

Evaluation of the 60-day Reintegration Training of
Beyond the Yellow Ribbon

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In 2005-2006 the Minnesota Army National Guard started Beyond the Yellow Ribbon reintegration training for National Guard and Reserve soldiers returning from overseas deployments. Reintegration training is held 30, 60, and 90 days after a soldier returns home. The 60-day event, which targeted alcohol and gambling abuse and anger management, was the focus of this study, which screens soldiers for alcohol, gambling, and anger problems 1-3 years after completing the 60-day training. Beyond the Yellow Ribbon reintegration training, based on the limited data for this study, appears ineffective at preventing or reducing alcohol and gambling abuse among soldiers. Participants were 40 National Guard soldiers from the 2/135 Infantry Unit in Rochester, MN; response rate was 100%. This post-test only survey compared alcohol, gambling, and anger rates from other studies. The survey included the CAGE, AUDIT-C, and SSOGS measures and subscales from the Aggression Questionnaire. Results indicated 40-42% of soldiers screened positive for potential alcohol abuse and 15% for potential gambling abuse 1-3 years after the completion of the 60-day event. Several opened-questions revealed suggestions

from soldiers for improving both the 60-day training event and the overall reintegration process. Suggestions included extending and adding onto the existing reintegration training.

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Chapter I: Introduction

Purpose

The purpose of this study is to determine the number of soldiers who screen positive for alcohol, gambling or anger problems 1-3 years after going through the Beyond the Yellow Ribbon 60-day reintegration training. The 60-day training event is held one day on a weekend and lasts between 6-8 hours. The topic areas covered during this event involve substance abuse, gambling abuse, and anger management workshops. This study will also provide information on how the overall reintegration program can be improved.

Rationale for the Study

The rationale for this study is that reintegration staff members have not yet conducted follow-up assessments with National Guard Infantry Units after the completion of reintegration training. Also, since research on reintegration training is relatively new, this study was more exploratory and provided information for future studies and improvement of Beyond the Yellow Ribbon.

The sample for this study was 42 soldiers in the Bravo Company, 2/135 National Guard Infantry Unit Bravo Company stationed in Rochester, MN who had completed deployments in Iraq, Afghanistan, and Kosovo. Based on an array of multiple deployment experiences, assessing this infantry unit will provide valuable insight into current and potential levels of alcohol abuse, gambling abuse, and anger among soldiers 1-3 years after returning from combat and the completion of their 60-day reintegration training which has become a relatively new addition to the National Guard's post-deployment protocol.

Chapter II: Literature Review

History of National Guard Reintegration Training

The role of the Army National Guard is multi-faced. Comprised of civilian soldiers, the Army National Guard serves two purposes. First, they act as a military force for their local state. Second, they can be sent on federal deployment missions (Army National Guard, 2010). A deployment is when the federal government makes a decision that United States military troops should be sent to a location to provide security (e.g. Kosovo, Kuwait, or the Mexican Border) or to take part in a combat mission (e.g. Iraq and Afghanistan). Deployments can range anywhere from 1 month (i.e. Mexican Border) to 24 months (i.e. Iraq) depending on the mission, branch of service, and area of deployment. However, since the attacks on 9/11, the rate of Army National Guard units deployed on combat missions has increased; in 2005, half of the combat troops in Iraq were National Guard soldiers (Linsley, 2007).

Until recently, unlike traditional full-time Army personnel, Army National Guard soldiers lacked a formal reintegration training event to help them readjust to civilian life upon completion of their deployment. The need for reintegration training has become evident by the problems that all veterans may face after their deployment, such as alcohol abuse, Post Traumatic Stress Disorder, and anger issues (Taft et al. 2007). The lack of reintegration training for National Guard soldiers led the Major General of the Minnesota National Guard, Larry Shelito, to form a reintegration program called Beyond the Yellow Ribbon (Beyond the Yellow Ribbon, 2009).

Beyond the Yellow Ribbon Overview

Beyond the Yellow Ribbon includes three separate reintegration training events that occur 30, 60, and 90 days after a soldier returns home from a deployment. Reintegration training is a mandatory process and soldiers must wear their military uniforms when attending training. Soldiers are not the only focus during reintegration training; family members are also encouraged to attend and participate in classes. When soldiers arrive for the 30 or 60-day training event, they report in, are briefed about the classes and activities they will need to complete throughout the day, and are instructed about a check-off sheet that staff and instructors must sign before they are dismissed for the day. Once soldiers understand the training layout for the day, they are broken into large groups and given a schedule which indicates where classes are and what time they start. Instructors for the classes consist of civilian mental health professionals, counselors, and educators. Information is presented usually in a power point format which may be accompanied by handouts or a short video clip.

Each course is taught by a different instructor and lasts for 50 minutes. Both the 30 and the 60-day training events last anywhere from 6-9 hours and take place either in a city where a military company is stationed or in a nearby city. The 90-day training event takes place during a National Guard drill weekend and is reserved only for soldiers. The 90-day event is structured around a military drill session which starts on Friday and ends on a Sunday. The location of this event takes place at Camp Ripley in Minnesota.

The focus of this study will be on the 60-day reintegration training portion of Beyond the Yellow Ribbon. The 60-day reintegration training event focuses on three major topics: substance abuse, gambling abuse, and anger management workshops (Beyond the Yellow Ribbon, 2009).

Alcohol

Although substance abuse is one of the major topics covered during the 60-day training event and soldiers may abuse multiple substances (e.g. alcohol, illicit drugs, prescription medication), this study only focuses on alcohol abuse. Research indicates that alcohol is the substance most frequently abused by veterans after returning home from deployments (Zoroya, 2003 & Jacobson et al. 2008).

During the alcohol training workshop, soldiers are taught about the dangers of alcohol abuse, the problems some veterans face with alcohol abuse after returning home from a deployment, how to avoid triggers of alcohol use, the warning signs of alcohol abuse, and where to turn to for help if alcohol abuse occurs. During the workshop a short video clip is played that depicts a soldier struggling with alcohol abuse and the effects it can have on them, their spouse, and loved ones (i.e. children).

Review of Research on Alcohol Abuse Among Veterans

A study during 2001-2002 by Bray et al. (2004) with the Department of Defense (DoD) indicated 27.6% of DoD military personnel 18 to 25 years old were classified as having a heavy drinking problem as compared to 15.3% for non-military personnel (civilian). Heavy drinking rates, having 5 or more drinks during one sitting in the past 30 days, for all military branches are as follows: Army 32.8%, Navy 31.8%, Marines 38.6%, and Air Force 24.5%. Males in the Army showed a higher percentage of heavy drinking (32.2%) as compared to females (6.3%). Heavy drinking rates in the military have stayed roughly the same from 1980 to 2002; however, a slight non-significant drop from 1980 to 2002 was observed (Bray et al., 2004). Even though data reported by Bray et al. (2004) does not indicate if soldiers in the study were deployed or not, the

focus of this study is on National Guard and Reserve soldiers who deployed from 2003-2009 and their alcohol rates after completing reintegration training after 2006.

Research reveals National Guard and Reserve soldiers who went on combat deployments were more likely to develop alcohol abuse problems when compared to non-deployed National Guard and Reserve soldiers (Jacobson et al., 2008 & National Guard, 2008). Specifically, research by Jacobson et al. (2008) looked at whether or not National Guard/Reserve soldiers who went on combat deployments and reported combat were at risk for developing new onsets of alcohol abuse upon returning home as compared to non-deployed soldiers.

Alcohol abuse was separated into three categories: heavy weekly drinking, binge drinking, and drinking-related problems. Results of the study revealed combat deployments to Iraq and Afghanistan were significantly related to new onsets of alcohol abuse amongst National Guard and Reserve soldiers: new onset of heavy weekly drinking 5.8%, new onset of binge drinking 19.3%, and new onset of drinking-related problems 4.6%. Results also indicated that National Guard and Reserve soldiers reported higher levels of alcohol abuse on the military Post-Deployment Health Reassessment than active duty soldiers: 11.8% for active duty and 15% for National Guard/Reserve.

Several theories suggested by Jacobson et al. (2008) exist as to why there is an increase in alcohol abuse among post-combat National Guard and Reserve soldiers. They include not being adequately trained for combat, added stress of having to transition between military and civilian life, and reduced access to support networks like family and friends. However, such theories may need further investigation to see if they are unique to the Army National Guard/Reserve soldiers or for all military branches. Gender specific information was not made available for this study.

Gambling

The second topic covered during reintegration is gambling abuse. During the gambling abuse workshop, soldiers are taught about the dangers of gambling abuse, problems some veterans face with gambling and financial difficulty after returning home from a deployment, the impact gambling abuse can have on finances and family, the warning signs of gambling abuse, and where to turn to for help if they have gambling abuse problems.

Review of Research on Gambling Abuse Among Veterans

A meta-analysis by Potenza, Kosten, and Rounsaville (2001) found an estimated 2.8% to 3.8% of U.S. adults were at risk for lifelong problem gambling (those who answer yes to one or more of the 10 gambling-related criteria found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV) while 1.1% to 1.60% were at risk for lifetime pathological gamblers (those who answer yes to 5 or more of the 10 gambling-related criteria found in the DSM IV). Gender and age information was not found for this study.

Even though gambling abuse is discussed during reintegration, few studies have examined gambling abuse in the military and independent from other problems (e.g. alcohol abuse). However, there has been an increased interest in assessing pathological gambling in the military (Bray et al., 2004). A study conducted by Bray et al. (2004) with the Department of Defense assessed the level of gambling-related issues among soldiers in all military branches. Results of the study found 6.3% of soldiers were at risk for lifelong problem gambling (answering yes to one or more DSM IV gambling-related questions); whereas, 1.2% of soldiers were at risk for lifelong pathological gambling (answering yes to five or more DSM IV gambling-related questions). This study reveals the risk for lifelong problem gambling is higher in the military (6.3%) as compared to the civilian population (2.8% to 3.8%); whereas,

pathological gambling for military personnel (1.2%) is similar to the civilian population (1.1% to 1.6%). The following are percentages of soldiers from all military branches who reported experiencing at least 1 gambling-related problem: Army 5.6%, Navy 6.6%, Marines 7.9%, and Air Force 6.0%. The following are the percentage of soldiers from all military branches who reported experiencing 5 or more of the gambling-related problems: Army 1.4%, Navy 1.5%, Marines 1.4%, and Air Force 0.7%. Gender and age splits were not available for this study.

Because the study by Bray, et al. (2004) assessed gambling-related problems that existed over one's lifetime, Steenbergh et al. (2008) studied gambling issues among 31,104 Air Force recruits averaging 19.95 years of age in order to assess one's past-year gambling (i.e. 12 months) instead of lifetime. Assessing past-year gambling would help researchers better understand current gambling abuse rates in the military. Researchers developed several gambling-related questions used in past studies which assessed one's gambling behaviors during the previous 12 months. Soldiers were grouped into level 1, level 2, or level 3 gamblers. Level 1 gamblers are those who have not gambled or do not experience adverse effects listed in the DSM IV gambling-related questions. Level 2 gamblers are those experiencing one or more of the DSM IV gambling-related questions. Level 3 gamblers are those experiencing five or more of the DSM IV gambling-related criteria.

Results indicated 10.4% of soldiers were level 1 gamblers, 6.2% were level 2 gamblers, and 1.9% were level 3 gamblers. Results were also broken down into gender: level 1 gamblers (males 11.6%, females 6.7%), level 2 gamblers (males 7.1%, females 3.6%), and level 3 gamblers (males 2.2%, females 0.8%).

Findings by Bray et al. (2004) and Steenbergh et al. (2008) are fairly close concerning the percentage of problem gamblers, 6.3% and 6.2% respectively and pathological gamblers, 1.2%

and 1.9% respectively. These results suggest lifetime and current gambling behaviors, either problematic or pathological, are similar among military personnel.

