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Who Am I Now? Understanding and Supporting Veterans

Transitioning to College

Elena Klaw, Anne L. Demers, Chelsea Barnes, and

Dzanita Hrnica

San José State University

Author Note

Elena Klaw, Ph.D. is a Professor in the Psychology Department of San José State University; Anne L. Demers, Ed.D., M.P.H. is an Associate Professor in the Health Science Department of San José State University; Chelsea Barnes, B.S. and Dzanita Hrnica, B.A. participated in this project as students in the Psychology Department at San José State University

This research was funded by a grant from the Blue Shield Foundation of California awarded to Anne Demers and Elena Klaw. The authors would like to thank the following student assistants for their contributions to the research project: Britany Alarid, Angela Hickenbottom, Ralph Rueda, Ricky Townsend, Alea Gellman, and Lara Borowski. Correspondence concerning this article should be addressed to Dr. Elena Klaw,

Psychology Dept., San José State University, One Washington Square, San José, CA,
USA 95192-0120. Email: elena.klaw@sjsu.edu.

Who Am I? Understanding and Supporting Veterans Transitioning to College

Introduction

Since October 2001, over 2 million U.S. troops have deployed as part of Operation Enduring Freedom (OEF, Afghanistan) and Operation Iraqi Freedom (OIF, Iraq) (Department of Defense, 2013), and over half of the military personnel engaged in these conflicts have deployed multiple times (Al-Ali, et al., 2013). As American troops withdraw from the Global War on Terror (GWOT) in the Middle East, thousands of veterans are returning to civilian society and are initiating or resuming higher education. Assisted by the Post-9/11 Veterans Educational Assistance Act of 2008, commonly known as the 'new G.I. Bill,' over 800,000 veterans are receiving federal support for military members to pursue college or an advanced degree (Student Veterans of America, 2011). In fact, veterans make up 4% of current college students and their numbers are increasing (Radford, 2009). Although reliable data on retention and graduation for veterans is not yet available (see Student Veterans of America, 2013), the Department of Veteran Affairs notes that improving college graduation for military veterans is a significant concern (Shinseki, 2011). As researchers seek to understand the experiences of recent tour veterans, a growing body of literature has identified unique challenges that military students face as they transition from serving in the armed forces.

Student veterans differ from traditional students in significant ways, leading them to feel disconnected from their non-military peers (Madaus, Martin, Allegra, & Graham, 2009). According to the American Council on Education (Radford, 2009) 85% of college

student veterans are at least 24 years old, and 62% have a dependent spouse or child. According to a national survey of 362,000 first-year students and seniors attending 564 U.S. colleges and universities, compared to nonveterans, first-year students who were combat veterans spent twice as many hours per week working at a job, and six times as many hours on dependent care (Cole, 2010). In addition, veterans are more likely to experience a host of psychological and relational difficulties that compromise educational and occupational achievement, including depression, anxiety, substance abuse, and partner violence (Bowling & Sherman, 2008; Savitsky, Illingworth, & DuLaney, 2009). Indeed, forty percent of college student veterans have a mental or physical disability (Grossman, 2009), greatly complicating their successful adjustment to student life. As many veterans do not identify as having a disability, they are unlikely to access services and supports that may assist them in their transition to college (Shackelford, 2009).

Understanding Specific Challenges Faced by Student Veterans

Acculturation and Isolation

On average, student veterans report more loneliness as compared to their non-veteran college counterparts, and generally report that they miss the camaraderie and esprit de corps of military life (Wolfe, 2012). In fact, the National Study of Student Engagement (Cole, 2010) reported that veterans experienced lower levels of campus support and lower levels of engagement with faculty as compared to nonveterans. Members of the armed services have experienced strong, cohesive bonds with fellow military members premised upon a mutual commitment to sacrifice their lives for each other if needed. Although veterans may feel deeply grateful to have returned home, their return to civilian life has meant the loss of these important and unique relationships.

