

Running head: HELPING VETERANS: SO WE CAN SERVE THOSE WHO SERVED US

Helping Veterans Transition into Academic Life through the Creation of a University

Veteran Support Group: So We Can Better Serve Those Who Served Us

Wesley M. Sargent Jr.

University of West Georgia

June 8, 2009

### Abstract

There has been a significant rise in the number of veterans who are being treated for Posttraumatic Stress Disorder (PTSD), and the number of veterans who are completing suicide. In the next couple of years, there will be an increase in the number of veterans who will be attending institutions of higher education; therefore, it is essential that colleges and universities take proactive steps to help serve the veteran student population. Research indicates that veteran support groups are an essential component to positive treatment outcomes with veterans who are suffering with mental disabilities, specifically PTSD (Laffaye, Cavella, Drescher, & Rosen, 2008). The purpose of this Action Research Study (ARS) is to implement an effective veterans' support group at a mid-sized university that is located in the western part of Georgia. The researcher's pool and membership of participants are university veterans. The pool of university veteran participants consisted of 128 veterans. First, all members must be veterans. Secondly, all members must be university students. Twenty-six veterans completed the survey, which is just slightly over a 21% return rate. The primary source of data collected was from the literature review. Data and information on veterans is scattered, not easily accessible, and difficult to find. The data collected from the literature review was distilled and synthesized into a data source and literature review for the current study. Supplemental data came from the veterans' support group survey. The survey yielded quantitative data, which was the veterans' responses that were quantified into percentages. Furthermore, the qualitative question from the survey yielded 4 themes that were coded through thematic analysis. Moreover, this ARS revealed that there is an increased need to improve counseling services for the veterans in the academic population of the nation's colleges and universities. Colleges and universities around the nation will soon be serving an expected 2 million veterans who are returning from deployment in Afghanistan and

Iraq (American Council on Education, 2008). Increasingly, many of these returning veterans will experience anxiety, depression, PTSD and other various symptoms that are the result of traumatic experiences from combat. Furthermore, the data revealed that veterans are interested in seeking help via academic counseling. Lastly, it would have been beneficial to interview several veterans who are attending college or a university. Surveys do not offer the insight that interviews are capable of providing.

(Paper includes 1 Appendix & 2 Tables)

## Helping Veterans Transition into Academic Life through the Creation of a University

### Veteran Support Group: So We Can Better Serve Those Who Served Us

There is a great need for colleges and universities around the nation to become more proactive in helping veterans readjust and transition from combat to college and university life. College counselors need to be aware of the current struggles that many veterans are living with and be prepared on how to best serve and meet the needs of the college and university veteran population. The purpose of this Action Research Study (ARS) is to implement an effective veterans' support group at a mid-sized university that is located in the western part of Georgia. Implementing a veterans' support group would allow the university to better serve the veterans who have served and protected our nation.

Currently, there are over 520,000 veterans within the United States using veterans' education benefits (Student Veterans of America, n.d.). An effective veterans' support group is needed since, colleges and universities around the nation will soon be serving an expected 2 million veterans who are returning from duty and combat in the war torn regions of Afghanistan and Iraq (American Council on Education, 2008). Many of the returning veterans will experience anxiety, depression, Posttraumatic Stress Disorder (PTSD) and other various symptoms that are the result of traumatic war and combat experiences. Nearly 20% of all veterans who served in Iraq and Afghanistan are reporting symptoms of PTSD or Major Depression (ScienceDaily, 2008). PTSD and depression are linked to suicide, which has increased dramatically within the veteran population.

Veterans who serve in Iraq and Afghanistan are 35% more likely to complete suicide compared to the general population. In fact, the U.S. Army recently announced that 2008 held its highest rate of completed suicides since 1980 (Carden, 2009). The ARS is taking proactive steps

to help returning veterans experience a positive and meaningful transition and adjustment to academic settings by advertising and implementing a therapeutic veteran support group at the university. The ARS will specifically focus and address the university veteran population. The research broadly investigates what veterans are currently suffering and coping with and will use this data to aid in the implementation of a university veteran support group.

