the United States, Congress made its first update to the original GI Bill. In 2009, the Post-9/11 Veterans Educational Assistance Act of 2008, commonly known as the Post 9/11 GI Bill, took effect (Steele, Salcedo, & Coley, 2010). The Post 9/11 GI Bill expanded the educational benefits to all servicemen and women (including National Guard and Reservists) who have cumulatively served at least 90 days of active-duty after

September 10, 2001 and have an honorable discharge (Pickler, 2001; O'Herrin, 2011). The Post 9/11 GI Bill includes 36 months of tuition paid directly to the institution, a monthly stipend, and book reimbursement (Kleykamp, 2012).

Just one year after passing the bill, more than half a million veterans applied for their Post 9/11 GI Bill certificate and over 300,000 enrolled in higher level education using the benefits (Steele et al., 2010). A study conducted by Kleykamp (2012) found of those who have graduated high school, veterans are "slightly more than twice as likely" to enroll in college when compared to civilians. A study performed by Steele et al. (2010) found a quarter (23.5%) of their 230 participants reported they would not have pursued higher education if the Post 9/11 GI Bill ceased to exist. Thus, it is clear that part of understanding our student veterans requires some knowledge of the GI Bill and its role in motivating individuals to join the military in order to be able to gain educational opportunities (O'Herrin, 2011).

Student Veterans

The Transition

Research suggests student veterans continue to struggle in college, especially those with combat experiences, as these experiences complicate their transition from military to academic life (Branker, 2009). Many veterans returning to school may be classified as "wounded warriors with disabilities," especially due to the increased traumatic exposure within the latest conflicts overseas. Their disabilities can range from mental health disorders (Depression, PTSD) to physical disabilities (TBI), or both. The symptoms of their physical and psychological injuries often affect their

classroom success in many different ways. These include problems with mobility (difficulty sitting for long periods of time, struggles with dexterity to complete computer, lab, or written assignments), cognitive processes (difficulty with attention, short-term memory, processing new information), perception (balance and pain sensitivity, hearing and vision problems), and behavioral and emotional difficulties (irritability, poor impulse control, mood swings, and paranoia). In addition, all of these symptoms may intensify when they feel stressed or overly fatigued (Church, 2009).

Wounded Warriors: Physical Injuries

To better understand their challenges and symptoms, it is best to take a look at the injuries the veterans coming into our classrooms have survived. The Department of Defense estimated 20% of injuries from OIF/OEF include spinal cord or brain injuries and over 6% are amputees (Church, 2009). Injuries from blasts (grenades, missiles, mortars, etc.) and improvised explosive devices (IED) were experienced by our troops throughout OEF/OIF (Church, 2009). IEDs became more prevalent in 2005-2007, and they accounted for over 40% of all fatalities during conflicts in OEF/OIF (Tanielian & Jaycox, 2008). Blast exposure has increased the prevalence of combat-acquired TBIs to 12-23% in OIF/OEF veterans, with an estimated 320,000 soldiers to have likely experienced a Traumatic Brain Injury (TBI) (Church, 2009; Tanielian & Jaycox, 2008; RAND, 2008).

TBIs are often labeled as the "invisible injury." Not only are they unseen by peers and professors, many student veterans are unaware of their diagnosis until they are faced with the challenges of school (Borsari et al., 2017). The RAND (2008) report

found that over 57% servicemembers who reported a possible TBI during deployment had never been assessed for a possible brain injury (Tanielian & Jaycox, 2008). TBI's resulting from combat may result in cognitive deficits, most commonly including problems with memory, attention, judgement, and behavioral regulation (i.e., impulse control, increase in irritability, anger outbursts, and depression) (Ness et al., 2014; Church, 2009). TBIs are often noticed once enrolled in school because symptoms include impairments in processing new information, short-term memory, sequencing, language abilities, ability to self-monitor, and slower thinking (Church, 2009). Moreover, TBI symptoms also can include perceptual problems (hearing, vision, orientation), and physical difficulties (fatigue, headaches, seizures, and an inability to sit still) (Church, 2009).

Overview of Psychological Challenges

In 2008, the RAND Corporation conducted a comprehensive study focusing on the needs of OEF/OIF Veterans, specifically in regard to the prevalence of Post-Traumatic Stress Disorder, Major Depression, and TBI. Data collection included an extensive literature review and a large scale survey via telephone of those who had served in Iraq and Afghanistan. Participants in the survey included 1,965 previously deployed veterans sampled from 34 geographic areas. This study found that 14% of veterans screened positive for PTSD and 15% for major depression within the past 30 days (RAND, 2008). Based on the prevalence rates in this finding, RAND (2008) estimated over 300,000 veterans currently suffer from PTSD or major depression following their deployment. In addition, it is estimated at least one-third of those who

had been deployed experience PTSD, TBI, Major Depression, and 5-30% experience symptoms from all three (RAND, 2008; Tanielian & Jaycox, 2008).

In regards to treatment, one study found of the 2,530 participants returning from Iraq and Afghanistan, only 23-40% stated they received professional help within the last year. Notably, the soldiers who screened positive for meeting criteria for a mental disorder were two times as likely to report concern of being stigmatized for receiving mental health treatment (Hoge et al., 2004). This concern of is not out of the ordinary. In a study of approximately 2,000 OEF/OIF veterans, 13.8% displayed PTSD symptoms which was then compared to the 53% of civilians surveyed who believed a majority of veterans returning from OEF/OIF suffer from PTSD (Kirchner, 2015). This further exemplifies the prevalence of stigmatization and the conflictual decision student veterans face in disclosing their military background.

Posttraumatic Stress Disorder

PTSD is defined as having been directly exposed to, witnessing, or indirectly learning about, a traumatic or stressful event outlined in the Criterion A such as (actual or threatened death, serious injury, or sexual violence). One must also experience a minimum of eight symptoms in four different categories (intrusion, avoidance, arousal, and negative changes in thoughts and moods). These symptoms must last longer than one month, cause significant distress to the individual and interfere with their daily life (DSM–V; American Psychiatric Association, 2013).

In sum, Posttraumatic Stress Disorder is characterized by repeated, unwanted memories of a life-threatening experience, avoiding social or physical situations that

may trigger or provoke stress, and an altered mood or emotional state that negatively impact one's ability to self-regulate (Ness, Rocke, Harrist, & Vroman, 2014). PTSD symptomology in military members presents as an increase in irritability, always being "on guard" or "on edge," insomnia, lack of concentration, detachment, emotional numbness, and strong attempts to avoid reminders of the event. Combat Veterans experiencing PTSD symptoms reported higher rates of aggression, hostility, and anger than those without PTSD symptoms (Barnard-Brak et al., 2011). These symptoms do not take long to begin impacting veterans lives after their return from deployment. Previous studies found a fourfold increase in veterans reporting they are experiencing PTSD symptomology and interpersonal difficulties within six months of returning home (Kelly et al., 2018). PTSD increases the likelihood of unemployment by 150% and marital conflicts by 60% (Barnard-Brak et al., 2011). Thus, it is clear that PTSD can have a number of long term effects beyond the psychological pain associated with the disorder.

Military members are at higher risks compared to the civilian population for developing PTSD due to their repeated exposure to life threatening wartime experiences (Bernste et al., 2012; Monson et al.,2006). Traumatic exposure increases the vulnerability of developing psychological disorders but does not always lead to a diagnosis of PTSD (Klaassens, Giltay, Cuijpers, van Veen, & Zitman, 2012). A variety of factors impact a servicemember's response to their wartime experiences. These include exposure to violence and death, which increases risk for aggressive behavior, anger, anxiety, somatic complaints, and PTSD. Physical and cognitive

disabilities, interpersonal difficulties, unemployment, and financial difficulties are additional factors also impact the veterans reaction to their experiences (Church, 2009).

Servicemembers have experienced a significant amount of exposure to traumatic events in the Middle East. Over 90% of National Guard and Reservists who were deployed in the Middle East reported being on missions and patrol where they were subject to hostile fire. Over 57% of National Guard and Reserve military members had served in units that sustained casualties due to combat, 50% witnessed critically wounded comrades and dead or wounded civilians, and 45% reported caring for wounded or dying comrades and/or civilians (Brockman et al., 2016). The impact of combat exposure varies per person, some may recover from these experiences while others may develop severe functional impairment and PTSD (Church, 2009). However, the exposure to combat-related traumatic events and the traumatic aftermath of combat enhances the risk of PTSD with a two to threefold increase relative to deployment alone (Brockman et al., 2016). Notably, those with PTSD have the highest risk of suicide compared to other psychological disorders (Barnard-Brak, et al., 2011).