Compounding their sense of isolation (Hinojosa & Hinojosa, 2011), most veterans do not discuss their military experiences in college settings because they fear adverse reactions from their classmates and professors. Indeed, some veterans find that their greatest challenge in transitioning to college life is student and faculty attitudes toward veterans (Burnett & Segoria, 2009). Insensitive questions such as “have you killed anyone?” may stigmatize a veteran and lead them to feel that they have no place in college or in the civilian world at large (Lighthall, 2012). Further, many veterans struggle to adapt to the norms and mores of civilian society, which is far less hierarchical and communal than the military, and requires that each individual advocate for themselves. Having grown accustomed to adhering to the specific guidelines of their branch of service, their rank, and their Military Occupational Specialties (MOS), many military members feel challenged by the expectations associated with acculturation to the civilian world. Lacking a clear job description and chain of command for handling the hassles and concerns of post-military life, some feel purposeless and even experience a sense of anomie (see Durkheim, 1897) or normlessness. Coupled with feelings of stigma and invisibility, a loss of companionship, and a sense of invisibility and stigma, the demands of self-reliance may overwhelm a veteran transitioning from the armed forces to college, leading him or her to withdraw from relationships and responsibilities in the civilian world (See Hoge, 2010).

Further, many of the skills and behaviors that are considered adaptive and necessary for survival during war actually conflict with behaviors that are considered appropriate in the civilian world (Demers, 2009; Hoge, 2010). In order to successfully engage in combat, military recruits learn to separate themselves from their emotions,

depersonalize acts of violence, and dehumanize enemy combatants as *the other*. Recruits internalize an ideology of *battlemind*, the “inner strength to face fear and adversity in combat with courage” (Adler, Bleise, McGurk, Hoge, & Castro, 2009, p. 930). These attitudes are closely related to hypermasculinity, a rigid adherence to beliefs and characteristics associated with the masculine gender role (Jones, 2012; Katz, 2006; Kivel, 1992; Morris, 1996) and are correlated with an increased likelihood of using violence in intimate relationships (Marshal, Panuzio, & Taft, 2005). Overreliance on masculinity may also reduce help seeking and social support. Current literature reveals, for example, that only about half (53%) of GWOT veterans who need treatment for major depression or post-traumatic stress actually seek mental health care (Swords to Plowshares, 2011).

Trauma Related Effects

The current conflicts have unique features that increase the likelihood that OIF/OEF returning service members will experience trauma and associated symptoms (Demers, 2009). For example, the lack of clear battle lines in the theater of modern combat requires that military personnel maintain constant hypervigilance, a physical and psychological state of tension, elevated arousal, and narrowed focus. As a result of this chronic vigilance, as well as experiences of helplessness and horror related to combat and its effects, and alarmingly high rates of sexual assault within the military, it is estimated that up to 35% (700,000) post 9/11 Global War on Terror veterans experience some form of posttraumatic stress (Institute for Operations Research and the Management Sciences, 2009), an anxiety disorder characterized by hyperarousal, intrusive memories, avoidance behaviors, and insomnia. Serving more than one tour of duty, a unique characteristic of the OIF/OEF wars, seems to increase the likelihood of experiencing PTSD (Post

Traumatic Stress Disorder) by 50% (Hoge, 2004; Sayers, 2009). Veterans with PTSD report having greater difficulties in romantic relationships, family connections and coworker relationships, and less understanding and social support from the civilian community as compared to veterans without PTSD symptoms (Tsai et al., 2012; Pietrzak, Goldstein, Malley, Johnson, & Southwick, 2009). Further, veterans with PTSD or depression are highly likely to self-medicate through the use of alcohol and other drugs, with about 75-79% meeting the criteria for co-morbid substance abuse disorders (Kulka, et al., 1990; Taylor, Kreutzer, Demm, & Meade, 2003). Not surprisingly, student veterans with symptoms of PTSD also face distinct difficulties related to succeeding in higher education. (Church, 2009), for example including performance anxiety, difficulty coping with criticism and authority, shifts in cognitive skills, impaired concentration, sleep difficulties and social withdrawal. Medications used to cope with these challenges, Church reports (2009), may have side effects that interfere with a veteran's ability to react and communicate in a classroom setting, further separating them from their peers and the University at large.