### Literature Review

Past research has found that veterans have a greater risk to experience depression, anxiety, PTSD, and other symptoms that are related to trauma, combat, and war (Nelson Goff, Crow, Reisbig, & Hamilton, 2007). Increasingly, veterans are experiencing added stress from the frequency and length of deployments, which is the result of living in life or death combat situations on a daily basis. There is a correlation with the frequency and length of deployments and emotional and psychological stress. The number of times soldiers deploy has dramatically increased in the past decade. Adler, Huffman, Bliese, and Castro (2005) have noted that soldiers entering the armed forces today will deploy an average of 14 times by the time they serve 21 years. Veterans who served 20 years ago only served an average of 4 deployments. Accordingly, there will be a significantly large number of soldiers who will be returning from combat in Iraq within the next year and many of the soldiers will have experienced traumatic situations. There will also be a significant increase in troops deploying to Afghanistan in the next couple of years. The increase in troops deploying to Afghanistan may result in an increase of veterans who could potentially live through traumatic experiences.

#### *Deployment Length and Readjustment to Civilian Life*

Longer deployments and the possibility of increases in traumatic experiences dramatically raise the chances that veterans will experience difficulties readjusting to academic

and civilian life. It has been reported that repeated deployments come at a potential cost to one's psychological health, physical health, and well-being (Adler et al., 2005). The deployment length and location can indicate what type of adjustment a soldier may experience. The longer a stressor lasts, the more difficult it is for an individual to cope and adjust. Duration of deployment has the potential to lead to psychological and physical exhaustion. Moreover, soldiers returning to combat deployment who have prior combat deployment experience are more likely to be associated with poorer adjustment compared to soldiers who do not have prior combat deployment experience. Adler et al. conducted research on deployment length and found that deployments that lasted less than 6 months indicated less psychological distress; however, deployments lasting over 6 months led to an increase in potential psychological distress.

The increase in deployments adds to veterans' stress and increases the chances they will experience traumatic events. Studies have found that trauma survivors have an increased susceptibility of experiencing greater distress following subsequent trauma (Adler et al., 2005). Soldiers serving in Iraq and Afghanistan are more likely to experience repeated traumatic situations and events, especially when the enemies dress like civilians and when one is fighting in urban environments. Traumatic experiences increase the chances of one experiencing the symptoms of PTSD and depression.

Additionally, researchers found that soldiers who served over 19 months in Vietnam were more likely to be classified as having PTSD compared to those soldiers who served less than 19 months in Vietnam (Adler et al., 2005). The repeated exposure to traumatic events for an extended period of time was greater when one served in combat for 19 months or longer. This research with Vietnam veterans has not been used in correlation with recent veterans who have served over 19 months in Iraq and Afghanistan. However, Vietnam is similar to Iraq and

Afghanistan in regards to the guerilla combat, where one has difficulties distinguishing civilians from combatants. Guerilla combat also increases the chances of civilian casualties, which is an additional stress and traumatic experience that soldiers are expected to cope with.

#### *PTSD, Depression, and Increases in Suicide*

Currently, many veterans have served over 19 months in Iraq and Afghanistan, which increases one's chances of living through a traumatic experience; therefore, increasing one's susceptibility to experiencing PTSD and depression. PTSD and depression are linked to suicide, which has increased dramatically within the veteran population. In the Army, soldiers suicide rate reached its highest level in three decades in 2008 (Barnes, Chong, & Perry, 2009). Suicides among Army soldiers increased again in February 2009, which has led to the Army releasing monthly suicide reports. In the past the Army released yearly reports on suicide, but the Army has now decided to release monthly suicide reports in hopes of bringing attention to the dramatic spike in suicides (Associated Press, 2009).

