

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

Brad Badgley, M.Ed.  
Columbia University

Bill Smith, BSW, MS  
Student Veteran Success Consulting, LLC



## LEARNING OBJECTIVES

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



## LEARNING OBJECTIVES

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



## SCHEDULE FOR THE DAY

- | Morning  | Afternoon  |
|--|--|
| 1. Setting the Stage   | 1. Lunch   |
| 2. Perceptions vs. reality - break out session 1 <ul style="list-style-type: none"> <li>a. What is a Veteran?</li> <li>b. What is Wounded-warrior?</li> <li>c. What has been your experience working with student Veterans?</li> </ul> | 2. ACHA Standards of Practice - break out session 2 <ul style="list-style-type: none"> <li>a. Integration of the learning mission of Higher Education</li> <li>b. Collaborative practice</li> <li>c. Cultural competence</li> <li>d. Theory based intervention</li> <li>e. Evidenced based intervention</li> <li>f. Continuing Professional development</li> </ul> |
| 3. Break   | 3. Break   |
| 4. Relevant strategies, standards, theories, and framework   | 4. Bringing it Home  |



## SETTING THE STAGE...



Patron (1975) Twentieth Century Fox Film Corporation



## CURRENT VA VETERANS DATA

Updated: 30 JUL 2010	2009	2010
U.S. Veteran Population		23,067,000 (1,824,00 – Women)
Number of Veterans Receiving VA Disability	3.03 M	3.16 M
Number of Enrollees in VA Health Care System	7.84 M	8.061 M <sup>1</sup>
Number of Veterans Rated 100% Disabled	273,300	289,987
Number of Veterans Compensated for PTSD	354,326	397,019
Number of VA Education Beneficiaries	541,439 <sup>1</sup>	564,487
Number of VA Voc Rehab Trainees	55,059 <sup>1</sup>	59,829
Number of OEF/OIF Amputees	913 <sup>2</sup>	1,024 <sup>2</sup>

Source: DVA Information Technology Center; Health Services Training Report; VBA Education Service; VBA Office of Performance Analysis & Integrity; <sup>1</sup> VHA (10AS); <sup>2</sup> DoD



## THE VETERANS EXPERIENCE

### War Today

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

### Today's Veterans

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

Source: Fact Sheet, Army OneSource (2/2/09)



## COMMON THEMES: STUDENT-VETERANS

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



### OBSTACLES ARE DIFFERENT FOR EVERY VETERAN...

- Combat stress reactions.
- Boredom, missing the adrenaline rush.
- Low frustration tolerance or impatience.
- Frustration over missed or lost time due to length of deployment or service.
- Difficulty concentrating.
- High alertness with difficulty relaxing or finding safety.
- Feeling out of place.
- Having difficulty developing new relationships, particularly with people who haven't gone through the same experiences as the veteran.
- Anxiety about being re-deployed.
- Anxiety in general, about being a new student.



From Combat to Campus: Assisting the Transition of Military Veterans. NIU Presentation



## FOR STUDENT-VETERANS...

### The Transition is a Journey, Not a Destination

- Many have just returned from life-altering experiences to find that non-veterans are going through everyday motions
- A vital change for many is allowing themselves to relax and be patient with those around them



## COMMON BARRIERS

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



## HIGHER EDUCATION & STUDENT-VETERANS

### Where is Higher Education Meeting the Needs of Student-Veterans?

- Assisting military students with finding appropriate counseling services.



Based on data from: "From Soldier to Student: Easing the Transition of Service Members on Campus" From Combat to Campus: Assisting the Transition of Military Veterans. NIU Presentation



### Where Are Some Areas Higher Education Can Improve Service to Student-Veterans?

- Assisting military students with their transition to the college environment.
- Providing professional development for faculty and staff on the transitional needs of military students.
- Providing opportunities for veterans to connect with their peers.

## HALF OF US: COMMON AREA



Common Area. <http://www.halfotus.com/videos/?videoID=74&chapterID=1> (retrieved 9NOV2010)



## SMALL GROUP DISCUSSION



## BREAK



## ILLINOIS HIGHER EDUCATION CENTER MISSION

To reduce negative health and safety consequences to Illinois college students related to alcohol, other drugs and violence and to increase college and community environmental factors that support healthy and safe norms.