TBI

Another daunting obstacle faced by many GWOT student veterans is traumatic brain injury (TBI) and minor Traumatic Brain Injury (mTBI). Although previous conflicts have resulted in about 20% of military personnel experiencing a traumatic brain injury (Coupland & Meddings, 1999), these injuries are considered so prevalent in recent tour veterans that they are considered the "signature injury" of the current conflicts (Galarneu et al, 2008). Descriptive studies estimate that approximately 60% of service members exposed to blasts from either Improvised Explosive Devices (IEDs), rocket

propelled grenades or land mines, experience a traumatic brain injury (Taber, Warden, & Hurley, 2006). Minor traumatic brain injury (mTBI), characterized by a brief loss of consciousness, cannot be detected on brain scans but is common to recent tour veterans due to their exposure to improvised explosive devices (IEDs). Symptoms include physical effects such as headaches and dizziness, cognitive effects such as impaired poor concentration and memory problems, and emotional difficulties such as irritability, anxiety (Bogdanova & Verfaellie, 2012). Other mental health conditions such as PTSD are often co-morbid with mTBI (Galarneau et al., 2008) and symptoms of mTBI and PTSD actually overlap. Hoge et al. (2008) found that 43.9% of soldiers who reported loss of consciousness had met the criteria for PTSD and that 22.9% of those soldiers reported being diagnosed with major depression. Challenges associated with mental and physical disabilities may isolate veterans from peer networks in college, and even increase the likelihood of using aggression in intimate relationships (Swords to Plowshares, 2011), further limiting their social support.

Moral Injury and Suicide

Recent literature (Nash & Litz, 2013) has suggested that scholars and clinicians have not paid enough attention to the moral dimension of veterans' experiences. At an existential level, participating in war may precipitate a crisis in meaning for veterans, affecting their integration into civilian society, their ability to maintain intimate relationships, and their readiness to adapt to college. Work by Nash and Litz (2013), suggests that many veterans diagnosed with PTSD, may in fact be experiencing a "moral injury" resulting from witnessing or perpetrating actions that transgress their own ethical standards. Given the ambiguity of the current war theater, the authors explain, veterans

who have killed others or have witnessed suffering and death, especially in the case of in non-combatants, may experience unanticipated questions about the ethics of their own actions and long term psycho-social effects, particularly shame. Veterans are, in fact, at elevated risk for depression and suicide as compared to the nonveteran population. Indeed, an alarming 22 veterans a day are reported to commit suicide (Kemp & Bossarte, 2012). Well-known risk factors for suicide in veterans include low social support, psychiatric disorders such as PTSD, substance abuse, physical disabilities, and access to firearms (Kaplan, Huguet, McFarland, & Newsom, 2007; Kemp & Bossarte, 2012). Self forgiveness, and healing from shame, and reconnecting with others may be a crucial component of successful transition for veterans who struggle with atrocities that they committed or witnessed as part of combat (Nash and Litz, 2013).

The Current Project

Background

Recognizing the challenges associated with transitioning to college and the civilian world for recent tour veterans, the current project was designed to explore the psychosocial needs of student veterans attending a large public comprehensive west coast university and to assist them in developing and maintaining supportive and healthy relationships. At the time the project was conducted, the University was estimated to have approximately 350 veterans enrolled as students. Since this number relies on self-identification, an exact count of veteran and military students is not possible.

The efforts described were based on a larger program of research supported by the Blue Shield Foundation of California involving an initial on-line survey conducted with 131 recent tour student veterans regarding their intimate relationships. Although survey

results and their implications are described fully elsewhere (see Klaw, Demers, & Da Silva, Under Review), key descriptive findings provide context for understanding the programs and qualitative findings presented in this chapter. Notably, the online survey revealed that almost a third (32%) of student veteran respondents often experienced “a lot” or “very much” anger, and while more than a third of participants were experiencing some symptoms of anxiety or depression, 10% actively experienced distress. More than a quarter of the sample (26%) indicated that they had no close friends, and over a third of the veterans reported feeling lonely (38%), and having low social support (34%). In terms of intimate violence, twelve percent reported that they had threatened to hit or throw something at their romantic partner. A full 36% of the sample met criteria for alcohol use disorder and over a quarter (27%) of the participants reported abusing drugs suggesting, perhaps, that they were self-medicating painful feelings.

