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Letter From the Editor

Welcome to the eighth issue of the *Journal of Military and Government Counseling* (*JMGC*). *JMGC* is the official journal of the Military and Government Counseling Association (MGCA; formerly the Association for Counselors and Educators in Government). This journal is designed to present current research on military, veteran, the military family, and government topics. MGCA was established to encourage and deliver meaningful guidance, counseling, and educational programs to all members of the Armed Services, to include Veterans, their dependents, and Armed Services civilian employees – this mission was later expanded to include all governmental counselors and educators.

This issue is an eclectic collection of articles in practice, theory, and research. The lead reviews literature on narrative and peer-to-peer counseling military members and Veterans. The second article presents an introduction to military culture for graduate students and those wanting to serve the military population. The third article is aimed for school counselors as it discusses the implications of the resilience of military children. The fourth article reviews higher education services for active-duty and Veteran students. The final article examines attachment, combat exposure, post-trauma cognition as predictors of PTSD and post-traumatic growth in Veterans.

I need more submissions for the JMCG – as of today, I have enough articles on-hand for one more issue. I want to always have at least five articles for each issue. So, ask around where you work – or try writing yourself. I'm advertising for submissions through ACA channels.

Benjamin V. Noah, PhD
JMGC Founding Editor

Narrative and Peer-to-peer Approaches in Counseling Military and Veterans: A Review of Current Literature and Practices

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Abstract

There are various indicators that Veterans may be in need of skills to cope with the transition from military to civilian life. Yet there is also evidence to indicate that Veterans don't access mental health treatment and don't stay in treatment (Gorman, Blow, Ames, & Reed, 2011; Harpasz-Rotem & Roshenheck, 2011). Narrative techniques may help to reduce the stigma of seeking services by externalizing the problem, and emphasizing problem solving and communication skills. In addition, peer-to-peer approaches help to increase connections and reduce isolation, while being offered in community based settings, which increases access to services. A review of literature supporting these concepts is provided.

KEYWORDS: military, veterans, counseling, narrative, peer, mental health

Introduction

The mental health and wellness of military Veterans has become the focus of national attention. A presidential Executive Order was issued in August of 2012 to "ensure that Veterans, Service Members, and their families receive mental health services and supports they need" (DOD, VA, & HHS, 2013, p. i). Concerns surrounding the wellbeing of military populations tend to cluster in two primary areas; the mental health and wellness of our military members and Veterans, and access to mental health services.

Mental Health and Wellness of Military

There are multiple indications that the mental health and wellness of returning U.S. military members are at risk, including unemployment rates, homelessness, and drug use among Veterans. The Bureau of Labor Statistics (BLS, 2014) reports higher unemployment rates for Gulf War Era II compared to other Veteran and non-veteran populations. The National Alliance to End Homelessness (2013) reports the number of homeless Veterans exceeds 62,000 per night. The National Survey on Drug Use and Health (NSDUH, 2005) found that Veterans utilize

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marijuana and alcohol more than non-veterans, and tend to have greater dependency on both alcohol and illegal substances.

Beyond the basic needs of employment, housing, and sobriety reports of mental illness tend to plague Veterans. Posttraumatic stress disorder (PTSD) is perhaps the most commonly cited mental illness when discussing military and Veterans' mental health; however, it is difficult to pinpoint accurate data on the number of service members diagnosed with PTSD (Corso et al., 2009; Dobbs, 2009; Jamil, Nassar-McMillan, & Lambert, 2005). Combat situations during deployment have been correlated with positive screenings for PTSD (Hoge, Aucherlonie, & Miliken, 2006). However, Dobbs expresses concern regarding PTSD over-diagnosis. In addition, mild traumatic brain injury (mTBI) may be misdiagnosed as PTSD, which causes concern regarding accurate treatment approaches (Jones, Young, & Leppma, 2010). Other mental illness, such as depression, anxiety disorders, personality disorders, and bipolar disorder (Nock et al, 2014) surface in the literature surrounding Veterans mental wellness.

Unemployment, homelessness, substance use, and mental health disorders may be contributing to an alarming growth in military and Veteran suicides. According to the Defense Casualty Analysis System (DCAS, 2011), the suicide rate nearly doubled, jumping from 10 suicides per 100,000 in 2000 to 18.4 suicides per 100,000 in 2009. The Army reported 24.5 suicide deaths per 100,000 regular active-duty service members in 2008-2009, more than double the 12.1 rate of 2004-2005 (Schoenbaum et al., 2014). These statistics indicate that some Veterans will require mental health and transitions services, provided either through the U.S. Department of Veterans Affairs or community-based services. Per his Executive Order, President Obama called for "enhanced access to mental health care by building partnerships between the Department of Veterans Affairs (VA) and community providers" (DOD, VA, & HHS, 2013, p. i) and "increasing the number of VA mental health providers serving our Veterans" (DOD, VA, & HHS, 2013, p. i).

Access to Mental Health Services

The Department of Veterans Affairs endured significant public criticism in the spring of 2014 regarding excessive scheduling delays and wait periods for Veterans receiving medical services (Jaffe & O'Keefe, 2014); however, *The Washington Post* claims that problems of scheduling and insufficient care/coverage have been reported in the VA for over a decade (Jaffe & O'Keefe, 2014). Recently, *US News and World Report* addressed the emergence of Veteran suicides, emphasizing that some Veterans were currently waiting for mental health treatment at the VA at the time of their suicide (Llorca & Caruso, 2014). While one may be tempted to target the struggles within the VA as the primary restriction to mental health treatment, the reality is that other barriers to treatment exist for our military members.

There are a variety of self-imposed and institutionally-imposed barriers to seeking mental health treatment in the military. From an institutional standpoint, the military has a vested interest in ensuring that their soldiers are prepared, both mentally and physically, to engage in combat, have access to weapons, and protect the safety of others (Casey, 2011). Many branches of service have an ingrained institutional culture that promotes strength and espouses that "having problems with stress or seeking help is not only inconsistent with being a warrior but

also a sign of weakness" (Casey, 2011, p. 2). As soldiers seek promotions, security clearances, and specialized assignments, while also being aware of the military's "up-or-out" policy (Peterson, Park, & Castro, 2011, p. 16; Speigel & Schultz, 2003, p. 288), it is not surprising that our military members may be unwilling to seek help for mental or emotional concerns within the military community.

Self-imposed barriers to mental health treatment also exist. As cited by Casey (2011), this stigma may have existed prior to service, or has been a contributing factor to one's decision to join the service, as in the Army's "Warrior Ethos" (Casey, 2011, p. 2). In studies conducted by the Army Mental Health Advisory Team, 30% of soldiers believe seeking behavioral health assistance would harm their careers, 40% believe their leaders would blame the soldier, and over 50% believe that they would be seen as weak (Casey, 2011). A study of National Guard members who had screened positively for a mental health issue found that over 20% of respondents cited the following reasons for not seeking services: "Not trusting mental health professionals" (22%), "It might harm my career" (25%), "It would be too embarrassing" (24%), "I would be seen as weak" (31%), "Members of my unit might have less confidence in me" (29%), and "Unit leaders might treat me differently" (28%; Gorman, Blow, Ames, & Reed, 2011, p. 32). Beyond the stigma of seeking services, there is also evidence to support that those who seek services do not remain in treatment (Harpasz-Rotem & Roshenheck, 2011).

The need for social, emotional, and mental health counseling for Veterans is well documented, as are the potential barriers that exist in accessing treatment. This paradox may lead practitioners to seek counseling techniques and strategies which support our soldiers, without pathologizing them. Practitioners may be seeking interventions that respond to the whole Veteran, and are presented in a manner which is inviting to the Veteran, as opposed to isolating, and have the potential to keep the Veteran in treatment.

Treatment Options for Military Veterans

Evidence-based clinical therapies exist to address mental health issues impacting Veterans. Researchers have cited the effectiveness of various treatments to address PTSD, including eye movement desensitization and reprocessing (EMDR; Silver & Rogers, 2008), cognitive behavioral conjoint therapy (Monson, Fredman, & Adair, 2008), and virtual reality exposure therapy (Reger & Gahm, 2008). Cognitive restructuring strategies have been recommended with Veterans struggling with depression and suicidal thinking (Anestis, Bryan, Cornette, & Joiner, 2009). Sound clinical practices exist for Veteran conditions. However, many of these treatment modalities exist in response to a mental health diagnosis. Nevertheless, Veterans may not be diagnosed with a mental illness upon return due to a variety of reasons, including an unwillingness to report difficulties or late on-set of symptoms. Strategies are needed to engage the service member in supportive communities to help manage the stress of transitioning between military and civilian communities.

Narrative and peer-to-peer approaches appear to be valid strategies to meet this need. In narrative therapy, clients construct personal narratives, based on life experiences, which have meaning to the client. The counselor and client will then work together to re-author the story and create new meanings and possibilities. In this model, the problem is externalized, and seen as

separate from the client (Gladding, 2009). The concept of externalizing the problem may appeal to military members and Veterans who worry that their struggles will be a reflection of their personal character (Casey, 2011; Gorman, Blow, Ames, & Reed, 2011). Most military personnel view their civilian employment as less prestigious and less important than their military career (Speigel & Schultz, 2003). Military members often experience feelings of loss and longing for their military career, as well as the camaraderie of their military peers (Robertson & Brott, 2013). It is logical that military members would seek support and services from individuals who understand their experiences; namely, other Veterans.

To explore these assumptions, a literature review was conducted using terms "military and/or veteran," "counseling," "mental health," "narrative," and "peer" in various combinations. The aim was to address the following:

1. How have narrative approaches been utilized in the treatment of military and/or Veterans, and to what extent have these approaches been effective?
2. How have peer-to-peer approaches been utilized in the treatment of military and/or Veterans, and to what extent have these approaches been effective?

Narrative techniques

Previous literature has examined narrative counseling techniques when working with Veterans in both mental health and educational/vocational counseling settings. The use of these techniques and their effectiveness are discussed below.

Mental health counseling. Tedeschi and McNally (2011) outline a five part process for facilitating posttraumatic growth in combat Veterans, emphasizing that the stress of trauma may lead to growth and understanding for some individuals. Two parts of their strategy involve narrative components. In step 3, constructive self-disclosure, the soldier is beginning to "tell the story" (p. 22), regarding aftermath of trauma, using metaphor and connection to family members. Family may include both immediate family members and "fellow comrades and deceased buddies whose memory warriors can honor" (p. 22). In stage 4, creating a trauma narrative with posttraumatic growth domains (p. 22), the service member fully organizes the story of his/her trauma, including how trauma may have changed the Veteran's belief systems, goals, and life narratives. Thus, creating a trauma narrative for posttraumatic growth includes not only the story of the trauma and its negative impact, but also personal growth in areas of strength, spirituality, relationships, and appreciation. The authors argue that a posttraumatic growth component is a necessary addition to the Comprehensive Soldier Fitness program, specifying that focusing the soldier's growth highlights both the strengths and coping strategies within the soldier.

Corso et al. (2009) combined narrative techniques with other strategies in their treatment of active duty military personnel with PTSD. Utilizing a behavioral health model, primary care providers (PCP) provide referrals to behavioral health coordinators (BHC) for brief, solution-focused treatment. One technique utilized by the BHCs is a writing exercise known as "combat writing" (p. 123). BHCs use the term 'combat' as opposed to other terms such as 'therapeutic' or 'expressive' in order to increase the appeal of the exercise to military members. The combat writing (CW) experience is similar to prolonged exposure (PE) therapy, where the client is re-exposed to traumatic events with the goal of normalizing his/her reaction to the arousal. An

alternative writing activity, "impact statements" (IS), was also utilized where clients write the impact and meaning of the traumatic event as opposed to the chronology of the trauma. While PTSD functioning improved for members of the IS group, PTSD functioning for members of the CW group declined. This may be attributed to two primary factors surrounding the CW assignment. First of all, in this situation the assignment was administered individually, instead of as a group shared experience. Secondly, CW was assigned as an independent exercise, outside of the individual session, which may have eliminated the supportive, therapeutic value of such an activity (Corso et al., 2009). These are important distinctions for clinicians considering these approaches and how they are offered to clients.

Educational and vocational counseling. Krieshok, Hastings, Ebberwein, Wettersten, and Owen (1999) utilized narrative approaches when working with Veterans in a VA vocational rehabilitation setting. Seventeen clients were instructed to "narrate the story of their desired future" (Krieshok et al., 1999, p. 206). These qualitative interviews were then analyzed and provided with an "overall goodness" (Krieshok et al., 1999, p. 208) rating, indicating how practical the action plan was for the following year/months. Those stories which were inaccurate, vague, or showed low responsibility on the part of the client were evaluated lower, while those stories that were realistic, accurate, hopeful, and detailed were evaluated higher. The findings indicated that those who were able to narrate a 'higher' overall story tended to have better expectations of counseling, while those with 'lower' overall stories tended to have more difficulty and spent more time in counseling (Krieshok et al., 1999). These findings indicate that clinicians who help clients create a thicker, more meaningful story, may also help to improve client outcomes in counseling.

Narrative approach to building rapport. Fennell (2012) discussed how service members tend to be adept problem solvers, and are also strong teachers and trainers. While not a narrative technique per se, Fennell recommends a 'counselor as student' approach to counseling, in which the counselor asks the client to teach the counselor the story of their military experience, including what they experienced while deployed and upon returning. This approach helps non-military counselors understand the experiences of military clients through the lens of the client, and puts the military client in a position that they are often comfortable with and not threatened by – leading, which includes teaching, training, and sharing their knowledge and experience. This technique can be used in the early stages of counseling to help counselors build rapport and trust with their military clients.

Peer-to-Peer Approaches

Peer support programs are not a new concept in rehabilitation and are regularly used with community mental health treatment, such as the Mental Health Association of Suffolk County's Peer Advocacy Training Program (see http://www.mhasuffolk.org/documents/training.php). The use of peer-to-peer approaches in working with Veterans has gained momentum, with the VA leading the charge. Early feedback indicates that these programs appear to be thriving. In addition to the VA program, community agencies are providing peer support services to Veterans that, while not empirically measured like the VA efforts, are seeing success in smaller numbers.