The prevalence rates have varied across war conflicts, which may be due to many different reasons such as war differences, measurement of PTSD, or education about PTSD. As the OEF/OIF wars are ending, of the estimated 2 million troops coming home from Iraq and Afghanistan, 17-23% have a prevalence rate with developing PTSD. For comparison, an estimated 15% of Vietnam veterans and 2-10% of Gulf War veterans meet criteria for PTSD (Church, 2009; Hoge et al., 2004). Those

who were in the Army and Marine Corps and those who had been deployed to Iraq had higher rates of developing PTSD. Additionally, non-active duty members (i.e., Reservists, National Guard, and veterans separated from service) are at higher risk for developing PTSD (Rand, 2008). Servicemembers who have had multiple combat deployments are more likely to develop PTSD than those with less combat experiences due to repeated exposure to traumatic and/or life threatening events (Bernstein et al., 2012).

Veteran Coping Skills

While many student veterans are often struggling with a mental health or physical disability, many do not self-disclose their disabilities or struggles that may require accommodations in the classroom. They also will not seek treatment as they are trying to maintain their "bullet-proof identity" (Church, 2009; Lighthall, 2012; Vance & Miller, 2009). Therefore, they may utilize maladaptive coping skills, such as experiential avoidance, as an attempt to maintain their psychological health. However, experiential avoidance has been found to magnify pathology and create more interpersonal difficulties (Walser & Hayes, 1988). Thus, they may begin to engage in negative behaviors including self-harm, dissociation, and substance abuse (Walser & Hayes, 1988).

There is also a positive correlation between number of previous deployments and the tendency to use alcohol as a coping mechanism. Student veterans engage in higher levels of heavy drinking and risky behaviors in comparison to civilian students (Borsari et al., 2017). Furthermore, Veterans often experience similar difficulties

which include somatization disorders, martial problems, increased aggression, anxiety, nightmares, difficulty in coping, alienation, and are more likely to commit suicide (Walser & Hayes, 1988). The Department of Veteran Affairs found the suicide rate of Veterans aged 18-34 has steadily increased throughout the years with a 10% jump from 2015-2016 (Leo III., 2018). Notably, suicide rates are significantly higher among student veteran in comparison to non-student veterans college samples. Over 14-35% of student veterans have endorsed suicidal thoughts with a plan and 8-9% of student veterans reported a past attempt (Borsari et al., 2017). This highlights the importance of continuing research on helping this population.

Experiential Avoidance

While some avoidance may be necessary to cope, in extreme circumstances prolonged use of experiential avoidance can lead to a number of difficulties including emotional numbing or a sense of disconnection from cognitive and emotional experiences. Current research suggests attempts to avoid this unwanted material may actually magnify the negative emotions and intrusive trauma cognitions (Walser & Hayes,1998). Experiential Avoidance is the process of avoiding contact with unwanted thoughts, feelings, bodily sensations, and memories (Follette, Palm, & Hall, 2004; Hayes et al., 2004; Kelley et al., 2018). Experiential Avoidance is considered a key factor in understanding the underlying cause of a range of symptoms including those observed in PTSD. Higher levels of EA positively correlate with higher levels of depression, anxiety, trauma, and a lower quality of life (Hayes et al., 2004).

Experiential Avoidance serves the function of avoiding a range of distressing experiences. However, attempts at suppression, or avoidance, have been shown to actually increase the thought about the suppressed material (Wegner, 1994). Behaviors associated with EA can take a range of forms including substance abuse, numbing, self-harm, dissociation, avoidance of external cues, depression, and detachment (Follette et al., 2004, Hayes et al., 2004). In relation to PTSD, avoidance is considered the hallmark of this disorder. Thus, there are a variety of theoretical conceptualizations that include this phenomena. However, EA is of use in that it specifically explains how a range of topographically different behaviors can serve the same function (Follette et al., 2004). Experiential avoidance is associated with psychological inflexibility. Individuals who are high in EA have difficulty being in the present moment and can have problems engaging in behaviors associated with values and goals.

Experiential Avoidance impacts a person's psychological flexibility, or " the context-dependent ability/willingness to contact the present moment, including emotional distress in order to engage in valued actions" (Meyer & Kottea et al., 2019). Experiential Avoidance exists on a continuum. However, when used as a primary coping mechanism it can be toxic to mental health. Moreover, this avoidance can be reinforced causing the behavior to persist even when it is causing a number of difficulties in life. The person may then become more resistant to treatment. Furthermore, experiencing feelings of discomfort is considered healthy and important for behavioral changes. If someone avoids these emotions completely, it leaves them

less flexible to engage in new behaviors, especially ones that promote growth (Hayes et al., 2004).

Whenever someone feels an emotion they felt during the event, (i.e., uncomfortable, anxious, fearful), they may categorize this as negative or threatening. This in turn will increase their negative evaluations and broaden the situations they will avoid (Hayes et al., 2004). For example, when deployed, soldiers are trained to be weary of large crowds as they often may be dangerous. Their flight or fight response may activate in order to determine if they are in danger or if there is an immediate threat, which was a positive coping skill while in a warzone. Upon returning home, the solider may continue to experience anxiety in a large crowds. They may avoid any potential crowded areas and will alter their life to control for this (i.e., going to the grocery store after midnight to ensure no one is there, dropping classes if there is too many students, no longer going to the movies, etc.). What was once a useful coping skill is now considered maladaptive in their less threatening, civilian environment.

Ackerman, DiRamio, and Mitchell (2009) conducted a study to examine themes surrounding the transition from a combat to classroom. They interviewed 25 combat veterans enrolled full-time at three different public research universities and one four-year regional university. One common theme between the veterans was the need to stay busy. One veteran reported he continued to stay busy in order to prevent depression. Another veteran reported he completed “hundreds of jigsaw puzzles” the first month back from his yearlong deployment in Iraq. He explained this allowed him to “clear my mind, keep to myself, settle myself down, and adjust back to life.”

Student veterans may over prepare for school, spending all of their time studying in order to keep themselves busy. This was outlined in the NSSE (2012) which found student veterans are more likely to overinvest their time in preparing for class than non-student veterans, spending at least ten hours a week preparing for class and eleven hours a week studying (Cole & Kim, 2013). This highlights the many ways in which avoidance may be utilized in the student veteran population and why relying on experiential avoidance as a primary coping skill is detrimental to one's psychological well-being.

Student Veteran Challenges

Not only are student veterans returning with injuries, many struggle with transitioning from a solider to a student. Student veterans may face identity conflicts, especially in developing a "non-military self-identity" (Ness et al., 2014). Some may not feel comfortable revealing their veteran identity when interacting with other students in hopes to better assimilate in civilian settings. Likely associated with their older age, student veterans experience additional challenges than their non-student veteran peers. These include balancing academic requirements with outside responsibilities, providing for their families, and managing service-connected injuries which make meeting academic expectations more difficult (Steele et al., 2010).

Student veterans often do not have strong social supports on campus as they have difficulty relating to their non-veteran peers (Steele et al., 2010). Having experienced the stress of deployment, combat, and maintaining the significant responsibilities mentioned above, some student veterans report feeling more mature

and do not desire to bond with non-military students, perceiving them as "kids," naive, entitled, and with limited outlooks on life (Church, 2009; Smith-Osborne, 2012; Ness et al., 2014). There has been some research about the challenges student veterans face, however, less is known about useful adaptations for student veterans to better succeed in their academic life.

Campus Challenges

The American Council on Education performed a study on student veterans and found student veterans reported problems balancing their service-connected injuries, mental and physical, and meeting educational expectations (Siniski, 2012). Student veterans struggling with psychological impairments may exhibit difficulty in managing time sensitive assignments and prioritizing multiple assignments. They have more difficulty when faced with unexpected changes in courses, approaching instructors, performing under pressure, sustaining concentration and remembering oral instructions. They are often also inconsistent with attendance due to pain or anxieties about being in the classroom (Church, 2009; Lighthall, 2012). All of these reasons may be contributing to the reason why student veterans have higher prevalence of positive screens for depression and PTSD, suicidal ideation, and drop-out rate than non-veteran students (Fortney et. al., 2016).

