WIDENING THE LENS: ADDRESSING SUBSTANCE ABUSE ISSUES RELATED TO THE WELLNESS OF STUDENT-VETERANS IN HIGHER EDUCATION

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LEARNING OBJECTIVES

➢ Discuss substance abuse issues and concerns related to the health and wellness needs of student-veterans.
➢ Describe the importance of linking learning outcomes with institutional, divisional, and departmental goals in the development of programs, services, and resources for student-veterans.
➢ Identify risk factors associated with alcohol/substance use that impact academic success or personal achievements for student-veterans.

LEARNING OBJECTIVES

➢ Describe relevant strategies, theories, standards, and frameworks supporting the health and wellness of student-veterans in higher education.
➢ Identify approaches to improve social support and create opportunities for student-veterans.
➢ List specific approaches to addressing the needs of women student-veterans.

SCHEDULE FOR THE DAY

Morning
1. Setting the Stage
2. Perceptions vs. reality - break out session 1
   a. What is a Veteran?
   b. What is Wounded-wrassier?
   c. What has been your experience working with student Veterans?
3. Break
4. Relevant strategies, standards, theories, and frameworks

Afternoon
1. Lunch
2. ACHA Standards of Practice - break out session 2
   a. Integration of the learning mission of Higher Education
   b. Collaborative practice
   c. Cultural competence
   d. Theory-based intervention
   e. Evidence-based intervention
   f. Continuing Professional development
3. Break
4. Bringing it Home

CURRENT VA VETERANS DATA

<table>
<thead>
<tr>
<th>Updated: 30 JUL 2010</th>
<th>2009</th>
<th>2020</th>
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<tbody>
<tr>
<td>U.S. Veteran Population</td>
<td>23,067,000</td>
<td>23,067,000</td>
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<tr>
<td>Number of Veterans Receiving VA Disability</td>
<td>3.03 M</td>
<td>3.16 M</td>
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<tr>
<td>Number of Enrollees in VA Health Care System</td>
<td>7.84 M</td>
<td>8.06 M</td>
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<tr>
<td>Number of Veterans Rated 100% Disabled</td>
<td>273,300</td>
<td>289,987</td>
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<tr>
<td>Number of Veterans Compensated for PTSD</td>
<td>354,326</td>
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<tr>
<td>Number of VA Education Beneficiaries</td>
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<tr>
<td>Number of CRF/CRF Amputees</td>
<td>913</td>
<td>1,024</td>
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</table>

Source: DVA Information Technology Center; Health Services Training Report; VBA Education Service; VBA Office of Performance Analysis & Integrity; DoD
THE VETERANS EXPERIENCE

War Today
- 1.5 M Service-members have served in Iraq & Afghanistan
- 90% of wounded Service-members survive their injuries
- We have an all volunteer Military that includes significant numbers of National Guard members and Reservists

Today’s Veterans
- Over 75% of Service Members surveyed report having been in situations where they could be seriously injured or killed
- Mental health is one of the three most common health issues

OBSTACLES ARE DIFFERENT FOR EVERY VETERAN...
- Combat stress reactions
- Boredom, missing the adrenaline rush
- Low frustration tolerance or impatience
- Frustration over missed or lost time due to length of deployment or service
- Difficulty concentrating
- High desire with difficulty relaxing or finding relief
- Feeling out of place
- Having difficulty developing new relationships, particularly with people who haven’t gone through the same experiences as the veteran.
- Anxiety about being re-deployed

COMMON THEMES: STUDENT-VETERANS

- Experienced war in an area of conflict or stress
- Potential mental and social difficulty
- PTSD symptoms are not untypical
- Financial aid issues are common
- Lack of knowledgeable campus staff and/or available resources
- Transitional issues are common
- Housing needs unmet
- Childcare and spouse/partner needs
- Veteranspecific orientation
- Identity perspectives and student engagement
- Student-veteran organization on campus
- Classroom dynamics
- Interpersonal relationships
- Potentially high risk population for alcohol misuse

FOR STUDENT-VETERANS...
The Transition is a Journey, Not a Destination
- Many have just returned from life-altering experiences to find that non-veterans are going through everyday motions
- A vital change for many is allowing themselves to relax and be patient with those around them

COMMON BARRIERS
- Older
- Work full-time
- Have families
- Alienation
- Sense of feeling alone
- Class room/campus environment
- Report at least one disability
- PTSD
- TBI
- Alcohol & Other Drugs Use

WHERE IS HIGHER EDUCATION MEETING THE NEEDS OF STUDENT-VETERANS?
- Assisting military students with finding appropriate counseling services

WHERE ARE SOME AREAS HIGHER EDUCATION CAN IMPROVE SERVICE TO STUDENT-VETERANS?
- Assisting military students with their transition to the college environment
- Providing professional development for faculty and staff on the transitional needs of military students
- Providing opportunities for veterans to connect with their peers
To reduce negative health and safety consequences to Illinois college students related to alcohol, other drugs and violence and to increase college and community environmental factors that support healthy and safe norms.