VA peer-to-peer specialist. The VA has implemented Peer Specialist (GS 6-9) and Peer Support Apprentice (GS 5) positions designed to train and certify Veterans in recovery from mental illness to assist other veterans through the process of recovery. Training for specialists involves online assignments as well as a six-day, face-to-face training program, including topics such as psychosocial rehabilitation, peer support, and cultural competence. VA materials state that the Peer Specialist role is not to provide psychotherapy; however, they clearly outline Peer Specialist duties including, to facilitate peer support groups, share their own recovery stories, advocate for Veteran consumers, act as role models of recovery, and to provide crisis support (McCarthy, 2013, p. 4).

The response to the VA Peers Specialists from both clients and clinicians has been positive. One study examined client reactions to both peer-facilitated and clinician-facilitated groups (Beehler, Clark, & Eisen, 2014). Clients found both strengths and weaknesses among both types of facilitators; however, peer-facilitators were reported to be more trustworthy among clients, and more likely to share their own experiences. Veteran clients reported that they 'opened up' more quickly to peer-facilitators, and that peer-facilitators were more structured in delivering the educational materials. Chinman, Salzer, and O'Brient-Massa (2012) surveyed clinicians working with Peer Specialists and reported positive outcomes with the position, as well as a few challenges. Positive responses indicated that Peer Specialist related well to the clients and provided hope, support, and modeling for the clients. Challenges included hiring delays and a lack of clarity on the specialists' role. Vet to Vet provides educational based support groups for Veterans in affiliation with VA mental health services, facilitated by Veteran peer facilitators (Resnick & Rosenheck, 2010). Outcome data on attendance and therapeutic outcomes of these groups is inconsistent (Resnick & Rosenheck, 2010).

Community-based peer-to-peer interventions. Community agencies are using both peer mentoring programs and peer support programs to support Veterans' transition into the community. A small number of selected programs are outlined below. While these selected programs are specific to New York, they are discussed to provide a sample of services that may exist in community organizations nationwide.

Mentoring. Compeer CORPS operates a Vet-to-Vet peer mentoring program that matches veterans to veteran-mentors based on preferences and demographic features (e.g., age, combat era, etc.). One of the unique benefits of the program is that Compeer is a well-established community-based organization with additional services. Thus, members of the Compeer CORPS vet-to-vet program also have access to other services and community resources.

Support groups. The Joseph P. Dwyer PTSD Peer Support of Suffolk County United Veterans is funded by Vet–to-Vet, and support groups are offered with respect to gender, ethnicity, and branch of service (SCUV, 2014). One of the original group facilitators, Sean O'Donnell, states that the groups are intentionally not called 'therapy groups' or 'counseling groups.' He also states that group members don't always talk about the trauma of PTSD, but simply other life events, including issues that are difficult and those that are enjoyable (Personal communication, January 14, 2014). Boots on the Ground NY, offers PTSD support groups (gender specific), caregivers groups, Veterans 12 Step group, holistic healing, PT (Physical Training), as well as a food pantry, overseas care packages, Project Veteran (food donation,

clothing, furniture, etc.), and Veteran job listing. All services are provided through their Veteran Activity Center (VAC), which includes a lounge area and recreational activity area.

While the services above are not empirically based, several researchers have used peer-support groups as a model for treatment, including groups with military children (D'Andrea & Daniels, 1992; Mitchum, 1991), military families (Waliski, Bokony, & Kirchner, 2012), military spouses (Beattie, Battersby, & Pols, 2013; Faber, Willerton, Clyer, MacDermid, & Weiss, 2008; Weng et al., 2015), and military member themselves (Potter, Baker, Sanders, & Peterson, 2009).

Combined Approaches

Several projects combine aspects of both narrative and peer-to-peer techniques. Earlier studies with PTSD and Vietnam Veterans (Hayman, Sommers-Flanagan, & Parsons, 1987) used both psychodrama and rap groups to help Veterans to process trauma. Creating the psychodrama script utilizes narrative concepts, while rap groups, a treatment alternative for Vietnam era Veterans consisting of peer groups (Scurfield, Corker, Gongla, & Hugh, 1984), provide a peer-to-peer connection. In addition, military family member studies have included narrative and peer to peer approaches. Black (1993) outlined an intervention to reduce stress in military families that included military-spouse led support groups (peer to peer), as well as letter writing activities from both parents and children addressed to the service member (narrative).

The Syracuse University Veterans' Writing Group utilizes both narrative and peer-to-peer approaches. The group provides peer support of writing projects for both Veterans and their supporters. The focus of the group is on nonfiction writing regarding experiences in the military or those beyond the military. While the writing group is not designed as a therapy group, the potential therapeutic value of Veterans sharing their story among their peers is evident in the videos and writings posted on the website. When asked about the group providing therapeutic value to its members, the group's co-founder, Eileen Schell, states:

> Our group is intergenerational, so younger and older veterans, male and female, can be together and work together. One of the things I've heard Veterans say they miss the most about life in the military is the cohesion of a unit as well as the adrenaline rush and sense of "alive purpose" that comes from military service and war (even with all the fall-out attached to that state of being). This group becomes, for some, a new and remade version of a unit. There is not the adrenaline rush that one gets from war, but there is a sense of common purpose and mission. Writing and sharing stories becomes a sort of new mission for some of the writers.... (Personal communication, June 5, 2013)

Thus, Schell's group captures the importance of shared purpose, mission, and camaraderie for its members. Perhaps because of the group's cohesion and possible therapeutic value, the writers' group has grown from approximately four Veterans in 2010 to a group of 15-20 regular members in 2013. This growth indicates the success and value of such projects to Veterans in the community.

Discussion

The narrative and peer-to-peer concepts discussed above can benefit our counseling practices with Veterans in three ways: (a) reducing stigma by normalizing concerns, (b) reducing isolation by increasing connections, and (c) increasing access to support by utilizing community-based services.

Normalizing Concerns and Reducing Stigma

Each of the studies utilizing narrative approaches provided an outlet for military Veterans to normalize and discuss their experiences. Constructing their personal narrative, whether through a trauma narrative, impact statements, psychodrama, letters, or nonfiction writing provided an opportunity for military members to tell their personal story in a way that is understandable to others – allowing the member to externalize the problem as separate from himself or herself. In addition to helping to remove the personal stigma of counseling, this type of external processing is familiar to military members, who may be been trained to work from a 'bird's eye view' of their present conflict. In this approach, the counseling experience may be comfortable and familiar for the military member.

Peer-to-peer strategies also provide a shared-experience, similar to group therapy. Many of Yalom's primary therapeutic factors are present in peer-to-peer interactions, including instillation of hope, universality, imparting information, socialization, and imitative behavior (Yalom & Leszcz, 2005). Thus, even when groups don't have a therapeutic purpose, such as the Syracuse University Veterans Peer Writing Group, they have the potential to provide the same therapeutic gains found in counseling groups. One of those gains may be the Veteran's understanding that their uncomfortable reactions to unusual situations are normal and, more importantly, that other Veterans have overcome similar challenges.

Decreasing Isolation and Increasing Connections

Peer-to-peer programs serve many functions for our military members including shared experiences, personal relationships, peer modeling, and social support. Perhaps the most powerful force in peer-to-peer approaches is their ability to reduce isolation among Veterans. Anestis, Bryan, Cornette, and Joiner (2009) identified three predictors of suicide among Veterans including: perceived burdensomeness, failed belonging, and acquired ability (e.g., access to weapons). Peer-to-peer approaches directly impact a service member's sense of belonging, and may also help to reduce feelings of burdensomeness and isolation, which could lead to suicide attempts. Peer-to-peer programs provide accountability for Veterans in the form of a friend and mentor, which can foster connections to other Veteran communities and support services.

Improved Access to Community Services

Many of the peer-to-peer efforts mentioned, excluding the VA programs, are community-based efforts of either non-profit agencies or university settings. These programs serve as a model to other agencies and universities that all citizens can play a role in supporting Veterans and military service members, not only those employed by federal government agencies. With

recent problems and delays in the VA, military members will need increased access to mental health support. Local services within the community are vitally important to increased access to mental health services for Veterans. Community based programs, such as hospitals, agencies, and churches may be able to support Veterans through the development of similar services.

Limitations

The primary limitation of the literature and programs reviewed is the lack of large-scale, empirical data to support the use of narrative and peer-to-peer approaches. Beyond the studies conducted by the VA, limited studies were identified that outlined the success of peer approaches with Veterans. This is problematic since not all Veterans utilize VA services for a variety of reasons (e.g., distance, ineligibility, etc.) and these individuals may not be captured in the VA studies. Regarding narrative approaches, all of the research reviewed was conducted on less than 20 participants, most using qualitative techniques to analyze the results. While diverse research strategies including qualitative components and smaller sample sizes are appreciated, in order for narrative and peer-to-peer approaches to be utilized as an evidence-based practice with military members and Veterans large-scale, empirical research studies will need to be conducted. This type of research will provide evidence of the effectiveness of such interventions on military Veterans' wellness.

Summary

Narrative and peer-to-peer counseling approaches are being used with military members and families for various presenting problems, including mental health, marriage and family concerns, vocational rehabilitation, and other concerns. The use of narrative approaches may help to reduce the stigma of mental health for the military member by externalizing the locus of the problem, capitalizing on service members problem solving and communication skills. Peer-to-peer approaches help to increase connections, while also providing shared experiences and camaraderie that veterans often miss once separated from service. Finally peer-to-peer approaches can be offered in community based settings, which increases access to services for the military member. More research is needed to document the empirical evidence of narrative and peer-to-peer approaches; however, preliminary evidence and growing programs provide indicators of their success.

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Fall in Line with Duty: Preparing Counseling Students to Serve the Military Population

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Abstract

According to the Department of Defense Task Force on Mental Health (2007), over half of military personnel have difficulties associated with stress management, depression, and other psychosocial issues. However, the majority of counseling professionals report a lack of training to work with this population. By acknowledging the military as an independent culture and integrating this population into multicultural counseling education, counselors validate an under-recognized community, enhance services, and promote diversity. In this article, we will provide an in-depth look at the military as a culture within the context of the counseling relationship, demonstrate a relationship between military identity and multicultural competencies within counselor education programs, and provide resources for counselor educators to use in their multicultural courses.

KEYWORDS: culture, military, counselor education, counseling, multicultural competency

The Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS) recently made efforts to expand the quality and availability of mental health care services for active military service members, Veterans, and their families (RAND Center for Military Health Policy Research, 2008). Although many of these efforts have focused on collaborating with community-based mental health providers and increasing the size of staff (National Institute of Mental Health, 2013), the development of clinical practice guidelines appears to have the strongest potential to improve care, reduce errors (i.e., waitlist concerns), and streamline the use of resources (U.S. Department of Veterans Affairs, 2014). In 2011, the VA made efforts to expand

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mental health services to Veterans by approving counselors as potential service providers (American Counseling Association [ACA], 2011). Now that counselors are a VA approved service provider, counselor preparation programs will need to address military interventions. One way to bring military issues into the curriculum may be to consider the military from a cultural lens. In this article, we will define military culture, describe how military culture influences the therapeutic relationship, and provide teaching strategies to help counselor educators prepare counseling students to work with the military population.

Multicultural Education in Counseling

For the purposes of this article, we define culture as "membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors" (American Counseling Association, 2014, p. 5). An individual expresses culture through distinct differences such as language, values, and worldviews that influence perception and experiences of reality. Reger, Etherage, Reger, and Gahm (2008) outlined the unique mannerisms, communications, and customs of military members. For example, service members communicate with language unique to them, especially the use of acronyms to describe job title, rank, or geographical location. Customs of military culture allude to processes of promotion, moving, or deployment. The culmination of the system of how the military functions indeed represents a constructed way of living with collective cultural belief systems and expressions of identity.

The construct of multiculturalism is prevalent in counseling doctrine. For example, ACA (2014) included multiculturalism in the *Code of Ethics* mandating counselors "honor diversity and embrace a multicultural approach" as a professional core value (p. 3). Additionally, counselors are expected to remain culturally aware when navigating confidentiality issues (ACA, 2014, B.1.a.) and assessment procedures (ACA, 2014, E.8). Counselor educators are also required to infuse multiculturalism into the counseling curriculum (ACA, 2014, F.7.c.). Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) provided specific training standards and guidelines, including diversity awareness, that are required to become an accredited counseling program (see CMHC D.2, D.5, E, H.1). Indeed, counselor educators diligently incorporate multicultural awareness as a cornerstone of professional training.

Contemporary researchers have suggested that multicultural training in counselor education programs is helpful in preparing counselors to work with diverse populations and in increasing counselors' level of multicultural competence. Sue and Sue (2008) developed and revised a widely accepted framework for counselors working with clients from a culture different than their own. According to the multicultural counseling competencies (MCC) model, counselor should: (a) be aware of their own attitudes, beliefs, values, and biases of diverse populations; (b) increase understanding and appreciation of the worldview of culturally diverse clients; and (c) develop specific intervention strategies and techniques related to their clients. In support of this framework, researchers found that using research-based educational models when training counselor students to work with diverse populations was twice as effective as non-evidence-based approaches (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006). Furthermore, by

taking multicultural counseling courses, counseling students increased cultural self-awareness and decreased internal prejudices (Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007).

Murphy, Park, and Lonsdale (2006) provided suggestions for educators teaching multicultural counseling courses, encouraging instructors to emphasize self-reflection activities in multicultural counseling assignments. Additionally, Malott (2010) reviewed nine studies evaluating the effectiveness of single multicultural counseling courses and found that counselor educators should develop multicultural courses that (a) utilize a theory-based course design, (b) expose students to diverse populations, (c) explore student biases, and (d) include specific course activities that increase multicultural competencies. In order for counselor educators to effectively prepare counseling students to work with this population, a foundational understanding of the military may assist when developing culturally competent curriculum.