Classroom Challenges

Student Veteran's spend a majority of their time on campus in classrooms. Concerns about safety is an issue concern for veterans, especially in the classroom. Veterans suffering from PTSD often deal with intrusive and emotionally charged

memories while seated in the classroom. Once a memory is triggered, their body will begin to react, sending the body into a fight or flight mode (Siniski, 2012). The physical layout of the classroom is overlooked by many but can be extremely stressful to a veteran. Classrooms overcrowded with desks and aisles taken up by personal belongings (backpacks, books, purses, etc.) may trigger a veteran because in combat, blocked pathways were signs of danger and could be fatal. Veterans often experience hypervigilance, while this was adaptive in combat zones, it can lead to a number of issues in daily living once they are home. For example, Veterans frequently report a need to have their back to a wall in order to sit comfortably as they can see their exit and it ensures no one will sneak up behind them. Forcing a Veteran to sit near the front can make them feel exposed and threatened (Siniski, 2012). Sudden loud noises may trigger veterans as well. Their response may vary from mild to severe, the more severe being "hitting the floor" or crawling under a desk. Student veterans with mental and physical difficulties, such as chronic pain, often report experience difficulties sitting still. They may have to get up to move around often throughout the lecture which may be disruptive to both the class and the instructor (Lighthall, 2012).

As noted earlier, Lighthall (2012) found student veterans do not seek help in order to continue to maintain their "bullet-proof identity." They will not self-disclose their disabilities (physical or mental) that require accommodations in the classroom, even if it would prevent them from failing (Church, 2009; O'Herrin, 2011). These challenges, along with their resistance to ask for help, highlight the importance of

providing education to professors to learn their students and the warning signs of when they may be struggling.

Social Challenges

Veterans suffering from PTSD may have significant interpersonal difficulties. These include marital stress, difficulties with intimacy, relationship abuse, and struggles with social reintegration. Social support plays an important role in helping post deployment adjustment, no matter the intensity and frequency of negative deployment experiences. Social support decreases the impact deployment has on depressive symptoms and moderates symptoms of PTSD and suicidal ideation (Kelley et al., 2018). Notably, while in college, student veterans have reported feeling isolated "because they are not in uniform and have not developed a new social network" (Kirchner, 2015). Research has shown student veterans have expressed a strong desire to connect with other student veterans, as interactions with civilian students are often considered challenging due to different life experiences (Kirchner, 2015). However, student veterans have also expressed frustrations as they feel they are unable to connect with other student veterans on campus to establish a social support (DiRanio et al., 2008; Kirchner, 2015).

A significant finding in the National Survey of Student Engagement (2012) was "student veterans are selective about the campus life and academic activities in which they invest their time" (Cole & Kim, 2013, p.1). They also found student veterans choose to spend more time on their academics or activities that promote success in their classes. Additionally, they are less likely to spend time engaging in

socializing or participating in extra-curricular activities on campus (Cole & Kim, 2013). Some extracurricular activities may not only be beneficial for integration, but also for furthering education or acquiring jobs after graduating. For example, 68% of student veterans reported they have planned or have already participated in community service or volunteer work, often required to boost a resume, in comparison to the 82% of civilian students (Cole & Kim, 2012). Student veterans are less likely than non-veteran students to feel their campus supports them in academic, social, and co-curricular areas and are less likely to work with their peers on assignments outside of the class (Elliott, Gonzalas, & Larson, 2011).

Rationale for Proposed Study

Veterans represent a growing part of the student body on college campuses. Because of the range of potential difficulties faced by some student veterans, it is vital for universities to understand the psychological and behavioral impacts returning from service has on their academic functioning and college adjustment. In addition to the specific issues being evaluated, I will use the theoretical lens of experiential avoidance to examine the function of the behaviors studied. Research has shown the connection between experiential avoidance and underlying psychological difficulties. Research has also shown the ability of experiential avoidance to serve as a mediator, specifically for posttraumatic symptoms and social support in veterans. However, there is little research on experiential avoidance and its impact on psychosocial functioning and reintegration difficulties in the student veteran population, leaving a gap in universities empirical knowledge about how to successfully meet student veteran needs.

The purpose of this study is to examine the role college student veterans' military and academic experiences, social supports, and overall well-being play in relation to their overall adaptation to college life. This study will contribute to the literature on the relationships between factors such as traumatic exposure, perceived social support, psychological flexibility and functioning, with adaptation to and success on college campus. The results of this study will contribute to a better understanding of the needs of student veterans on college campuses.

Aims and Hypotheses

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

1. Differences in key variables will be evaluated in relation to demographic categories (age, gender, and ethnicity). Differences between deployed and non-deployed veterans will be evaluated. It is predicted that student veterans who have been deployed will have more symptomology.
2. Increased exposure to deployment stressors will result in higher rates of psychological distress including PTSD, Depression, and Experiential Avoidance.
3. Student engagement will be associated with higher levels of social support and lower levels of Experiential Avoidance.
4. Higher levels of total deployment stress (difficult work environment, combat exposure, aftermath exposure) will be associated with lower levels of student engagement and this will be mediated by experiential avoidance.

Methods

Procedure for Participant Recruitment

Student veterans were recruited for participation online via email and social media using snowball sampling, a non-probability sampling method. Recruitment materials were sent out to veteran list serves of two local southeastern universities. In addition, participants were also recruited through Facebook and Reddit postings as well as from the Student Veterans of American chapter directories. Finally, there was a posting on the Division 19 (APA Society for Military Psychology). The email/posting requested the participation of student veterans who were 18 and older to help in a study examining the unique needs of veterans on campus. Students who were interested clicked on a link to a Qualtrics survey where they were provided with an informed consent. They were informed that no identifying information would be collected as part of this study.

Participants

Data of participants from all sources were combined. Due to small sample sizes from various sources, comparability of the groups was not evaluated. Over 280 student veterans responded, however several did not complete the survey after reading the consent form. This left a sample of 232 student veterans. Seventy-nine percent of the sample was male and the majority of the sample identified as Caucasian (72 %). Almost three-fourths (73.5%) of the student veterans surveyed were attending college on campus. Whereas 26.5% of the population reported taking classes strictly online.

Detailed descriptions of the sample, including variables such as deployment information, branch of service, and student status, are presented in Table 1.

Measures

Demographic Information. A demographic form was created for the study. It included basic characteristics such as age, gender, race/ethnicity, and relationship status. It also assessed a number of variables related to current enrollment status, employment status, and military demographics.

Deployment Experiences. Deployment Risk and Resilience Inventory-2 (DRRI-2; Vogt, Smith, King, & King, 2012). This survey was developed to be a comprehensive assessment of military experience during deployment as well as psychosocial risk and resilience factors following deployment. The scale had been specifically updated for the current conflicts (i.e., the Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom). Prior analyses confirmed all scales in the DRRI-2 have shown high internal consistency reliability and criterion-related validity, with all measures demonstrating relationships with PTSD, Depression, and anxiety symptom severity (Vogt et al., 2012). The following four scales were used to assess combat related traumas as they were most relevant to the current study:

The Difficult Living and Working Environment Scale (Section C: Deployment Experiences) is a 14-item questionnaire that measures exposure to events that cause irritations and pressures, such as personal discomforts or deprivations, related to life during deployment using a 5-point Likert scale (1 = almost none of the time, 5 =

almost all of the time). Higher scores in this scale illustrate a more difficult life and work environment.

The Combat Experiences Scale (Section D: Combat Experiences) is a 17-item questionnaire which uses objective events to assess exposure to combat-related events. This scale uses a 6 point Likert Scale (1= never, 6= daily or almost daily) and higher scores represent a greater amount of combat exposure.

The Aftermath of Battle scale (Section E: Postbattle Experiences) is a 13-item questionnaire that assesses the exposure to the aftermath and consequences of combat using a 6-point Likert Scale (1= never, 6= daily or almost daily), higher scores indicating more exposure to aftermath of combat.