#### *Battling the Effects of War in Everyday Life*

Soldiers returning from Vietnam found that they were still experiencing the effects of combat even after they had re-entered civilian life. The residual effects of combat are often manifested in PTSD, which may have a delayed onset (Brown, 1984). Many returning veterans are currently coping and living with PTSD. PTSD is a disorder that not only affects the veteran, but also his or her family, friends, and co-workers. The effects of PTSD may threaten the stability of the family unit and the viability of the marriage, which often serves as the immediate support structure for the veteran (Brown). Trauma, specifically trauma from combat has been shown to be potentially detrimental to marriage (Nelson Goff et al., 2007). It is expected that 6% to 11% of veterans who serve in Afghanistan will experience PTSD and 12% to 20% of veterans

who serve in Iraq will experience PTSD (National Center for PTSD, n.d.). PTSD may occur if someone has directly or indirectly experienced a traumatic event. Veterans who have served in combat may have witnessed or lived through traumatic and life threatening experiences, which would make the veterans more susceptible to developing PTSD. One recent study found that veterans may be able to take steps to prevent poor adjustment and the negative effects of war by having a strong and positive perception and identification with one's social group (Tucker, Sinclair, & Thomas, 2005).

### *Social Identity Theory and Veterans*

Social Identity Theory perceives the self-concept as being a product of one's personal identity and a social or collective identity. Veterans are often involved in a socialization process that encourages the identification with one's unit, brigade, and armed branch of service (Tucker et al., 2005). Therefore, one has to consider the veteran as a collective whole (unit, brigade, branch) when working with a veteran. Veterans may find it difficult to relate to typical college students because of their social identity. Having effective veterans support groups can help lessen the stress that veterans may experience from academia. Group's perceptions of stressful situations influence individual's perceptions of stressful events. Strong effective leaders may also influence veteran's perceptions of stressful events. Tucker et al. found that addressing and intervening with the targeted group rather than with an individual was more effective when the individual identified his or her self as belonging to a social group. Negative consequences and some types of stress were reduced when the targeted group was addressed.

### *Viewing Veterans as Survivors*

Collecting background data about the veteran's perceptions and experiences is essential when trying to help veterans and their families. Reviewing the sociocultural history of the war

that the veterans served in will help aid in better understanding the needs and concerns of the veteran. One has to take into consideration what the political climate was like during and after the war when one is serving veterans. Having a complete understanding of all the dimensions of the veteran will help the spouse and family of the veteran because many veterans do not share their perceptions and experiences (Brown, 1984). Veterans do not believe others can understand what they have lived through. The traumatic and stressful experiences are often too difficult for the veteran to share with others. If the spouse and family members immerse themselves into the sociocultural history and all other dimensions of the political climate and descriptions of the war, then they may be able to more fully understand what the veteran is experiencing. Brown states, “it is necessary to understand that the veteran is a survivor of a traumatic event of world history,” which means that one must begin with the survivor perspective when one is seeking to understand and plan interventions with the veteran (p. 378). Often times the survivor perspective is forgotten while the brave hero perspective is glorified and depicted in Hollywood films.

#### *Helping Veterans by Increasing Morale*

Morale has recently been investigated among the veteran population, and it has been viewed as a variable that is capable of stimulating veterans’ volition and drive in ways that will lead to improved adjustment under stressful conditions (Britt, Dickinson, Moore, Castro, & Adler, 2007). Morale is viewed as a positive motivational construct and can be used to generate pride, energy, and enthusiasm among the veteran population. Britt et al. further state that morale can generate purpose, meaning, confidence, and optimism. This research suggests that engagement in meaningful work and confidence in one’s unit functioning and leadership is correlated with high morale. The research also found that depression was best predicted from negative experiences and aversive events that occurred during deployment. Lacking confidence

in one's work, unit functioning, and leadership was also a predictor of depression. The research on morale could be used in veterans support groups and in career counseling. Veterans support groups should have a strong, respected, and competent leader to facilitate the support group meetings. Career counselors could use the morale data to help student veterans find a major and career path that is meaningful in the veteran's life.

### *Stress and Academia*

Stress has been linked to adverse effects in health and many other physiological, cognitive, social, emotional, and performance problems (Tucker et al., 2005). Veterans returning from Afghanistan and Iraq have experienced traumatic life and death situations on a daily basis, which contributes to stress. Returning veterans who leave traumatic stressful wartime conditions to enter academia are often faced with added stress from the rigors of quizzes, papers, and exams. The stress from academia may become elevated when veterans are already coping and living with PTSD and other combat and war related diagnoses. Thus, three research questions were postulated and researched in order to help make the transition from combat to academia as supportive and helpful as possible for returning veterans.