Military Culture Defined

Military culture can be defined as "the sum total of all knowledge, beliefs, morals, customs, habits, and capabilities acquired by Service members and their families through membership in military organizations" (Center for Deployment Psychology, 2013). Unlike most cultures, members of the military actively choose to acculturate to the structure of the military (Fenell, 2008). Service members are guided by core values and creeds that are represented by the cultural artifacts developed within the structures of the different military branches. Many of the common core values expressed across branches relate specifically to duty and commitment, selfless service, high excellence, and moral and mental strength (Fenell, 2008). The warrior identity is an assured identity with security and a sense of purpose and meaningfulness, in which individuals are exposed to new opportunities and exciting experiences while under the guidance of a stable structure, clear boundaries, and controlled decision-making (Hall, 2008).

Hall (2008) postulated that military personnel view the concept of honor as central to their identity as they fight proudly and nobly without acknowledging the pain and danger of their experiences with only the goals of the group in mind. Hall (2008) believes that this assumption of responsibility inherent within the military cultural mindset then becomes a double-edged sword where accepting responsibility of stress management is the simultaneous acceptance of blame for stress-induced reactions. This moral paradox explains how stigma related to help seeking continues to exist and why only approximately 50% of those identified as having mental health concerns have received services (RAND Center for Military Health Policy Research, 2008).

According to Hall (2008), men and women separate themselves from their civilian culture and assume new social norms and class structures as they enter the military. The individual becomes a part of the group and become desensitized in the face of danger and the potential to kill or be killed. Then, as they prepare for deployment, service members gear up for a fight and often experience oscillating feelings of fear, anxiety, anger, resentment, excitement, confusion, or ambivalence (Hall, 2008). As service members leave their families behind, they enter a new world of intensity and are expected to meet high demands while simultaneously experiencing physical separation from their loved ones and inconsistent lengths and geographic locations of deployment (Demers, 2011; Hall, 2008).

Upon return from deployment, service men and women also experience readjustment to home life as a stressful change (Sayer et al., 2010). Service members often feel a sense of isolation and differentiation from others as they reacquaint themselves back to civilian life (Gegax & Thomas, 2005). Often, these men and women experience a feeling of not fitting in, a lack of respect from civilians, persistent feelings of being misunderstood, and a struggle with the transition in status (Demers, 2011). Reintegration into the family, although joyous and often euphoric, is also met with a shaky balance between awkwardness and excitement as a return to previous roles and adjustment to new responsibilities requires flexibility and patience (Lowe, Adams, Browne, & Hinkle, 2012). Additionally, service members can perceive their family as looking and feeling different, and respond to this distance by retreating to the familiar social time with fellow comrades (Demers, 2011).

In general, the culture of the military can be described as, not necessarily closed or impenetrable, but simply more intrinsically focused (Hall, 2008). Demers (2011) found that veterans simply telling stories can help them cope with difficult memories; as service members choose how they remember their experiences they develop goals and expectations, regulate and confront emotions, and begin to imagine future selves. Counselors and mental health providers benefit from creating a therapeutic environment that is conducive to acceptance, exploration, support, and growth.

Military Culture and the Counseling Relationship

Counselors are expected to understand their clients' worldviews. Therefore, counselors should be mindful in working to understand how military personnel view themselves within the context of their culture (Carrola & Corbin-Burdick, 2015). Helping professionals often require additional training to develop a deeper understanding of the strongly held beliefs inherent within the mission and culture of the military throughout the deployment process. McCauley, Hacker Hughes, and Liebling-Kalifani (2008) purported it is the responsibility of the counselor to retain military trainings and remain current on treatment intervention trends.

There are trends or patterns of symptoms that are common among military personnel for counselors to consider when providing therapeutic services. Service members often face concerns that are dependent on enlistment status (e.g., active duty, combat duty). Prior to deployment, service personnel often describe a denial of their pending separation from their families by expressing an energetic anticipation that distances themselves from feelings of fear, anxiety, anger, resentment, confusion, or ambivalence (Beder 2012). Additionally, counselors often find that characteristics of managing stress, maintaining secrecy, and denying pain apply to multiple facets of the military lifestyle (Wertsch, 1991). Counselors can help service members and their families by helping confront prevailing family issues, unexplored expectations of deployment, and closed lines of communication (Hollingsworth, 2011).

Hall (2008) also found that once deployment has occurred, military personnel describe feelings of disorientation, residual anger or resentment, and immersion into the responsibilities of their new combat lives. Counselors can help clients in the military adjust to loss while learning to communicate openly about their sadness, loneliness, and fear to ensure mutual familial support regardless of the length of deployment (Hall, 2008). Additionally, combat soldiers experience

violent situations, coupled with being in a foreign country, working long hours in a despairing environment, and witnessing the destruction of human life (Coll, Weiss, & Yarvis, 2011). It behooves mental health counselors to be prepared to help clients handle the aftermath of these experiences in a caring, intentional, and culturally sensitive manner.

Post-deployment, military personnel are often faced with other challenges unrelated to combat and trauma in multiple life domains (Sayer et al., 2010). For example, service members might feel an overwhelming sense of loneliness when they do not have relationships representative of the same camaraderie they had during deployment (Beder 2012). Therefore, counselors are often tasked with helping clients reconnect with their families as well as communities outside of the military. Carrola and Corbin-Burdick (2015) also cautioned counselors from over-pathologizing military personnel based on stereotypes of their potential experience and identity. Rather, they encouraged clinicians to take time in helping veterans to integrate their military identity into a new functioning lifestyle. Regardless of presenting issues or concerns, it is important for counselor educators to prepare students to emulate the cultural sensitivity and willingness to empathize and accept when working with this population. Thus, counselor educators are working to incorporate military culture into the counseling training curriculum.

Infusing Multicultural Education and Military Counseling

Researchers suggested that there is an increased need to provide mental health services to members of the military (Hoge, Auchterlonie, & Milliken, 2006). However, civilian counselors must be particularly mindful of cultural differences when working with this population due to the stigma associated with seeking mental health services (Kim, Britt, Klocko, Riviere, & Adler, 2011). Fenell (2008) suggested that counselors working with military personnel should consider their own beliefs and reactions to their clients, understand military clients' worldview and experiences, and develop techniques appropriately. It is also critical that counselors apply a cultural lens when working with military clients, taking the time to learn the terminology, norms, and lifestyle of military members (Monroe, 2012). Even with these precautions in mind, the majority of mental health professionals still feel unprepared to work with this population (Capella University, 2010). Therefore, counselor educators might better equip counseling students to work with military personnel using a multicultural lens framework (Reynolds & Osterlund, 2011).

Sue and Sue (2012) identified three multicultural competencies: "self-awareness, increase knowledge of diverse worldviews, and developing appropriate interventions" (p. 52). Using the MCC model is common practice in counselor education and, therefore, serves as a familiar foundation to emphasize military population culture. Within the three competencies, educators might also keep in mind Malott's (2010) four suggestions for designing a multicultural counseling course that included: attention to theoretically-based concepts, exposure to diverse populations, exploration of personal biases, and infusion of related activities. We provide several suggestions for infusing military culture into the curriculum with attention to Sue and Sue's (2008) competencies (see summary in Table 1).

Table 1. *Strategies for Teaching Military Culture Using the MCC Model*

Competency as per MCC Model	Suggested Multicultural Teaching Strategies
Self-Awareness	1. Idiographic Approach Personal reflections and group discussions that explore individual differences and internal processes. 2. Triad Training Model (TTM) In class role-play activities. 3. Multicultural and Advocacy Dimensions Model (MAD) Advocacy and social justice promoting assignments.
Increased Knowledge	1. Didactic Approaches Cultural lessons to teach terminology, norms, and values. 2. Narrative Approaches Stories, videos, guest speakers, and biographies. 3. Cultural Immersion Activities Interview assignments, field trips to the VA.
Developing Interventions	1. Didactic Approaches Review of ethical codes, models, and evidence-based practices. 2. Experiential Approaches Case study vignettes, diagnosis, and treatment planning activities. 3. Exploratory Approaches Research non-dominant groups within military population, currently approved intervention services, and innovative practices to create intervention guide.

Self-awareness

Lee and Tracey (2006) suggested using an *idiographic approach* in developing multicultural awareness in research, teaching, and practice. In this modality, individual differences are emphasized rather than differences between groups. In the context of military culture, counseling students might reflect upon their own individual beliefs and perceptions of military personnel. For example, students might be asked to write a personal reflection based upon the following questions: (a) How do you feel about the work being performed by the United States military? (b) What do you perceive as the differences between the worldview of civilians versus the worldview of military personnel? (c) What messages have you heard about military culture? and (d) What reservations do you have about working with clients from the military? Following the writing exercise, students could participate in a roundtable process discussion to better understand how their own views and biases of the population compare with the ideas of their classmates. Johnson (2008) purported acceptance of the military mission is essential for success in a therapeutic relationship with a service member. Researchers suggested

that if the military mission conflicts with a counselor's value system then understanding the mission from the lens of the military member may be helpful (Prosek & Holm, 2014). The activity presented may help facilitate counselor growth in understanding personal values related to the military population and identifying ways in which to overcome personal views in order to serve military clients.

Seto, Young, Beckner, and Kiselica (2006) offered the *Triad Training Model* (TTM) as a modality for training counselors to increase cultural awareness. In this approach, students are placed into groups of four with each group member having a different role. Roles include client, counselor, pro-counselor, and anti-counselor. During a role play, the pro-counselor reflects unspoken positive attitudes and thoughts the client might have toward the counselor, whereas the anti-counselor reflects negative unspoken attitudes and thoughts. Researchers found counseling students' scores on the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) increased when students role-played using TTM (Seto et al., 2006). In a lecture focused on military culture, educators might adapt role-play demonstrations to create a military member client who has recently returned from deployment. The military client role would include use of military jargon and evidence-based concerns experienced by service members. During debriefing, students can reflect upon the process of exploring the unfamiliar language and presenting problems. Counseling students may also gain a better understanding of their current awareness for military culture and further areas for growth.

Ratts (2011) highlighted the importance of social justice and advocacy in multicultural counseling within the *Multicultural and Advocacy Dimensions* (MAD) model. In this model, the counselor and client dyad is viewed as being impacted by several forces including society, individual biases, advocacy efforts, and cultural awareness. Ratts (2011) illustrated how culture, privilege, and social justice are intertwined. In congruence with MAD, counselor educators may create an advocacy assignment to increase awareness of the counseling profession's role with the military population. Legislative efforts for counselors to be employed by the Department of Veterans Affairs or reimbursed by the military insurance company TRICARE may serve as an appropriate focus of the assignment. Counseling students may be encouraged to write local representatives or further explore the legislative agenda as outlined by the American Counseling Association. To increase awareness of various topics related to the military population, counselor educators may create a poster session presentation in class in which students share what they have learned and advice on what others can do to facilitate advocacy efforts. Personal reflections, group discussions, role plays, and advocacy assignments promote counseling students' increased self-awareness, which prepares them for learning new knowledge about the military population and their views of the world.

Increased Knowledge of Diverse Worldviews

The military is a culture within itself, containing its own norms, artifacts, values, and traditions (Hall, 2008). Some lectures, readings, and *traditional didactic lessons* would help students feel comfortable with the language often used within military life. For example, students may research resources that define unique military acronyms, processes of deployment, or structure of branches. Additionally, it is important for students to gain awareness that joining the military is an acculturation process (Fenell, 2008). Counselor educators might present the terms,

internal and external structure, symbols, and acronyms of military culture so that such language does not distract counselors as they try conceptualize the content of a military client's story (Monroe, 2012). Hall (2008) suggested service members prefer counselors who identify with a military background. Although it is not possible for all counselors to have personal experience with the military, understanding military terminology may allow for easier communication between client and counselor. For example, acronyms are used frequently in the daily language of military personnel. Counselors are encouraged to know common acronyms (e.g., R&R, MOS) to demonstrate knowledge of military culture (Strom et al., 2012).

Kerl (2002) suggested using *narrative approaches* to increase knowledge of diverse populations. Counseling students begin to create a personal connection with individuals from a different culture as they hear personal stories and gain a better understanding of a diverse worldview. To adapt the narrative model to military culture, educators might invite a guest panel to class with active-duty service members, Veterans, and VA staff to share experiences with the students. Additionally, students may watch military-based documentaries to help them gain knowledge of the past and current mental health needs of military personnel. For example, the documentary *The Invisible War* (King Barklow & Dick, 2012) explores military sexual trauma, an increasingly reported problem for this population (Kelly et al., 2008).

Cultural immersion experiences are another way for students to gain insight into another's worldview (DeRicco & Sciarra, 2005). Counselor educators might require students to interview members from the military community about their culture and life experience. Depending on students' interest areas in counseling, they could also interview counselors who serve the population in different capacities. For example, a college counseling track student might explore the veteran programs on a university campus and a family-orientated counseling student might interview spouses of service members. Educators could also take students enrolled in a multicultural class on a field trip to a local VA office to learn more about the services they offer. It behooves counselors to gain knowledge of the services the VA offers in order to make appropriate referrals for medical attention, benefit analysis, and employment support. With new knowledge gained through didactic lectures, guest panels, documentaries, and community immersions, counseling students can begin to develop intervention strategies.

Developing Appropriate Interventions

Counselor educators may rely on *didactic approaches* to teach intervention skills. In alignment with ethical codes, counseling students must create appropriate treatment plans with interventions relevant to their clients' presenting concerns (ACA, 2014). Furthermore, Prosek and Holm (2014) presented an ethical model specific to working with the military population that might help guide counselors early in the intervention process. Therefore, counselor educators may introduce ethical guidelines as a cornerstone to intervention skills. Monroe (2012) emphasized that it is important to avoid cultural stereotyping with the military population, as making assumptions can often lead to a misdiagnosis. Additionally, service members obtain counseling for a variety of reasons. Snell and Tusaie (2008) reported top concerns for accessing a VA clinic included relationship issues, anger, or mood concerns. Suicide and suicidal ideation remain a serious concern for Veterans (O'Gorman, 2012). Indeed, counseling students can better prepare themselves to effectively diagnosis and treat clients from the military population by

becoming more culturally aware of potential presenting problems and cultural stereotypes. Therefore, *experiential approaches* may help students incorporate knowledge into skill. For example, counselor educators might present formal case study vignettes for students to explore the variety of presenting issues they could come across as they work with this population. Educators might also assign client diagnostic summaries for students to write sample treatment plans to illustrate the variability of concerns within the military population, evidence-based interventions, and adjunct services available.