Even though research of gambling abuse in the military is limited, research has indicated that gambling abuse and substance abuse (e.g. alcohol) may be related. Research by Bray et al. (2004) revealed comorbidity between gambling behaviors and alcohol abuse. Bray et al. (2004) found that among moderate alcohol-dependent outpatients, 80% had gambled in the previous 6 months, 30% gambled on a weekly basis, and 4% were diagnosed as pathological gamblers. Additional research also supports the idea that veterans who suffer from substance abuse may also suffer from gambling abuse (by Daghestani et al., 1996; Shepherd, 1996; Castellani, 1996; Kausch, 2003; & Steenbergh et al., 2008). Bray et al. (2004) reported a relationship between alcohol abuse and gambling problems among soldiers during 2001-2002. Results indicated 11% of heavy drinkers reported experiencing at least one gambling-related problem; whereas, 5.1% of heavy drinkers reported experiencing 5 or more gambling-related problems. No gender split was available for this study.

Anger

Anger management is the third topic presented during the 60-day reintegration training. During the anger management training workshop, soldiers are educated on problems some veterans face with anger when returning home from a deployment, how to avoid taking anger out on loved ones or in a destructive manner, the warning signs of anger management issues, and where to turn to for help if they have anger problems.

Review of Research on Anger Issues Among Veterans

Research is limited that isolates anger as an independent issue for veterans. Research actually indicates that when veterans suffer from anger or aggression problems, such problems

may stem from substance abuse or Post-Traumatic Stress Disorder (PTSD) (Forbes, 2008; Gerlock, 2004; Putt et al. 2001; & Taft et al., 2007). Research by Forbes (2008) also indicates that anger and aggression were seen in veterans suffering from PTSD who were deployed on both combat and peacekeeping missions. Gender and age splits were not presented for this study. However, even though no research has been found that isolates anger and aggression as an independent problem for soldiers when returning home, the Veterans Administration (VA) has realized a need for anger management interventions and has made anger management classes available for veterans. These interventions help soldiers understand triggers and cues related to their anger and helps them develop skills to cope with such anger (Veterans Administration, 2010).

Empowerment Theory and Beyond the Yellow Ribbon

The program theory, or theory on which the program is based, behind Beyond the Yellow Ribbon is that educating and empowering soldiers through teaching workshops will improve the likelihood that soldiers will recognize and seek help for alcohol abuse, gambling problems, and anger management issues. By empowering and educating soldiers about these problems faced by some veterans upon returning home, it is hoped that soldiers will realize that such problems can affect them, their families, and their friends. It is also hoped that by attending the reintegration workshops, soldiers will know how and where to seek out help for problems if they arise (e.g. counseling, telephone hotlines), learn the warning signs of problems (e.g. alcohol abuse), and understand that it is okay and normal to seek out help for themselves or for their friends.

The program theory used by Beyond the Yellow Ribbon resembles Empowerment Theory. Empowerment Theory was designed to help individuals and communities focus on improving, accepting, and fixing problems instead of blaming people and highlighting

deficiencies (Zimmerman, 1995). Beyond the Yellow Ribbon strives to help soldiers look past blaming themselves for problems and help them focus on seeking help if needed. Reintegration workshops are designed to empower soldiers with the resources and knowledge they need to overcome problems they may face after returning home. Zimmerman (1995) points out that empowerment is widely studied and can be an effective tool for helping communities solve problems; however, a literature review found that no studies have examined the effectiveness of an empowerment approach with soldiers during reintegration training. Also, it is unclear if empowerment training in a reintegration training setting has a different effect on age, gender, or ethnicity.

Research Questions and Hypotheses

Based on the literature, the following are a list of research questions and hypotheses.

Research Question 1

Does the Beyond the Yellow Ribbon program, whose objective is to empower and educate soldiers about how to prevent alcohol abuse, gambling abuse, and anger problems, have an impact on soldiers 1-3 years after their completion of the 60-day reintegration training?

Hypothesis 1

If the program theory behind Beyond the Yellow Ribbon is sustainable amongst soldiers 1-3 years after the 60-day reintegration training (empower and educate), it is expected the percentage of soldiers suffering from alcohol and gambling abuse will be below or align closely with previously reported findings in the military (32% suffering from heavy drinking and 6.2%-6.3% suffering from potential gambling abuse). Also, it is expected soldiers will score close to the average scores reported by Buss and Perry (1992) concerning verbal aggression (15.2) and anger (17).

Research Question 2

Do veterans suffer from more than one problem (e.g. alcohol or anger)?

Hypothesis 2

It is believed that alcohol abuse scores (potential and current) will positively correlate with scores on verbal aggression, anger, and gambling abuse scales for all soldiers.

Research Question 3

Are soldiers 21-30 years of age suffering more from alcohol abuse (potential or current), gambling abuse, anger, and financial problems than soldiers 31-41 years of age?

Hypothesis 3

Research has highlighted younger soldiers (mid-20s) may suffer with problems of heavy alcohol abuse (Bray et al., 2004) and gambling abuse (Steenbergh et al, 2008), thus it is believed that veterans in the study who are 30 years or younger will have higher scores on each measure and have greater financial difficulty than veterans 31 and older.

Research Question 4

How much do veterans remember about each reintegration training workshop after 1 year and were they satisfied with the 60-day reintegration training?

Research Question 5

How can the reintegration process, including the 60-day training event, be improved upon?

No hypothesis was stated for the research questions 4 and 5. These questions were formulated for the purpose of exploring soldiers' satisfaction with the 60-day reintegration training and to better understand how soldiers believe the reintegration process could be improved.

Chapter III: Methodology

Study Design

This study used a post-test no control group design and a concurrent mixed-method for collecting data (Bamberger, Rugh, & Mabry, 2006). A concurrent mixed-method consists of both quantitative questions (i.e. Likert-Scale) and qualitative questions (i.e. open-ended) used simultaneously. The use of both quantitative and qualitative questions concurrently for collecting data allows for a more comprehensive analysis of the research questions and hypotheses.

Subject Selection and Description

Participants were selected for this study based on a convenience sample of 42 Bravo Company National Guard Soldiers from the 2/135 infantry division based out of Rochester, Minnesota. All participants were male and between 21 and 41 years of age (see Figure 1). Most soldiers were married or living with someone (70%) and were enrolled with the Veterans Administration (70%). On average most soldiers had been in the military for 8 years.

The small sample size for this study was the result of several factors. First, each National Guard infantry unit typically has approximately 100 soldiers in the unit and some soldiers may not have been deployed. Second, because this study took place 1-3 years after most soldiers returned from deployment, many soldiers had left the service. Third, because units are spread throughout Minnesota, time limited the number of units involved in this study to one. Lastly, soldiers in most units were preparing for another deployment which made timing, in between deployment training, for the study difficult.

The only requirement to be in this study was the completion of the 60-day reintegration training event held by Beyond the Yellow Ribbon. There was a 100% response rate for this study. After collecting and reviewing the surveys, it was found that two participants did not

qualify for the study and were excluded. The ending sample size yielded 40 participants. Access to this population was gained through negotiations between the researcher and the Bravo Company Commander and 1st Sergeant. Because the sample was taken from an infantry unit, only males took part in this study.

Instrumentation

A survey was used to collect data for this study. The survey consisted of 36 quantitative questions, which includes the following measures, and 3 qualitative questions. About half of the quantitative questions utilized a Likert-Scale. The remaining quantitative questions utilized a yes or no format or asked for factual information (e.g. age and number of times deployed). The three qualitative questions used an open-ended question format. The three constructs of interest in this study (alcohol abuse, aggression, and gambling abuse) were measured using the cut-annoyed-guilty-eye (CAGE) questionnaire, the Alcohol Use Disorders Identification Test (AUDIT-C), the Shortened South Oaks Gambling Screen (SSOGS), and the Aggression Questionnaire. The remaining questions were developed by the researcher.

The CAGE

In order to measure for possible alcohol abuse, the CAGE questionnaire was utilized. The CAGE is a (yes or no) 4-item questionnaire that was originally developed by Dr. John Ewing in 1984 (Counseling Resource, 2010). The CAGE is an international alcohol instrument used for identifying individuals who may be at risk for alcohol abuse. Individuals who respond yes to 2 or more items may be at risk alcohol abuse. Research has shown the CAGE to be a reliable measure for identifying problems with alcohol with a test-retest reliability of 0.80-0.95 (Dhalla & Kopec, 2007). Research by Bradley et al. (2001) has also shown that the CAGE can successfully identify

veterans who have alcohol abuse problems. However, the CAGE is limited in that it does not assess a person's current level of alcohol usage (Bush et al. 1998).

The AUDIT-C

Three additional questions that make up the Alcohol Use Disorder Identification Test (AUDIT-C) were added to the survey at the request of Beyond the Yellow Ribbon reintegration staff. The AUDIT-C questions were added because the Veterans Administration (VA) currently uses this measure when screening for current or heavy alcohol abuse. The three questions are as follows: how often do you have a drink containing alcohol, how many drinks containing alcohol do you have on a typical day when you are drinking, and how often do you have 6 or more drinks on one occasion. The AUDIT was originally developed by the World Health Organization involving 6 countries as a way to assess for heavy/risky drinking using a Likert-Scale answering format (Tuunanen, Aalto, & Seppä, 2007). The AUDIT-C is a modified 3-item questionnaire from the AUDIT and was developed and tested in several Veterans Administration locations by Bush et al. (1998). The AUDIT-C, like the original AUDIT, was designed to assess those at risk for heavy alcohol use and active alcohol abuse/dependence. Scores on the AUDIT-C can range from 0-12 and, based on current versions used by the VA, a score of 4 or higher in men indicates a positive screen. The higher the AUDIT-C score the greater the chance alcohol is affecting a person's health and safety. The AUDIT-C with a 4-point cutoff score revealed a sensitivity of detecting 86% of patients with heavy drinking, alcohol abuse, or dependence and a specificity of 72% (Bush et al., 1998). Although, the AUDIT-C has an alpha level of .56 for internal consistency (Rumpf et al., 2001), it has been successful in identifying veterans with current alcohol problems (Bradley et al., 2007). The VA had originally used the CAGE to detect alcohol abuse but eventually switched to the AUDIT-C (Department of Veterans Affairs, 2010). The

reason for this switch was because the AUDIT-C, unlike the CAGE, measures current alcohol usage.

Unfortunately, one question of the AUDIT-C was miss worded resulting in only the use of two questions. Because the full ADUIT-C cannot be scored, data from the remaining two questions will be used to judge current alcohol abuse.

The SSOGS

In order to measure gambling abuse, the Shortened South Oaks Gambling Screen (SSOGS) was utilized. The SSOGS was created by Nelson and Oehlert (2008) as a way to quickly and reliably screen for gambling abuse. The SSOGS is a 7-item (yes or no) questionnaire that was created from the South Oaks Gambling Screen (SOGS). Individuals who score 2 or higher on the SSOGS, may have a gambling abuse problem. Nelson and Oehlert (2008) found that the SSOGS demonstrated high concurrent validity with the SOGS, correctly classifying 94.7% of participants. Research by Nelson and Oehlert (2008) also documented test-retest reliability of 0.79 with correctly classifying veterans who suffered from gambling abuse.

The Aggression Questionnaire

In order to measure anger, subscales from the Aggression Questionnaire (verbal aggression and anger) were selected. The Aggression Questionnaire was created by Buss and Perry (1992) as an expanded measure for aggression. The questionnaire is composed of four subscales: Physical Aggression, Verbal Aggression, Anger, and Hostility.

For this study, the decision was made to only focus on verbal aggression and anger. This decision was made because brevity was important. Because aggression was not defined by Forbes (2008) and physical aggression was not a topic of interest for this study, verbal aggression and anger were chosen to be assessed instead. The verbal aggression section consisted

of 5 items (e.g. I say mean things when I am mad) and the anger section consists of 7 items (e.g. I am like a powder keg ready to explode). Both sections utilized a Likert-Scale scoring format. The average civilian score for verbal aggression and anger, as reported by Buss and Perry (1992) during the development of the Aggression Questionnaire, was 15.2 (verbal aggression) and 17 (anger). Participants were college students who were 18 to 20 years of age.