## CURRENT ILLINOIS VETERANS DATA

IL Veteran Population: 30SEP2010		IL Beneficiaries of VA Education Benefits	
Total	782,700	Total	32,007
Wartime Veterans	581,600	Post-Vietnam Era Veteran's Educational Assistance Program	12
Gulf War	190,100	Reserve Educational Assistance Program	1,602
Vietnam Era	251,300	Dependents' Educational Assistance	2,218
Korean Conflict	84,100	Montgomery GI Bill - Selective Reserve	2,653
World War II	72,400	Montgomery GI Bill - Active Duty	12,000
Peacetime	201,100	Post-9/11GI Bill Program	13,522
Female	57,100		
Male	725,600		

Number of Beneficiaries (Students) Who Received VA Education Benefit By State During FY 2010 [http://www.va.gov/VETDATA/docs/Datagov/Datagov\\_FY10\\_EDU\\_resp\\_by\\_State.csv](http://www.va.gov/VETDATA/docs/Datagov/Datagov_FY10_EDU_resp_by_State.csv)



## KEY FINDINGS: 2010 IHEC CORE REPORT

- 84.6% of respondents had consumed alcohol in the past year.
- 72.5% of respondents had consumed alcohol in the past 30 days.
- 65.3% of all underage respondents had consumed alcohol in the past 30 days.
- 48.0% of respondents reported binge drinking (5+ drinks in one sitting) in the previous 2 weeks.
- 30.7% of respondents had used marijuana in the past year.
- 17.8% of respondents considered themselves to be current marijuana users.
- 10.4% of respondents had used an illegal drug other than marijuana during the past year.
- 4.8% of respondents considered themselves to be current illegal drug users.
- Most commonly used illegal drug in the past 30 days:
  - 17.8% used marijuana
  - 2.2% used amphetamines
  - 1.5% used sedatives
- 38.3% reported committing some act of public misconduct as a direct result of their alcohol or drug consumption at least once during the past year.
- 24.6% reported experiencing serious personal problems as a direct result of their alcohol or drug consumption at least once during the past year.

Diets, John C., Ph.D. (2010). Alcohol and Other Drug use Among College Students in Illinois. Illinois Higher Education Center.



## ETOH USE & ETOH RELATED RISK BEHAVIORS AMONG VETS

- In 2003, of the estimated 25 million veterans (93% were male) living in the United States, 8.4% were between the ages of 17 and 34; 30.1% between the ages of 35 and 54; 42.3% between the ages of 55 and 74; and 19.2% were aged 75 or older.
- SAMHSA's National Survey on Drug Use and Health found that in 2003, an estimated 56.6% of veterans used alcohol in the past month compared with 50.8% of comparable nonveterans.
- Heavy use of alcohol also was more prevalent among veterans, with an estimated 7.5 percent of veterans drinking heavily in the past month compared with 6.5 percent of their nonveteran counterparts

Source: <http://www.oas.samhsa.gov/2k5/vets4/vets4c.cfm>



## ETOH USE & ETOH RELATED RISK BEHAVIORS AMONG VETS

- An estimated 13.2% of veterans reported driving while under the influence of alcohol or illicit drugs in the past year compared with 12.2% of comparable nonveterans.
- An estimated 18.8% of veterans reported that they smoked cigarettes daily in the past month compared with 14.3% of comparable nonveterans.

Source: <http://www.oas.samhsa.gov/2k5/vets4/vets4c.cfm>



## SNAPSHOT OF SUBSTANCE ABUSE PREVENTION IN HIGHER EDUCATION

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



## SNAPSHOT OF SUBSTANCE ABUSE PREVENTION IN HIGHER EDUCATION

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



## SUBSTANCE ABUSE PREVENTION & HIGHER EDUCATION PERSPECTIVES

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



## SETTING THE TONE FOR VETERANS

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

Belkowsky AD (2000). The Social Norms Approach: Theory, Research and Annotated Bibliography. Posted on the Higher Education Center Social Norms website [www.ahc.org/hc/socialnorms/](http://www.ahc.org/hc/socialnorms/)