Interventions may also need to be further tailored for non-dominant groups among the military population. *Exploratory approaches* may be most useful for students to come to understand more subsets within the military population. For example, Burk and Espinoza (2012) examined institutional racial biases within the military. Those who identify as LGB may also experience a lasting impact from *Don't Ask Don't Tell* (DADT; Price & Limberg, 2014). Additionally, women may experience the military sexual trauma at higher rates than compared to men (Kelly et al., 2008). Also, non-combat Veterans were less likely to experience negative mental health symptoms than those who experienced combat (Whyman, Lemmon, & Teachman, 2011). Thus, counselors must attend to these and other non-dominant groups' unique experiences within the military population when formulating treatment plans.

Another exploratory approach to increase knowledge of interventions may be a research paper to investigate evidence-based practices. For example, the VA approves cognitive behavioral therapy, acceptance and commitment therapy, and interpersonal therapy for treatment of anxiety and depression among service members (South Central Mental Illness Research, Education, and Clinical Center [MIRECC], 2011). Students may also choose to research innovative practices not yet approved in the VA system. For example, the United Kingdom army implemented single-case design methods to evaluate the use of eye movement desensitization and reprocessing (EMDR) with PTSD (Wesson & Gould, 2009). There are also several adjunct intervention services for students to consider when working with military personnel. The VA system implemented several peer-support programs to help bring veterans into mental health services (VA, 2013). Counselor educators may employ a means for students to share their research project resources in order to build an intervention guide. Using Sue and Sue's (2008) MCC model of three competencies, in consideration of Malott's (2010) suggestions for effective diversity courses, we offered several strategies for infusing the military population into counseling training curriculum.

Implications and Call for Future Research

The military population represents an identifiable culture with norms, traditions, internal values, and symbols that influence perceptions and behaviors (Hall, 2008; Reger et al., 2008). Governing bodies, such as ACA and CACREP, provide ethical codes and standards that require counselors to be trained to work with clients from all backgrounds with awareness of cultural differences. Because the majority of counselors believe they are unprepared to work with clients from military backgrounds (Capella University, 2010) and researchers indicated the need for therapeutic services outweighs the number of counselors trained to work with military members (Garvey Wilson, Messer, & Hoge, 2009), it can be concluded that increased emphasis should be

placed on training civilian counselors to work with clients from the military. We suggest doing so by utilizing a multicultural competent lens.

The strategies and multicultural models presented in this article represent theory-based practice. However, using these strategies and models in adaptation with military culture is not yet empirically explored. Therefore, new studies might be developed to explore the effectiveness of these teaching techniques. In the future, researchers might study counselor's self-efficacy in working with members of the military following a specialized multicultural training by utilizing the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994). Furthermore, researchers could evaluate the comfort level, trust, and relationship dynamics within counseling relationships with military service member clientele using the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). Indeed, new legislation advocacy efforts for counselors to work in the VA system or receive third-party reimbursement from TRICARE also provide new opportunities for empirical research with the military population.

Conclusion

As advocacy efforts to serve the military population continues, counselor educators can increase the infusion of the military culture into counseling curriculum using the familiar Sue and Sue (2008) MCC model and the coordinated suggested teaching strategies. Conceptualizing service member clients from a multicultural lens may increase client acceptance and decrease stigma. Counselor educators may also consider other strategies to offer students outside the curriculum to support students' military knowledge (e.g., workshops and community trainings). Moreover, counselor educators and counseling students may find it helpful to participate in already established counseling organizations that advocate for and educate about the military population (e.g., the Military and Government Counseling Association [MGCA]).

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Military Children Resilience: Implications for School Counselors

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Abstract

Military children experience numerous stressors throughout their life. Certain factors protect the children's' well-being by promoting resiliency while others hinder their ability to bounce back. Military children who have a parent, caregiver, and/or other caring adult who is sensitive to their experiences will be able to better cope with their life stressors. However, military children spend a large amount of their time with stakeholders at school. School counselors who have military children in their schools need to be aware of military family life stressors in order to support the stakeholders in effectively empowering this population while also advocating for military children. Ethically, school counselors must advocate for the needs of military children to be met.

Keywords: school counselors, military children, resiliency

"Soldiers are men...most apt for all manner of services and best able to support and endure the infinite toils and continual hazards of war," said Henry Knyvet [editor's note: a 16th century British statesman and military leader]. As of June 2013, there were a total of 1,162,825 enlisted personnel and 249,849 officers in the Air Force, Army, Coast Guard, Marine Corps, and Navy (Bureau of Labor Statistics, 2014-2015). These men and women take an oath to serve and protect the United States and its' people both in peaceful and war times. Military OneSource (2015), a virtual extension of installation services provided by the Department of Defense at no cost to active duty, guard, and reserve service members, and their families, describes eight phases of military life: (a) new to the military life, (b) single life, (c) career, (d) guard and reserve, (e) deployment, (f) family life, (g) military leadership, and (h) retiring. When children are involved in any phase, they may not be the soldier, but the children serve too as they deal with thoughts of having a parent endure the infinite toils and continual hazards of war and/or preparation for one. Such a realization is needed by all stakeholders within children's lives in order to empower them to reach their full-potential by fostering resilience. According to the U.S. Department of Education, National Center for Education Statistics, Schools and Staffing Survey (SASS), Public School Data File for 2007-2008, children attend public school on average 180 days for 6.64 hours a day. Suggesting, the school staff have the opportunity to support children 1195.2 hours a year. Therefore, school stakeholders are an important consideration when fostering military children's resilience.

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Military Children in Schools

According the Office of the Deputy under Secretary of Defense's 2010 military community demographic report, there are currently over 1 million military children attending United States public schools. Strong, supportive relationships among students and adults at the schools can also foster and support resiliency. Since military children relocate on average every three to four years (Berg, 2008), relationships are often severed and the children must start anew in a new school environment. The Military Child Education Coalition (MCEC; 2001) identified a lack of understanding about the military lifestyle among public school staff members. Approximately 90% of these school aged children attend schools that are not sponsored by the Department of Defense (DOD; DODDE, 2012). When a military student enrolls in school, the school counselor has the ethical duty to advocate for the student in order for the student's school stakeholders to meet the specific student's needs (ASCA, 2010, E.2.d). School counselors must ethically advocate for military children when first enrolled in the school but also throughout the students' enrollment and transition into the students' next school. If a school counselor does not understand the military culture and/or have competence in the counseling military children, it is the ethical duty of school counselors to seek training in this area to adequately meet the needs of the students (ASCA, 2010, E.1, A.1.c).

What School Stakeholders Should Understand About Military Children

First and foremost, school stakeholders must understand a military child differs from a civilian child in various ways. Military children indirectly also serve in the military and deal with all of the stressors the military parent deals with accept in a different manner. School stakeholders' ability to support military children resiliency is beneficial to empowering the children to reach their full potential. In turn, the stakeholders must understand the military children as a whole. If stakeholders need help understanding the military children, the students' school counselors should be a resource to receive guidance.

Children Serve Too

Service members' family members serve too. As the service members deal with transitions in regards to moving, deployment, trainings, and even leaving the military, their families also experience the navigation of their newly defined family with each transition. According to the Office of the Deputy under Secretary of Defense's 2010 military community demographic report, 900,000 children have experienced a deployment of one or both parents multiple times. Since 2001, approximately two million military children have experienced a parental deployment. The parental deployments expose military children to stressors civilian children do not experience.

MacDermid, Samper, Schwarz, Nishida, and Nyaronga (2008) found that military children often experience the following stresses which are considered normative for military children but not civilian children: (a) regular, and at times lengthy, separations from parents; (b) lengthy parental work hours; (c) permanent changes of station; (d) deployments for multiple and various purposes; and/or (e) exposure to combat related activities and equipment, including training. However, just because the stressors are considered normal for the population, the events

or circumstances experienced are not to be inferred as easy for the military child to manage. Also, depending on the specifics of each event the military child experiences in respect to having a parent in the military indicates the amount of stress the military child will experience.

The more sudden, serious, ambiguous, event triggering long-term suffering, and the more traumatic the loss, the more difficult the stress will be to manage (MacDermid et al., 2008). Additionally, the nature and nurture of the child will affect child's degree of resilience. How a parent and/or caregiver care for the children and their own ability to cope directly impacts the children's ability to be resilient. Additionally, children's age, gender, and temperament are factors to consider.

Resiliency

The American Psychological Association (APA; 2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (para. 4). In other words, a person who is described as being resilient is considered to be able to bounce back after experiencing a negative event. Military families are asked to be resilient amidst the stresses placed on them including but not limited to permanent changes of station (PCS), deployments, combat related activities and equipment, housing concerns, and healthcare (MacDermid et al., 2008). How the adults in the family, including the military service member, respond to adversity, affects how the children bounce back and respond to negative life events. When children have adults who are caring, supportive, and consistent even when faced with traumatic life events, children are often better able to cope with adversity and be considered resilient (Svanberg, 1998). In turn, parenting style can be a factor in child resilience.

Parenting resilient children. Children can be nurtured to become resilient. The key component in having children develop a sense of value and self-reliance is parents or caregivers being sensitive to the children's experiences (MacDermid et al., 2008). Therefore, parents and/or caregivers must be invested in the child's well-being by being cognizant of their needs as well as provide them with comfort, protection, and opportunities to grow as a person. MacDermid et al. found that authoritative parenting styles promote resilience in children and adolescents because the style offers warmth, responsiveness, as well as consistent, defined expectations. However, if the parent is unable to cope with the demands of his/her life stressors, secure attachments may be compromised. For instance, 62 percent of Iraq and Afghanistan service men and women receive some form of mental health care after returning to the states **(**Office of the Deputy under Secretary of Defense, 2010). The stress related to the deployment as well as the reunion and all of the environmental factors surrounding the families' life will affect the parenting offered to the children. Ultimately, the parents' ability to cope directly affects the children's ability to be resilient.

Temperament. Temperament refers to an individual's innate quality and intensity of emotional reaction, activity level, and emotional self-regulation (Rothbart & Bates, 1998). In order for children to be resilient, they must learn how to appropriately manage and express their emotions even if they were born with an easy going temperament (Luther, 2006). However, if a child is born with an easy going temperament, it can act as protective factor. An easy going temperament is usually referred to as being easily soothed and cannot be easily irritated while a

difficult temperament is just the opposite (Rothbart & Bates, 1998). Therefore, suggesting easy temperament military children who undergo normative stressors related to the military lifestyle may be more resilient when dealing with the stressors. Children who are able to be flexible and cooperative are able to better manage adversity (Barker & Berry, 2009). Children with an easy going temperament are only able to better cope with severely stressful events than difficult temperament children when a sensitive caregiver or someone other person who offers support is present (Belsky & Pluess, 2009). In turn, the focus to promote child resiliency is the parenting available for the child and/or the opportunity to provide the child with a supportive network.

Military child's age. A child's resiliency capacity depends not only on the specific stressor but also numerous factors that have led up to the event. Infants are extremely vulnerable to the loss of a parent because they are dependent on the caregiver while they are also more protected due to the lack of understanding (Matsen & Wright, 2009). An infant and small child is dependent upon their parent and/or caregiver for their basic needs such as shelter, food, and safety. Additionally, there has been evidence based connections made between problems with learning and self-control for pre-school aged children has been connected with the quality of available parenting for the children (Matsen, Gewirtz, & Sapienza, 2013; MacDermid et al., 2005). Military children often have the service member removed from the parenting role due to commitments enforced by the service. According to Osofsky and Chartrand (2013), children from birth to age five struggle greatly when a parent is deployed because children at this stage are dependent upon their parents for everything and the parent left to parent alone may become psychologically stressed, ultimately weakening the parenting relationship. Children who are most likely to display resilience have positive and stable relationships with adults (MacDermid et al., 2005). Young children who are extremely dependent upon their parents for everything struggle to cope with the hardships when their caregiver and/or parent are struggling with resiliency themselves.

Depending on the age of the child should not be considered alone in context, the amount of stress, and protective factors available will also directly impact a child's resilience capability. For instance, wartime deployments further distress the military families. Studies have shown that since 9/11, military families have experienced increased rates of marital conflict, domestic violence, child neglect and/or maltreatment, parenting stress, anxiety, and depression (MacDermid et al., 2005). When children are born they have an innate trait to bond with the parent for survival instinct (Bowlby, 1988a). Therefore, when a parent is unavailable to provide children with a secure attachment, the nurture aspect encourages children to go into survival mode. Bowlby (1988b) asserts a person's ability to become resilient has a strong connection with the person's attachment development during his/her childhood years.

Military families unfortunately have no choice to separate; it is part of the military lifestyle. When short term separation occurs between a child and an attachment figure, such as their parent (the service member), three progressive stages of distress have been found: (a) protest (i.e., clinging to a parent to stop leaving them), (b) despair (i.e., child refuses other attempts to comfort and appears withdrawn), and (c) detachment (when separation is prolonged, the child rejects the caregiver, appears angry, and engages with other people; Bowlby & Robertson, 1952). Suggesting, the longer the service member is not attending to the child (i.e., deployment) and the more frequent, the child will detach his/herself from the parent while

replacing them in an angered manner. The child experiences the loss as a traumatic event thus enacting defense mechanisms to protect themselves (Bowlby & Robertson, 1952). As a child ages, the defense mechanism may be forming other strong relationships with individuals who are not their caregiver.