Research by Buss and Perry (1992) has shown acceptable test-retest reliability for verbal aggression (0.72) and anger (0.76). However, a study by Suris et al. (2005) revealed that when the Aggression Questionnaire was used with a veteran population, anger revealed a higher internal consistency of 0.83. This study also revealed that the Aggression Questionnaire can successfully identify veterans with aggression issues. Specific averages on the Aggression Questionnaire subscales for veterans were not reported in this study.

Data Collection Procedures

The study, approved by the University of Wisconsin-Stout IRB on February 25th 2010, was conducted on March 14th, 2010 in the Bravo Company Armory located in Rochester, MN. The questionnaire utilized during this study (Appendix A) along with a consent form (Appendix B), was distributed to volunteering participants who met the requirements of the study. Participants were told that by filling out the questionnaire, they were consenting to participation in the study. Before the questionnaire was distributed, participants were briefed about the purpose of the study, given the approximate length of time needed to complete the questionnaire, told their information could not be linked to them in anyway, and that the study results would only be viewed by the researcher and reintegration staff. After the briefing, participants were handed a questionnaire by the evaluator and separated in a gymnasium to help assure anonymity. Upon completion of the study, participants were told to seal their questionnaire in an envelope

and place it in a box which was monitored by an officer who did not participate in the study. After the completion of the study, participants were handed a debriefing flyer, see (Appendix C), containing information about outreach programs and personnel they could contact if they needed support concerning alcohol abuse, gambling abuse, or anger issues. Lastly, participants were told to keep the consent form and that they could contact the researcher regarding study-related questions.

Data Analysis

Missing data for this study was treated as missing. Missing data was less than 1% for all values analyzed in this study.

Data analysis for hypothesis 1: Descriptive and frequency data for survey measures.

Descriptive statistics were run to calculate the mean and standard deviation from potential alcohol abuse, current alcohol use, potential gambling abuse, and verbal aggression and anger scores. Descriptive statistics allowed for a visual spread of the scores from each measure. Using the distribution of scores, interpretations were made about issues concerning alcohol, gambling, and aggression. Results from this analysis helped to answer hypothesis 1.

Data analysis for hypothesis 2: Correlational comparison between survey measures.

Correlations between each measure were run. This data allowed for the identification of interactions between measure scores (e.g. potential alcohol abuse and potential gambling abuse). Results of this analysis helped to answer hypothesis 2.

Data analysis for hypothesis 3: MANOVA analysis between survey measures and age.

A MANOVA was generated to compare age and the survey measures: CAGE, AUDIT-C, SSOGS, verbal aggression, anger, and financial standing. Potential alcohol abuse, current alcohol

abuse, potential gambling abuse, financial, anger, and verbal aggression measures served as the dependent variables and age served as the independent variable.

Data analysis 4: Descriptive statistics about soldier satisfaction and content retention during reintegration training.

Descriptive statistics were run in order to gain the mean and standard deviation for the questions pertaining to how much content soldiers remembered from each workshop (e.g. substance abuse). Results of this analysis helped to answer research question 4.

Data analysis 5: Content analysis concerning likes, dislikes, and development suggestions for reintegration training.

Content analysis (see page 31) was used to analyze and interpret the three open-ended questions on the survey. Common themes were pulled from all three open-ended questions. Results of the content analysis helped answer research question 5.

Limitations

Research procedural threats to internal validity were minimal for this study. Participants only received the survey once, at the same time, and in the same location. All participants who had completed the 60-day reintegration training had an equal chance of participating in this study. The survey only took 5-10 minutes to complete so the mortality threat to internal validity was zero.

There are no measure-based threats to conclusion validity identified. All construct measures used in this study have acceptable reliability, except the AUDIT-C, and have proven valid in successfully identifying alcohol, gambling, and anger problems among veterans.

There are threats to internal validity as no control group was used in this study. Because research on deployments and reintegration training is relatively new, exact pre and post

deployment data were not available because soldiers are not currently screened for issues such as alcohol and gambling abuse before they deploy. However, reports of alcohol and gambling abuse amongst military personnel have been made available in reports dating from 2001-2002. This data will serve as comparison data for this study.

Threats to external validity were also minimal. Because a combat infantry unit who has completed deployments to Iraq, Afghanistan, and Kosovo was being assessed, it was believed that the findings of this study should generalize to other National Guard infantry units who were deployed. This generalization is also supported based on the standardization of reintegration soldiers receive at different times and throughout Minnesota.

The histories of participants with alcohol, gambling, and anger problems were unknown for this study; however, it is believed that active gambling abuse and alcohol abuse levels were minimal at the time of soldiers' deployment, because soldiers were not allowed to gamble or drink during an overseas deployment.

Threats to conclusion validity due to analysis are minimal. As a way to reduce evaluator bias, results of the study will be reviewed by the evaluator along with a current officer in the United States Army.

Chapter IV: Results

Demographics

Age for this study was separated into two categories: soldiers 21-30 years of age and soldiers 31-41 years of age for purpose of comparison. There were 29 soldiers (72.5%) in the 21-30 years of age category and 11 soldiers (27.5%) in the 31-41 years of age category. Most soldiers ($n=28$, 70%) were married, involved in a relationship or with an intimate partner, and

almost a third ($n=12$, 30%) were single. Current enrollment in the VA consisted of 28 soldiers (70%) while 12 soldiers (30%) were not.

Years in the Military

The number of years soldiers reported being in the military ranged from 4-20 and averaged about 8.80 ($SD = 4.80$). See Figure 2.

Number of Times Deployed

Figure 3 shows that the number of times soldiers were deployed ranged from 1-4 and averaged about 1.60 ($SD = .90$). The number of soldiers and times deployed are as follows: 24 soldiers (60%) deployed 1 time, 9 soldiers (22.5%) deployed 2 times, 5 soldiers (12.5%) deployed 3 times, and 2 soldiers (5%) deployed 4 times.

Year Attended the 60-day Reintegration Training

As shown in Figure 4, almost all soldiers ($n= 36$, 92.3%) reported attending reintegration following a deployment in 2007 or 2008. However, 2 soldiers (5.1%) reported attending reintegration training as far back as 2006 and 1 soldier (2.6%) attended reintegration training as recently as 2009. The number of soldiers and the year they went through reintegration training are as follows: 2 soldiers (5.1%) completed training in 2006, 14 soldiers (35.9%) completed training in 2007, 22 soldiers (56.4%) completed training in 2008, and 1 soldier (2.6%) completed training in 2009.

Financial Standing

Most soldiers ($n= 26$, 65%) reported having no or only slight financial difficulties; however, over one-third ($n=14$, 35%) reported having at least some financial difficulties (see Figure 5).

Content Remembered from the Training

Soldiers were asked how much content they remembered from three different workshops they attended during the reintegration program: substance abuse, gambling abuse, and anger management. Scores ranged from 1-4 where 1 was nothing and 4 was everything (see Figure 6).

Substance abuse workshop

Most soldiers ($n = 36$, 90%) reported remembering nothing or very little about the training content from the substance abuse workshop. Only 3 soldiers (10%) remembered quite a bit. No soldier reported remembering everything. Scores averaged 1.83 ($SD = .60$), indicating the average soldier did not remember much of the content from this workshop. The number of soldiers and their scores are as follows: 15 soldiers (37.5%) remembered nothing, 21 soldiers (52.2%) remembered a little, 4 soldiers (10%) remembered quite a bit, and 0 soldiers remembered everything.

Gambling abuse workshop

Most soldiers ($n = 36$, 90%) reported remembering nothing or very little about the training content of the gambling abuse workshop. Only 4 soldiers (10%) stated they remembered quite a bit or everything. Scores averaged 1.75 ($SD = .71$), indicating the average soldier did not remember much of the content from this workshop. The number of soldiers and their scores are as follows: 15 soldiers (37.5%) remembered nothing, 21 soldiers (52.5%) remembered a little, 3 soldiers (7.5%) remembered quite a bite, and 1 soldier (2.5%) remembered everything.

Anger management workshop

Three-fourths of soldiers ($n = 30$, 75%) reported remembering nothing or very little about the training content of the anger management workshop. However, unlike other workshops, 10 soldiers (25%) reported remembering quite a bit. Scores averaged 1.95 ($SD = .75$), indicating the

majority of soldiers still did not retain much information from this workshop. The number of soldiers and their scores are as follows: 12 soldiers (30%) remembered nothing, 18 soldiers (45%) remembered very little, 10 soldiers (25%) remembered quite a bit, and 0 soldiers remembered everything.

Satisfaction with the 60-day Reintegration Training

Soldiers were also asked whether reintegration training seemed beneficial to them. There were 17 soldiers (42.5%) who disagreed or strongly disagreed reintegration training was beneficial to them. However, over half of the soldiers ($n= 23$, 57.5%) agreed or strongly agreed reintegration training was beneficial to them. Scores ranged from 1-4, where 1 was strongly agree and 4 was strongly disagree, and averaged 2.60 ($SD = 1.00$). The number of soldiers and their scores are as follows: 3 soldiers strongly agreed, 20 soldiers agreed, 7 soldiers disagreed, and 10 soldiers strongly disagreed (see Figure 7).

Potential Alcohol Abuse

Cranach's Alpha was used to calculate the reliability of the CAGE in this study and yielded a .77 reliability score.

Scores on the CAGE ranged from 0-4, with a score of 0-1 indicating no risk for alcohol abuse and a score of 2-4 indicating possible risk for alcohol abuse. The average soldier did not report an alcohol problem ($n=1.30$, $SD = 1.42$). Although just over half of soldiers ($n= 24$, 60%) scored below 2 on the CAGE measure indicating they were not at risk for alcohol abuse, 40% of soldiers (16) scored 2 or higher on the CAGE, indicating potential alcohol addiction problems. Scores on the CAGE averaged 1.30 ($SD = 1.42$). The highest score obtainable for this measure was 4 (see Figure 8).

Current Alcohol Abuse

Cranach's Alpha was used to calculate the reliability of the two AUDIT-C questions in this study and yielded a .87 reliability score.

Two questions were ultimately used for this measure. Scores for both questions ranged from 0-4 where 0 was never, 1 was monthly or less, 2 was 2-4 times per month, 3 was 2-3 times per week, and 4 was 4 or more per week.

Question one asked soldiers how often they had a drink containing alcohol. Most soldiers reported drinking 2-3 drinks a week or 2-4 drinks a month ($n = 37$, 92.5%). There were only 3 soldiers who reported drinking 4 or more times per week. Scores averaged 2.10 ($SD = 1.05$), indicating most soldiers had a drink containing alcohol monthly or less resulting in a score of 1 or 2 (see Figure 9).

Question two asked soldiers how often they had 6 or more drinks containing alcohol during one occasion. Most soldiers reported having more than 6 drinks either monthly or less or 2-4 times per month ($n = 34$, 85%). However, there were 4 soldiers who reported having more than 6 drinks 2-3 times a week and 2 soldiers who reported having more than 6 drinks 4 or more times per week. Scores averaged 1.50 ($SD = 1.04$), indicating most soldiers had 6 or more drinks containing alcohol in one occasion monthly or less indicating a score of 1 or 2 (see Figure 10).

Even though one question was removed from current alcohol abuse, when scores from the remaining two questions were combined, 17 soldiers (42.5%) had a score of 4 or higher suggesting current heavy alcohol use, alcohol abuse or dependence. Combined scores averaged 3.56 ($SD = 1.97$).

Potential Gambling Abuse

Cranach's Alpha was used to calculate the reliability of the SSOGS in this study and yielded a .78 reliability score.

Scores from the SSOGS ranged from 0-7 where 0-1 indicates no gambling abuse problem and 2-7 indicates a possible gambling abuse problem. Only 6 soldiers (15%) scored 2 or higher on the SSOGS indicating a possible gambling abuse problem. However, the majority of soldiers ($n = 34$, 85%) scored lower than 2. Scores averaged 1.20 ($SD = .50$). The highest score obtainable for this measure was 7 (see Figure 11).

Verbal Aggression Scores

Cranach's Alpha was used to calculate the reliability of the Verbal Aggression measure in this study and yielded a .82 reliability score.