### Methodology

Qualitative and quantitative data were collected in order to answer three research questions that will help the researcher design and implement a successful and effective university veterans' support group. The first question is, what are the perceptions that university veterans have of veterans' support groups? Secondly, what are the factors that prevent veterans from attending veterans' support groups? Lastly, what factors would increase veterans' willingness to participate in a veterans' support group? A university faculty member who works with university student veterans emailed the veterans' support group survey to all veterans' university campus

email accounts. The email contained an attached link to the website SurveyMonkey.com where the veterans were able to voluntarily and anonymously take the veterans' support group survey.

#### *Data Collection Sources*

Data was collected through several sources, as discussed below. The three research questions were addressed through a veteran support group survey, interviews with college counselors, discussions with university Student Development Center (SDC) staff, and an extensive and thorough literature review, which included searching veterans websites. The principal researcher conducted several interviews with SDC counselors, and an extensive literature review was conducted in order to gain insight and understanding into the current experiences and struggles that veterans are currently experiencing. The researcher collected quantitative data through a Likert Scale survey that all university veterans received by email through SurveyMonkey.com. The researcher and SDC staff developed a veteran support group survey after a discussion on support groups and veterans. The discussions yielded a 12 item survey. There are 11 Likert Scale items on the survey that collected quantitative data about possible topics to discuss during a support group meeting and when and how often veterans would attend a support group meeting.

Qualitative data was collected by 1 open-ended question placed at the end of the survey. The researcher coded the qualitative data through thematic analysis as themes emerged from the qualitative data collected. The researcher conducted an inter-rater reliability analysis on the qualitative data with several counselors to ensure validity and reliability.

Additional data was collected through semi-structured interviews and discussions with SDC staff. Lastly, a significant amount of data was collected through an extensive literature review, which involved researching government websites, online periodical databases, and

online journal databases. Recent research articles provided a significant amount of data on returning veterans from Iraq and Afghanistan.

### *Participants*

The researcher's pool and membership of participants are university veterans. The pool of university veteran participants consisted of 128 veterans. The veterans remained anonymous, and the veterans were not controlled for who served in combat and who did not serve in combat. Therefore, the researcher will have two defined parameters. First, all members must be veterans. Secondly, all members must be university students. Twenty-six veterans completed the survey, which is just slightly over a 21% return rate.

### *Data Analysis and Results*

The primary source of data collected was from the literature review. Information on veterans is difficult to find. Data and information are scattered and not easily accessible, which led the researcher to conduct an extensive study on veterans and their readjustment to civilian and academic life. The data collected from the literature review was distilled and synthesized into a data source and literature review for the current study. Supplemental data came from the veterans' support group survey. SurveyMonkey.com analyzed the quantitative data by analyzing the item response rate and quantifying the responses into percentages. The 11 Likert scale items were designed to collect data on what type of topics would be of interest to veterans, how often veterans would want to meet, and when veterans would want to meet (see Appendix A). Furthermore, the qualitative question yielded 4 themes that were coded through thematic analysis. Several counselors tested the 4 themes for inter-rater reliability. The data collected from the veterans' support group survey was used with the data collected from the literature review to develop a more integrated and informed understanding of veterans and veteran support groups.

Items 1-5 addressed topics of possible support group discussions that may interest veterans after returning from deployment. Accordingly, 52% of veterans would not want to attend a group that presented on readjusting to civilian life, yet 48% of veterans would want to attend a group on readjusting to civilian life. There was a 53.8% response that indicated veterans would not attend a presentation on developing effective coping skills on addressing anger, but 46.2% of veterans would attend. Veterans more strongly indicated by 61.5% that they would not attend a group that presented on readjusting to family life, but 38% of veterans would attend. Alternatively, 61.5% of veterans indicated that they would attend a group that presented on PTSD, yet 38.4% would not attend. The group presentation on readjusting to the demands of academic life is the group most likely to be attended by veterans. The veteran's response indicated 73% of veterans would attend a group that presented on readjusting to academic life, while 26.9% of veterans would not attend.