The Post deployment Social Support Scale (Section O: Post deployment Support) is a 10-item questionnaire that measures the degree of understanding, companionship, and positive self-regard family, friends, and the community provides to the individual. It also measures the amount of tangible help the individual receives using a 5-point Likert Scale (1 = strongly disagree, 5 = strongly agree), with the higher scores indicating greater perceived social support upon returning from deployment.

Psychological Health

Depression. The Patient Health Questionnaire - 9 (PHQ-9; Kroenoke, Kurt, Robert, & Williams, 2001) is a brief, self-report measure from the full PHQ, that assesses for the presence and severity of depressive symptoms. This instrument contains 9 items corresponding to the nine Diagnostic Statistical Manual - V criterion A symptomatology for Major Depressive Disorder. 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. The PHQ-9 has a Cronbach's alpha of 0.89, demonstrating good reliability and validity (Kroenoke et al., 2001).

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 symptom clusters: cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20). At this point, preliminary validation studies indicate 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) has 7 items and assesses people’s willingness to accept their undesirable thoughts and feelings, while acting in a way that is congruent with their values and goals. A seven-point Likert scale ranging from 1 (Never true) to 7 (Always true) is used for responses. Lower scores reflect greater psychological willingness, less avoidance, and ability to act in the presence of difficult thoughts and feelings. The AAQ-II has been found to be internally consistent and has good convergent and discriminant validity (Bond et al., 2011). This measure is also an assessment of avoidance and attempts to control or eliminate negative internal events which is a

serious risk factor for depression and PTSD. For example, sharing feelings or discussing thoughts and experiences may be anxiety provoking for veterans who were exposed to combat in the past.

Student Engagement. In order to identify thoughts, feelings, and behaviors related to their experiences on campus, a scale was created by the researchers. Comfort in the campus setting, participation in academics, use of resources, and a sense of being welcome on campus were some of the variables assessed. A composite score representing engagement was used for analyses (see appendix for the full measure).

Procedure

All procedures were approved by the Florida Institute of Technology Institutional Review Board prior to the commencement of the study. The informed consent provided more detailed information about the purpose of the study including the estimated time requirement. The beginning of the study involved completion of the demographic questionnaire, followed by the primary study measures. Student engagement, experiential avoidance, PTSD symptomology, and a measure of depression were completed next. Finally, the Deployment Risk and Resiliency Inventory-2 was administered to those veterans who had been deployed. Participants were also given the names and emails of the study investigators, Dr. Victoria Follette and Allyssa Borak, M.S., for questions before or after completion of the study. Participants were told that they may withdraw from the study at any time without consequence. At the end of the study, participants were offered the option of participating in a raffle for two gift cards by sending an email to a separate address

that was not linked to their data. A list of resources for veterans, including VA services was provided at the completion of the survey.

Design/Plan of Analysis

This is a cross sectional study examining variables related to student veterans risk and resilience. Simple frequencies regarding demographics and combat experiences were calculated. In addition, basic descriptions of psychological scores were presented. Simple bivariate correlations of all measures were calculated. A hierarchical multiple regression was conducted to assess whether PTSD (PCL-5) and experiential avoidance predict student engagement. Similarly, the relationship of social support was assessed using regression analyses. Finally, combat exposure as measured by the DRRI-2 was assessed in relationship to experiential avoidance, PTSD, and student engagement.

Results

Descriptive Frequencies

Descriptive frequencies of the sample demographic variables are displayed in Table 1. As noted, the majority of the sample were Caucasian (*n*=167; 72.3%) males (*n* = 182; 79.1%). About half of the sample were married (44.6%) and the other half were primarily single (43.3%). Over half of the sample were currently employed (57.1%). Almost three-fourths (73.5%) of the student veterans surveyed were attending college on campus, whereas 26.5% of the population reported taking classes strictly online. Notably, 34.8% of the student veteran population reported being in graduate school.

The Army was the largest branch of the service in the sample (61.3%), followed by the Navy (15.5%). and Air Force (10.3%). The student veterans were predominantly enlisted military members (*n*= 167, 86.6%) in comparison to officers (17.9%). The population consisted of 120 (61.9%) veterans, 14 students currently serving Active Duty (7.2%), 13 students serving in the National Guard (6.7%) and 47 student veterans in the Reserves (24.3%) which includes Individual Ready Reserve (IRR) or Inactive Reserve as well. Over half of the sample reported that they had been deployed (*n* = 131, 68.5%) and 61 participants reported they had not been deployed (31.4%). Operation Enduring Freedom (44.8%) and Operation Iraqi Freedom (25.2%) were the two most prevalent deployments within this population. The majority of those deployed were deployed within the Post 9/11 era. Only 4.1% reported they had been deployed in Operation Desert Storm/Shield (Persian Gulf War) and 0.5% in Operation Just Cause (Panama), both conflicts occurring before the terrorist attacks on September 11th, 2001. Table 5 reports the means of all psychological variables.

Psychological Variables and Relations to Deployment and Educational Setting

Table 2 illustrates relationship between self-report measures of Experiential Avoidance, Depression, Post-Traumatic Stress Disorder, and Deployment Stressors between student veterans completing their degrees online versus on-campus. Results indicate there were significant differences found between Experiential Avoidance and symptoms of Depression with online or on-campus student veterans. Surprisingly, student veterans completing their degrees on-campus reported higher levels of Experiential Avoidance and symptoms of Depression than student veterans completing

their degrees online. Thus, those on campus have more difficulty with negative thoughts, feelings, or memories and may attempt to control or avoid any situation that may provoke them. However, because campus status was not a primary variable, both online and campus students were combined for subsequent analyses.

Multiple independent samples *t*-test were performed to examine the relationship between self-report measures of Student Engagement, Experiential Avoidance, Depression, and Post-Traumatic Stress Disorder between deployed and non-deployed student veterans (see Table 3). As predicted, there was a statistically significant difference between deployed veterans and non-deployed veterans on the AAQ-II and PCL-5. Student veterans who had been deployed reported significantly higher levels of Post-Traumatic Stress Disorder-related symptomology than those who had not been deployed. Student veterans who had been deployed reported significantly higher levels of Experiential Avoidance, meaning they were less psychologically flexible and utilized more attempts to avoid or control undesirable thoughts and feelings than those who were never deployed. High levels of PTSD have been consistently associated with higher levels of EA in the research literature (Follette et al., 2004). No statistical differences were found between deployed student veterans and non-deployed student veterans with levels of Student Engagement or the presence and severity of depressive symptoms.

The PCL-5 is a measure to determine the severity of PTSD symptoms. Research suggests scores equal to or greater than 33 points are indicative of probable PTSD diagnosis. The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), is

used to determine if the veteran meets a PTSD diagnoses and is considered the gold standard for diagnosis. However, the PCL-5 is considered to be a good predictor of the final diagnosis. Multiple independent samples *t*-test were utilized to compare those meeting the threshold criteria for a PTSD diagnosis on the PCL-5 compared to those below the threshold for each major variable (Table 4). Notably, significant differences were found for those meeting criteria for PTSD on several self-report measures. Student veterans who met the threshold for PTSD reported significantly higher levels of Experiential Avoidance (AAQ-II). Unsurprisingly, those with higher levels of Total Deployment Stress were also more likely to meet criteria for PTSD.

The Total Deployment Stress variable consisted of three different categories in the Deployment Risk and Resilience Inventory – 2. Each category was also analyzed separately to determine differences in significant relationships. Student Veterans who meet the threshold for PTSD reported significantly higher levels of Difficult Living and working environments (DRRI-C) which include exposure to daily pressures related to life while deployed, including personal discomforts and difficulties. Additionally, they reported significantly higher levels of exposure to combat experiences. Thus, student veterans meeting the PTSD threshold had more experiences firing a weapon, getting fired at, witnessing an attack, encountering an explosive attack, etc.. Student Veterans meeting the PTSD threshold also reported a higher significance with exposure to the Aftermath of Battle. These experiences include interacting with prisoners of war, handling or witnessing human remains, and observing other consequences of combat. Notably, student veterans who did not meet

the threshold for PTSD reported significantly higher levels of student engagement than those who met the threshold for PTSD. Thus, student veterans with less PTSD symptoms and severity were more engaged within their classrooms, campuses, and learning.