CURRENT ILLINOIS VETERANS DATA

<table>
<thead>
<tr>
<th>IL Veteran Population: NSSEP2010</th>
<th>IL Beneficiaries of VA Education Benefits</th>
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<tbody>
<tr>
<td>Total</td>
<td>782,700</td>
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<tr>
<td>Wartime Veterans</td>
<td>581,600</td>
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<tr>
<td>Gulf War</td>
<td>190,500</td>
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<tr>
<td>Vietnam Era</td>
<td>251,300</td>
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<tr>
<td>Korean Conflict</td>
<td>84,100</td>
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<tr>
<td>World War II</td>
<td>72,400</td>
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<td>Persian Gulf</td>
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<tr>
<td>Female</td>
<td>57,100</td>
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<tr>
<td>Male</td>
<td>725,600</td>
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BREAK

KEY FINDINGS: 2010 IHEC CORE REPORT

- 84.6% of respondents had consumed alcohol in the past year.
- 72.5% of respondents had consumed alcohol in the past 30 days.
- 65.4% of all underage respondents had consumed alcohol in the past 30 days.
- 46.0% of respondents reported binge drinking (5+ drinks in one sitting) in the previous 2 weeks.
- 10.1% of respondents had used marijuana in the past year.
- 10.8% of respondents considered themselves to be current marijuana users.
- 17.8% used marijuana.
- 2.2% used amphetamines.
- 1.5% used hallucinogens.
- 38.3% reported committing a public act of misconduct as a direct result of their alcohol or drug consumption at least once during the past year.
- 24.6% reported experiencing serious personal problems as a direct result of their alcohol or drug consumption at least once during the past year.

In 2003, of the estimated 25 million veterans (93% were male) living in the United States, 8.4% were between the ages of 17 and 34; 30.1% between the ages of 35 and 54; 42.3% between the ages of 55 and 74; and 19.2% were aged 75 or older.

SAMHSA’s National Survey on Drug Use and Health found that in 2003, an estimated 56.6% of veterans used alcohol in the past month compared with 50.8% of comparable nonveterans.

Heavy use of alcohol also was more prevalent among veterans, with an estimated 7.5 percent of veterans drinking heavily in the past month compared with 6.5 percent of their nonveteran counterparts.

An estimated 13.2% of veterans reported driving while under the influence of alcohol or illicit drugs in the past year compared with 12.2% of comparable nonveterans.

An estimated 18.8% of veterans reported that they smoked cigarettes daily in the past month compared with 14.3% of comparable nonveterans.

Source: [http://www.oas.samhsa.gov/2k5/vetsAlc/vetsAlc.cfm](http://www.oas.samhsa.gov/2k5/vetsAlc/vetsAlc.cfm)

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**ETOH USE & ETOH RELATED RISK BEHAVIORS AMONG VETS**

- Health broadly defined
- Evidence-based/data-driven
  - (ACHA - NCHA)
- Social, cultural, political, & economic diversity
- Strategic planning
  - Meaningful
  - Manageable
  - Measureable

**SNAPSHOT OF SUBSTANCE ABUSE PREVENTION IN HIGHER EDUCATION**

- Comprehensive
  - Institutional, divisional, and departmental
  - Services & resources
- Coalition building
- Innovative/technology-driven
- Learning outcomes based
- Evaluation and assessment
- Policy/procedure development & recommendations
- Student-centered

**STRENGTHS & LIMITS**

- Positive
  - Nurture/support, beneficial, constructive, hopeful, optimistic
- Inclusive
  - Incorporating, embracing, involving, comprehensive
  - Multicultural
  - Abstainer, user, abuser, celibate, monogamous, promiscuous, skinny, fat, in-between, etc...
- Empowering
  - Energizing, strengthening


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**SETTLE THE TONE FOR VETERANS**

- Community-level interventions
- Individual-level interventions
- Environmental framework
  - Faculty
  - Staff
  - Students
  - Community members
- Focus on health issues that can affect academic success and/or personal goals
- Partnerships & collaborations

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**SUBSTANCE ABUSE PREVENTION & HIGHER EDUCATION PERSPECTIVES**
WHY DO WE DRINK?