Scores on the Verbal Aggression measure ranged from 10-24 and averaged 17.35 ($SD = 3.61$) which is only slightly higher than the normal average ($M = 15.2$, $SD = 3.9$) reported in a study by Buss and Perry (1992). However, almost three-quarters of soldiers ($n = 29$, 72.5%) scored higher than the normal average while only 11 soldiers (27.5%) scored at or below the normal average. The highest score obtainable for this measure was 25 (see Figure 12).

Anger Scores

Cranach's Alpha was used to calculate the reliability of the Anger measure in this study and yielded a .72 reliability score.

Scores on the Anger measure ranged from 11-33 and averaged 21.15 ($SD = 5.30$) which is higher than the normal average ($M = 17$, $SD = 5.6$) reported by Buss and Perry (1992). Slightly more than three quarters of soldiers ($n = 31$, 77.5%) scored higher than the normal average while

only 9 soldiers (22.5%) scored at or below the normal average. The highest score obtainable for this measure was 35 (see Figure 13).

Correlations Between Demographic Information and Measure Scores

Pearson correlations were used to assess whether potential alcohol abuse scores or current alcohol abuse were positively related to verbal aggression, anger, and potential gambling abuse scores in order to answer hypothesis 2 of this study. Scores from potential alcohol abuse and scores from potential gambling abuse were positively related ($r = .52$) and was significant at .05. Positive relationships were also found between potential alcohol abuse scores and verbal aggression scores ($r = .07$) and anger scores ($r = .21$). However, these relations were not significant (see Table 1).

In an exploratory effort to search for unpredicted or unique relationships, several additional Pearson correlations were generated between potential alcohol abuse, current alcohol abuse, potential gambling abuse, verbal aggression, and anger measures and demographic information such as age, VA enrollment status, number of times deployed, the year of reintegration training, relationship status, years of service, financial status, how much soldiers could recall from the each reintegration training workshop, and whether the training seemed beneficial.

Several significant correlations were discovered during the exploratory process. First, a relationship was found between age and anger scores ($r = -.32$, $p .05$). This negative relationship seems to indicate younger soldiers have higher anger scores than older soldiers. Second, a relationship was found between anger scores and the number of years a soldier was in the military ($r = -.34$, $p .05$). This negative relationship suggests soldiers who score high on the

anger measure have been in the military fewer years than soldiers who score low on the anger measure.

Lastly, correlations were found between the number of times a soldier was deployed and how much content a soldier remembered from the gambling abuse workshop ($r = -.44$, $p .05$) and the anger management workshop ($r = -.41$, $p .05$). Both relationships were negative indicating the more times a soldier was deployed, the less information they retained from these two workshops.

MANOVA Between Age and Measure Scores

To answer hypothesis 3, a MANOVA was used to look for differences between the two age groups of soldiers: 21-30 and 31-41. Areas of interest included differences between age categories and scores obtained on the specific survey measures: potential alcohol abuse, current alcohol abuse, potential gambling abuse, verbal aggression, and anger measures, and financial standing. Age represented the independent variable and survey measures represented the dependent variables. The alpha level was set at .05. The decision to use a MANOVA was to account for multiple dependent variables which may be correlated.

Results of the MANOVA did not reveal any significant relationships between the age categories and the dependent variables, $F(5, 34) = .759$, $p = .59$, Roy's $O = .12$. Because the results of the MANOVA were not significant, no further analyses were conducted between age and the dependent variables.

Content Analysis

Three open-ended questions were included in the 60-day evaluation survey: “How could the 60-day reintegration workshop be improved?”, “What, if any, issues or concerns would you like the workshop programs to cover in detail?”, and “What other feedback do you have on the 30, 60, and 90-day reintegration process in general?” Content analysis was used to analyze the responses generated by soldiers.

Content analysis was used to analyze open-ended questions and consisted of the researcher reading responses generated by each soldier for each open-ended question. Next, the researcher highlighted both common and unique ideas/responses purported by soldiers. Common and unique ideas/responses were then put into themes.

The following information consists of the themes derived from each open-ended question on the survey. Some soldiers did not respond to one or all of the questions while some soldiers may have provided more than one response per theme.

First Open-ended Question

Upon reviewing the first open-ended question concerning feedback about the 60-day reintegration training event, three themes were identified: positive responses, negative responses, and future suggestions. There was a 55% response rate for this question.

Positive Responses

There were 4 soldiers who provided positive responses about the 60-day reintegration training event. Two soldiers believed the event was “well rounded and serves its purpose”. One believed the event “worked great” and did not need changing. However, one soldier indicated that even though “some parts [of the reintegration training event] were useful, some were not”.

Negative Responses

There were 7 soldiers who provided negative responses about the 60-day reintegration training event. Four soldiers reported the 60-day event was a “waste of time” or not useful. One soldier believed the event training “did not have much of an impact” on them. One soldier indicated he “hated” being at the event and commented he was “done with the deployment” and wanted to be “left alone”. Lastly, one soldier seemed overall hostile to the 60-day training event and to this particular research study.

Future Suggestions

There were 17 soldiers who provided suggestions for future 60-day training events. However, several soldiers provided more than one suggestion. Overall, three main suggestions were made by soldiers.

First, several soldiers (5) suggested changes be made to training requirements. Three soldiers commented soldiers should be able to attend the 60-day training event in “civilian clothes” and not in uniform. One soldier recommended having a mandatory Veterans Administration enrollment for soldiers during the 60-day event. Lastly, one soldier suggested soldiers should be forced to go to anger management training.

Next, several soldiers (8) suggested changes to the 60-day training event. Four soldiers indicated soldiers should be able to “choose the classes [they] think will benefit them the most”. Two soldiers suggested class sizes be smaller. One soldier suggested making the training optional for soldiers or the military should “get rid of it”. Lastly, one soldier reported a more in-depth physical assessment of soldiers should be completed during the 60-day training event.

Lastly, 4 soldiers made suggestions about information that should be made available or added onto the 60-day training event. Two soldiers indicated they wanted more financial information. One soldier suggested having “more vocational oriented courses” available during training. Lastly, one soldier stated “more pertinent information [should be] spread out over a longer period of time” for soldiers.

Second Open-ended Question

Upon reviewing the second open-ended question concerning topic areas missed during reintegration training or should be expanded upon, three themes were derived: more information, more training, and more involvement/support. There was a 45% response rate for this question. Several soldiers provided suggestions that fit into more than one theme.

More information

Nine soldiers indicated they would like more training concerning different topics during reintegration training. Three soldiers wanted more information about school benefits and other benefits entitled to veterans. One soldier believed soldiers should be informed on “how to drink and gamble responsibly instead of not at all”. Topics reported by remaining soldiers (5) included more information on suicide prevention, how to deal with a death in the family, “what the VA does and how they operate”, “how to communicate better with people who do not understand what soldiers have gone through” while on deployment, and how to help employers understand anger issues soldiers may have.

More Training

Next, eight soldiers indicated certain training should be added into the reintegration training program or should be expanded. Three soldiers indicated they wanted more training involving marriage counseling and divorce, while one soldier suggested the need for a

relationship class for non-married soldiers. Two soldiers expressed the need for more training involving anger management and “temper loss”. One soldier indicated a want for more Post Traumatic Stress Disorder training. Lastly, one soldier indicated a need for a class to help family members learn about issues soldiers may have when returning home from a deployment and warning signs to look for which may indicate a soldier is having problems and may need help.

More involvement/ support

Lastly, five soldiers indicated a need for more support and involvement by reintegration staff during training events. Two soldiers expressed the need for more family involvement during the reintegration process in order to help them understand what to expect from a soldier who is reintegrating back into civilian life. One soldier indicated reintegration staff members needed to express more to soldiers “the importance of getting help if needed”. One soldier stated reintegration staff members needed to “focus more on helping soldiers get back to normal”. Lastly, one soldier indicated more support for soldiers in general was needed during reintegration training.

Third Open-ended Question

Upon reviewing the third open-ended question concerning feedback about the 30, 60, and 90-day reintegration training as a whole, four themes were identified: positive feedback, negative feedback, future suggestions, and general comments. There was a 57% response rate for this question.

Positive Responses

Only three positive responses were generated concerning the reintegration process as a whole. One soldier reported the training “worked well”, one soldier indicated the training provided “good information and worked well”, however, only in the beginning. Lastly, one

soldier indicated the reintegration training was good because it provided a “chance to see buddies again”.

Negative Responses

There were four negative responses generated for this question. Two soldiers indicated the training “seemed like wasted [military] training days”. One soldier suggested not having the training and simply leaving soldiers alone once they return. Lastly, one soldier indicated the amount of information presented during the training was “too much information at once”.

Future Suggestions

There were two main suggestions provided by soldiers concerning the reintegration training event as a whole: more reintegration training and changes to the current training.

Several suggestions (5) were provided for adding to the reintegration training event as a whole. Four soldiers indicated reintegration training should not stop after the 90-day event but should be held again 180 and 365 days after a soldier returns home from a deployment. However, one soldier stated reintegration training should start while soldiers are still “in country” and continue after they return.

Several suggestions (10) were provided for improving the entire reintegration process. Four soldiers stated training events need to be more individualized to each soldier. Two soldiers suggested veterans as teachers for the reintegration workshops. One soldier suggested expanding on the 30-day training event. One soldier indicated training events should be “more fun for soldiers and families”. One soldier stated issues like marriage counseling should be addressed before deployment so soldiers and family members know what to expect and how to deal with issues when they occur as a way to avoid more problems when returning home. Lastly, one soldier suggested having the 90-day training event away from the military setting.

General comments

One soldier indicated they “got the most out of the 60-day training event” as compared to the 30 and 90-day events.

Chapter V: Discussion

The purpose of this study was to evaluate the long-term effects on potential alcohol and gambling abuse and anger of the Beyond the Yellow Ribbon 60-day reintegration training program soldiers complete upon returning home from an overseas deployment. Alcohol abuse, gambling abuse, and anger management were measured in a sample of infantry soldiers 1-3 years after completing this training. Data were also split into two age groups in order to determine if older or younger soldiers respond better to the 60-day reintegration training event. This study also provided soldiers with a chance to express needs, concerns, and suggestions for improving the reintegration process. Three hypotheses were generated for this study along with two additional research questions.

Hypothesis 1

Hypothesis 1 for this study was if the Beyond the Yellow Ribbon 60-day reintegration training program was effective at empowering and educating soldiers about alcohol abuse, gambling abuse, and anger management, soldiers would score below or at previously recorded alcohol and gambling levels in the military (Bayer et al., 2004; & Steenbergh et al., 2008) and below or at previously recorded verbal aggression and anger norms in a civilian sample by Buss and Perry (1992).

Results indicate that potential and current alcohol abuse among soldiers was higher than previously reported rates in military. At 40%, potential for alcohol abuse was 8% higher in this

sample than what was previously reported by the Department of Defense regarding heavy alcohol use in the Army (32%) during 2001-2002 (Bayer, et al, 2004).

Even though scores from only 2 of the 3 current alcohol abuse questions were analyzed, a surprising 42.5% of soldiers scored 4 or higher on the measure indicating current heavy alcohol use, alcohol abuse or dependence. This percentage is 10% higher than what was previously reported by the DoD regarding heavy alcohol use in the Army (32%) during 2001-2002 (Bayer, et al, 2004).

Results indicated that potential gambling abuse was higher than what was previously reported in the military. At 15%, potential gambling abuse among soldiers was high. Potential gambling abuse in this sample was 8.7% higher than what was reported by the DoD regarding gambling addiction in the military during 2002 (Bayer et al, 2004).

Results from both the verbal aggression and anger measures were higher than normalcy scores reported by Buss and Perry (1992) amongst a civilian sample. Soldiers' scores averaged 17.35 on the verbal aggression measure which is only slightly higher (2.15 points) than the normalcy score of 15.2. However, soldiers' anger scores averaged 21.5 which were 4.15 points higher than the normalcy score of 17.

Results from these measures seem to suggest that the Beyond the Yellow Ribbon 60-day reintegration training program is not effective at preventing or reducing alcohol abuse or gambling abuse. Scores on the verbal aggression and anger measures seem to suggest the Beyond the Yellow Ribbon reintegration training may be more effective in reducing soldiers' verbal aggression but not anger.