Discussion Groups: Welcoming Warriors Home

In response to the survey findings, a series of seven discussion group meetings was designed to support veterans on campus, explore their challenges in developing supportive relationships, and to allow the researchers to develop a program manual to disseminate to colleges nationally (See Klaw & Demers, 2012). Services were available to all veteran students regardless of their discharge status (honorable vs. dishonorable), deployment history, and whether or not they had ever received a diagnosis for a physical or psychological disability, factors that affect their eligibility for services from the Department of Veterans Affairs Health Care System. Building on published work related to integration into the civilian world (Hoge, 2010), healing from trauma (Najavits, 2002) and maintaining healthy intimacy (Gottman, 2000, 2011), discussion modules concerned

the following topics: transitioning home, dealing with feelings, understanding healthy relationships, relationship communication, masculinity and getting support, achieving happiness, and integrating key skills. Throughout the series, healthy and unhealthy coping mechanisms for trauma, distress, and relationship conflict were explored, and the influence of gender roles and of military culture on coping was examined. The first author, a clinical psychologist and Professor of Psychology, conducted all group meetings with a graduate student in Clinical Psychology serving as a co-facilitator and observer.

Group meetings were available to participants on a drop in basis and a casual lunch (pizza or sandwiches) was provided. Group meetings were held in the military history library on campus, a single room furnished with couches and tables, which also served as a veterans lounge. Group sessions were conducted using a semi-structured format in which topical information along with resources were provided by the facilitators, and opportunities for directed response and conversation were interspersed throughout each meeting. Seven participants attended at least some of the meetings, with four attending weekly.

Data Analysis

To gather exploratory information about the effects of the group meetings, participants were asked to respond in writing to open-ended questions following each session. Using an iterative process of qualitative data analysis known as grounded theory (Straus & Corbin, 1990), key themes from both the written responses and the verbal discussion (recorded as field notes during the session) were identified by the research team. Prototypical quotes by participants were identified.

Initial Findings of Discussion Group Meetings

The first meeting of the Welcoming Warriors Home Discussion Group Series revealed that student veterans identify very specific strengths and values that they bring to a college environment. From the perspective of student veterans, an understanding of these unique attributes allows non-military members to relate to them effectively. The specific strengths of veterans that participants named related to “discipline,” “focus” and “drive,” as well as an ability to “suck it up,” to “respect expertise” and work “well with leaders.” Unique values noted by participants related to “honor,” “courage” and “commitment” as well as to doing something “bigger than oneself” and, distinctly, to “being a hero.”

At the same time, the initial meeting revealed how isolated student veterans felt and how much they valued efforts to offer support. After just one meeting, participants described the importance of support for student veterans as “the most important thing they learned from the group.” Participants stated that they learned:

“Support is available,”

“There are many issues regarding being a student and veteran. There’s a lot more going on than I realized.”

“I’m not alone and not the only person with similar feelings,”

“There are other people who feel like me,”

“There are resources available to help veterans who need help.”

“That I need help.”

At the conclusion of the seven sessions, comments about the effects of the group fell into two main categories: First, participants once again emphasized how isolated they

felt prior to participating in the group meetings. Further, they again emphasized the importance of specific support for student veterans.

“It’s a great opportunity to speak about your feelings and see how others have felt since leaving active duty.”

“I would highly recommend to every veteran I know. I wish more veterans had access to similar opportunity,”

“It let me know that I was not alone, explained the reasons behind some of the troubles that I’ve been having, and provided a safe environment to talk about my challenges as well as pointed towards helpful resources.”

Students also mentioned that the group helped them to feel as if “someone cares,” and that “the University was finally doing something.” Several group members became involved in counseling as a result of recognizing the value of support and getting connected to specific resources through the group meetings. In addition to providing support, participants reported that the group meetings helped them to identify and develop the skills needed to have healthy relationships.