Deployment Stress Exposure and Psychological Distress

Pearson correlations were conducted to investigate the relationships between Total Deployment Stress, Experiential Avoidance, symptoms of Depression, and symptoms of Post-Traumatic Stress Disorder. It was hypothesized that a significant positive relationship would be found between Total Deployment Stress and Post-Traumatic Stress Disorder, Depression, and Experiential Avoidance. Descriptive statistics for these variables can be found in Table 5. Results showed Total Deployment Stress was positively related to symptoms of Depression, as measured by the PHQ-9, and Post-Traumatic Stress Disorder as measured by the PCL-5. That is, the more they were exposed to stressful experiences when deployed, the more general distress they feel, reporting higher symptomology of Depression and Post-Traumatic Stress Disorder. There were no significant relationships between Total Deployment Stress and Experiential Avoidance or Student Engagement. However, there were significant differences when DRRI-2 subscales were evaluated.

There were positive significant relationships between symptoms of Depression, Experiential Avoidance, and symptoms of Post-Traumatic Stress Disorder. Thus, more severe symptoms of Depression may co-occur with PTSD symptomology and higher levels of psychological inflexibility. Notably, there is a stronger significant positive

relationship between symptoms of Depression and the DRRI-C. This scale represents reports of difficult living and working environments when deployed. The scale appeared to show more of an impact than both the combat and aftermath of battle experiences scales. Furthermore, there was a significant negative relationship between symptoms of Depression and student engagement, indicating that student veterans experiencing more severe Depressive symptoms are less likely to actively become involved or feel comfortable within their academic setting.

Symptoms of Post-Traumatic Stress Disorder were positively correlated with Experiential Avoidance, difficult living and working environments (DRRI-C), and combat experiences (DRRI-D). Furthermore, symptoms of PTSD also had a strong negative significant relationship with Student Engagement. Interestingly, Experiential Avoidance was positively significant with Difficult Working and Living Environments, yet had no significance with Combat or Aftermath of Battle Experiences. Thus, participants who experienced more personal discomforts and deprivations with life overseas attempt to employ more control or further avoid negative internal experiences. Furthermore, Experiential Avoidance is negatively significant with Student Engagement. Thus, the more psychologically inflexible student veterans are, the less they are academically involved. Hypothesis two was not supported as there was not a significant relationship between Total Deployment Stress and Experiential Avoidance.

Student Engagement, Social Support, and Psychological Flexibility

We hypothesized that Student Engagement would be associated with higher levels of social support and lower levels of experiential avoidance. Pearson correlations were used to test these hypotheses (see Table 6). Student Engagement was assessed with Post Deployment Social Support (DRRI-O). The DRRI-O consists of perceived social support from country, family, and friends. Student Engagement was significantly positively correlated with Post Deployment Social Support (r =.44, p< *.01*) and negatively correlated with Experiential Avoidance (r = -.37, p < *.01)*. Thus, the more perceived social support felt by student veterans, the more academically involved and psychologically flexible they were and thus the hypothesis was supported.

Deployment Stressors and Student Engagement

It was hypothesized that higher levels of deployment stressors will be associated with lower levels of student engagement which will be mediated by experiential avoidance. A regression model using deployment stress to predict student engagement showed deployment stress did not predict student engagement, (b = .01, p=.202). Thus, hypothesis 4 was not supported.

While the first regression was inconclusive, an additional multiple regression was conducted to examine if Post deployment support (DRRI-O) and experiential avoidance (AAQ-II) predicted student engagement (see Table 7). When both predictors were included, Post deployment support significantly predicted student engagement, (b = 0.42, p < .01). In addition, Experiential Avoidance also significantly

predicted student engagement, (b = -0.22, p < .01). Post Deployment support and experiential avoidance together explained a significant amount of the variance in student engagement, (R_2 = .28, F(2, 92) = 17.82, p < .001).

Discussion

An important factor in higher education is the fact that universities are experiencing the largest influx of military members returning to school and these numbers are predicted to continue to rise (Sander, 2012). As the United States continues to engage in foreign conflicts, the population of returning veterans continues to rise. Moreover, 74% of post 9/11 veterans are under the age of 45 and almost half of that population is under the age of 35. This demographic is very likely to use their GI benefits to explore opportunities in higher education. Thus, it is very important that we learn more about how to support a successful college experience. While some universities have made attempts to welcome student veterans, student veterans continue to struggle transitioning into academia (Branker, 2009).

Demographics and Veteran History

Participants in the current study were recruited from a variety of sources using a snowball sampling method from university and social media forums. The majority of the sample were Caucasian males, however there was some gender and ethnic diversity. Approximately sixty-eight percent of students reported using the GI Bill for their education. Half of the sample were full time undergraduate students on a college campus. However, twenty percent of the sample were graduate students. About 25 percent of the sample were taking courses online. All branches of the military were

represented, however about 60 percent of the sample were from the Army. Over forty percent of the sample were part of Operation Enduring Freedom, but a number of other operations were represented in the sample. Approximately seventy percent of the sample had been deployed. The sample exhibited a wide range of scores on measures of psychological distress, with approximately half of the sample showing some evidence of PTSD or sub-threshold PTSD. Approximately 25 percent of the sample scored at the level that is likely to indicate a diagnosis of PTSD. As expected, experiential avoidance was associated with measures of psychological distress.

Psychological Differences between Online or On-Campus Veterans

While it was not a primary goal of the research to examine differences between online and on-campus veterans, the recruitment process led to a sample that included both groups of students. Student Veterans taking their classes on-campus reported higher levels of Experiential Avoidance and Depression symptomology than those taking classes online. The differences were significant but not likely to be of much clinical meaning given the levels of distress reported. While one may expect online students would have higher levels of EA, it may be that factors such as deployment stress, economic factors, and employment are relevant to the decision to take classes online. This is an important factor to explore in more detail.

Psychological Differences related to Deployment Status

Consistent with previous literature, results illustrated significantly higher levels of Post-Traumatic Stress Disorder related symptomology and Experiential Avoidance in student veterans who had been deployed. These results support previous findings as

EA is often considered a key factor in a range of symptoms observed in PTSD (Hayes et al., 2004). There were no differences in depression scores. Notably, no significant differences were found between levels of student engagement on campus between deployed and non-deployed student veterans. Other factors may contribute to adjustment from a military life to a college campus. This idea was highlighted within the comments made by our student veterans. For example, a student veteran surveyed wrote “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 now 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.” Another wrote “As a veteran or active soldier it’s hard to connect with regular college students. We are so disconnected it’s difficult to figure out basic campus life like frats, sororities , honor clubs, etc.”

Current analyses found differences in deployment experiences, psychological symptomology, and social support between student veterans who met the PTSD threshold and those who did not. Those who met the PTSD threshold reported a higher number of difficult military work environments and traumatic experiences while deployed than those with less PTSD symptomology. These findings correlate with current literature which suggests more repeated exposure to traumatic events, increases the risk of PTSD (Brockman et al., 2016). Additionally, student veterans meeting the PTSD threshold also displayed much higher levels of experiential

avoidance. Importantly, student veterans who did *not* meet the threshold for PTSD displayed significantly higher levels of student engagement on campus.

This finding opens up the discussion on *why* student veterans are not engaging on campus, focusing specifically on psychological symptomology rather than resources or preferences. It is understood that those scoring high in experiential avoidance have difficulty engaging in the present moment which often magnifies intrusive memories and negative emotions (Meyer & Kottea et al., 2019; Walser & Hayes,1998). Hence, student veterans may be spending their day avoiding, numbing, or disassociating in attempts to get through the day rather than engaging with their peers.

Deployment Stress and Psychological Variables.

In the current study, higher levels of exposure to total deployment stress had a significant relationship between higher levels of depression and posttraumatic stress disorder symptomology. However, total deployment stress did not have a significant relationship with experiential avoidance or student engagement. This finding is important because it indicates exposure to more stressful experiences when deployed does not significantly relate to levels of student engagement. Notably, this study found a significant negative relationship between depression symptomology, Experiential Avoidance, and student engagement. Research shows student veterans often desire to connect with other students, especially student veterans, but often find doing so challenging (Church, 2009; Ness et al., 2014; Smith-Osborne, 2012). One student veteran surveyed wrote “I don’t talk to any other vets on campus because I don’t know

of any. I don't talk to any classmates because of experience and age gap." Thus, student veterans often report feeling isolated on campus due to an inability to establish social support (DiRanio et al., 2008; Kirchner, 2015). One can hypothesize the lack of student engagement may contribute to depression symptomology, forming a cycle that future research may better identify how to break.