Questions 6-8 addressed the frequency of attending a veterans support group. Meeting every week scored 72% least likely to attend, yet 28% would attend a meeting held weekly. Veterans indicated by 50% that that they were open to meeting every other week; however, 50% of veterans would not attend a meeting every other week. The majority (84.6%) of veterans would attend a support group that meets once a month with 15.4% who would not.

The last topic for the Likert scales was the time of day that veterans would meet for a veteran support group. Questions 9-11 addressed this topic. The veteran's response to morning meetings indicated that 65.4% of veterans would not attend a veteran support group that meets in the morning with 34.6% who would attend in the morning. There was a larger number of veterans (56%) who would prefer an afternoon meeting time, while 44% of veterans would not want to meet in the afternoon. Lastly, the majority of veterans would prefer to meet in the

evening. The veterans' response indicated 57.7% would attend an evening meeting, while 42.3% would not attend.

The researcher found 4 themes in the qualitative responses. The themes are, unsure what a support group would be (Theme 1), a support group is a networking-student club or organization (Theme 2), a support group is a therapeutic environment where experiences and emotions can be shared (Theme 3), and responses from non-combat veterans (Theme 4). Table 2 has the coded qualitative responses and 4 themes.

### Discussion

The data the survey yielded was informative, insightful, and helpful. Data from the ARS revealed there is an interest among veterans to participate in a veterans' support group. Furthermore, there is a significant need to help serve veterans who are currently enrolled at colleges and universities around the nation. Unfortunately, there is a stigma attached to psychological and counseling services among the veteran population, which makes the formation of veteran support groups difficult. However, recent research into the efficacy of veteran support groups has demonstrated positive treatment results with veterans who are living with PTSD. The availability of emotional, instrumental, and perceived social support from family, friends, and most importantly other veterans is an essential component to the treatment of PTSD among the veteran population. Veterans play an essential role in the support and treatment process of other veterans who are living with PTSD (Laffaye, Cavella, Drescher, & Rosen, 2008). Accordingly, there is significantly efficacious results for veterans suffering with severe PTSD when veteran treatment facilities utilize group psycho-educational and skill-building sessions (Kutter, Wolf, & McKeever, 2004), which seem to support the creation and implementation of a veteran support group at the university.

Accordingly, survey results indicated that PTSD and readjusting to the demands of academic life are the most central concerns among the veterans sampled. Meeting once a month in the afternoon or evening is also of importance to the veterans sampled in the ARS. Therefore, having meetings that present on readjusting to academic life and PTSD, and that meet once a month in the afternoon or evening could be a way to gain rapport with veterans, which could lead to the exploration of different topics, emotions, experiences, and concerns once the rapport is gained. In addition, the results indicate that a significant number of the veterans sampled would attend a veterans' support group that presented on readjusting to academic life. The qualitative data resulted in 4 themes and the majority of responses fell within 2 themes. The 2 themes indicate veterans would either want more of a veterans' student group or a veterans' support group where there is support but not pressure to share traumatic experiences.

The data collected from the survey, interviews, and literature review yielded fresh insight on what the current struggles of veterans returning from duty and combat are, what topics are of interest to veterans, what the best time of the day and how often a veterans' support group should meet, and what veterans' beliefs and perceptions of support groups are (see Table 1). Each data source complemented one another, since all of the data sources provided new insight into the world of veterans.

### *Immediate Intervention*

The intervention specifically focused and addressed the university veteran population. The data that was collected from triangulation was used to develop an informational flier that informs veterans about some possible benefits of veteran support groups. Accordingly, the flier also advertises a veterans' support group that will be implemented fall, September 2009. The data and information collected has been distilled into one informational flier, which has been

distributed this semester and will continue to be distributed throughout the summer and fall of 2009 to all veterans by faculty who work with university veterans. The fliers are also on display at various offices and centers around campus where veterans may frequently visit. Lastly, the fliers were emailed to all university veterans through the veterans' campus email account.