As children mature and become engaged in more unsupervised activities, their involvement with peers can act as a protective or risk factor (Masten & Wright, 2009). Adolescents have the aptitude and capability to solve problems, help their parents, and cope with challenges, yet if adolescents become overstressed, they can resort to engaging in negative behaviors (Masten, 2013). Adolescents may find solace with their friends and their decision making skills may be compromised because they are trying to not feel the stress that they deem unbearable. Such negative behavior choices may include experimenting with drugs. Boys were often found to be more vulnerable to risk factors since they often lack the male role model during these stressful events connected to being a military family (Condly, 2006). However, at any age, it is not too late to provide the child with protective factors. Even though the traumatic experience already occurred, by providing anyone a sense of security can provide solace (Bassuk, Konnath, & Volk, 2006). A child with a sensitive caregiver and/or supportive system is a protective factor to help foster child resiliency.

Children PCS-ing stress. Service members will receive orders for a permanent change of station (PCS) when they are instructed to move. Sometimes the families will move with the service member, at other times, alternative plans will made for the service member's family due to other conflicts such as location, school services, special needs, buying and/or selling a home, available base housing, and short-term PCS orders. Military families relocate on average, every 2-3 years; 2.4 times more often than civilian families (Office of the Deputy under Secretary of Defense, 2010). Therefore, once children become acclimated to their new school and friends, it is often time to move again. Children who are more resilient will handle the transition better than those who perceive the event as a devastating stressor. Children's grade level should also be considered in regard to moving as well as how long they have lived in that specific location, if close friends and family are nearby, and the quality of relationships formed. Even when the child perceives the move as being exciting, the adjustments of his/her life can be disruptive because it is experienced as a loss (Jalongo, 1994). Children begin to look at the place where they live as home, safety, and security. When children move, they must readjust their mindset to include their new living quarters to fit this role.

Children dealing with deployment. Children who experience a parental deployment must transition to the idea of losing a caregiver. This may mean that the children are left with the other parent, a relative, or a friend of the family while their parent is gone. The children not only experience a loss, but deal with worrying about their deployed parent, and must accommodate family roles to make up for their absence.

Children worry about their deployed parent's well-being and fear their injury or death (Padden & Agazio, 2013). Often, the children and their family members do not know the whereabouts of their deployed parent and if they are safe at all times. The worrying can increase levels of stress for all family members. Children's age and the amount of times exposed to this stressor may factor into a child's resiliency ability. A child who has had experience with

deployment before may be more or not cooperative with the change in regard to their previous experience (Agazio, Goodman, & Padden, 2014). Yet, each person defines adversity from his/her own perspective and process the experience in his/her own way (Masten, 2013). In turn, a child who has dealt with many deployments may be expected to struggle more than a child who has not. Yet the context of the deployments will also need to be considered: How was the previous deployment(s)? Was there a loss experienced? How was their family dynamic left at home after the service member deployed?

When the parent transitions home. When service members are away for training and/or deployment, the family dynamic is modified in order to fill in the role gaps. However, when the service members return, the entire family dynamic will change again. Transitioning due to reuniting the family can be difficult for all. Time has passed and both the family and the service member have lived different lives. People's experiences affect who they are (Sharf, 2012). Therefore, children who have experienced a certain person giving them the rules while the service member is gone that is their experience. If the children have experienced soccer game championships and snow storms leaving them without power for days, that is their experience. The service member was not there for these events. The service member may have heard about the events but his/her presence was not there. On the other hand, returning home may elicit a "sense of boredom, ambiguity, isolation, powerlessness, and lack of meaning in service members' lives" which can be hurtful towards the family members at home (Danish, & Antonides, 2013, p. 552). This is a time when the family needs to relearn who each other are and the role they hold within the family.

When the service member transitions to becoming a civilian. Life as the family knew it was under the command of the military. When and where they moved, when the service member was deployed, and how often the family would be separated was often out of the family's hands. Now, the family will have the ability to have control over their whereabouts. For many, this can be overwhelming. The servicemen see themselves as a piece of the military unit, a cohesive group that is bounded together for the same focus, goal, and mission (Harris, Gringart, & Drak, 2013). The service members consider themselves as part of a whole and understand their role in relation to the overall operation in respect to their military duties. When retiring, the military member experiences a great loss. When exiting the military, the service member has been linked to displaying signs of depression and anxiety (Harris, Gringart, &Drak, 2013). These experiences directly affect those around the retiring service member. How children socialize and their affect is a direct reflection of how parents can adapt and cope (Hakim-Larson et al., 1999).

An additional stressor relating to this stage of a military family is that the entire family's identity of being a military family will be lost. The family will need to redefine who they are as individuals as well as a family unit. Roles will need to be re-explored and modified to fit their new stage in life.

Multiple Paths to Resiliency

Children may say they are fine but in actuality they may be struggling with the stressful event(s) involved in being a military child. A child is truly resilient when they are able to bounce back after experiencing adversity (MacDermid et al., 2008). The manner in which a child

experiences the events is unique to who they are. However, having a strong support system that is considerate of their experience affords children with a safeguard offering them strength to overcome the stressful life experience (MacDermid et al., 2008). Those involved in the support system do not have to necessarily be family. The support system can include family, friends, the community, school staff members, and any other solace that offers companionship, understanding, and emotional as well as instrumental support. A parent's consistent relationship of support is much more powerful than any others, but if unavailable, the other relationships can act as protective factors encouraging the children's resiliency. According to the U.S. Department of Education, National Center for Education Statistics, Schools and Staffing Survey (SASS), Public School Data File for 2007-2008, on average, school staffs have the opportunity to support children 1195.2 hours a year. Therefore, even if a child does not have an easy temperament or a sensitive and supportive caregiver, the school can offer students a protective factor to help support their ability to be resilient.

School Counselor Implications

According to the American School Counseling Association (ASCA; 2010), school counselors have the ethical duty to protect the well-being of each student while advocating for services which best fits the needs of the student while empowering them for success. However, in order for school counselors to first and foremost advocate for the military students, they must educate all stakeholders about the military children population. Additionally, it is the ethical obligation of the school counselor to foster school community awareness of the culture of the military family.

If a school counselor does not understand the military culture and/or have competence in the counseling military children, it is the ethical duty of school counselors to seek training in this area to adequately meet the needs of the students (ASCA, 2010, E.1, A.1.c). School counselors must attempt to understand the students and their experience as well as welcome them to a place students may internally view as just another move, not their home. Since peers and social networks are perceived as a viable support system for school-aged children (MacDermid et al., 2005), school counselors can promote and foster the development of positive and appropriate connections for military children. If children withdrawal from social interactions during their transitions, they can become at higher risk for experiencing depression (Rossen & Carter, 2011). In order to help foster a students' smooth transition of involvement in academia and extra-curricular activities, a school counselor should be knowledgeable about the Interstate Compact on Educational Opportunity for Military Children.

Currently all 50 states have signed the interstate compact with the intention of streamlining educational opportunities for military children across the country concerning the following areas: (a) enrollment, (b) eligibility, and (c) graduation (The Council of State Governments, 2013). In regard to enrollment, the Interstate Compact on Educational Opportunity for Military Children discusses how educational records, immunizations, kindergarten and first grade entrance, placement and attendance, educational and course placement, special education services, placement flexibility, and absence related to deployment activities should be approached for military children. The eligibility component explores enrollment and extracurricular participation. In addition, the graduation information discusses waiving courses

for graduation, flexibility in exams both standardized and non-standardized, as well as having the military child's diploma being received from the sending school versus the receiving school. School counselors are ethically accountable for being knowledgeable about laws, regulations, and policies relating to students and are also obligated to strive to protect the students' rights while also informing students of their rights (ASCA, 2010, A.1.d). In order for school counselors to advocate for the military students, school counselors must educate all stakeholders about the Interstate Compact on Educational Opportunity for Military Children.

The school counselors will need to educate how to handle military children's educational records based on the Interstate Compact. The school counselor will need to educate the school nurses concerning differences for military children concerning immunizations and waivers that may be allowed per the Interstate Compact. The school counselor will need to work with registrars and administrators to understand the differences for school enrollment for military children. The school counselor will also need to educate attendance officials concerning absences related to deployment activities. The school counselor will need to work closely with the special education department concerning services military children receive and how previous district Individual Education Plans (IEPs) and 504 Plans need to be followed until the plan can be reevaluated with the family. The school counselor will need to have an understanding of educational and course placement as well as placement flexibility when working with military children. The school counselor may need to get more information from previous districts, especially when transferring in from another state in order to understand the students' educational journey and provide the military children with a successful as well challenging academic plan.

School Counselors Role in Fostering Student Resiliency

School counselors who understand the culture of the military family and offer the military children a sensitive and supportive support system at school can foster resiliency for the children. Therefore, offering the children an additional protective factor to help them recover from stressors unique to their family. The school counselor must ensure their comprehensive school counseling program is comprehensive for all students and leaves no children behind (ASCA, 2003). Even if there is only a small population of military children enrolled in the school, it is still the ethical duty of the school counselor to advocate for these students' specific needs. According to ASCA (2011, p. 37),

> School counselors work in a leadership role with student service professionals, administrators, faculty, school staff, community members, and parents/guardians to provide comprehensive school counseling programs. Such comprehensive programs identify and prevent behaviors that place students at risk of not completing school and/or harming self or others by promoting student resilience and success.

School counselors, therefore, must understand each student's circumstances and provide them with prevention, intervention, and follow-up services to promote and foster resilience.

School Counselor Recommendations for Working with Military Families

As a current counselor serving military families, I have found certain services welcome the military family, offer an understanding of their military family culture, and support the

children and parents throughout their numerous stressful military life events. Through conversations with students and parents, I have received feedback to help me refine my program servicing military families throughout the years. I have supplied some feedback I have received to support school counselor effective activities when servicing military families.

Enrolling. When a family first makes contact about their upcoming PCS move to their school, it is important to give the family all of the information concerning registration and the districts transfer policy if applicable. Additionally, the school counselor should address the Interstate Compact in order to offer a shared understanding of their transition. Also, offering information about the Exceptional Family Member Program (EFMP) allows the families to experience a knowledgeable and interested school counselor in military life. EFMP works with military families with special needs, both gifted and disabilities, to address their unique needs throughout the new PCS move process and after families have settled into their new installation. Families may even want to come in and meet with you face-to-face. Many families have missed tours due to their PCS move schedule. Therefore, affording the families an opportunity to meet with you, see the school, and get face time with the district they may be calling their school soon helps settle anxiety. It will also give the school counselor the opportunity to get to understand the family's journey both in and out of school.

Parent/guardian feedback. "I appreciated you taking time to meet with me and help me easily transition into a new school district. The move is stressful enough, but the older the children get, I am so worried about keeping school and friendships as consistent as possible. Most of the time I am lost throughout the process since every school district is different but I am grateful for you being so guiding" (Parent of kindergartener, third, and fifth, and ninth grade students).

Student feedback. "I really liked meeting with you before I began school because it was nice to know I was not the only military child and were willing to help me meet friends and new teachers" (8th grade student).

When enrolled. After students are enrolled in the school, it is still important for the school counselor to support students with their transition. The school counselor should reach out to the students' teachers and inform them that the student is military and provide some education about what that means. Additionally, the school counselor should meet with the students to get an understanding of who they are and their journey. This information can help the school counselor support the students in joining social, academic, and athletic activities. Below is a list of some of the activities I have found very beneficial when working with military families:

- Bi-weekly check-ins: Meet with students at least bi-weekly to check-in regarding academic, social, and personal needs.
- Five week new student lunch group: Invite new military as well as previously enrolled military students to a 5-week lunch group that involves ice breaker activities and offers an opportunity for the students to get to know each other, share their journeys, and learn more about their new PCS. Usually during week 5, I offer them to invite a friend outside of the group which encourages exploring their interests within their new school community. (I also do this at the end of the school year to account for new students and those who have PCS-ed to another district).

- Monthly lunch group related to a military connected celebration: Each month I have an hands on activity when working with all military connected students. For instance, some of the activities we address are Veteran's Day, Memorial Day, Military Family Appreciation Month, and Military Child Appreciation Month. During the hands on activities, it also opens the floor for discussion regarding their experiences past and current as well as their thoughts in respect to the future for being a military family.
- Junior Student to Student (JS2S): The Military Child Education Coalition (MCEC) (2015) Student 2 Student (S2S) program trains civilian and military-connected high school students to establish and sustain peer-based programs in their schools to support mobile children as they transition to and from the school. Building on this successful program, the MCEC Junior Student 2 Student (JS2S) program is for middle school students, addressing the needs of a vulnerable age group. Students who serve as office helpers throughout the day would part of the JS2S program. I would meet with the students once a month to update them on any new incoming military and civilian families (as students transfer into the district). During the students scheduled office help period, if a tour is needed for a new student, the member acts as the student ambassador and provides the student with a tour of the building, a review of their schedule, and a meet and greet with teachers, if they are available. Additionally, other student members who were not office helpers could join but could not be involved in the tour process. All members attend a lunch bunch every month to review ambassador skills, participate in and learn how to facilitate cooperative group activities for the new students, and how to help new students acclimate to the school with the students and myself. Also, all new students to the school will also be invited to a lunch bunch each moth with the members. The members are responsible to tell the new students about clubs and activities at the school, fun things to do in the area, get to know them, answer their questions, support them with their transition to a new school, and find out their common interests through cooperative group activities the members lead.
- Family involvement contests: Each month of the school year, I sponsored a military connected family contest in which one family will be chosen to win a prize. The prizes were donated by local businesses in the community. An example is the winning family receives two large pizza pies, a two-liter of soda, and a miniature golf game for up to six people. The purpose of the contest is to promote family time and further development of a connection between family members when they are near and far. If a family member was unable to be part of the contests activity, the family was challenged to include them in some way (e.g., training and deployment).
- Offer deployment small group counseling: When students have family members deployed, I would offer small group counseling so students can support each other going through a stressful family process as I would facilitate the group.
- Military family listserv: Send out information about military connected events in the local community as well as important general information in respect to grades, attendance, and other school policies. Also, I will send out memos about certain military connected recognized days and remind them to feel free to contact me at any time.
- Military family webpage on the school district's website: I put all important information in respect to my military related programing as well as events in the community. Additionally, I have various resources pertaining to numerous topics linked right on their page for their convenience. For instance, one of the links is EMFP.