However, there may be a couple reasons for higher scores on anger. First, because the sample in this study consisted of infantry soldiers, levels of verbal aggression and anger could be

higher in this military occupation. Infantry units are the main combat forces during times of war, and aggression, such as anger, may be a key factor in keeping a battle focused state-of-mind during combat which may result in higher anger in general. Second, normalcy scores proposed by Buss and Perry (1992) were based off civilian populations and may not accurately reflect normalcy scores found in military personnel.

Hypothesis 2

Hypothesis 2 focused on whether soldiers suffered from more than one problem concerning potential alcohol abuse, current alcohol abuse, potential gambling abuse, anger and verbal aggression. Results of the study found a relationship between soldiers' potential alcohol abuse and potential gambling abuse indicating that as the risk of alcohol abuse rises so does the risk of gambling abuse. Such findings support what Bayer et al. (2004) found in the DoD health survey report which indicated soldiers who suffer from alcohol abuse may also suffer from gambling abuse. Surprisingly, no significant correlations were found between current alcohol abuse and potential gambling abuse.

Hypothesis 3

Hypothesis 3 focused on whether or not soldiers 21-30 years of age would score higher on the survey measures concerning alcohol, gambling, anger, verbal aggression, and financial standing than soldiers 31-41 years of age. Findings indicated no significant differences between age groups.

Research Question 4

Research question 4 focused on the amount of content soldiers remembered from the substance abuse, gambling abuse, and anger management workshops and also their satisfaction with the 60-day reintegration training program 1-3 years after it was completed.

Findings indicated 90% of soldiers remembered nothing or very little from both the substance abuse and gambling abuse workshops; whereas, only 75% of soldiers remembered nothing or very little from the anger management workshop.

This suggests that for the substance abuse and gambling abuse workshops, soldiers did not remember what was taught during the course. Reasons for this could be soldiers simply did not remember what was taught because of the duration of time that had passed between the time of the workshop and this study. It could also be that workshops were not interesting and soldiers simply dismissed the information as not beneficial or pertinent to them. Soldiers were required to attend the workshops, which may have negatively influenced their level of engagement; many may have chosen to simply ignore the information they received during the classes. Lastly, soldiers may have felt victimized during workshops, feeling wrongfully accused of having or developing a problem with alcohol or gambling.

However, for the anger management workshop, it seems more soldiers (25%) remembered quite a bit from this workshop. This suggests the anger management workshop affected soldiers differently than other workshops or more soldiers found the information useful or interesting. Reasons for this could be the instructor for this course was more interesting and presented the information using a better format than instructors in the substance abuse and gambling abuse workshops. Soldiers may have also been able to relate better to this subject and felt less victimized by the workshop content.

Lastly, the fact that 25% of soldiers remembered quite a bit from this workshop suggest reintegration workshops can have a lasting impression on some soldiers 1-3 years after they complete their training.

Soldiers were also asked about their satisfaction with the 60-day reintegration training event. Just over half of soldiers (57%) agreed or strongly agreed the 60-day reintegration training was beneficial to them. However, almost half of the soldiers reported not liking the training. Such disdain for training could stem from several different factors which are presented in research question 5.

Research Question 5

Research question 5 consisted of three open-ended questions soldiers could respond to concerning feedback about the 60-day reintegration training event, topic areas missed during the reintegration process, and feedback regarding reintegration training as a whole.

Feedback About the 60-day Reintegration Training Event

Very few soldiers responded positively about the 60-day reintegration training event. Those who responded simply stated they either liked the event and found it “well rounded” or found only certain parts of the training beneficial. There were several soldiers who responded negatively about the 60-day training event. Most comments stated “it was a waste of time” or “did not have an impact” on them. Even though few soldiers responded positively to the training and several soldiers disliked the event, many soldiers provided suggestions for improvement. Suggestions consisted of changing training requirements such as allowing soldiers to wear civilian clothes to the event, making some training mandatory like VA enrollment and anger management classes, being able to pick what classes to attend, having smaller class sizes, and providing more information on such topics as personal finances and vocational training.

Topics Areas that are Being Missed or Need to be Added

Responses seemed to revolve around three need themes: more information, more training, and more soldier involvement/support. First, several soldiers indicated more information were

needed on topics like school benefits, information about the VA, suicide prevention, and how to communicate better with family and employers about deployment experiences. Second, several soldiers indicated more training was needed during reintegration training on topics like marriage counseling/relationships and divorce classes, anger management, and family classes to help family members learn about warning signs of a troubled soldier (e.g. PTSD, Traumatic Brain Injury/TBI). Lastly, several soldiers expressed a need for more involvement/support for soldiers during reintegration training. Most soldiers believed staff should be more involved and supportive of soldiers and family members during the reintegration process.

Feedback About the Entire Reintegration Training Process

Again, very few positive comments were provided about reintegration training. However, several suggestions about reintegration training were provided. Several soldiers commented reintegration training should be held again 180 and 365 days after a soldier returns home. Other suggestions focused on changing the structure of reintegration training to include veterans as teachers, making reintegration training more individualized and continuing to expand on existing workshops or adding new ones such as marriage counseling.

Although only reported by a few soldiers, 2 unique ideas were proposed for improving reintegration training. First, marriage counseling/relationship classes should be held prior to a deployment so soldiers and family members know what to expect during the deployment. Also, both soldiers and family members should be educated on how to deal with situations that may arise during a deployment immediately instead of when the soldier returns home. Being able to work through family-related issues while deployed may reduce the amount of stress soldiers and families experience because problems could be addressed right away instead of waiting until the end of the deployment. Second, reintegration training should start earlier while soldiers are still

overseas. Soldiers would be allotted more time to think about the actual process they personally will have to go through while reintegrating back into civilian life and would not be so overwhelmed with information when returning home.

Limitations

Even though a rich amount of data was collected during this study, several limitations must be discussed. First, the sample size for this study was relatively small. Only 40 soldiers were able to take part in the study. The small sample size can be attributed to several factors. One reason was there were few opportunities to sample a company of soldiers who met the study criteria. Unless ordered by the VA or the DoD, a company commander's main priority is training their soldiers and not taking part in a survey. Second, many soldiers may have left the military from the time they completed reintegration training and the time of this study. Others may have moved to different units or pursued a different military career.

A second limitation was the inability to compare pre-deployment and post-deployment data. Because this study was not designed until after soldiers had completed reintegration training, previous histories of alcohol abuse, gambling abuse and anger management issues was not assessed. However, the purpose of the study was not to prove deployments cause an increase in alcohol, gambling, and anger related problems, it was to assess alcohol and gambling abuse rates and anger management issues 1-3 years after soldiers returned home in an effort to assess the sustainability of the Beyond the Yellow Ribbon reintegration training program.

A third limitation was the lack of research available concerning military reintegration especially with the National Guard. It seems reintegration is a relatively new topic for researchers and the VA, and what information is available may not be made public or has not been published.

A fourth limitation is the researcher of this study has been in the National Guard for 9 years, has been deployed twice, and has personally gone through the Beyond the Yellow Ribbon reintegration program. However, all questions for this study were developed using neutral measures and additional questions were approved by non-military personnel and Beyond the Yellow Ribbon staff. Objectivity and propriety were top priority when collecting and analyzing data for this study.

A fifth limitation was some questions required soldiers to recall information from classes they attended 1-3 years ago. This was done, however, to see if information presented in workshops was sustainable or if most of information and resources provided by Beyond the Yellow Ribbon was forgotten.

A sixth limitation was that not all three current alcohol abuse questions were used in the survey. It is believed if all three questions could have been scored, the percentage of soldiers scoring positive for current alcohol abuse may have been higher.

Conclusions

Based on the results of the hypotheses and research questions addressed in this study, the 60-day Beyond the Yellow Ribbon reintegration training does not seem effective at reducing alcohol abuse, gambling abuse, and anger but may help in reducing verbal aggression among soldiers 1-3 years after completing reintegration training.

The risk for possible current or potential alcohol abuse surpassed rates reported by the Bray et al. (2004). Potential gambling rates among soldiers in this study also surpassed previous military gambling rates reported by Bray et al. (2004).

Overall, it is important to remember that both alcohol measures are designed to assess a different form of alcohol abuse (e.g. potential alcohol abuse or heavy drinking).

Next, verbal aggression and anger scores were above the normalcy scores reported by Buss and Perry (1992). However, verbal aggression was only slightly higher, thus suggesting the 60-day reintegration training anger management workshop may have been more effective for verbal aggression than anger. Effectiveness of the anger management workshop may also be evident in the fact that soldiers seemed to remember the most from the anger management workshop and this workshop may, in turn, have had a lasting impression on soldiers 1-3 years out. Anger management training was also mentioned several times in the open-ended question portion of this study as being important, was definitely needed, and should be made mandatory.

Age was another focus of this study but was not a contributing factor concerning potential alcohol abuse, gambling abuse, or anger issues. Both age groups of soldiers seemed to score relatively the same on all measures.

Comorbidity of problems was only seen between potential alcohol abuse and potential gambling abuse. Such a relationship did not seem surprising and coincided with previous Bray et al. (2004) research of alcohol and gambling in the military. However, it seemed unusual that current alcohol abuse and potential gambling abuse did not significantly correlate. This could be because current alcohol abuse was only assessed by two questions; however, internal consistency levels were high.

Next, slightly over half of soldiers agreed reintegration training was beneficial to them; however, very few positive comments were provided regarding the training. Several suggestions, however, were provided by soldiers for improving reintegration training; most importantly, allowing soldiers more freedom during reintegration training to choose classes and dress in civilian clothes, allowing veterans to teach classes, keeping class sizes small, providing more

support for soldiers and family, providing more information about VA, school and financial benefits, and creating more classes focusing on marriage and relationships.

Lastly, the timing of reintegration training was a topic of concern. It was proposed that some aspects of reintegration training (e.g. marriage and relationship classes) be addressed before the onset of the deployment. Also, reintegration training should start while soldiers are still overseas so they are not overwhelmed with information and training when they return home. Early training may also get soldiers' mindset aligned quicker with the reintegration process. Lastly, several soldiers expressed that reintegration training should not stop after 90 days of returning home but should be an ongoing process up to a year.

Recommendations

Based on the findings from this study, several suggestions are provided for improving reintegration training for soldiers.

Improving Workshop Delivery

Although alcohol and gambling abuse were two main focuses for the 60-day reintegration training event, levels of possible abuse in both categories were quite high in this study. High rates of possible abuse suggest the need for continuous training and prevention screening in both topic areas. The following are several suggestions for helping to assure training is effective and will benefit soldiers who need help. First, information should not be presented in a manner that assumes a soldier will develop such problems. If a soldier believes they are being targeted unfairly, they may choose to ignore important information and disregard the class. Next, class sizes should be small enough where soldiers can become engaged with class materials and leave understanding the content of the workshop. Small class sizes may also allow for more discussion and the sharing of personal stories or experiences.

Another suggestion would be to allow veterans to teach workshops. Veterans may be able to connect with returning soldiers more efficiently than civilian educators because of past deployment experiences and could share personal stories about reintegration. If soldiers can connect with the instructor of the workshop, they may become more engaged with the class and remember more content. Lastly, several soldiers expressed a need for more involvement/support from Beyond the Yellow Ribbon staff. Exact details about lack of support were not included and should be an issue further explored by Beyond the Yellow Ribbon staff. Addressing issues about support and perhaps changing certain interactions between soldiers and staff during reintegration training may help some soldiers become more engaged with training.

Improving Workshop Content

Several ideas were generated by soldiers for improving certain areas of reintegration. First, it appears there is a need for more classes or information on marriage/relationships. There should be more time devoted to this topic or more information presented during such classes. Another topic area to further develop was the issue of divorce. One soldier expressed a need for having such a class upon returning home. It is believed that further exploration about this topic should be explored.

Mandatory Requirements

There was one comment made stating that anger management classes need to be mandatory while 2 other soldiers stated it should be lengthened. This seems to suggest soldiers may be personally struggling with or know a soldier who is struggling with anger problems. It is believed this class is critical during reintegration training and efforts to expand or critique the class should be made. Results from this study also suggest that anger management should target younger soldiers (21-30).