#### *Future Interventions*

Moreover, the researcher will create an educational and informational section on veterans' counseling and support on the SDC website, when it is updated. All of the data collected from the current ARS will be distilled into a concise and informative section on the SDC website. The website is expected to be updated this summer. Data that was collected from triangulation will also be used to develop an informational brochure that will educate veterans about the benefits and common misconceptions of veteran support groups. Accordingly, the brochure will also advertise the veterans' support group that will be implemented fall, September 2009. The brochure will be distributed the summer and fall of 2009 to all veterans by faculty who work with university veterans. The brochures will also be on display at various offices and centers around campus where veterans may frequently visit. Lastly, the researcher will implement a veterans' therapeutic support group in the fall with university disability services and SDC. The researcher has been working with a university counselor from disability services this semester and the collected data supports the need to implement a veterans' support group in September 2009.

#### *Limitations of this Action Research Study*

The specific limitation in this study was not controlling for veterans who deployed and served in combat situations. At least one veteran who did not serve in combat completed the survey. Inherently, veterans who have served in combat will have experienced different

experiences than veterans who have not served in combat. PTSD would most likely not be a central concern for a veteran who has not experienced war and combat first hand. Another limitation is the amount of data the researcher was able to collect from individual veterans. Surveys only collect limited data, whereas interviews with veterans would have provided significantly richer data on the individual experiences and emotions with which veterans live.

#### *Recommendations for Future Research*

There are a few areas where improvement could be made in this ARS. First, control for veterans who have deployed and served in combat situations. Secondly, two surveys could have been created and sent to veterans. One survey would be addressed to non-combat veterans and the second survey would be addressed to combat veterans. This way non-combat veterans would not feel marginalized. Lastly, it would have been beneficial to interview several veterans who are attending college or a university. Interviews from veterans attending higher education would have offered an in-depth look into the personal world of veterans as they readjust to civilian and academic life. Surveys do not offer the insight that interviews provide.

#### Conclusions

This ARS revealed that there is an increased need to improve counseling services for the veterans in the academic population of the nation's colleges and universities. Colleges and universities around the nation will soon be serving an expected 2 million veterans who are returning from deployment in Afghanistan and Iraq (American Council on Education, 2008). Increasingly, many of these returning veterans will experience anxiety, depression, PTSD and other various symptoms that are the result of traumatic experiences from combat. This ARS demonstrated that veterans do have an interest in veterans' support groups and are willing to attend specific types of group sessions. The topic, meeting time, and frequency needs to fit into

veterans' schedules. This ARS would be easy to replicate and implement at other colleges and universities, which would allow more student veterans to have input at their schools and create an environment of comraderey, acceptance, and understanding.

## References

- Adler, A., Huffman, A., Bliese, P., & Castro, C. (2005). The impact of deployment length and experience on the well-being of male and female soldiers. *Journal of Occupational Health Psychology, 10*, 121-137.
- American Council on Education. (2008, November). Serving those who serve: Higher education and America's veterans. *Issue Brief*, 1-12. Retrieved March 2, 2009, from [http://www.acenet.edu/Content/NavigationMenu/ProgramsServices/MilitaryPrograms/serving/Veterans\\_Issue\\_Brief\\_1108.pdf](http://www.acenet.edu/Content/NavigationMenu/ProgramsServices/MilitaryPrograms/serving/Veterans_Issue_Brief_1108.pdf)
- Associated Press. (2009, March 6). Army reports more suspected suicides. *The Boston Globe*. Retrieved March 7, 2009, from [http://www.boston.com/news/nation/washington/articles/2009/03/06/army\\_reports\\_more\\_suspected\\_suicides/](http://www.boston.com/news/nation/washington/articles/2009/03/06/army_reports_more_suspected_suicides/)
- Barnes, J., Chong, J., & Perry, T. (2009, January 30). Army sees sharp rise in suicide rate. *Los Angeles Times* [Use Google]. Retrieved March 1, 2009, from <http://www.Latimes.com/news/nation/world/nation/la-na-army-suicides30-2009jan30,0,4627928.story>
- Britt, T., Dickinson, J., Moore, D., Castro, C., & Adler, A. (2007). Correlates and consequences of morale versus depression under stressful conditions. *Journal of Occupational Health Psychology, 12*, 34-47.
- Brown, P. (1984). Legacies of a war: Treatment considerations with Vietnam veterans and their families. *Social Work, 29*, 372-379.
- Carden, M. (2009, February 13). Suicide prevention hotline saves veterans' lives. *American Forces Press Service* [Use Google]. Retrieved March 22, 2009, from <http://www.ngb.army.mil/news/archives/2009/02/021709-hotline.aspx>