Studies often highlight the exposure to combat-related traumatic events as well as the traumatic aftermath of combat in contributing to enhancing the risk of PTSD in relation to deployments (Brockman et al., 2016). The analyses supported this hypothesis, as there was a significant relationship between PTSD severity and combat related experiences. Interestingly, the analyses also found difficult working and living experiences while deployed play a large role in psychological symptomology. The difficult working and living experience include being deprived of basic needs (limited access to food, shelter, showers), working in unsanitary conditions, not having access to a bathroom when needed, no privacy, hassling with uncomfortable gear, lack of sleep or rest, exposure to awful smells and insects, an inability to get one's own job complete, and being unable to contact home when needed constantly for 9 months or greater at a time. For example, participants who experienced more personal discomforts and deprivations with life overseas attempt to employ control to further avoid negative internal experiences more than those with combat or aftermath of battle experiences.

There were also significant relationships found between depression symptoms and deployment experiences. Both combat and aftermath of battle experiences have a

positive relationship with depression symptoms. Thus, participants who were involved with or had experienced more combat or those who had more exposure to the consequences of warfare are experiencing depressive symptoms (i.e., negative thoughts about oneself, hopelessness, loss of interest in activities, etc.). However, there was a stronger correlation between depression symptoms and difficult working and living environments. This finding is important because it suggests the environment soldiers live in while deployed may have a greater impact on their overall psychological wellbeing than anticipated.

Social Support and Student Engagement

Previous research states social support plays a large role in helping post deployment adjustment as it decreases the impact deployment experiences has on depression and moderates PTSD symptoms, no matter the intensity or frequency of combat experiences (Kelly et al., 2018).

Congruent with the literature, perceived post deployment support (DRRI-O) has a significant negative relationship with total deployment stress, combat experiences, depression symptomology, PTSD symptomology. One may infer student veterans who felt more socially supported after their deployments are experiencing less depression or PTSD symptomology. However, it is important to note social support also had a negative relationship with combat exposure and total deployment stress. Therefore, those who feel more social support may have not have had as many stressful experiences when deployed.

The role social support plays in the student veterans transition period is less understood, especially in regards to student engagement and experiential avoidance. Therefore, a primary goal of this study was to examine the relationship between these factors. As hypothesized, the levels of student engagement was associated with a positive relationship with social support and a negative relationship with experiential avoidance. Thus, more perceived social support student veterans felt from country, family, and friends after deployment was associated with the ability to become more psychologically flexible. Therefore, social support may play a role in lowering maladaptive coping skills. Furthermore, those who felt more social support also were found to be more actively engaged on campus. Current research highlights student veterans are less likely to feel as though their campus supports them and are less likely to work with peers outside of the classroom (Elliott, Gonzalas, & Larson, 2011). One veteran surveyed reported "My program has no other veterans in it other than myself and professors have no clue about what is available for us unlike professors for other programs at my school which have multiple veterans in majority of their classes." Another veteran surveyed stated "I generally dislike and don't feel comfortable talking about my service in the classroom because I don't want to have the sigma of 'student veteran' attached to me." Social support and student engagement are extremely important during the transitioning period as previous analyses have found they have a negative relationship with psychological distress. The more actively engaged student veterans are on campus, the more comfortable they may begin to feel in their environment, hopefully allowing them to focus on their present life and studies.

Limitations

Several limitations are present within the current research. This is cross sectional data and thus causality cannot be directly inferred. Moreover, the self-report measure was a simple and effective approach to reach a large population. However, it is possible inaccurate self-reporting occurred. Due to the length of the survey, some participants completed over half of the survey but still did not finish which resulted in some incomplete data for some of the measures. Additionally, age was unable to be calculated as it was presented as a fill in the blank question and many participants skipped it. As participants were taken from various platforms, a large number of the sample consisted of those in graduate school, which is not truly representative of the population of student veterans at large. A random cross-section sample of participants from the population would have been better suited for generalizability.

Finally, while most of the measures used demonstrated good reliability and validity, the student engagement scale was developed by the researchers of this study. The items within the scale were developed based on previous research. However, the reliability and validity for this scale remain unknown. However, this factor was not further explored in this study.

Future Research

Directions for future research should include whether student veterans are currently receiving or have ever received treatment for mental health after deployment to identify if this impacts levels of student engagement or psychological symptomology in the data. As prior research suggests, social support may play a large

role in lessening PTSD and depression symptom severity. Thus, future researchers may want to further explore the effects of student engagement and social support on mental health difficulties and academic success in the student veteran population. Longitudinal data may have been beneficial to identify mental health diagnoses or symptomology present prior to deployment or student engagement. Lastly, our current research identifies relationships between many variables. Future directions for research may expand on the current research to start looking into causation for the current relationships.

Conclusion

Despite the abundance of literature on veteran challenges and the attempts of universities to promote "veteran friendly" campuses, the retention rate for student veterans remains relatively unexplored. Thus, there are still a number of gaps on what exactly the needs are of student veterans on campus and how can campuses adhere to these needs with useful adaptations in order to promote academic success in this growing population.

Results from the present study made clear the relationships between deployment experiences, psychological symptomology, experiential avoidance, and student engagement. Current research illustrates how all of these factors (i.e., psychological symptomology, experiential avoidance, and deployment stress) may negatively impact one's life in many different domains, including academic performance and interpersonal relationships. This study expanded current research as it looked at all how all of these factors may be impacting campus adjustment within a

student veteran population. The results especially highlighted the significant relationship a veteran's deployment *environment* has on their current psychological symptomology, which may often may be overlooked in assessing the veteran as the literature often primarily focuses on combat related experiences. Moreover, this study made clear the significance experiential avoidance has in relation to other variables. Our findings add to the literature that in treating student veterans with diverse experiences, it is important to pay attention to the underlying processes, such as EA which can be targeted in treatment. Taking a contextual approach to prevention and treatment is useful in addressing the full range of behaviors, rather than focusing simply on symptom reduction. Providing psychoeducation as a part of orientation for veterans may help in addressing the large number of challenges they will face on a college campus. If we can treat EA, we can help student veterans become more psychologically flexible. Thus, allowing them to live in the present moment, engage in behaviors that align with their values, and have a higher quality of life.

Finally, this study highlights the importance of student engagement and social support. Throughout the results, the more actively engaged student veterans were, the less psychological distress they felt or vice versa. In an attempt to promote student engagement, it is necessary to understand the different and often overlooked struggles of student veterans on campus. One simple, yet overlooked struggle may be that they have been away from a formal classroom for several years. Their previous way of learning in a military environment was structured, "hands on," and focused on accountability, whereas in college it often varies by professor and encourages

autonomy. According to previous research, student veterans have strong desires to connect with other student veterans as they have difficulty relating to their non-veteran peers as they possess significant life experiences. Furthermore, student veterans are more likely to have more responsibilities than the average student (i.e., marriage, providing for a family, balancing government paperwork, and managing medical appointments). Additionally, they are less likely to engage in extra-curricular activities and instead focus on their academics as they value the necessity of establishing a career rather than gaining college experiences.

Currently student veteran groups are offered on campuses, yet many student veterans do not participate in them. Therefore, it may be beneficial to provide student veteran specific classes to help them establish a social network. Mandatory classes or multiple orientations may be a better way to attempt to get student veterans involved. Additionally, enrolling each student veteran in a peer mentorship with fellow student veterans may provide them with a stronger sense of comradery and accountability needed both to succeed and engage on campus. Lastly, a student veteran stated "we want respect, not pity." Thus, rather than focusing solely on understanding the challenges student veterans face; perhaps more focus should be spent on highlighting and expanding upon the valuable traits the military instills in service members to bolster confidence and support as they integrate. These traits include strong work ethic, self-discipline, goal-oriented approaches, critical thinking, maturity, respect for authority, and leadership skills. Professors should utilize these assets to help student

veterans succeed in their classrooms. This may help promote positive feelings toward education and feeling supported on campus.