## WHY DO WE DRINK?

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



## IMPACT OF ALCOHOL

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

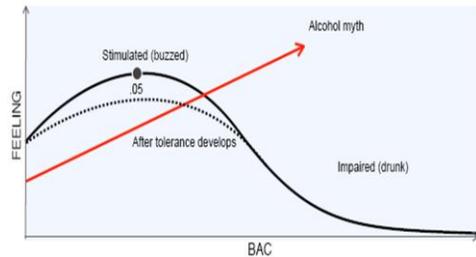


## EFFECTS OF ALCOHOL: DETERMINING CHARACTERISTICS

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



## ALCOHOL MYTH



## IMPACT OF ALCOHOL: MEN VS. WOMEN

- Men and women process alcohol very differently and at different rates.

Here are a few reasons why:

- The enzyme that processes alcohol in our bodies (Gastric alcohol dehydrogenase) is significantly more present in men than women
- Alcohol is processed in the muscle and men typically have more muscle than women do
- Men typically have a greater total body water volume than women do
- How does this impact drinking patterns at events/parties?



## LOWER-RISK VS. HIGHER-RISK DRINKING

### Lower-Risk Drinking

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

### Higher-Risk Drinking

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



## PROTECTIVE FACTORS

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



## PROTECTIVE FACTORS

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



### WIDENING THE LENS

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



### WIDENING THE LENS

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



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

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



## STRATEGIES FOR PREVENTION

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



## RECOMMENDED STRATEGIES FOR WORKING WITH STUDENT-VETERANS

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



## HARM REDUCTION APPROACH

- Harm reduction meets users where they are
  - A strategy that assist individuals to develop the skills to avoid harms associated with alcohol/substance use.
  - Works toward less problematic alcohol/substance use or abstinence.
  - Non-confrontational and non-judgmental approach to prevention of alcohol/substance use
- Harm Reduction Resources:
- [www.hiv.va.gov/web-resources/substance-use.asp](http://www.hiv.va.gov/web-resources/substance-use.asp)
  - [www.harmreduction.org/](http://www.harmreduction.org/)



## RECOMMENDED STRATEGIES FOR WORKING WITH STUDENT-VETERANS

- Bystander Interventions
- Coaching/Leadership Development Strategies
  - Valuing and incorporating veterans leadership experiences
- Service-Learning Opportunities
  - Community engagement
- Career Assistance/Advising Services
  - Résumé assistance and career opportunities



## VA TOOLS FOR FURTHER ASSESSMENT OF ALCOHOL MISUSE

### Criteria for alcohol use or dependence DSM-IV Alcohol Abuse (1 or more criteria > 1 year)

1. Role impairment (e.g. failed work or home obligations)
2. Hazardous use (e.g. Driving while intoxicated)
3. Legal problems related to alcohol use
4. Social or interpersonal problems due to alcohol

### DSM-IV Alcohol Dependence (3 criteria > 1 year)

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

### Assess Alcohol Use

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

### Resources for Patients

- AlcoholScreening.org (self assessment)
- Drinker's Checkup.com (self assessment)
- Alcoholics Anonymous National Website
- Effects of Alcohol on the Body

VA Quality Enhancement Research Initiative: <http://www.qerit.merit.va.gov/tools/alcohol misuse/alcohol misuse.htm>



## MILITARY PATHWAYS: FREE ASSESSMENTS

- Partnership between the Department of Defense and Screening for Mental Health
  - Free, anonymous mental health and alcohol self-assessments
  - Goal: reduce stigma, raise awareness about mental health, and connect those in need to available resources.
- Screenings for:
- Depression
  - Alcohol
  - Bipolar
  - Generalized Anxiety
  - Post Traumatic Stress
- [www.militarymentalhealth.org](http://www.militarymentalhealth.org)

<https://www.militarymentalhealth.org/Welcome.aspx>



## OTHER RELEVANT STRATEGIES, STANDARDS & FRAMEWORKS

- The Council for the Advancement (CAS) of Standards in Higher Education
  - Veterans and Military Programs and Services specific standards (VMPS)
- American College Health Association (ACHA)
  - Wellness Needs of Military Veteran Student Coalition
- NASPA Health and Higher Education Knowledge Community
- "Healthy People" & "Healthy Campus" (2010 & 2020)
- Learning mission(s) of higher education
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Recommendations (3-Tier Strategies)
- Many others...