- Kutter, C., Wolf, E., & McKeever, V. (2004). Predictors of veterans' participation in cognitive-behavioral group treatment for PTSD. *Journal of Traumatic Stress, 17*, 157-162.
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress, 21*, 394-401.
- National Center for PTSD. (n.d.). *Fact sheet: How common is PTSD*. Retrieved March 2, 2009, from [http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_how\\_common\\_is\\_ptsd.html?opm=1&rr=rr1363&srt=d&echorr=true](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_how_common_is_ptsd.html?opm=1&rr=rr1363&srt=d&echorr=true)
- Nelson Goff, B., Crow, J., Reisbig, A., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology, 21*, 344-353.
- ScienceDaily. (2008, April 19). One in five Iraq and Afghanistan veterans suffer from PTSD or major depression. *ScienceDaily*. Retrieved March 22, 2009, from <http://www.sciencedaily.com/releases/2008/04/080417112102.htm>
- Students Veterans of America. (n.d.). *Student veterans of America* [Brochure]. DC: Author. Retrieved March 1, 2009, from <http://www.studentveterans.org/resourcelibrary/documents/SVA%20Brochure.pdf>
- Tucker, J., Sinclair, R., & Thomas, J. (2005). The multilevel effects of occupational stressors on soldiers' well-being, organizational attachment and readiness. *Journal of Occupational Health Psychology, 10*, 276-299.

Appendix A

*Veteran Support Group Survey*

The survey is an anonymous and voluntary survey, and by completing the survey, you are agreeing to informed consent and acknowledging that you understand that participation in this project is voluntary. The results from the survey will be used in a research study, and your participation in this survey is confidential. Your identity will remain anonymous.

Circle the number that indicates how likely you would attend the support group.

1 Strongly Disagree, 2 Disagree, 3 Agree, 4 Strongly Agree

I would attend a support group that:

Presents on the readjustment to civilian life.

1            2            3            4

Presents on how to develop effective coping skills on addressing anger.

1            2            3            4

Presents on readjusting to family life.

1            2            3            4

Presents on Post Traumatic Stress.

1            2            3            4

Presents on readjustment to the demands of academic life.

1            2            3            4

Meets every week.

1            2            3            4

Meets every other week.

1            2            3            4

Meets once a month.

1            2            3            4

Meets in the morning.

1            2            3            4

Meets in the afternoon.

1            2            3            4

Meets in the evening.

1            2            3            4

Describe in one sentence: What Do You Believe Goes on in Veteran Support Groups?

Table 1

*Veteran Support Group Survey Results*

Question	Response Percentage			
	SD	D	A	SA
I would attend a support group that:				
1. Presents on the readjustment to civilian life.	0.0%	52.0%	40.0%	8.0%
2. Presents on how to develop effective coping skills on addressing anger.	0.0%	53.8%	30.8%	15.4%
3. Presents on readjusting to family life.	0.0%	61.5%	38.5	0.0%
4. Presents on Post Traumatic Stress.	3.8%	34.6%	53.8%	7.7%
5. Presents on readjustment to the demands of academic life.	0.0%	26.9%	69.2%	3.8%
6. Meets every week.	8.0%	64.0%	28.0%	0.0%
7. Meets every other week.	7.7%	42.3%	34.6%	15.4%
8. Meets once a month.	0.0%	15.4%	65.4%	19.2%
9. Meets in the morning.	19.2%	46.2%	34.6%	0.0%
10. Meets in the afternoon.	12.0%	32.0%	48.0%	8.0%
11. Meets in the evening.	3.8%	38.5%	46.2%	11.5%

Note. Questions 1 through 11 all begin with, I would attend a support group that: Questions 1 through 11 response options = Strongly Disagree, Disagree, Agree, Strongly Agree.