Another suggestion is to make VA enrollment during reintegration training a requirement. Even though 70% of soldiers in this study were enrolled in the VA, 30% were still not enrolled. Efforts should be made to ensure 100% VA enrollment before reintegration training ends.

Lastly, even though few soldiers expressed a need for more financial information, results of this study indicate one-third of soldiers had some financial difficulties. Such high numbers seem to suggest soldiers might benefit from more financial information and resources during reintegration training.

Extending Reintegration Training

It is believed, based on several responses by soldiers, reintegration training should be extended. Reintegration training should be a process that extends past 90 days after a soldier returns. It is suggested reintegration training should be held at the 180-day and 365-day mark after a soldier returns. Extended reintegration training efforts may help soldiers who do not develop problems immediately upon returning home or provide additional information to soldiers who may forget or miss crucial information during previous training events. Overall, it is believed the reintegration process soldiers go through should not end after 90 days of returning home.

Potential Alcohol Abuse and Current Alcohol Abuse

An interesting finding from this study was the scores between potential alcohol abuse and current alcohol abuse. Even though only two questions were used from the current alcohol abuse measure, overall percentages from potential alcohol abuse and current alcohol abuse were fairly close. It is believed both measures are valuable because each one measures a different form of alcohol abuse (at-risk or heavy usage) and Beyond the Yellow Ribbon and the VA may benefit

from using both measures in unison. However, further research should be conducted using potential alcohol abuse and current alcohol abuse together in one survey.

Further Screening

Based on the overall results of the study, it is suggested the VA and the DoD could benefit from further screening of soldiers after the completion of reintegration training. However, further screening could take several forms. First, soldiers who score high on measures such as anger or verbal aggression should be screened for possible PTSD or TBI. Second, high scores on any measure may require further intervention or, at the very least, follow-up assessments should be conducted (e.g. implement measure 6 months after high scores were discovered). Follow-up assessments can provide more evidence that a problem may or may not exist. Lastly, long-term screening including but not limited to alcohol, gambling, and anger should become common practice. There are no guarantees problems will manifest from the time soldiers return home to the last phase of reintegration training. Research by Milliken, Auchterlonie, and Hodge (2007) reported that high rates (42.2%) of reserve component soldiers screened positive for mental health issues such as PTSD, alcohol misuse, and other mental health related problems on a Post-Deployment Health Re-Assessment implemented 6 months after the first Post-Deployment Health Assessment. Scores used during this study also revealed problems such as alcohol and gambling are present 1-3 years after reintegration training had concluded which could be missed by VA and reintegration staff if measures are not put into place to assess for long-term issues.

Future Direction

The results of the study highlight the need for and the importance of effective reintegration training for soldiers when returning home from a deployment. The Beyond the Yellow Ribbon training program has and will continue to play a very critical role in helping

soldiers reintegrate back into civilian life. However, this study also revealed the need to continuously strive to improve the effectiveness of current reintegration training curriculum as was evident by the high percentages of potential and current alcohol and gambling abuse. Continued research and feedback from soldiers and their family members should be continuously sought as a remedy to this problem.

It appears military reintegration training is a fairly new topic in the research world. However, with more troops returning home from deployments, it is crucial researchers help reintegration personnel understand the best way to communicate with soldiers, address their concerns, and provide proper support. Reintegration is a continuous process and is different for each soldier and their family. Thus, reintegration training must continue to evolve to meet these challenges.

Although little research is available about reintegration training, problems soldiers face during and after deployments have not gone unnoticed. A program is being planned and implemented by the military that teaches soldiers resiliency during times of deployment (Novotney, 2009). One major theme of this program is to train soldiers to avoid catastrophic thinking if something appears wrong (e.g. avoid the worst case scenario). Such a program could boost mental health of soldiers during time of deployment. However, the program is relatively new and the Army hopes to have a trainer for the program in every battalion by the fall of 2010.

Another step the military is taking is training military personnel during a two-week course at the Uniformed Services of the Health Sciences (USHS) (Clay, 2009). This course is designed to train military psychologists, interns, and other mental health providers about such topics as stressors military personnel and their families face while on deployment (e.g. PTSD, and TBI) and how to work with soldiers and their families on such topics during reintegration.

The USHS is also trying to set up a system to deliver such courses via Internet as a way to reach military health providers who may not be able to attend the course. Perhaps such courses in the future may become part of the teaching criteria for Beyond the Yellow Ribbon personnel.

The creation of such programs offers support that the military is taking deployments and reintegration seriously and is advancing in the right direction for helping deployed soldiers and their family members. As more troops return home, the need for more personnel and effective reintegration training strategies and programs will be in greater demand and makes ongoing development critical. However, the question remains about how soon such programs could be implemented nationwide.

Lastly, it is important to realize National Guard soldiers have been continuously deployed since 2003; however, reintegration for many of these soldiers may not have existed as it does today. It is important to remember that reintegration training should not only be about soldiers who have returned since its present inception, but for all soldiers who were once deployed. It is crucial that such services be made known to all veterans.

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Lists of Tables

Table 1

Means Standard deviations and Intercorrelations between the SSOGS, CAGE, Verbal Aggression, Anger, Age, financial, and the AUDIT-C (N = 40)

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. SSOGS	.50	1.15	-						
2. CAGE	1.30	1.44	.37*	-					
3. Verbal Anger	17.35	3.61	.12	.07	-				
4. Anger	21.15	5.30	.15	.21	.52*	-			
5. Age	28.20	5.68	-.13	.05	-.01	-.32*	-		
6. Financial	2.23	1.03	.03	-.12	.26	.13	-.02	-	
7. AUDIT-C	3.56	1.97	.25	.27	.15	.03	-.06	.03	-

* $p < .05$

List of Figures

Figure 1

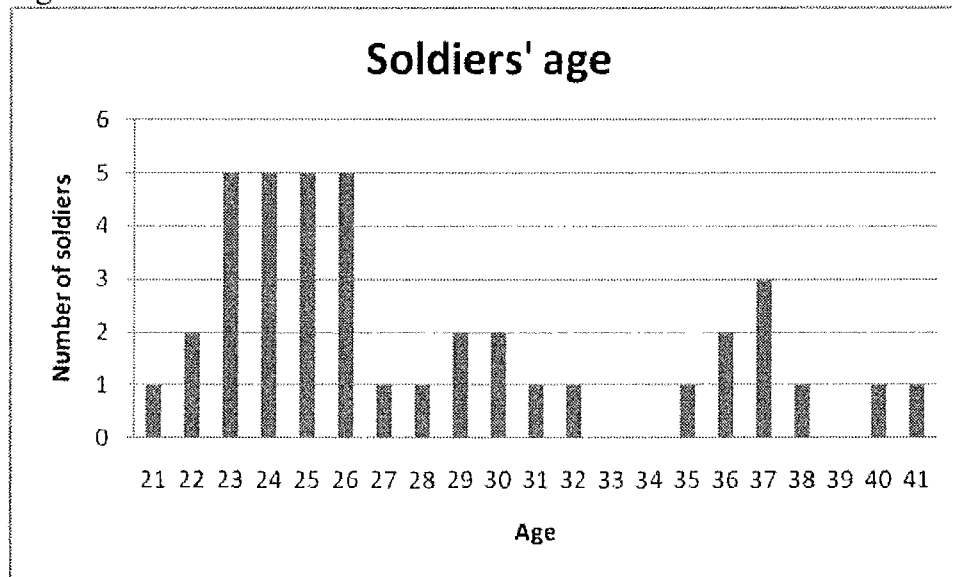


Figure 2



Figure 3

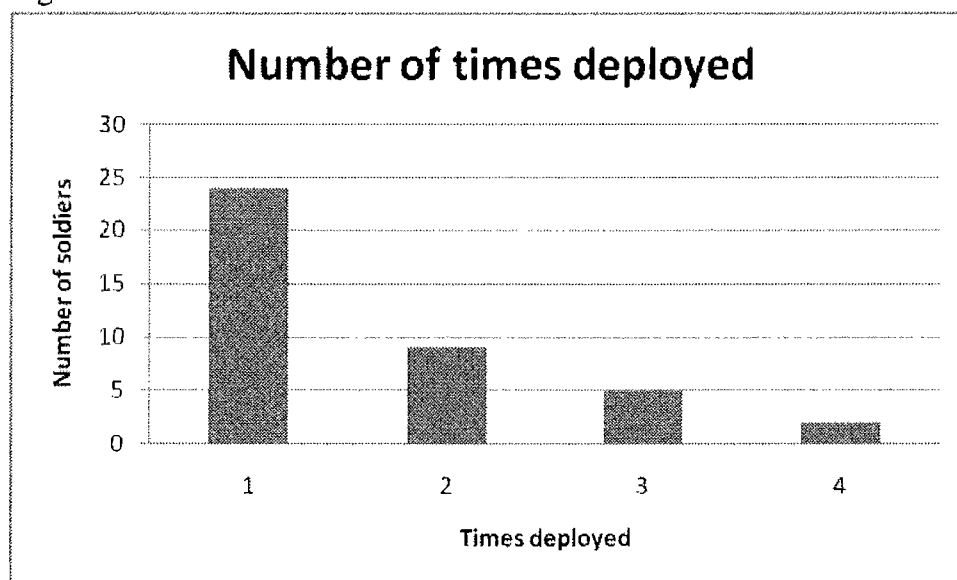


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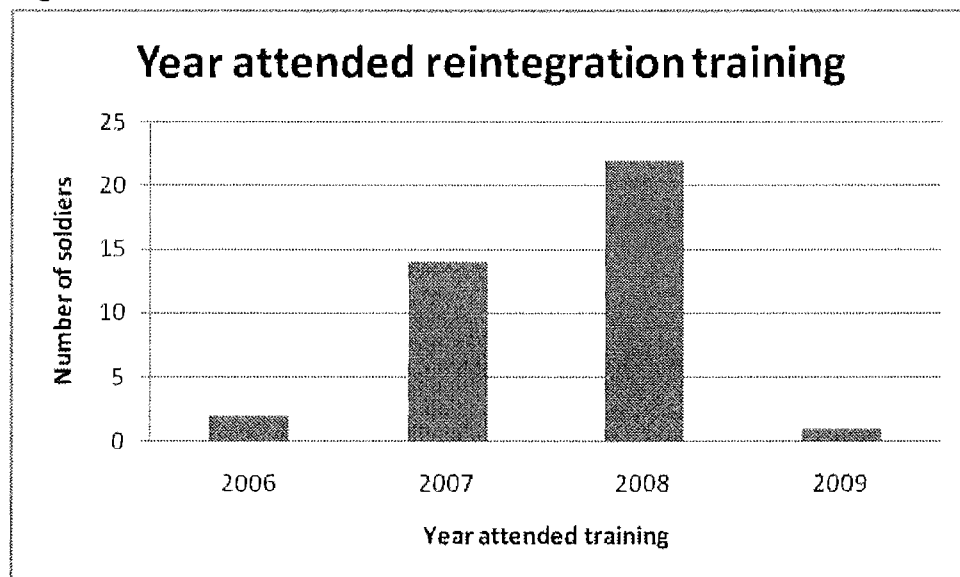


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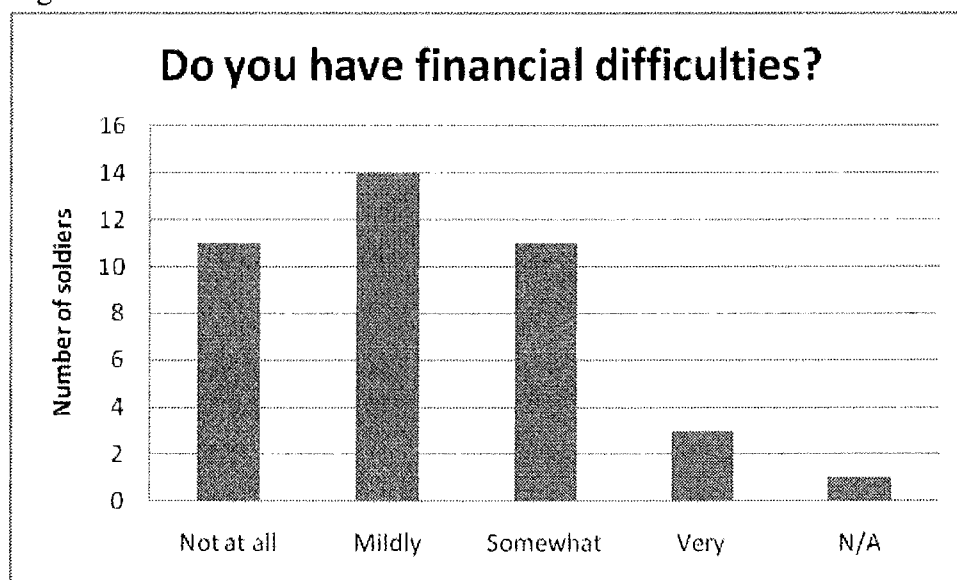