## CAS: VETERANS AND MILITARY PROGRAMS AND SERVICES

- Mission
- Program
- Leadership

CAS Standards and Guidelines: Veterans and Military Programs and Services, Council for the Advancement of Standards in Higher Education (2013)



## THE SOCIO-ECOLOGICAL MODEL: FRAMEWORK FOR PREVENTION

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



## STUDENT-VETERANS & SUBSTANCE USE

### Common Risk Factors

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

### Common Risk Factors

- Feeling out of place
- Having difficulty developing new relationships, particularly with people who haven't gone through the same experiences as the veteran
- Anxiety about being re-deployed
- Anxiety in general, about being a new student



## FROM A COUNSELING PERSPECTIVE:

Help the Student-Veteran by:

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



## ACHA STANDARDS OF PRACTICE

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



## LUNCH



ACHA Standards of Practice:  
Addressing Alcohol & Substance Abuse  
Among Student-Veterans  
**SMALL GROUP DISCUSSION**

**BREAK**



**BRINGING IT HOME...**



Home, 2015 Directed by Sam Mendes. With Jake Gyllenhaal, Scott Mac Donald, Peter Sarsgaard. Based on former Marine Anthony Swofford's best-selling 2013 book.



**WOMEN  
STUDENT-  
VETERANS**

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



**ADDRESSING THE NEEDS OF  
WOMEN STUDENT-VETERANS**

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

Suggestions in the brief, "The female Veteran friendly campus". A new issue brief from the American Council on Education's (ACE) Office of Women in Higher Education ©7/8/13, 2016.



**ADDRESSING THE NEEDS OF  
WOMEN STUDENT-VETERANS**

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

Suggestions in the brief, "The female Veteran friendly campus". A new issue brief from the American Council on Education's (ACE) Office of Women in Higher Education ©7/8/13, 2016.



## STRATEGIES

Must be comprehensive and include the following:

- Outreach and education
- Environmental management
- Harm reduction
- Creating positive norms
- Mechanism to identify at-risk students



## STRATEGIES TO ADDRESS VETERAN ISSUES

Look at what is currently in place:

- Programs, policies, activities, interventions
- Assets and resources
- Institutional climate
- Partners or potential partners

Cook, Brian J. Young Kim. ©2009



## STRATEGIES TO ADDRESS VETERAN ISSUES

### Multiple Levels

- National
- State
- Community
- Campus

### Assessments/Standards

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



## TIPS FOR TALKING WITH VETERANS

### Conversation Starters

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

### Inappropriate Questions

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

Half of Us. <http://www.halfofus.com/veterans/respectfulcommunication.aspx> [retrieved 9/26/2010]



## STUDENT VETERANS OF AMERICA



- Add "veterans sensitivity" training in faculty and staff development programs
- Survey your student-veterans for their needs and concerns.
- Develop veteran specific orientation.
- Work with student-veterans during registration periods to ensure they are able to quickly enroll in classes.
- Develop easy-to-use/streamlined procedure to notify institution in the event they are called to duty.

"Campus Kit For College & Universities". 1 JUL 2008. Student Veterans of America 25 SEP 2008 [www.studentveterans.org](http://www.studentveterans.org)



## HALF OF US: STUDENT-VETERANS SPEAK OUT



Student Veterans Speak Out. <http://www.halfofus.com/oldes/oldesID=42&apparelID=1> [retrieved 9/26/2010]



## **CONTACT INFORMATION**

**Brad Badgley, M.Ed. (U.S. Air Force)**

Columbia University  
bjb2153@columbia.edu

**Bill Smith, BSW, MS (U.S. Army)**

Student Veteran Success Consulting, LLC  
[www.studentveteranssuccess.com](http://www.studentveteranssuccess.com)  
[smithwe@studentveteranssuccess.com](mailto:smithwe@studentveteranssuccess.com)