Table 2

*Veteran Support Group Survey Qualitative Responses and Thematic Analysis***Responses****Theme Number 1**

- 1.) Unsure
- 2.) I have no idea.
- 3.) Not sure
- 4.) Really do not know.

**Theme Number 2**

- 1.) I guess my decisions would depend on who is conducting the support groups. The VA has these groups by doctors specializing in readjustment and PTSD and I have thoroughly engaged in these and found them to be un-effective. PTSD is something a lot of soldiers do not feel comfortable talking in groups about. Everybody's situation is different and nobody likes to revisit the death of fellow friends and/or enemies. Not to mention for a lot of veterans, it has been Sometime since they separated. I would attend a group or club that is a general support group that veterans could organize to support veterans in school, the VA, and life in general. Most veterans have a bond and can relate to the same personal, military, and VA issues. It could be a great opportunity to meet all of them and go from there.
- 2.) I think the main opportunity to be taken advantage of is networking and socializing for non-traditional students such as veterans.
- 3.) A group run by veterans for veterans to feel comfortable in an environment of people just like me.
- 4.) I don't know. This sounds like a therapy session which is ok. Maybe the group should just be an organization of acquaintances who could possibly form relationships and later have therapy. I am not interested in sitting in a circle and expressing my feelings with a bunch of people every time there is a meeting. Just an organization of friends with common experiences would be enough. Possibly group activities.
- 5.) I think it SHOULD help to educate veterans on their benefits.

---

Note. Theme Number 1 = Unsure what a support group would be, Theme Number 2 = A networking-Student Club/Organization, Theme Number 3 = A therapeutic environment where experiences and emotions can be shared, Theme Number 4 = Non-Combat Veterans.

Table 2 (Continued)

*Veteran Support Group Survey Qualitative Responses and Thematic Analysis***Responses****Theme Number 3**

- 1.) Discussion about the concerns and issues of veterans, and how to better assist them.
- 2.) People get to talk about their experiences during and after military service as well as how they cope with different stresses.
- 3.) Support to those who need it. Ideas shared.
- 4.) Making connections with other vets in college and providing help to each other to cope with the rigors of academic life. Perhaps getting help dealing with the differences between vets and typical college students.
- 5.) I do believe that aside from PTSD readjusting to civilian life is the most important issue.
- 6.) Attendees would discuss issues that affect veterans that are readjusting to civilian life.
- 7.) Helping with issues that concern the veteran in regards to academics and personal / family matters.
- 8.) civilians trying to make military people feel better about stuff that they have no clue about.
- 9.) Groups of veterans meet, and talk about the complications of assimilating back into the "civilian" world.
- 10.) We try to open up about our experiences and help one another to better students and better people.
- 11.) Veterans share their experiences, both in service and in readjusting to civilian life, offering help and support to one another in a University environment that is often lacking the comraderey experienced in service.
- 12.) With the help of a trained supervisor, people gather in a circle and discuss military experiences and adjustment.
- 13.) Talking about the future and working with others to improve oneself.
- 14.) Discussion of different things in civilian life and military life.
- 15.) People talk about their individual situations and discuss ways to adjust to them
- 16.) Hopefully it would be an opportunity for us to get to know each other and help each other with certain issues that we have.

---

Note. Theme Number 1 = Unsure what a support group would be, Theme Number 2 = A networking-Student Club/Organization, Theme Number 3 = A therapeutic environment where experiences and emotions can be shared, Theme Number 4 = Non-Combat Veterans.

Table 2 (Continued)

*Veteran Support Group Survey Qualitative Responses and Thematic Analysis*

---

**Responses**

---

**Theme Number 4**

1.) I am not a combat vet. This survey does not apply to me.

---

Note. Theme Number 1 = Unsure what a support group would be, Theme Number 2 = A networking-Student Club/Organization, Theme Number 3 = A therapeutic environment where experiences and emotions can be shared, Theme Number 4 = Non-Combat Veterans.