“Relationships are key to a healthy and happy life, developing relationships is a skill that can be learned, being a veteran adds [sic] an additional spin to how I relate to people, and what I can do to make it better.”

“I am not the only one struggling with readjusting into society.”

“I have been able to recognize some of the problems I had communicating.”

In summary, findings suggest that participants perceived the discussion group meetings as helpful in that they addressed the specific strengths and values of veterans, as well the unique challenges they may face in developing healthy supportive relations after separating from the military. By connecting participants to each other and to specific

resources on and off campus such as Counseling Services and the local Veteran Center, the group combatted some of the isolation student veterans were experiencing. Grounded in existing literature, the semi structured format of the discussion sessions provided opportunities for student veterans to develop new ways to relate and cope. Because the group participants asked for continued opportunities for veterans to meet and receive topical information and support, an academic course for “Warriors at Home” was developed as a follow up to the group meetings.

Warriors at Home Class

As described in the course syllabus, the goal of the Warriors at Home course is “to assist veteran/military students in making positive transitions from military to civilian life or from deployment to post-deployment life. It provides essential tools to navigate the University, succeed in academics and interpersonal relationships, and develop a career plan.” Objectives of the course include understanding common problems experienced by modern military members, developing skills for healthy relationships, recognizing indicators of stress reactions, identifying skills for anger management and emotional regulation, understanding key strategies for college success, and identifying essential resources at the University. Eight male and one female student were enrolled in the course. One male student declined to participate in the assessment.

Outcomes

Pre-Test

Using open-ended essay questions, students enrolled in the Warriors at Home Course and were assessed four times during the semester as to their personal goals related to participating the course.

Pre-course Assessment

Goals for the course.

The pre-course assessment was delivered on the first day of class and asked students to identify what they hoped to get out of the class (e.g. goals and areas of focus). The majority of participants of student veterans (62.5%) expressed the desire to learn about resources on campus. A quarter of the participants expressed an interest in working on techniques to help manage emotional stability and to recognize unhealthy behaviors. Other participants indicated that they wanted to pursue and identify career opportunities, and specifically, ways to make a difference for the veteran community.

“I would like to get an understanding of [The University] workings, such as benefits offered, things I need to do to be successful and how to get the most out of this experience.”

“I am still prone to aggressive behavior. I would like to change this”

“Learn more about not only the problems I face, but the problems of the vet community as a whole, specifically students. And to utilize that knowledge in my future career.”

Assessment 1 (Early Semester)

After five weeks of course participation, the student veterans were asked specifically to describe transition and readjustment issues they wanted to focus on throughout the semester. Participants were also asked to identify resources, supports, and techniques they felt were necessary in order to achieve their goals.

Veteran students specifically reported wanting to address some of the emotions they felt. Over forty percent (43%) of the students expressed feeling overwhelmed by anger and anxiety. Almost sixty percent (57%) of the student veterans noted that they wanted to learn about and more effectively use coping mechanisms when faced with

stressors. The student veterans identified a wide variety of stressors they were facing including finances, relationships, work, school, transitioning from the military, integration into the civilian world and a lack of social support. While the majority of participants (71%) were able to identify positive coping mechanisms that they used to deal with stress such as seeking peer support, relaxation techniques, and pursuing hobbies, over half (57%) of the student veterans described using problematic coping mechanisms when faced with stressors such as avoidance, substance abuse, and aggression.

Stress Responses and Coping

Anger and anxiety.

“I unquestionably get anger quicker and tend to snap at the small things more often.”

“For me, stress brings anxiety and anxiety brings depression.”

Negative coping mechanisms.

“It seems as if in the military I built endurance for high levels of stress, but cannot handle the least bit of stress.”

“When things become overwhelming such as dealing with multiple deadlines in multiple classes, my way of coping is similarly unhealthy by shutting down.”

Assessment 2 (Mid-Semester)

At the mid-semester assessment, participants were asked whether the class had any effect(s) on their lives. Participants were also asked to identify the most important thing

they had learned. Findings suggested that participants had learned to better identify stress reactions and access appropriate resources.