Parent/guardian feedback. "I always knew when my children were meeting for lunch bunch because they would be thrilled to go to school and could not stop talking about it the night before as well as the whole week after. Also, when the new family involvement contest came out, my children were excited to see the topic and what the prize was. Even when my husband was deployed, it was great to be able to include him and have the children consider him in the project" (Parent of first, third, and seventh grade students).

Student feedback. "I never missed a lunch bunch. My friends who were nonmilitary always wanted to come. It really made me feel special especially when I was able to tell my friends and teacher about what I did at lunch and why we did it. Meeting with you and other military kids when my mom was going to be deployed was awesome. It was nice to meet other kids like me. I wasn't the only one being sad" (Fourth grade student).

PCS-ing. Work with the families to help alleviate stress as they prepare to move. I work with the students individually and as groups. Additionally, I will work with the parents to complete the necessary paperwork and build the connections at their next school prior to leaving in order to provide a smooth transition and the comfort of being supported.

Parent/guardian feedback. "It is always scary to move. Thank you for holding my family's hand throughout the process. It was nice knowing someone at our next place new about us, our story, and the connection was there before we even left here" (Parent of first, sixth, and 11th grade students).

Student feedback. "It was cool to know there will be another counselor at my next school who will help me like you did. I was so sad to leave my friends but it was neat how you helped me get a communication book like a year book of my memories here but also ways to stay in contact with me friends" (fifth grade student).

Summary

Military children not only experience the normative events of being a child, but in addition, experience the stressors unique to the military lifestyle. Numerous moves, deployments, transitions, and reunification as a family are among only a few of the stressors the military children experience. Having a supportive system to help the children cope with the stressors will reinforce resiliency and help them to effectively handle adversity. When a caregiver is unable to fill this role, another adult such as someone in the school system may be able to help support the military children due to the amount of time children spend at school. School counselors are a key factor in educating the school community about the military lifestyle since they act in the role of the students' advocate. Even when nature has not supplied the child with an easy temperament, students can overcome adversity when offered support to overcome the negative stressors.

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Bridging the Gap: Active Duty Education Services and Student Veteran Services in Higher Education

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Abstract

The Army Continuing Education Services (ACES) is the heartbeat in any garrison. ACES Education Centers are all over the world. Each Army installation has one and it is the place to go to have all education questions answered. ACES is a federally funded Department of Defense/Army program that provides Soldiers and family members services. This article will discuss literature related to the ACES program and current civilian education benefits of the U.S. Army, including Tuition Assistance (TA) and the Post 9-11 GI Bill. This article will encourage Army Education Counselors to write their stories of working with active duty soldiers to provide academic advisors and university counseling centers with a better understanding of the needs of Veterans.

KEYWORDS: education services, Veterans, Army

Introduction

Army Continuing Education Services (ACES) provides educational services to Soldiers and Family Members. The Headquarters for ACES is located at Fort Knox, Kentucky (TAGD, 2015). Each military installation in the United States Army has an Education Center (Army Regulation, 621-5, 2009). This allows for a continuity of services for Soldiers and family members when they are ordered to permanently relocate. Each Education Center has the same services, just different providers and different local policies that govern how those services are provided.

For example, at Fort Bliss, Texas the Basic Skills Education Program (BSEP) is contracted with available funding for two BSEP instructors to teach 35 hours per week. The contractors have a site supervisor that ensures that contract services are being met by the number of soldiers enrolled into the program, how many test, and increase their General Technical (GT) score (which is the purpose for the BSEP Program; GoArmyEd, 2013). At Fort Leavenworth, Kansas, the BSEP budget has been cut from federal funding. Therefore, the BSEP program is run through Barton County Community College with only one teacher. The minimum number of

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soldiers that is needed to have a full class is seven. Routinely, they do not have enough participants to make a class (IMC, n.d.).

This is two examples, and there are many more, that tell the story of the inconsistency of service that is provided when moving from post to post. Each installation has a different budget, which depends on several factors including the number of soldiers that are on that installation. The number of Soldiers that an Education Center serves is an important factor that reflects in how much money the center receives. If an installation has a small population of Soldiers, the number that access the Education Center will be small and as a result, budgets will reflect usage, leaving gaps in services for Soldiers and family members. This paper will review articles related to the ACES program and current civilian education benefits of the U.S. Army.

Tuition Assistance

In fiscal year (FY) 2014-2015, updates to tuition assistance (TA) were implemented. TA is the active duty pot of money that is allotted to Soldiers for civilian education (Army Regulation 621-5, 2009). It will pay for one certificate, one bachelor's degree, and one graduate degree. It will not pay for a second or lower level degree. There is an annual cap of $4,500 dollars in a fiscal year that a Soldier can use with a limit of $250 per semester hour. It does not pay for fees or books. It only covers the cost of tuition. TA can only be used with schools that have a partnership with GoArmyEd. GoArmyEd is the system through which payments are made to the school. If a Soldier fails the course, the Soldier will be recouped for the cost of the course.

The first major change to TA was the eligibility to use it. Soldiers are now required to have completed one year of active duty service before they are eligible to use TA. This excludes a statistically significant population of the U.S. Army. One of the programs that Fort Leavenworth uses to combat that is Barton County Community College. They provide free courses, including tuition and books, during normal business hours to Soldiers, family members, dependents, and retirees. This is provided through a state grant. This allows some opportunity for recent enlistees to progress in their education should they are allowed to attend class (conflicting work schedules or command imperatives may prevent attendance).

The second major change to TA eligibility requirements included the ten year rule. If a Solider used TA for one class to complete his/her bachelor's degree, he/she must be on active duty for 10 years before he/she can pursue a master's degree. The population that this effects is Soldiers who have entered the Army with some college courses or the majority of a bachelor's degree completed. This prevents the Soldier from pursuing a graduate degree (using active duty funding) until he/she has served 10 years. There are not any programs that fill this void for this population of Soldiers at Fort Leavenworth.

The third major change to TA was a 16 semester hour cap per fiscal year for courses. Prior to this fiscal year, soldiers had $4,500 that they could spend within the FY. If a soldier went to a less expensive school, he/she could complete more classes than if attending an expensive school that charged the entire $250 per semester hour, or even more. The new implementation leaves a Solder with five courses per fiscal year. Most courses are three semester hours and the additional hour cannot be used toward an entire three hour course to deduct costs.

Sticha et al. (2003) found that participating in multiple ACES programs positively effects a Soldier's promotion potential and performance. This new policy affects all Soldiers who are pursuing their education. It extends the length of time needed to complete a degree. This in turn affects a Soldier's career in many ways. For enlisted personnel, college courses equal promotion points that are used in gaining their next rank. A bachelor's degree is a requirement of any commissioning program that will allow an enlisted soldier to become a commissioned officer. For enlisted personnel, completion of civilian education is a requirement to be successful as a career soldier. For commissioned and warrant officers, completing a graduate degree can also help with promotion to the next rank.

The last major change implemented in FY 2014-2015 was the recoupment of D's and F's for undergraduate courses and C's, D's, or F's for graduate courses. This is radically different from most higher education institutions. There is not a grace period or exception for this rule. This creates an atmosphere for stress and anxiety for many of the first generation students, who did not have a stable educational background. The shift from an F equaling failure to a D being in the same category, has increased the standard for what success is for civilian education within Army culture.

This list of changes has a significant impact on Education Centers. Education Centers on Army installations receive a wide variety of questions ranging from those that are the responsibility of the school, Veteran's Affairs (VA), Financial Aid departments, Free Application for Student Aid (FAFSA), and everything in between. These changes have affected local policy and counseling strategies with Soldiers and family members. Any time a DoD/Army policy is updated and implemented, the recourse of action is apparent at the Education Center.

Sticha et al. (2003) looked at the use of ACES programs related to retention and performance of soldiers. The conclusion of the research suggested that ACES programs have positive effects on reenlistment and retention of active duty soldiers. The authors outlined the history of ACES and related research. Specific to active duty, there is little research focusing on education benefits (there is a need for research in this area). Education benefits are used as incentives to retain soldiers. Petty (2011) listed it as the second factor for retention within the U.S. Army.

Post 911 GI Bill

Currently, the Post 9-11 GI Bill is the educational benefit of choice for transitioning Soldiers into higher education (Ryan, Carlstrom, Hughey, & Harris, 2011). The Post 9-11 GI Bill allows Veterans, who served at least 90 days of aggregate active duty service on or after 11 September 2001, 36 months of education benefits. This includes an annual tuition cap of $20, 235.02, a monthly housing allowance (MAH) of an E-5 with dependents for the school zip code, and an annual book stipend. This set of benefits requires that a student be enrolled fulltime or more than part-time in a classroom setting. If a student Veteran is enrolled 100% online, the MAH is cut in almost half per month. The type of education can range from a certificate to a PhD program. While on active duty service, Soldiers are eligible to transfer their benefits to their spouse or dependents for an additional four years of service.

Higher Education Services

Data from approximately 1,650 public and private Title IV eligible, degree granting, post-secondary institutions that had customized support services and programs offered to all military service members, Veterans, and family members for a 12 month period in the 2012-2013 academic year was analyzed (Queen & Lewis, 2014). Seventy- nine percent reported providing customized information to individual military service members and Veterans about both the military and nonmilitary financial education benefits available to them, and 82% reported having a designated point of contact (staff member or office) for military service members and Veterans (Queen & Lewis, 2014). This article suggested that higher education is preparing for the number of student Veterans that will be enrolling into educational institutions due to the current drawdown of the US Armed Forces. Further research could see if these programs and services are being used by student Veterans.

The training of faculty/staff for mental health issues related to military service is another area of research that needs data. Institutions that enrolled military service members, Veterans, or dependents reported offering training for faculty or staff in mental health issues associated with military service (21%), physical health issues resulting from military service (14%), and student transition from military life to civilian life (21%; Queen & Lewis, 2014). One way to address this is to begin at the entry point of the education institution. Ryan et al. (2011) used Schlossberg's model to give advisors specific questions to ask Veterans with assistance in transitioning into higher education. This model allows for the strengths or weaknesses of an individual to help or hinder the transition process. At the 2013 American Public Health Association national conference in Boston, MA, Albright and Spiegler (2013) presented a program that included life scenarios with avatars to train faculty and staff by role play with emotionally responsive Veterans. This allows faculty/staff to obtain techniques, in a cost effective manner, to manage classroom discussions surrounding sensitive information to Veterans.

Kim and Cole (2013) highlighted results from 2,505 student Veterans/service members who were enrolled full time at 132 institutions, regarding engagement in college and university life and education. They reported that student Veterans feel less supported by the university, are more likely to live off campus and not be involved with traditional campus life activities, and have more responsibilities outside of the classroom. Isolation and separation for student Veterans are an all too often occurrence that faculty/staff need to be informed of in order to know what course of action to take with these students. Kim and Cole reported that the needs of student Veterans are specific to the individual. Some student Veterans want to separate themselves from their role as a soldier. This is specifically true of female Veterans (Alexander, 2014).

Implications for Counselors

Active Duty Themes

Certain themes emerged from this set of articles. Education benefits, whether on active duty or as a student Veteran are a significant part of the transition to civilian life. Education benefits in either of these roles increase the potential for a better life. More research is needed on the active duty side of education benefits. Program evaluations related to the ACES program

could provide information into what types of programs are being used by active duty Soldiers, so that higher education would have a better idea of what was coming to them and be able to prepare appropriately. Army Education Counselors need to submit articles for best practices. These counseling practices can give a better understanding to academic advisors and university counseling centers who work with Veterans about what to expect and how to process their own responses to working with Veterans. Education Counselors can provide details that are not represented in current research. Their counterparts in higher education need to hear their stories and draw from their experiences with active duty service members to better serve Veterans.

Student Veteran Themes

Student Veteran services should have more options than just a VA representative to process paperwork for the GI Bill. Student Veteran services should be individualized and used as a transition tool into civilian life and the classroom. Faculty and staff training programs are at a low percentage rate for higher education institutions. The need for situational awareness, related to mental health issues that student Veterans face, needs to be addressed. Female Veterans need different strategies applied to their transition, due to the likelihood of them hiding their student Veteran status. This literature review has summarized articles that suggest that higher education has taken steps to implement programs for student Veterans' transition into civilian life and the college classroom. A step further is needed to evaluate those programs to see if they are being used and if the quality of the programs is effective for the needs of student Veterans.

Conclusion

This paper outline research articles related to active duty education benefits and the ACES program. The research produced one article that is over 10 years old. The overabundance of research on the Post 9-11 GI Bill consists of policy surrounding the benefits and economic implications for our society/higher education and the historical transformations of GI Bills. This paper defines research needs related to the gap between active duty soldiers' education benefits and student Veterans services within higher education. There is a definite gap in the literature between the two sets of benefits. Army Education Counselors can help bridge that gap by writing about their experiences with active duty soldiers through best practices articles. Academic advisors and college counseling centers need a better understanding of the Veteran that is sitting across from them at their desk.

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Attachment, Combat Exposure, and Post-trauma Cognitions as Predictors of PTSD and PTG in Veterans

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Abstract

This study examined the relationships between posttraumatic stress disorder (PTSD), posttraumatic growth (PTG), attachment style, combat exposure, and posttrauma cognitions. Sixty-four participants volunteered for the study. Negative posttrauma cognitions about the self and preoccupied attachment style were found to predict PTSD; posttrauma cognitions of self-blame and dismissive attachment style predict PTG. The results yielded no linear or overlapping relationship between PTSD and PTG. Recommendations for future studies and counseling implications are discussed.

KEYWORDS: Veterans, posttraumatic stress, posttraumatic growth, attachment, cognitions

The multifaceted mental health needs of current military Veterans are so immense that it demands urgent attention and comprehensive investigation within the mental health professions. Since 2001, over 2 million American service members have been deployed to Iraq and Afghanistan – war zones with sustained combat operations and substantial risk for exposure to a wide range of acute combat stressors (Flake, Davis, Johnson, & Middleton, 2009; Maguen, Vogt, King, King, & Litz, 2006; Ruzek, Schnurr, Vasterling, & Friedman, 2011; Seal et al., 2010). Stressors associated with war zone combat are atypical in that they are repetitive traumatic events that pile up in the Veteran's nervous system, rather than a single traumatic event (Larner & Blow, 2011). These repetitive traumatic exposures subject Veterans to high risk of developing

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posttraumatic stress disorder (PTSD) symptoms – a psychological reaction to traumatic events outside the range of normal human experience.