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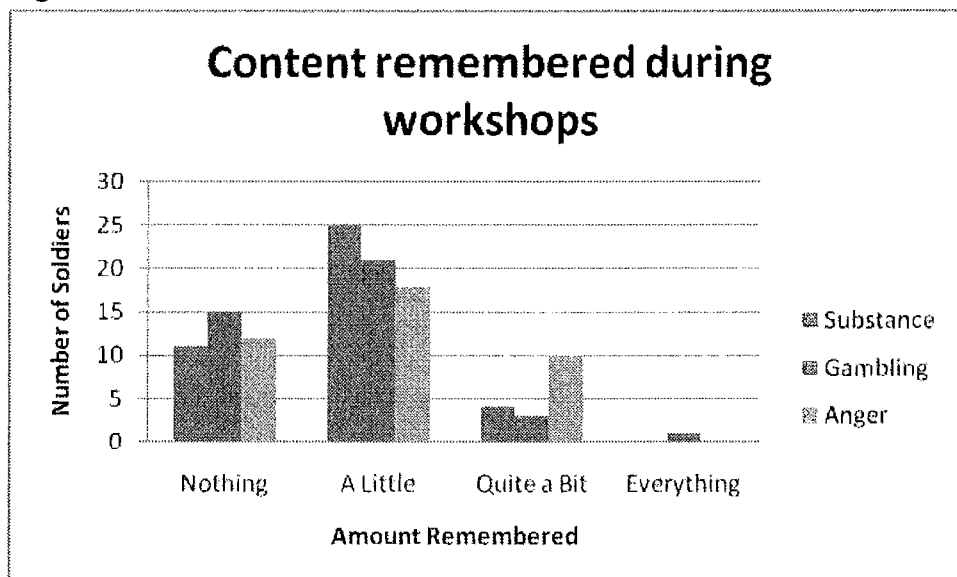


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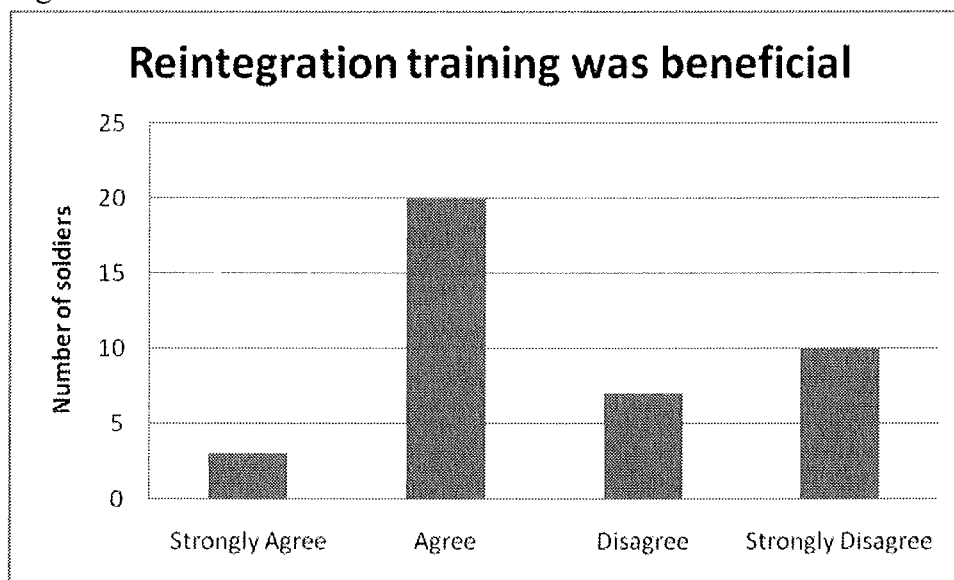


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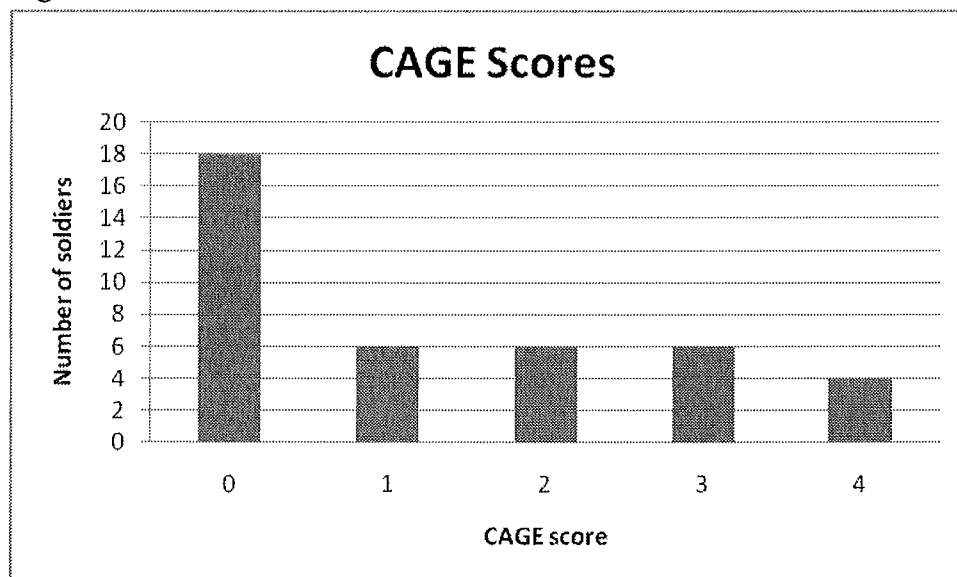


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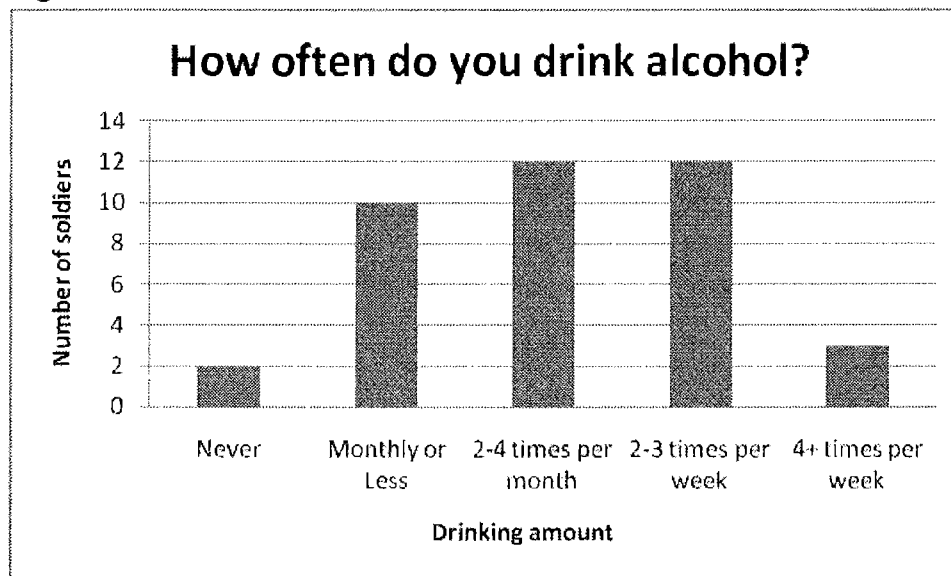


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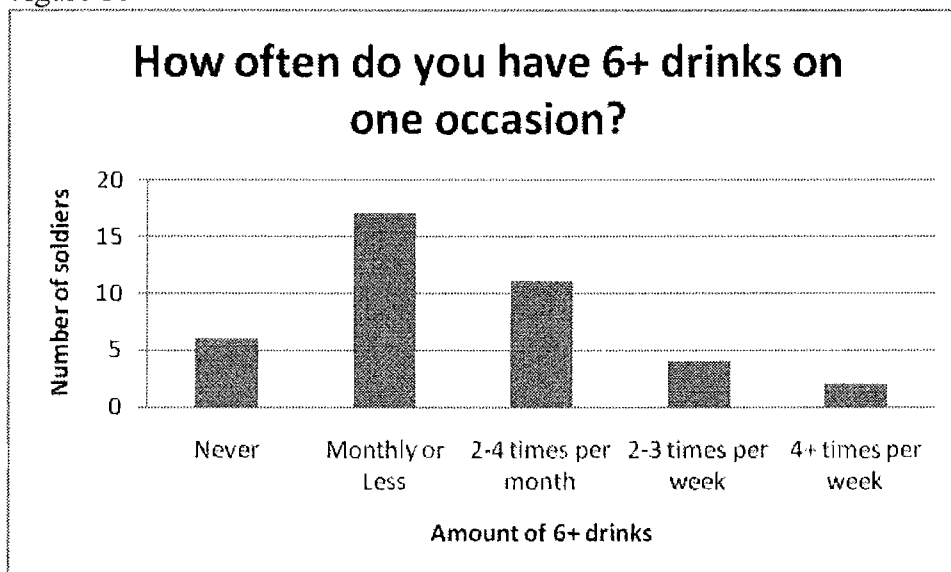