“This class has helped me to be able to recognize the signs and symptoms of PTSD and anger problems.”

“The most important thing I learned is the opportunities and resources for veterans.”

Post-Course Assessment

Effects of the course. The post-test evaluation assessed to what extent the students felt that the class had an effect on their lives. They were also asked to identify the most important thing they felt they had learned from the class. In response, participants reported that they learned about services on campus and improved their skills in connecting to resources and sources of support. In terms of career development, participants particularly appreciated assistance from the Campus Career Center with identifying job opportunities, creating a civilian resume, and practicing interview skills. In terms of emotional wellbeing, they learned about identifying and coping with PTSD, and developed valued skills for healthy relationships. The majority of student veterans (62.5%) indicated that the class benefitted their ability to engage in relationships, share about their past, and understand PTSD. Specifically, the veteran students reported that they had learned triggers for PTSD and effective coping skills.

Positive effects.

“Honestly this class has also helped. It is always nice hearing that we are not alone and I believe our classmates will help each other achieve new goals.”

“Definitely will help me move forward as a better person.”

“It helped being around veterans.”

Summary of Course Effects

The Warriors at Home Course appeared to effectively address some of the isolation that veteran students experienced and provide a useful opportunity to build skills related to stress management, healthy relationships and career development. The quotes provided suggest that the participating veterans found the course to be a powerful and healing experience for them, and that the format of an academic course was useful as a unique form of outreach to the student veteran community.

Conclusion

As military members return from deployment in increasing numbers and transition to higher education, a growing body of research reveals that the challenges of acculturation may make it difficult for veterans to develop and maintain relationships, graduate college, and gain crucial skills to prepare them for civilian careers. High rates of psychological distress (e.g. depression, PTSD, and/or substance abuse) and challenges associated with adapting to mental and physical disabilities increase the risk of violence, dropout, and suicide in the veteran population, thus requiring that colleges and universities create culturally tailored services for military students. Building upon a larger quantitative investigation of student veterans across the state of California, the current

project was designed to allow the authors to understand and address the needs of veterans attending a large public comprehensive university. According to qualitative findings, a campus-based approach was found to be useful in reaching student veterans who felt isolated.

The first program, the Welcoming Warriors Home Discussion Group Series was designed to recognize the values of courage, commitment, and community that are inviolate to veterans, and at the same time to challenge factors, such as masculinity and the internalization of military culture, that may make it hard for veterans to seek support. The semi-structured format of the group was reported to be helpful in allowing participants to develop skills that would help them succeed in college, work, and healthy relationships.

The second effort, The Warriors at Home Class, was found to be effective in teaching students about key resources at the University, facilitating their transition to a career trajectory in the civilian world, and providing them with the skills to both recognize stress reactions and to develop and maintain healthy relationships. Key components of both the discussion groups and the course involved addressing the mental health, relational, and career development needs of veterans, and connecting veterans to each other and to campus resources and service providers, including specific faculty and staff. The results of the open-ended assessments revealed that the veterans who participated in these efforts overwhelmingly found them helpful in their transition process.

The small size of both the class and discussion group series precludes generalization, but early findings suggest that both the class and discussion group series

are steps in the right direction to supporting veterans on campus as they transition to college life. Key aspects of both interventions related to addressing integration issues directly, connecting veterans to each other, and linking student veterans to vital services both on and of campus that can assist with health, mental health, education, and career development. Of course there is no one size fits all approach to addressing the unique values, strengths and challenges faced by student veterans transitioning to higher education. Successful outreach to women is of particular concern, as they face many distinct challenges (See Holmstedt, 2007; Women Veterans Task Force, 2012), and may feel uncomfortable joining groups predominated by men. In addition, class findings from the Warriors at Home class suggest that veterans who were not deployed, or did not experience combat may feel alienated from groups and classes for veterans with combat experience. Overall, however, the project team, along with the student veteran community and the administration on our campus, conclude that these initiatives are important components to assisting veterans in their integration to the civilian world and to higher education.

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