Students come to campus with a wide range of issues and particularly in student veterans we see a complex learning history that can impact functioning. In targeting not just symptoms, but underlying process such as experiential avoidance, we can impact functioning in a variety of domains. The issues that can lead to drop out impact not only the veteran, but also society. Data collected by the department of defense found universities and colleges obtain over $10.2 billion a year solely in GI Bill benefits that come with having student veterans enrolled. Often when student veterans drop out, their earning potential is limited and therefore are less of a tax contributor to society. To make matters worse, research found veterans (specifically 22-24 year-old males that just transitioned out of service) have higher unemployment rates and lower labor force participation than their civilian counterparts (Humesky, Jordan, Stroupe, & Hynes, 2013). Thus, in 2018, veterans made up 8.6% of all homeless adults (Solari, Cortes, Henry, Matthews, & Culhane, 2014). These statistics help shed light on why it is in the interest of all of us to provide the best possible educational experience for those who have served our country.

References

Ackerman, R., DiRamio, D., & Garza , R. L. (2009). Transitions: Combat veterans as college students. New Directions for Student Services, 2009(126), 5-14.American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM 5®)*. American Psychiatric Pub.

Barnard-Brak, L., Bagby, J. H., Jones, N., & Sulak, T. (2011). Teaching post 9/11 student veterans with symptoms of PTSD: The influence of faculty perceptions and self-efficacy. *Journal of Vocational Rehabilitation*, *35*(1), 29-36.

Barr, A. (2015). From the Battlefield to the Schoolyard The Short-Term Impact of the Post-9/11GI Bill. *Journal of Human Resources*, *50*(3), 580-613.

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & 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*(4), 676-688

Borsari, B., Yurasek, A., Miller, M. B., Murphy, J. G., McDevitt-Murphy, M. E., Martens, M. P., ... & Carey, K. B. (2017). Student service members/veterans on campus: Challenges for reintegration. *American Journal of Orthopsychiatry*, *87*(2), 166.

Branker, C. (2009). Deserving design: The new generation of student veterans. *Journal of Postsecondary Education and Disability*, *22*(1), 59-66.

Brockman, C., Snyder, J., Gewirtz, A., Gird, S. R., Quattlebaum, J., Schmidt, N., ... & Zettle, R. (2016). Relationship of service members' deployment trauma, PTSD symptoms, and experiential avoidance to postdeployment family reengagement. *Journal of Family Psychology*, *30*(1), 52.

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.

Cole, J. S., & Kim, Y. M. (2013). Student veterans/service members' engagement in college and university life and education. *Washington: American Council on Education*.

DiRamio, D., Ackerman, R., & Mitchell, R. L. (2008). From combat to campus: Voices of student veterans. *NASPA Journal*, *45*(1), 73-102.

Duckworth, A. L., & Quinn, P. D. (2009). Development and validation of the Short Grit Scale (GRITS). *Journal of personality assessment*, *91*(2), 166-174.

Elliott, M., Gonzalez, C., & Larsen, B. (2011). US military veterans transition to college: Combat, PTSD, and alienation on campus. *Journal of Student Affairs Research and Practice*, *48*(3), 279-296.

Follette, V. M., Palm, K. M., & Hall, M. L. R. (2004). Acceptance, Mindfulness, and Trauma.

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.

Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., ... & Stewart, S. H. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The psychological record*, *54*(4), 553-578.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Jama*, *295*(9), 1023-1032.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, *351*(1), 13-22.

Humensky, J. L., Jordan, N., Stroupe, K. T., & Hynes, D. M. (2013). How are Iraq/Afghanistan era veterans faring in the labor market?. *Armed Forces & Society*, *39*(1), 158-183.

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*.

Kirchner, M. J. (2015). Supporting student veteran transition to college and academic success. *Adult Learning*, *26*(3), 116-123.

Kleykamp, M. (2013). Unemployment, earnings and enrollment among post 9/11 veterans. *Social science research*, *42*(3), 836-851

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.

Leo, S., III. (2018, October 02). VA: Suicide rate for younger veterans increased by more than10 percent. Retrieved from https://www.militarytimes.com/news/pentagon-congress/2018/09/26/suicide-rate-spikes-among-younger-veterans/

Lighthall, A. (2012). Ten things you should know about today's student veteran. *Thought & Action*, 80.

Madaus, J. W., & Miller, W. K. (2009). Veterans with Disabilities in Postsecondary Education. *Journal of Postsecondary Education and Disability*, *22*(1), 10-17.

Mettler, S. (2005). *Soldiers to citizens: The GI Bill and the making of the greatest generation*. Oxford University Press on Demand.

Meyer, E. C., Morissette, S. B., Kimbrel, N. A., Kruse, M. I., & Gulliver, S. B. (2013). Acceptance and Action Questionnaire—II scores as a predictor of posttraumatic stress disorder symptoms among war veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(6), 521.

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.

O'Herrin, E. (2011). Enhancing veteran success in higher education. *Peer Review*, *13*(1), 15.

Pew Research Center (2011) *The Military-civilian gap: War and sacrifice in the post 9/11 era.* Washington, DC: Author. Retrieved from http://www.pewsocialtrends.org/files/2011/10/war-and-sacrifice-in-the-post-9-11-era.pdf

RAND Corporation (2008). *Invisible wounds: Mental-health and cognitive care of American's returning veterans.*

Ryan, S. W., Carlstrom, A. H., Hughey, K. F., & Harris, B. S. (2011). From Boots to books: Applying Schlossberg's model to transitioning American veterans. *NACADA Journal*, *31*(1), 55-63.

Sinski, J. B. (2012). Classroom strategies for teaching veterans with post-traumatic stress disorder and traumatic brain injury. *Journal of Postsecondary Education and Disability, 25*(1), 87-9.

Smith-Osborne, A. (2012). Supported education for returning veterans with PTSD and other mental disorders. *Journal of Rehabilitation, 78*(2), 4.

Solari, C. D., Cortes, A., Henry, M., Matthews, N., & Culhane, D. P. (2014). The 2013 Annual Homeless Assessment Report (AHAR) to Congress, Part 2.

Steele, J. L., Salcedo, N., & Coley, J. (2010). *Service members in school: Military veterans' experiences using the Post-9/11 GI Bill and pursuing postsecondary education*. RAND CORP SANTA MONICA CA.

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.

Vance, M. L., & Miller, W. K. (2009). Serving Wounded Warriors: Current Practices in Postsecondary Education. Journal of Postsecondary Education and Disability, 22(1), 18-35.

Vogt, D. S. B. N. K. D. W., Smith, B. N., King, D. W., & King, L. A. (2012). Manual for the Deployment Risk and Resilience Inventory-2 (DRRI-2): A collection of measures for studying deployment-related experiences of military veterans. *Boston, MA: National Center for PTSD.*

Walser, R. D., & Hayes, S. C. (1998). Acceptance and trauma survivors: Applied issues and problems. In V. M. Follette, J. I. Ruzek, & F. R. Abueg (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 256-277). New York, NY, US: The Guilford Press.

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*

Appendix A

Table 1
Descriptive Frequencies for Student Veteran Sample

Variables	Frequency	Percent
Gender		
Male	182	79.1%
Female	44	19.1%
Nonbinary	1	0.4%
Prefer to self-describe	1	0.4%
Other	2	0.9%
Ethnicity		
African American	12	5.2%
Asian	17	7.4%%
Hispanic	13	5.6%
Hawaiian/Pacific Islander	2	0.9%
Native American/Alaskan Native	3	1.3%
Caucasian	167	72.3%
Other (Multi-racial)	11	4.8%
Prefer not to say	6	2.6%
Relationship Status		
Single	100	43.3%
Married	103	44.6%
Separated/Divorced	26	11.3%
Prefer not to say	2	0.0%
Current Enrollment Status		
Full-Time Undergrad on Campus	102	50.0%
Part-Time Undergrad on Campus	10	4.9%
Full-Time Undergrad Online	11	5.4%
Part-Time Undergrad Online	10	4.9%
Graduate Student on Campus	38	18.6%
Graduate Student Online	33	16.2%
Source of Finance for College		
GI Bill Benefits	157	68.0%
Employer Benefits	12	5.0%
Tuition Assistance	36	15.6%
Yellow Ribbon Program	18	7.8%
Private Grant	7	3.0%
School Grant	43	18.6%
Personal Savings/Current Income	53	22.9%
SVA Partner Scholarship	2	0.9%
Family/Friend Support	10	4.3%
Other	35	15.2%