Untreated PTSD in Veterans can have devastating consequences. For example, PTSD is a risk factor for suicidal ideation in Veterans. Compared to Veterans who do not have PTSD, those with PTSD are four times more likely to report suicidal ideation (Jakupcak et al., 2009). A recent study (Rudd, Goulding, & Bryan, 2011) found that 46% of their sample of student Veterans (N = 628) had thoughts about suicide, with 20% among them having a plan. Approximately 35% of their participants reported severe anxiety, 24% severe depression, and 46% experienced symptoms of PTSD. One of the most important transitions from military life to civilian life is the pursuit of a career. Given that, higher education is an important avenue for that transition. Last year alone, more than half a million Veterans were enrolled in colleges and universities. This situation warrants further exploration, especially as U.S. universities have been witnessing an influx in enrollment of student Veterans who experience chronic stress and exhibit PTSD symptoms (Miles, 2010).

Posttraumatic Stress Disorder

Diagnostically, PTSD includes a series of adverse reactions and symptoms after directly experiencing or witnessing extraordinary stressful events (APA, 2013). Literature reveals that many factors may contribute to Veterans' developing PTSD, including combat exposure, difficult living conditions, harassment, perceived threat of danger, and aftermath exposure, to name a few. Among these factors, combat exposure is well known to be a strong predictor of PTSD (Huang & Kashubeck-West, 2015).

Pretrauma factors, such as a history of childhood abuse, have also been found to be greatly associated with high rates of PTSD (Bremner, Southwick, Johnson, Yehuda, & Charney, 1993), possibly because childhood abuse compromises the victim's capacity for developing secure attachment (Cicchetti & Toth, 1995) and relational schemata (McCann & Pearlman, 1990). Attachment represents internal working models or cognitive representations of the self in relation to others and the world (Sibley, Fischer, & Liu, 2005). A basic premise of attachment theory is that this internal model is rather persistent and remains stable across the life span. As a result, the effects of childhood attachment quality tend to extend into adulthood (Bartholomew, 1990; Shaver, Collins, & Clark, 1996).

Posttrauma factors such as lack of social support from family and the community, unemployment, additional life stresses or negative events, and negative coping in the post-war period have also been linked to PTSD (Huang & Kashubeck-West, 2015). Among these factors, excessively negative cognitive appraisals of war experiences are strongly associated with persistent PTSD. These negative appraisals are thought to maintain PTSD because they create a lens through which current life hassles could be perceived as threats accompanied by intrusions, hyperarousal, and strong emotions, triggering a series of dysfunctional responses that further maintain the disorder of PTSD (Calhoun, Cann, Tedeschi, & McMillan, 2000).

Posttraumatic Growth

Although between 10-35% of the general population is exposed to at least one traumatic event in their lifetime, not all of those individuals develop PTSD. Hence, it is safe to speculate that there are other underlying protective mechanisms to consider. Not all trauma victims develop PTSD but also many who initially develop PTSD recover over time and somewhat benefit from the hardships (Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004; Tanielian & Jaycox, 2008). While an explosion of research had focused on the negative mental health consequences of wartime trauma, recent research has started to steer attention toward the unexpected growth experience in the aftermath of traumatic events. Indeed, the reports of growth have outnumbered that of disorders (Tedeschi, 1999; Tedeschi & Calhoun, 2004). Specifically, among Veterans, many did report more positive than negative outcomes from their wartime experiences (Schok, Kleber, & Lensvelt-Mulders, 2010). For example, some combatant soldiers reported that their harsh experiences made them wiser, stronger, and self-confident, and that they learned to appreciate life and relationships more than ever (Elder & Clipp, 1989; Sledge, Boydstun, & Rabe, 1980).

PTG has been defined as the experience of positive psychological changes that occur after exposure to a traumatic event (Tedeschi & Calhoun, 2004). The notion that suffering may lead to a sense of meaningfulness and personal growth is not new, but the increase of research focused on PTG is rather new in the past decade. For example, more than 300 studies, fueled by enthusiasm for the positive psychology movement, have explored the posttraumatic growth phenomenon (Frazier, Conlon, & Glaser, 2001; Tedeschi & Calhoun, 2004). To gain a more clear understanding of PTG it is important to examine the role cognitive processing plays in this process (Moran, Schmidt, & Burker, 2013). Without a doubt, the experience of trauma can shatter the most fundamental and treasured assumptions that one holds about self and the world (Janoff-Bulman, 2006); however, with the shattering comes the possibility of restructuring one's cognitive assumptions of the self and the world (Abel, Walker, Samios, & Morozow, 2014). As a result, a shift in memory appraisals tends to happen, leading to more effective coping behaviors (Halligan, Michael, Clark, & Ehlers, 2003; Janoff-Bulman, 2006; Prati & Pietrantoni, 2009; Tedeschi & Calhoun, 2004).

Limitation of Existing Studies on PTG and PTSD

We speculate that PTG and PTSD might have a multifaceted mode of relationship, neither completely overlapping, nor being the flip coin of each other. Many studies have examined predictor factors of PTSD, but relatively few examined those of PTG (Dekel, Mandl, & Solomon, 2011); even fewer compare the predicting factors of PTG and PTSD together, particularly with Veterans. A major limitation of existing studies on PTG and PTSD is that their contributing factors have rarely been examined simultaneously, and never among student Veterans. Dekel, Mandl, and Solomon (2011) pointed out that the majority of existing studies are on non-Veteran populations; and most of them investigated either the risk factors for PTSD or the protective factors for PTG separately, seldom were both investigated concurrently. Though Dekel et al. did simultaneously examine the contributing factors of PTG and PTSD, their study focused exclusively on prisoners of war. Left unclear is the question of the predicting factors

among Veterans who are not war prisoners – particularly regarding attachment styles, cognitive adaptation, and degree of combat exposure.

Purpose of This Study

To gain a better understanding of postwar adjustment of Veterans, to fill the gap in the current literature, and to provide additional information to connect mental health practice with current research on Veterans, our study examined the association of attachment style, combat exposure, and posttrauma cognitions as related to PTSD and PTG, particularly among student Veterans. The main research questions are:

1. Is there a possible relationship between PTSD and PTG?
2. Which of the three independent variables, attachment style, combat exposure, posttrauma cognitions, are the strongest predictors for PTSD?
3. Which of the three independent variables, attachment style, combat exposure, posttrauma cognitions, are the strongest predictors for PTG?

We hypothesized that there might be a moderate relationship between the two dependent variables. We also hypothesized that attachment styles oriented toward either high anxiety and/or high avoidant (fearful, preoccupied and dismissive attachment) will predict PTSD. Conversely, we postulate secure attachment will be predictive of PTG. Combat exposure will predict both PTSD and PTG, with moderate levels of exposure predicting PTG. Finally, we hypothesize that negative posttrauma cognitions will predict higher levels of PTSD.

Method

Participants

Sixty-four self-identified military Veterans from a university located in the Midwest of the U.S. volunteered to take part in the current study. The participants ranged from age 19 to 61 ($M = 33$, $SD = 9.22$), with the majority of them being males (78%). Thirty-five percent of the participants were recruited via the Student Veteran Club and 65% were recruited via email. Fifty-seven percent of the participants self-identified as Caucasian, 19% Hispanic, 11% Black/African American, 7% as other, 4% Asian/Pacific Islander, and 2% as Native American. Thirty-five percent were married, 6% not married, but living with a partner, 19% divorced, and 39% never married.

Measures

Demographic questionnaire. A demographic questionnaire was developed for the purpose of this study. It identifies the demographic background of participants, that is age, gender, and educational level.

Mississippi Scale for Combat-Related PTSD (M-PTSD). The M-PTSD, developed by Keane, Caddell, and Taylor (1988), is a 35-item self-report scale derived from Diagnostic and Statistical Manual of Mental Disorders criteria for PTSD. Each item is rated on a 1 to 5-point scale to yield a total score ranging from 35-175, with higher scores indicating greater severity of

PTSD. Ten positively scored items are reverse scored and summed to provide and index of combat related PTSD symptoms. Internal consistency of M-PTSD for the current study was α = .678.

Post-Traumatic Growth Inventory. The PTGI (Tedeschi & Calhoun, 1996) is a 21-item self-report questionnaire that uses a six-point Likert scale to measure growth following traumatic experiences. Items are scaled from 0 ("I did not experience this change as a result of my crisis") to 10 ("I experienced this change to a very great degree as a result of my crisis"). The PTGI yields a total score and scores for five subscales: New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. In Tedeschi and Calhoun's original study, the coefficient reliability of the total PTGI scores was .90. The subscales for PTGI have been reported to have high reliability: New Possibilities (α = .84); Relating to Others (α = .85); Personal Strength (α = 07); Spiritual Change (α = .85); Appreciation for Life (α = .67). Internal consistency (Cronbach's alpha) of total PTGI for the current study was high (α = .93), and the item-total correlation ranged from .56 to .87.

The Relationship Questionnaire. The RQ (Bartholomew & Horowitz, 1991) consists of four short paragraphs that depict four adult attachment styles (secure, fearful, preoccupied, dismissing). Respondents are asked to make a choice on a 7-point scale, 1 (*disagree strongly*) to 7 (*agree strongly*) of the degree to which they resemble each of the four styles. RQ has shown high convergence validity with interview ratings (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994) and relatively high stability over an eight-month period (Scharfe & Bartholomew, 1994). RQ can generate a continuous rating for each attachment pattern or can be used to determine attachment category. The present study used this measure as a continuous rating.

Combat Exposure Scale. The CES (Keane et al., 1989) is a 7-item self-report measure that assesses stressors experienced during combat. Items are measured on a 5-point frequency (ranging from 1 = "no" or "never" to 5 = more than 50 times). The total CES score, ranging from 0 to 41, is calculated using sum of weighted scores. Higher scores indicate higher stressors. This measure has a high degree of reliability, where the coefficient alpha has been reported to yield a value of .85 (Keane, et al., 1989); the internal consistency of this measure in the current study was high (α = .879).

Posttraumatic Cognitions Inventory. The PTCI (Foa, Tolin, Ehlers, Clark, & Orsillo, 1999) is a 36-item inventory, which requires the respondents to rate their experiences on a Likert-type scale ranging from 1 (totally disagree) to 7 (totally agree). The scale includes three subscales with a high degree of intercorrelation (rs = .57-.75). Internal consistency of the subscales has been good for all three subscales: Negative Cognitions about the Self, α = .97; Negative Cognitions about the World, α = .88; Self-Blame, α = .86. Internal consistency of the PTCI for the current study was high, α = .96; and the reliability of the subscales was high as well: Negative Cognitions about Self, α = .92, Negative Cognitions about the World α = .90, and Self-Blame α = .851.

Procedure

After obtaining IRB approval, e-mail invitations were sent to 422 self-identified student Veterans at a Midwestern university. Approximately 15% (n = 64) of the student Veterans responded to the e-mails and volunteered for the study. To minimize potential psychological risks to participants, each participant met face-to-face with one of the research associates individually. During the scheduled meetings, the student Veterans signed the informed consents and completed the questionnaires in a private room. After completion of the questionnaires, participants received a list of Veteran-specific, local resources and a $25 gift card. A total of 64 participants completed the surveys. Examination of the data set did not reveal any outliers or significant missing data.

Results

Descriptive statistics analyzed means, standard deviations, and Pearson correlations of the measures and the magnitude of association between PTSD, PTG, attachment style, combat exposure, and posttraumatic cognitions. A series of multiple regressions was conducted to assess predictors of PTG and PTSD. We assessed PTG based on each of its subscales (relating to others, new possibilities, personal strength, spiritual change, and appreciation for life). Prior to running any analysis, the data were examined for violations of homoscedasticity, normality, linearity, and multicollinearity. The analyses showed no skewedness or kurtosis of the data. There was no multicollinearity; and all variables demonstrated linearity and homoscedasticity.

Descriptive Statistics

Preliminary correlations were conducted to examine whether demographic variables might have any significant relationships to the main variables of the present study. Bivariate correlations revealed that gender significantly correlated with combat exposure (R [64] = .26, p = .036) where males had more combat exposure than females. There was also an inverse relationship between gender and spiritual change (R [64] = -.30, p = .02) where females reported higher spiritual change than males. Education positively correlated with two of the PTG subscales, new possibilities (R [64] = .27, p = .03) and spiritual change (R [64] = .25, p = .04), and positively related to secure attachment (R [64] = .29, p = .02). There were no significant correlations for age and marital status.

To address our first research question and evaluate the possible relationship between PTSD and PTG, the magnitude of associations between the studied variables was assessed using a series of Pearson correlations (see Table 1). Additionally, to control for the possible effects of demographic variables of age, gender, education, marital status, and race, all the variables were subjected to first-order partial correlations. Results showed that the strength of the relationships between the dependent and independent variables remained unchanged after the statistical control, consequently, it is safe to conclude that any relationships that exist cannot be due to the effects of demographic variables.