➤ To relax, unwind, decompress
➤ To celebrate special occasions
➤ To spend time with friends, family, and significant others
➤ To feel less inhibited in certain social situations
➤ To fit in with a group
➤ Others?

IMPACT OF ALCOHOL

➤ High levels of alcohol use can result in:
  ➤ Impaired Judgment, Vomiting, Alcohol “Blackouts”, and Memory Impairment
  ➤ Blood Alcohol Concentration Levels
    ➤ 0.05 (~ 2 drinks for men/~ 1 drink for women) = feelings of warmth and relaxation, emotions are intensified, lowered inhibitions
    ➤ 0.08 (~ 3 drinks for men/~ 2 drink for women) = impairment of speech, balance, vision, and reaction time; illegal to drive at this level
    ➤ 0.12 (~ 5 drinks for men/~ 4 drink for women) = vomiting, motor skills are impaired, increased aggression

EFFECTS OF ALCOHOL: DETERMINING CHARACTERISTICS

➤ Gender
➤ Body Weight
➤ Type of Alcohol
➤ Full/Empty Stomach
➤ Speed of Consumption
➤ Use of Medication or Other Drugs
➤ Mood (does not impact BAC)

ALCOHOL MYTH

IMPACT OF ALCOHOL: MEN VS. WOMEN

➤ Men and women process alcohol very differently and at different rates.
Here are a few reasons why:
  ➤ The enzyme that processes alcohol in our bodies (Gastric alcohol dehydrogenase) is significantly more present in men than women
  ➤ Alcohol is processed in the muscle and men typically have more muscle than women do
  ➤ Men typically have a greater total body water volume than women do
  ➤ How does this impact drinking patterns at events/parties?

LOWER-RISK VS. HIGHER-RISK DRINKING

Lower-Risk Drinking
  ➤ Eating before and while you are drinking
  ➤ Pacing your drinking to no more than one drink per hour
  ➤ Alternating alcohol-free drinks and alcohol drinks
  ➤ Avoiding drinking games
  ➤ Knowing what is in your drink
  ➤ Avoid leaving a drink unattended

Higher-Risk Drinking
  ➤ Drinking only to get drunk
  ➤ Chugging, drinking games, shots, drinking anything out of a bowl, hose, or funnel
  ➤ Drinking more than 1 drink per hour
  ➤ Drinking on an empty stomach
  ➤ Mixing alcohol with medications or drugs
**PROTECTIVE FACTORS**

- Eat before you start drinking
- Drink an alcohol look-alike or juice or water
- Stop drinking two hours before leaving an event
- Alternate alcoholic with non-alcoholic beverages
- Limit your number of drinks on an occasion to less than 5 for men, 4 for women
- Set a drinking limit to reach no higher than .04 to .06 BAC

**WIDENING THE LENS**

- Alcohol & other drugs
- Relationships (healthy vs. unhealthy)
- Stress, sleep, relaxation
- Sexual health
- Sexual violence & interpersonal violence prevention
- Eating disorders
- Emotional & mental health
- Fitness & nutrition
- General health
- Learning & other disabilities
- Financial wellness
- Many more ...

**STRATEGIES FOR PREVENTION**

- Universal or Primary
- Early Intervention or Secondary
- Intensive or Tertiary

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**PROTECTIVE FACTORS**

- Pace yourself by drinking no more than one standard drink per hour
- Limit the amount of money you bring along to reduce your number of drinks
- Avoid drinking games and taking shots
- Determine in advance not to exceed a set number of drinks
- Pay attention to how intoxicated you are before having another drink
- Avoid leaving your drink unattended

**WIDENING THE LENS**

- Relevant strategies, theories, standards, and frameworks
- Health Promotion Theory
  - Precede-Proceed
  - Transtheoretical Model/Stages of Change
- Student Development Theory
  - Chickering's Theory of Identity Development
  - William Perry's Cognitive Theory of Student Development
  - Women's Development Theory
- Impediments to academic success
- Integration of community resources (local, state, and national)
- Clinical & non-clinical approaches