Figure 11

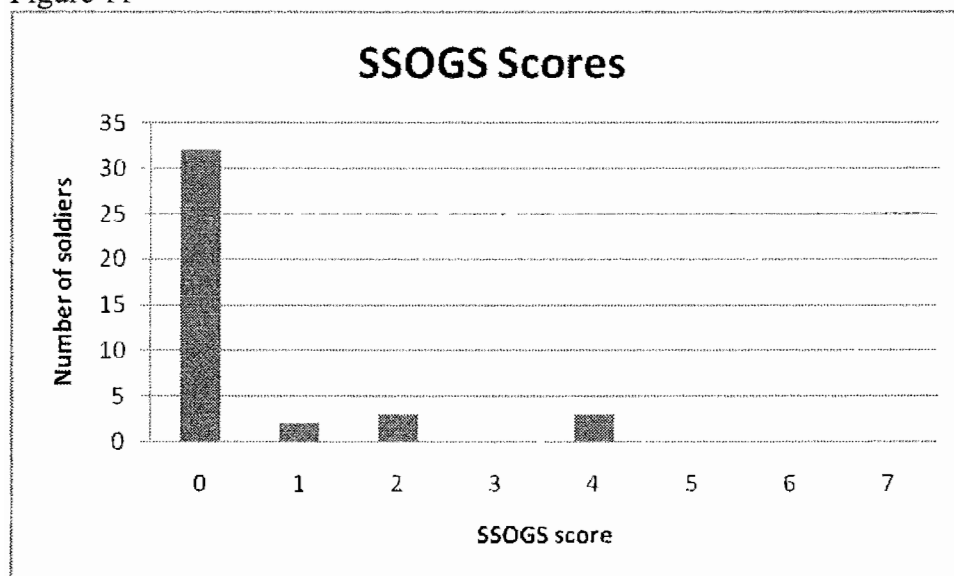


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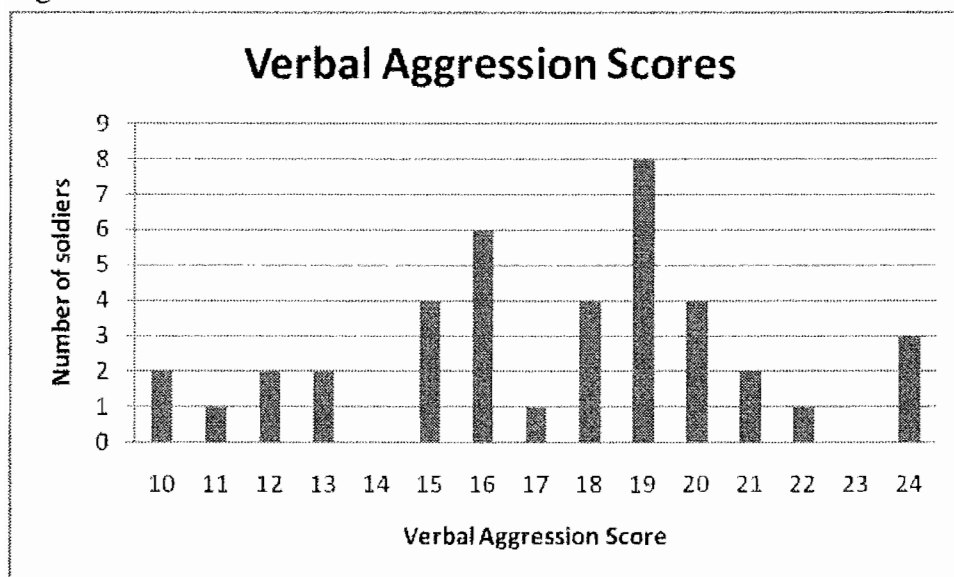
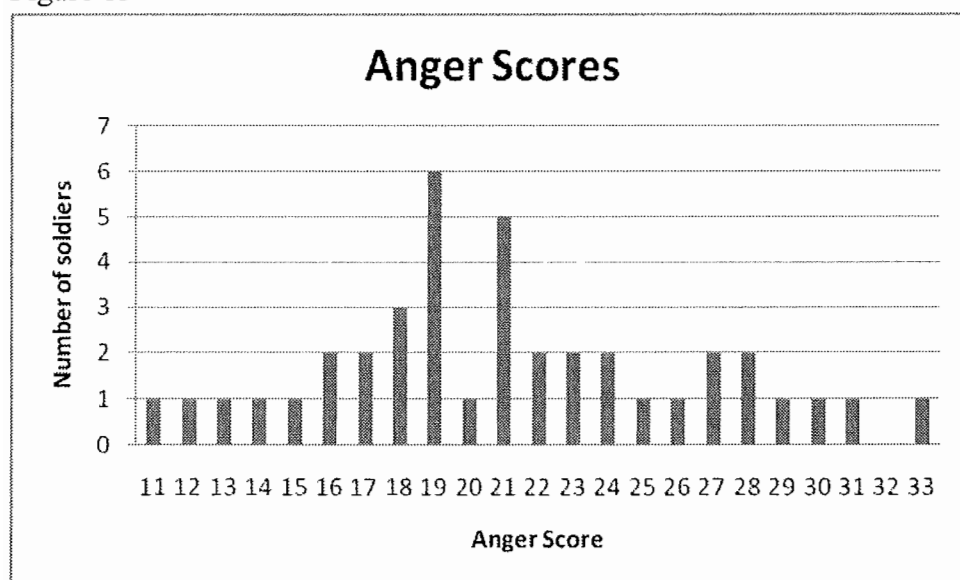


Figure 13



Appendix A: Survey Instrument

Long-Term Evaluation of the Beyond the Yellow Ribbon 60-day Workshop

Thank you for your participation in completing this survey. Your time and responses are greatly appreciated. Please answer every question honestly. The information you provide will be used to help improve the reintegration process for returning soldiers.

After completion of the 60-day reintegration gambling workshop (please check your responses):

Did you ever gamble more than you intended to? ____ Yes ____ No

Have you ever felt guilty about the way you gamble, or what happens when you gamble?
____ Yes ____ No

Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?
____ Never

____ Yes, less than half the time I lost

____ Yes, most of the time

Do you feel you have ever had a problem with betting or money gambling?

____ No ____ Yes ____ Yes, in the past, but not now

If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from:

From household money ____ Yes ____ No

From loan sharks ____ Yes ____ No

From other relatives or in-laws ____ Yes ____ No

Do you have financial difficulties?

____ Not at all ____ Mildly ____ Somewhat ____ Very ____ N/A

After completion of the 60-day reintegration substance abuse workshop (*please check or circle your responses*):

Have you ever felt you should *cut* down on your drinking? ____Yes ____No

Have people *annoyed* you by criticizing your drinking? ____Yes ____No

Have you ever felt bad or *guilty* about your drinking? ____Yes ____No

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)? ____Yes ____No

How often do you have a drink containing alcohol?

Never	Monthly	2-4 times	2-3 times	4+ times
	or less	per month	per week	per week

How often do you have 6 or more drinks on one occasion?

Never	Monthly	2-4 times	2-3 times	4+ times
	or less	per month	per week	per week

Since returning home from the deployment (*please circle your responses*):

I tell my friends openly when I disagree with them.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

I often find myself disagreeing with people.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

When people annoy me, I may tell them what I think of them.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

I can't help getting into arguments when people disagree with me.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

My friends say that I'm somewhat argumentative.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

I flare up quickly but get over it quickly.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

When frustrated, I let my irritation show.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

I sometimes feel like a powder keg ready to explode.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

I am an even-tempered person.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of Me	Uncharacteristic of Me	Uncharacteristic Nor Characteristic of Me	Characteristic of Me	Characteristic of Me

Some of my friends think I'm a hothead.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

Sometimes I fly off the handle for no good reason.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

I have trouble controlling my temper.

Extremely	Somewhat	Neither	Somewhat	Extremely
Uncharacteristic of	Uncharacteristic of	Uncharacteristic	Characteristic of Me	Characteristic of Me
Me	Me	Nor Characteristic of		
		Me		

Feedback on the Workshop (*please circle your responses*):

How much content would you say you remember about each workshop from the 60-day reintegration training?

Substance Abuse:

nothing a little quite a bit everything

Gambling Abuse:

nothing a little quite a bit everything

Anger Management:

nothing a little quite a bit everything

Attending the 60-day reintegration training event was beneficial to me.

Strongly agree Agree Disagree Strongly disagree

Feedback on the Workshop (*please tell us about your workshop experience by writing comments in the space below each question*):

How could the 60-day reintegration workshop be improved?

What, if any, issues or concerns would you like the workshop programs to cover in detail?

What other feedback do you have on the 30, 60, and 90-day reintegration process in general?

Tell us about yourself (*please check your responses*):

Age: _____

Are you married, living with a partner, or involved in an intimate partner relationship?

_____ Yes _____ No

Number of times deployed: _____

Indicate what year you completed the 60-day reintegration training (e.g. 2007): _____

Number of years served in the Military: _____

Are you currently enrolled in the VA? _____ Yes _____ No

Appendix B: Consent Protocol

UW-Stout Implied Consent Statement for Research Involving Human Subjects

Consent to Participate In UW-Stout Approved Research

Title: *Evaluation of the 60-day Reintegration Training of Beyond the Yellow Ribbon.*

Investigators:

Scott Feeder

507.202.1060

feeders@uwstout.edu

Research Sponsor:

Dr. Susan Staggs

303 McCalmont Hall

715.232.2179

staggs@uwstout.edu

Description:

You will receive a consent form. After reading the consent form, you will be handed a survey and a blank envelope and be instructed to complete the survey at home. You will return the following morning with the completed survey sealed in the blank envelope and place it in a pre-designated box provided by the evaluator.

Risks and Benefits:

You will not be asked to do anything that is harmful or dangerous. This study is expected to involve minimal risks. Some emotional discomfort may be experienced when answering several of the survey questions. Information gained from this study will be used to make changes and improvements to the reintegration training soldiers receive when returning home from a deployment.

Time Commitment and Payment:

The survey should take approximately 10 to 20 minutes to complete. There will be no payment for your participation.

Confidentiality:

Your name will not be included on any documents. We do not believe that you can be identified from any of this information. Your information will only be viewed by the evaluator and will not get back to anyone within the military. Data will only be analyzed and reported in aggregate form. No individual can be identified based on data analyses.

Right to Withdraw:

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document after it has been turned into the investigator.

IRB Approval:

This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

Investigator:

Scott Feeder

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feeders@uwstout.edu

IRB Administrator

Sue Foxwell, Director, Research Services

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Advisor:

Dr. Susan Staggs

715-232-2179

staggss@uwstout.edu

Statement of Consent:

By completing the following survey, you agree
to participate in the project entitled, **Evaluation
of the 60-day Reintegration Training of
Beyond the Yellow Ribbon**

Appendix C: Debriefing Flyer

Beyond the Yellow Ribbon Support Information

The following is a list of organizations and consultants that you can contact by phone, online, or in-person if you wish to speak with someone about any questions or concerns you may have.

This information was provided by Beyond the Yellow Ribbon.

(www.beyondtheyellowribbon.org)

For Assistance 24 Hours/7 Days per week Contact:

- Crisis: 911
- State Crisis Connection Line: 1-866-379-6363
- National Suicide Prevention Line: 1-800-273-8255 (talk)
- Link Vet: 1-888-546-5838

Alcohol /Tobacco/Substance Abuse

It is rare that a Service Member will admit to alcohol problems or drug use without something – like a DUI or a hot U/A – that compels him/her to do so. But it does happen and there are many resources available.

- MNARNG Contact Point SFC Christine Dawson - offers free substance abuse evaluations and information for immediate help: (320) 616-3152
- Military & Family Life Consultants - (651) 282-4490/4288/4230
- Drug Abuse Hotline: 1-800-437-8422
- 211 (Cell Phone: 651-291-0211)

Alcoholic Anonymous (AA) is an organization with meetings in literally every city in the United States. It is dedicated to helping people overcome substance dependence. Members are anonymous and only go by first names.

AA Hotline and Website <http://www.aa.org/?Media=PlayFlash>

- St. Cloud (320) 202-1895
- Central Lakes (218) 829-3740
- East Iron Range (218) 749-3387
- Duluth (218) 727-8117
- Minneapolis (763) 781-5102 or (952) 922-0880
- St. Paul (651) 227-5502

Quitting smoking may be one of the hardest things you ever have to do, but you don't have to do it alone. Talk to your VA health care provider about help with quitting smoking, including getting medication to improve your chances of quitting and a referral to a VA smoking cessation clinic. For more information visit, <http://www.publichealth.va.gov/smoking/>

Counseling Resources

Military & Family Life Consultants offers free face to face short-term, solution focused counseling, education and referral options for military Service Members and their families. Contact any of the Consultants listed below to assist you:

Military Family Life Consultant
Karen Seeger
(651)282-4230 or (651)895-9989
karen.seeger@us.army.mil

Military Family Life Consultant
Darlene Wetterstrom
(651)282-4288 or (651)212-0943
darlene.wetterstrom@us.army.mil

Military OneSource is a one-stop shop of educational resources, consultations, and referrals for military members and their families to find assistance with the diverse challenges that arise throughout the deployment cycle. Military OneSource offers 12 FREE counseling sessions per individual. You can access www.militaryonesource.com by visiting their website, or by calling toll free at 1-800-342-9647.

Consultants

Director of Psychological Health & Wellness
Mary Sullivan
(715)684-9719
mary.sullivan@ceridian.com

Gambling Problems

Gambling has been found as a serious threat to possible suicide. Service Members with a gambling compulsion most likely will also need help with their finances, but nothing will change until the underlying reason for the financial distress is dealt with effectively. Minnesota is on the cutting edge in compulsive gambling treatment, so we don't have to look far for a referral.

- Please call 911 in an immediate crisis
- Gambling Hotline: 1-800-333-4673

Help Managing Your Money

- Military OneSource offers 12 free counseling sessions for individuals or couples who can assist you in budgeting and basic money management, credit and collections, financial emergencies, taxes and more. Visit www.militaryonesource.com or call 1-800-342-9647.
- Certified Public Accountants from Baskfield and Associates provide assistance to Service Members to help them better understand their finances and live within their budget. Service Members can also receive one-on-one assistance by emailing soldier@baskfieldcpa.com