Table 1 continued
Descriptive Frequencies for Student Veteran Sample

Variables	Frequency	Percent
Current Employment Status		
Employed	117	57.1%
Unemployed	47	22.9%
Collecting on SSDI/disability benefits	13	6.3%
Retired	21	10.2%
Prefer not to state	1	0.4%
Other	6	2.9%
Branch of Service		
Air Force	20	10.3%
Army	119	61.3%
Marine Corps	15	7.7%
Navy	30	15.5%
Coast Guard	4	2.1%
National Guard	6	3.1%
Current Military Status		
Active Duty	14	7.2%
Reservist	23	11.9%
Individual Ready Reserve or Inactive Reserve	24	12.4%
National Guard	13	6.7%
Veteran	120	61.9%
Military Rank		
E1-E3	15	7.8%
E4-E6	137	71.0%
E7-E9 (Special)	15	7.8%
O1-O3	17	8.8%
O4-O6	8	4.1%
O7-O10 (Special)	1	0.5%
Deployment Information		
Operation Inherent Resolve		14.4%
Operation New Dawn		13.4%
Operation Enduring Freedom		44.8%
Operation Iraqi Freedom		25.2%
Operation Active Endeavour		0.5%
Operation Odyssey Dawn		2.5%
Operation Desert Storm/Shield (Persian Gulf War)		4.1%
Panama (Operation Just Cause)		0.5%
Other		17.5%
None of the above, Not deployed	61	31.4%

Table 2
Results of t-tests for Student Veterans On-Campus versus Online

Outcome	Group						95% CI for Mean Difference		
	On-Campus			Online					
	M	SD	n	M	SD	n		t	df
DRRI-C	41.95	12.60	81	35.53	13.74	19	-.06, 12.91	1.97	98
DRRI-D	27.53	10.40	78	27.56	15.95	18	-6.01, 6.00	-0.01	94
DRRI-E	21.60	9.06	77	22.58	12.24	19	-5.94, 3.98	-0.39	94
DRRI-O	25.59	5.47	80	25.32	6.60	19	-2.61, 3.16	0.19	97
AAQ-II	20.52	10.08	131	16.13	8.85	40	.90, 7.89	2.48**	169
PHQ-9	7.71	6.27	119	5.46	5.11	39	.06, 4.44	2.03*	156
PCL-5	20.22	17.36	119	16.84	18.43	37	-3.17, 9.93	1.02	154

Note. *$p < .05$, **$p < .01$. DRRI-C = Difficult Living and Working Environment when deployed, DRRI-D = Combat Experiences when deployed, DRRI-E = Aftermath of Battle Experiences DRRI-O = Post deployment Social Support, AAQ-II = experiential avoidance, PHQ-9 = Depression symptoms and severity, PCL-5 = PTSD symptoms and severity

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

Outcome	Group						95% CI for Mean Difference		
	Deployed			Non-Deployed					
	M	SD	n	M	SD	n		t	df
Student Engagement	30.67	7.84	120	31.88	7.90	56	-1.3, 3.72	0.95	174
AAQ-II	20.96	10.57	118	16.78	8.51	54	-7.17, -1.19	-2.76**	125.82
PCL-5	22.09	18.72	104	15.00	15.27	53	-12.60, -1.57	-2.54*	125.12
PHQ-9	7.68	6.02	105	6.26	6.10	54	-3.42, 0.58	-1.40	157

Note. *$p < .05$, **$p < .01$. Student Engagement = how engaged students are on campus, AAQ-II = experiential avoidance, PHQ-9 = Depression symptoms and severity, PCL-5 = PTSD symptoms and severity

Table 4

Results of t-tests for Student Veterans meeting PTSD threshold verses those who do not

Outcome	Group						95% CI for Mean Difference		
	PTSD			No PTSD					
	M	SD	n	M	SD	n		t	df
Student Engagement	28.69	7.81	36	31.70	7.77	116	0.43, 5.94	2.03*	150
AAQ-II	31.97	7.10	39	15.54	6.57	117	-18.88, -13.99	-13.26**	154
DRRI-Tot	109.76	26.28	25	81.87	27.83	68	-40.64, -15.15	-4.35**	91
DRRI-C	48.55	10.31	29	37.40	12.93	68	-16.53, -5.78	-4.12**	95
DRRI-D	32.46	12.12	26	25.15	10.52	68	-12.34, -2.29	-2.89**	92
DRRI-E	26.96	8.81	26	19.32	8.67	68	-11.63, -3.65	-3.80**	92

Note. *$p < .05$, **$p < .01$. Student Engagement = how engaged students are on campus, AAQ-II = experiential avoidance, DRRI-Tot = Total Deployment Stress, DRRI-C = Difficult Living and Working Environment when deployed, DRRI-D = Combat Experiences when deployed, DRRI-E = Aftermath of Battle Experiences

Table 5

Correlations between Deployment Stressors and PTSD, Depression, EA, Social Support, and Student Engagement

Variables	***M***	***SD***	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1. DRRI-Tot	25.35	5.94	-								
2. PHQ-9	7.19	6.06	.32**	-							
3. PCL-5	16.69	17.90	.39**	.83**	-						
4. AAQ-II	19.65	10.13	.13	.73**	.83**	-					
5. DRRI-C	40.89	12.04	.85**	.37**	.41**	.20**	-				
6. DRRI-D	27.41	11.54	.89**	.21*	.27**	.04	.55**	-			
7. DRRI-E	21.70	9.70	.92**	.24*	.29*	.08	.64**	.83*	-		
8. DRRI-O	25.35	5.94	-.23*	-.34**	-.49**	-.46**	-.31**	-.87	.17	-	
9.Student Engagement	31.05	7.86	.43	-.30**	-.32**	-.37**	-.14	.13	.15	.44**	-

Note. *$p < .05$, **$p < .01$. DRRI-Tot = Total Deployment Stress, PHQ-9= Depression, PCL-5 = PTSD symptoms and severity, AAQ-II = experiential avoidance, DRRI-C = Difficult Living and Working Environment when deployed, DRRI-D = Combat Experiences when deployed, DRRI-E = Aftermath of Battle Experiences, DRRI-O = Post deployment Social Support, Student Engagement = how engaged students are on campus.

Table 6
Correlations between Student Engagement, Social Support, and EA

Variable	***M***	***SD***	**1**	**2**	**3**
1. Student Engagement	31.05	7.86	-		
2. AAQ-II	19.65	10.13	-.37**	-	
3. DRRI-O	40.22	9.34	.44**	-.47**	-

Note. *$p < .05$, **$p < .01$. Student Engagement = how engaged students are on campus, AAQ-II = Experiential Avoidance, DRRI-O = Post deployment Social Support

Table 7
Summary of Multiple Regression Analysis for Student Engagement

Variable	*R*	R_2	*SE* of the estimate	R_2 Change	*b*	*SE*	*t*
Model 1	.53	.28	6.50	.28			
DRRI-O					0.42	0.13	3.25**
AAQ-II					-0.22	0.07	-3.00**

Note. *$p < .05$, **$p < .01$. Student Engagement = how engaged students are on campus, AAQ-II = Experiential Avoidance, DRRI-O = Post deployment Social Support

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 wall 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?
    a. 1-10
    b. 10-20
    c. 20-30
    d. 30-40
    e. 40 or more
    f. 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)
    a. American Veterans (AMVETS)
    b. Blinded American Veteran Association (BVA)
    c. Disabled American Veterans Associate (DV)
    d. Iraq Afghanistan Veterans Association (IAVA)
    e. Paralyzed Veterans of America (PVA)
    f. RallyPoint
    g. Student Veterans of America (SVA)
    h. Team Red White and Blue (RWB)
    i. Veterans of Foreign Wars (VFW)
    j. Wounded Warrior Project (WWP)
    k. Other (please list)

20. Where would you place yourself on the following scale?
    a. Veteran
    b. .
    c. .
    d. .
    e. Student

21. In what branch of the military did you serve?
    a. Air Force
    b. Army
    c. Marine Corps
    d. Navy
    e. Coast Guard
    f. National Guard

22. What is your current military status?
    a. Active Duty
    b. Reservist
    c. 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 of missions.
2. …I took part in an assault on entrenched or fortified positions that involved naval and/or land forces.
3. …I personally witnesses 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 boar) 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 or 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 though 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.