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**WHY STRATEGIES, THEORIES, STANDARDS & FRAMEWORKS?**

- No need to "recreate the wheel"
- Research/data-driven
- Accreditation/credibility
- Program development & evaluation
- Internal/external review
- Staff & student development
- Legal & ethical guidelines
- Benchmarking/Assessment
- Student-centered
RECOMMENDED STRATEGIES FOR WORKING WITH STUDENT-VETERANS

- BASICS (Brief Alcohol Screening and Intervention of College Students)
  - Evidence-based preventive harm reduction intervention for college students 18 to 24 years old.
  - Its aim is to reduce high-risk use of alcohol and other drugs as well as the potentially harmful problems associated with such use.
  - Utilizes motivational interviewing techniques and is empathetic, non-confrontational, non-judgmental, non-authoritarian, and non-labeling.
- Harm Reduction Strategies (NOT abstinence-only)
  - Group Motivational Interviewing (population-based)
  - Peer-Based Mentoring Strategies

HARM REDUCTION APPROACH

- Harm reduction meets users where they are
- A strategy that assist individuals to develop the skills to avoid harms associated with alcohol/substance use.
- Works toward less problematic alcohol/substance use or abstinence.
- Non-confrontational and non-judgmental approach to prevention of alcohol/substance use

HARM REDUCTION RESOURCES:
- www.hiv.va.gov/web-resources/substance-use.asp
- www.harmreduction.org/

VA TOOLS FOR FURTHER ASSESSMENT OF ALCOHOL MISUSE

Criteria for alcohol use or dependence DSM-IV Alcohol Abuse (1 or more criteria > 1 year)
1. Role impairment (e.g. failed work or home obligations)
2. Hazardous use (e.g. Driving while intoxicated)
3. Legal problems related to alcohol use
4. Social or interpersonal problems due to alcohol use

DSM-IV Alcohol Dependence (3 criteria > 1 year)
1. Tolerance (increased drinking to achieve same effect)
2. Alcohol withdrawal signs or symptoms
3. Drinking more than intended
4. Unsuccessful attempts to cut down on use
5. Excessive time related to alcohol (obtaining, hangover)
6. Impaired social or work activities due to alcohol use
7. Use despite physical or psychological consequences

Assessment Tools:
- Alcohol Use Disorders Identification Test (AUDIT) - World Health Organization
- AUDIT Questions - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- Assess Readiness to Change
- Helping Patients Who Drink Too Much (NIAAA Pocket Guide)

Screenings for: Depression, Alcohol, Bipolar, Generalized Anxiety, Post Traumatic Stress

OTHER RELEVANT STRATEGIES, STANDARDS & FRAMEWORKS

- The Council for the Advancement (CAS) of Standards in Higher Education
- Veterans and Military Programs and Services specific standards (VMDP)
- American College Health Association (ACHA)
- Wellness Needs of Military Veteran Student Coalition
- NASPA Health and Higher Education Knowledge Community
- "Healthy People" & "Healthy Campus" (2010 & 2020)
- Learning mission(s) of higher education
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Recommendations (5-Tier Strategies)
- Many others...

MILITARY PATHWAYS: FREE ASSESSMENTS

- Partnership between the Department of Defense and Screening for Mental Health
- Free, anonymous mental health and alcohol self-assessments
- Goals: reduce stigma, raise awareness about mental health, and connect those in need to available resources.

Screenings for: Depression, Alcohol, Bipolar, Generalized Anxiety, Post Traumatic Stress

www.militarymentalhealth.org

RECOMMENDED STRATEGIES FOR WORKING WITH STUDENT-VETERANS

- Bystander Interventions
- Coaching/Leadership Development Strategies
- Valuing and incorporating veterans leadership experiences
- Service-Learning Opportunities
- Community engagement
- Career Assistance/Advising Services
- Resume assistance and career opportunities
### CAS: VETERANS AND MILITARY PROGRAMS AND SERVICES

- Mission
- Program
- Leadership

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### THE SOCIO-ECOLOGICAL MODEL: FRAMEWORK FOR PREVENTION

- Individual
  - Gender, age, religion, values
  - Interpersonal
    - Norms, events, group identity
  - Institution
    - Mission, budget, policies, org. structure
- Community
  - Politics, funding, culture, business
- Society
  - Location, climate, recreation, lighting, buildings