Table 1. *Correlations*

-.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. PTSD	-													
2. PTG-relating to others	-.08	-												
3. PTG-new possibilities	-.04	.68**	-											
4. PTG-personal strength	.15	.55**	.58**	-										
5. PTG-spiritual change	.05	.54**	.57**	.34**	-									
6. PTG-appreciation for life	.10	.41**	.60**	.76**	.41**	-								
7. Combat exposure	.32**	.03	-.12*	2.8	-.01	.11	-							
8. Secure attachment	-.54**	.27*	.08	-.13	.09	-.10	.16	-						
9. Fearful attachment	.48**	-.20	-.14	.05	-.15	-.01	.08	-.64**	-					
10. Preoccupied attachment	.26*	.13	.20	.10	.04	.13	.06	-.20	.08	-				
11. Dismissive attachment	.24	-.06	.04	.22	.34**	.16	.31	-.24	.18	.06	-			
12. Negative cognition about self	.72**	-.08	-.16	.08	.04	-.01	.31*	-.47**	.41**	.10	.12	-		
13. Negative cognition world	.56**	-.11	-.15	-.03	-.02	.02	.05	-.53**	.34**	.05	.24	.68**	-	
14. Self blame	.38*	.01	.17	.02	.29*	.01	-.00	-.26*	.13	.06	.11	.56**	.39**	-
Mean	88.67	.250	2.95	3.35	1.82	3.23	10.79	2.79	3.296	2.28	3.27	2.46	4.361	2.42
SD	10.67	1.22	1.09	1.13	1.55	1.22	9.76	1.22	1.31	1.06	1.21	1.19	1.44	1.33

* Correlation is significant at the 0.05 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed)

Although we did not find a relationship among PTSD scores, total PTG scores, or each of the PTG subscales, we did find that both PTSD and the PTG subscale of New Possibilities positively correlated with combat exposure. That is, more combat exposure was related to more PTSD symptoms as well as to more perceived sense for new possibilities. Both PTSD and the PTG subscale of Spiritual Change positively correlated with self-blame, indicating that individuals who ascribed to cognitive appraisal of self-blame reported high levels of PTSD as well as PTG of Spiritual Change. Both PTSD and the PTG subscale of Relating to Others were

found to be associated with secure attachment. Specifically, individuals who reported higher levels of secure attachment reported lower PTSD symptoms and higher levels of PTG of Relating to Others. In short, each of the dependent variables had a relationship with combat exposure, secure attachment, and self-blame.

At the same time, some variables correlated with only one of the dependent variables but not the other. Specifically, PTSD had a significant positive relationship with negative cognitions about self, negative cognitions about world, fearful attachment, and preoccupied attachment. Surprisingly, the PTG subscale of Spiritual Change was highly correlated with dismissive attachment style and self-blame. Not surprisingly, secure attachment was significantly correlated with post-trauma cognitions, where individuals who showed higher levels of secure attachment reported lower levels of negative cognitions about self and the world.

Predictors of PTSD

To assess whether or not attachment style, combat exposure, and post-trauma cognitions predict PTSD, a series of multiple regressions were conducted. The results of the analysis are presented in Table 2. The prediction model was statistically significant, where 63% of the variance in PTSD scores was explained by the independent variables, $F(8, 55) = 11.92$, $p < .0001$ ($R = .79$, $R^2_{Adj} = .58$). Primarily, higher levels of negative cognitions about self predicted 54% of the variance; and preoccupied attachment style predicted 7% of the variance for PTSD. When examining the severity of PTSD, the prediction model was again statistically significant, where 64% of the variance in the severity of PTSD symptoms was explained by the independent variables, $F(8, 55) = 12.41$, $p < .0001$ ($R = .80$, $R^2_{Adj} = .60$). Higher levels of negative cognitions about the world predicted 38% of the variance, fearful attachment style predicted 25% of the variance, and combat exposure explained 11% of the variance in severity of PTSD.

Table 2. *Multiple Regressions Analyses: Predictors of PTSD and PTG*

	PTSD Spiritual Growth				PTG			
Variables	**B**	**SE**	**β**	**t**	**B**	**SE**	**β**	**t**
Secure attachment	-.86	1.10	-.10	-.80	.15	.22	.12	.70
Fearful attachment	1.21	.92	.15	1.31	-.20	.19	-.17	-1.09
Preoccupied attachment	**1.83**	**.86**	**.18**	**2.13***	.19	.17	.13	1.13
Dismissive attachment	.81	.82	.09	.99	**.58**	**.17**	**.46**	**3.55****
Combat Exposure	.11	.11	.10	1.03	-.024	.02	-.15	-1.08
Negative cognition about self	**4.40**	**1.36**	**.49**	**3.24****	.14	.27	.11	.52
Negative cognition about world	.52	.96	.07	.54	-.22	.19	-.21	-1.14
Self blame	.25	.85	.03	.29	**.38**	**.17**	**.32**	**2.19***

* Significant at the 0.05 level , ** Correlation is significant at the 0.01 level

Predictors of PTG

Multiple regressions were conducted for the total PTG scores and each of the PTG subscales with regard to the independent variables: attachment style, combat exposure, and post-trauma cognitions. The prediction model for total PTG scores did not demonstrate any significant findings; however, the prediction model for the PTG subscale of spiritual change was statistically significant, where 30% of the variance was explained by the independent variables, $F (8, 55) = 2.97$, $p < .008$ ($R = .55$, $R^2_{Adj} = .20$). Dismissive attachment style explained 12% of the variance and self-blame accounted for 9% of the total variance. The results of this analysis are also demonstrated in Table 2.

Discussion

This study is unique in examining the factors that predict both PTSD and PTG among the student Veteran population. The aim of this study was to (a) examine the possible relationship between PTSD and PTG, and (b) identify if attachment style, combat exposure, and posttraumatic cognitions might predict PTSD and PTG. The results from the correlational analysis revealed no linear or overlapping relationship between PTSD and PTG. This finding is consistent with the results of other studies (Hobfoll, Tracy, & Galea, 2006; Salsman, Segerastrom, Brechting, Carlson, & Andrykowski, 2009). Research on the relationship between PTSD and PTG has found their relationship is anything but simple. Although some studies have found a linear negative association between the two variables with higher levels of PTSD associated with less PTG (Johnson et al., 2007), other studies have found that PTG and PTSD can co-occur, meaning that the experience of distress is needed prior to growth (Hall et al., 2010). At this point, it is still unclear if PTSD and PTG are independent constructs or if they are parts of the same spectrum. Future studies should continue to examine this relationship.

The results of the multiple regressions revealed that negative post-trauma cognitions about the self and preoccupied attachment style were significant predictors of PTSD. Interestingly, combat exposure did not predict higher PTSD symptoms. However, our further examination revealed that combat exposure, fearful attachment style, and negative cognitions about the world were significant predictors of PTSD severity. These findings are consistent with other studies that have demonstrated that negative posttraumatic appraisals about the self ("I am not strong enough") are related to post-trauma symptom severity (Ehring, Ehlers, & Glucksman, 2008; Ehring, Frank, & Ehlers, 2008). All of the mentioned studies utilized the PTCI (Foa et.al, 1999) to assess negative post-trauma appraisals.

According to the attachment theory, beginning at an early age, individuals have learned unique ways of responding to danger and distress (Bowlby, 1980; Bretherton, 1996; Main, 1996). Later exposure to danger and threat can set into motion these unique ways of responding (Bowlby, 1980; Mikulincer, 1998). Particularly, insecure attachment is one of the risk factors of developing adverse symptomatology after stressful experiences (Elwood & Williams, 2007). Indeed, more severe posttraumatic stress symptoms have been associated with insecure attachment. Specifically, individuals with fearful or preoccupied attachment styles have been found to be more likely to experience posttraumatic stress symptoms than those with dismissive attachment style (Declercq & Willemsen, 2006; Forbes, Parslow, Fletcher, McHugh, & Creamer,

2010; Fraley, Fazzari, Bonanno, & Dekel, 2006). It is possible that those with fearful or preoccupied attachment style tend to exacerbate their tendency to re-experience military-related trauma memories and emotions and intensify their negative appraisals on perceived threats to the self, making it even more difficult to recover from PTSD (Dougall, Herberman, Delahanty, Inslict, & Baum, 2000; King, King, Foy, Keane, & Fairbank, 1999; Nishith, Mechanic, & Resick, 2000).

To explore the relationship between preoccupied attachment style and negative post-trauma cognitions, we reflect on Ehlers and Clark's (2000) influential model of PTSD, which indicates that negative cognitive evaluations contribute to feelings of being in imminent danger and threat, which are central to the maintenance of PTSD symptoms. The influential model recognizes that pre-existing variables might have some weight to contribute to the development of these symptoms. In keeping with attachment theory (Bowlby, 1980) and its concept of the internal working models of the self, our findings demonstrated a strong association between negative post-trauma cognitions and attachment anxiety. It is apparent that the two factors are related because one's ability to regulate emotions and to cope with stressors are reasonably related to one's internal working models of the self in relation to others (Bartholomew & Horowitz, 1991). Subsequently, these factors influence how individuals assess and process traumatic events. More specifically, individuals with preoccupied attachment styles tend to be high in attachment anxiety, which tends to trigger the use of hyper-activating emotion-regulation (Mikulincer & Shaver, 2007) and reinforce negative evaluations about safety.

In the PTG phenomenon, the revision of one's religious schemas is closely related to the phenomenon of cognitive restructuring (Batson, Schoenrade, & Ventis, 1993; Calhoun et al., 2000). Increased openness to religious quest and religious participation has been reported as an outcome of stressful experiences (Park, Cohen, & Murch, 1996) and linked to posttraumatic growth (Ano & Vasconcelles 2005; Calhoun et al., 2000; Gerber, Boals, & Schuettler, 2011; Pargament, 1997; Tedeschi & Calhoun, 2004). Such findings are of no surprise because revision of one's religious constructs often leads to a redefinition and rediscovery of one's meanings and significance of life (Gerber et al., 2011). Further, engagement in religious or spiritual practice is generally connected to better emotional well-being, such as acceptance, hope, and spiritual growth (Ano & Vasconcelles 2005; Sawatzky, Ratner, & Chiu, 2005).

Our study found that both dismissive attachment style and self-blame are associated with the PTG subscale of spiritual change, consistent with Dekel's (2007) study in which both attachment anxiety and avoidance were positively related to PTG. Arikan and Karanci (2012) also found that attachment anxiety was positively related to PTG. Further, a meta-analysis of 87 studies by Helgeson, Reynolds, and Tomich (2006) found that PTG was related to intrusive as well as avoidant cognitions, even though these two cognitions are also related to PTSD. Such findings are challenging to interpret, given that individuals with dismissive attachment tend to be inclined toward attachment avoidance, which lends to deactivation of emotion regulation strategies. It is possible that individuals with this attachment style actively avert threatening situations and cognitions so they avoid feeling negatively. Perhaps these individuals avoid seeking proximity to other attachment figures and instead rely more on spiritual coping or engage in post-trauma cognitions of self-blame which gives them a sense of internal control. To

this end, PTG may be viewed as a coping strategy utilized to respond to highly stressful events, and ultimately afford the individual with successful processing of the traumatic experiences.

Limitations

There were several limitations to the present study, most notably the small sample size and generalizability to the general population of Veterans. This study utilized the non-probability sampling technique of self-selection. In self-selection, participants usually have a greater willingness to provide more insight into PTSD and PTG; however, there is potential for self-selection bias and greater possibility for confound. In addition, this study utilized self-report which allows participants to share their own perspectives; however, responses directed toward acquiescence and social desirability may pose potential validity issues. Future research should include a larger and more dispersed population of Veterans and closely examine female Veterans and Veterans from culturally diverse backgrounds, as research has demonstrated these groups are more likely to have different experiences and psychosocial responses during and after military service. Additionally, ethnicity, culture, and gender may affect attachment style and posttraumatic growth.

Lastly, a large majority of the veterans in our study remarked that they wished the format had been an interview, rather than a questionnaire. Time, personnel, and financial constraints precluded this possibility at the current time, but the respondents clearly indicated that they believed an in-person interview would better assess their attachment styles, beliefs, military experiences, and posttraumatic growth. Future research may successfully focus on qualitative design to gain a more in depth understanding of these factors.

Implications for Counseling

Our findings have important clinical implications for counseling the Veteran population. Specifically, initial assessment should be conducted with both trauma and growth in mind. Further, our results demonstrate that initial assessment needs to take both past and present significant relationships and attachment style into consideration. This can be accomplished by using assessment models that encompass the Veteran's worldview and belief system. In particular, Bronfenbrenner's (1977) biopsychosocial model and Collins and Collins' (2005) developmental-ecological model could be used because both consider all of the various micro-, macro-, and exo-systems a Veteran client might influence and be influenced by. One key factor to bear in mind is the client's culture – not just culture and ethnicity at birth, but also membership in the specific culture of the military. The Cultural Formulation Interview (CFI) from the DSM-5 (APA, 2013) can be used to increase clinicians' understanding of how the Veteran client's culture has impact on perspectives of the problem, the roles others may play, help-seeking experiences, and current expectations about counseling and other forms of treatment. In addition, clinicians who work with Veteran trauma survivors should strive to have a clear understanding of what posttraumatic growth would look like – what it means for a Veteran client to live optimally in the aftermath of a traumatic experience (Calhoun & Tedeschi, 2006). It is only with this understanding that clinicians can begin to facilitate growth in Veteran trauma survivors.

Multiple evidence-based treatments exist and are practiced throughout the VA system, including prolonged exposure, cognitive processing therapy, eye movement desensitization and reprocessing, stress inoculation training, and cognitive exposure therapy (Sharpless & Barber, 2011). No single practice is recognized as the best for trauma treatment throughout the VA, but all have three elements in common: exposure with desensitization, understanding the circumstances and drawing conclusions about the event, and the recreation of a sense of safety in the client. Clinicians may consider incorporating the five subscales of PTG (new possibilities, relating to others, personal strength, spiritual change, and appreciation of life) into their practice by actively looking for these themes when the Veteran clients narrate their experiences (Calhoun & Tedeschi, 2006).

We believe that regardless of which techniques are applied, the most important implication for counseling Veterans is for a clinician to assume an "expert companion" position (Calhoun & Tedeschi, 2006). Since a secure attachment plays a significant role in PTG, the question remains how to foster a safe environment where the client can form a secure attachment with a clinician. This might imply that with Veteran trauma survivors, clinicians need to provide expert companionship. In addition to offering their professional expertise, clinicians need to assume the role of both a professional and a "fellow traveler" who has the capacity to listen to the traumatic experiences that friends and family members are unable to tolerate hearing. Doing so will afford counselors to not just address PTSD symptoms, but also rebuild the client's secure attachment schema and facilitate posttraumatic growth that may last a lifetime.

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