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### STUDENT-VETERANS & SUBSTANCE USE

#### Common Risk Factors
- Combat stress reactions
- Boredom, missing the adrenaline rush
- Low frustration tolerance or impatience
- Frustration over missed or lost time due to length of deployment or service
- Difficulty concentrating
- High alertness with difficulty relaxing or finding safety

#### Common Risk Factors
- Feeling out of place
- Having difficulty developing new relationships, particularly with people who haven’t gone through the same experiences as the veteran
- Anxiety about being redeployed
- Anxiety in general, about being a new student

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### FROM A COUNSELING PERSPECTIVE:

Help the Student-Veteran by:

- Listening
- Avoiding assumptions
- Taking time to build and wait for trust
- Refer to your counseling center or equivalent (if necessary)
- Learn about your local Vet Center and how to connect Vets
- Understand that not all veterans want to be identified as a veteran in the campus community

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### ACHA STANDARDS OF PRACTICE

- Integration With the Learning Mission of Higher Education
- Collaborative Practice
- Cultural Competence
- Theory-Based Practice
- Evidence-Based Practice
- Professional Development and Service

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### LUNCH

[Logo: Department of the Air Force, United States of America]
ACHA Standards of Practice:
Addressing Alcohol & Substance Abuse
Among Student-Veterans

SMALL GROUP DISCUSSION

BRINGING IT HOME...

ADDRESSING THE NEEDS OF
WOMEN STUDENT-VETERANS

- Hire at least one female counselor trained to work with PTSD and sexual harassment or assault issues.
- If other higher education institutions exist nearby, consider how the institutions could collaborate to provide this service.
- Seek out appropriately trained practicing female therapists in the community willing to do pro bono work with returning women veterans.
- If campus does not have daycare, create a network of veterans with children who can provide child care for one another on an as-needed basis.
- Provide information on resume writing tutorial services available from organizations such as Business and Professional Women.

WOMEN STUDENT-VETERANS

- Many inaccurate assumptions are made about women veterans
- Sexual harassment concerns
- Sexual assault & Interpersonal Violence Prevention concerns (Military Sexual Trauma)
- Childcare concerns are more prevalent

ADDRESSING THE NEEDS OF
WOMEN STUDENT-VETERANS

- Make a deliberate and well-publicized effort to encourage women veterans to identify themselves. Such an effort will need to assure those who do self-identify that the information will not be shared without their express permission.
- Provide information about online connections and chat rooms such as GraceAfterFire.org, a site for female veterans and their loved ones to connect; or IAVA.org, the Iraq and Afghanistan Veterans of America, whose mission is to improve the lives of Iraq and Afghanistan veterans and their families.
- Identify female faculty, staff, or administrators who themselves are veterans willing to be part of a support group or act as mentors.
- Put out a call to the local community for women veterans who are willing to be part of a support group or to mentor a returning student veteran.

STRATEGIES

Must be comprehensive and include the following:
- Outreach and education
- Environmental management
- Harm reduction
- Creating positive norms
- Mechanism to identify at-risk students

STRATEGIES TO ADDRESS VETERAN ISSUES

Multiple Levels
- National
- State
- Community
- Campus

Assessments/Standards
- National College Health Assessment (NCHA)
- Cooperative Institutional Research Program (CIRP)
- From Soldier to Student
- Council for the Advancement of Standards in Higher Education (CAS)

Look at what is currently in place:
- Programs, policies, activities, interventions
- Assets and resources
- Institutional climate
- Partners or potential partners

TIPS FOR TALKING WITH VETERANS

Conversation Starters
- What was your job and where did you go while in the military?
- How are you and your family doing?

Inappropriate Questions
- Did you kill anyone?
- Did you see anyone die?
- Are you glad that you’re back?
- Do you have to go back?
- Do you think we are winning over there? Is it all worth it?

STUDENT VETERANS OF AMERICA

- Add “veterans sensitive” training in faculty and staff development programs
- Survey your student-veterans for their needs and concerns.
- Develop veteran specific orientation.
- Work with student-veterans during registration period to ensure they are able to quickly enroll in classes.
- Develop sensitive/procedural procedure to notify institution in the event they are called to duty.

HALF OF US: STUDENT-VETERANS SPEAK OUT

- Student Veterans Speak Out
  - Student Veterans Speak Out
  - Half of Us
  - Half of Us

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