

Abstract

Alcohol Exposure While Serving in the United States Military

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Over the past 30 years, alcohol use, misuse, and alcohol related problems have increased among military personnel. Researchers have tracked the rates of alcohol misuse and alcohol related problems among military personnel, but few have sought to understand alcohol exposure in the military. To fill this gap, the current study sought to understand the experience of alcohol exposure for active duty military personnel through a qualitative phenomenological design.

Semi-structured interviews with participants were used to collect data. The grand tour question that guided this study was: *How do active duty enlisted military personnel experience exposure to alcohol?* Related sub-questions that directed the study included: 1. In what ways are active duty, enlisted military personnel exposed to alcohol during their enlistment period(s)? 2. How do active duty, enlisted military personnel describe their experiences with alcohol exposure? 3. In what ways, if any, does the military intrinsic and extrinsic cultures contribute to the use, misuse, and/or abuse of alcohol among active duty, enlisted military?

Participant responses revealed three major themes that reflected their lived experiences of alcohol exposure during their military careers. These themes were drinking behaviors, military culture, and potential outcomes. Implications for counselor education, counseling service providers, military personnel, and future research are discussed.

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CHAPTER 1: INTRODUCTION

The following is a phenomenological study of the experience of alcohol exposure among active duty enlisted military personnel stationed in the United States (U.S.). This chapter includes the background of the study, statement of the problem, purpose and justification for the study, theoretical framework, grand tour question and sub-questions, delimitations and limitations of the study, definitions of the study, statement of personal experience, organization of the study, and a summary of the chapter.

Background of the Study

Letourneau (2015) found that qualitative research enhances counselors-in-training learning and allows for greater understanding in areas that they are less familiar. Substance abuse and the military population are two areas that counselors-in-training are not receiving sufficient education and preparation (Atuel, Esqueda, & Jacobson, 2011; Carroll, 2000; Cole, 2014; Dawes-Diaz, 2007; Stebnicki, 2015). This gap in counselor education reflects a gap that also exists in research. There are studies that examine alcohol misuse among military service members. However, few studies explore alcohol exposure within the larger military experience (Aldridge-Gerry, Cucciare, Ghaus, & Ketroser, 2012; Ames, Cunradi, Moore, & Stern, 2007). This study was an attempt to address this gap. The background of the study includes four areas: (a) a general discussion of alcohol use among the military population; (b) differences in civilian and military personnel use of alcohol; (c) differences in enlisted service members and officers use of alcohol, and (d) impact of the military culture on service members' alcohol use.

Military personnel have a long-standing relationship with alcohol use (Frueh & Smith, 2012; Jones & Fear, 2011; Teachman, Anderson, & Tedrow, 2015). Service members use alcohol to cope with stress, traumatic experiences, and long separations from loved ones.

Alcohol can also be used for recreation and socialization among military personnel (Aldridge-Gerry et al., 2012; Frueh & Smith, 2012; Schummm & Chard, 2012). However, alcohol misuse can result in the inability of service members to fulfill the requirements of military readiness (Brown, Bray, & Hartzell, 2010).

The U.S. Department of Defense (DoD) oversees the Marine Corps, Army, Navy, and Air Force branches of the U.S. Armed Forces. Department of Defense personnel publish issuances that inform policy for all military branches. These issuances include directives, memorandums, instructions, administrative instructions, and publications. A DoD instruction is “a DoD issuance that implements the policy, or prescribes the manner or a specific plan or action for carrying out the policy, operating a program or activity, and assigning responsibilities” (WHS, n.d., para. 3).

The accepted DoD definition of alcohol misuse is “any alcohol use that results in negative consequences such as adverse effects on work performance, health, or social behavior” (Bray, Marsden, Herbold, & Peterson, 1992, p. 478). This type of behavior is considered unsuited for military personnel as evidenced by DoD Instruction 1010.04, which states that alcohol misuse is “incompatible with readiness, the maintenance of high standards of performance, and military discipline” (DoD, 2014b, p. 1). Due to the discordancy of alcohol misuse with DoD standards, the standard operating procedure for all DoD military branches is to discharge military personnel who are identified as misusing alcohol and who fail to complete treatment (DoD, 2014a). Despite this zero-tolerance policy, alcohol misuse continues to be a problem among military personnel (Mattiko, Rae Olmstead, Brown, & Bray, 2011).

Since 1980, alcohol use, along with other behaviors associated with overall wellbeing, have been tracked for military personnel by the U.S. *DoD Survey of Health-Related Behaviors* (Bray & Hourani, 2007; tricare.mil staff, 2015). The 2011 results indicated that 84.5% of

military personnel were currently using alcohol and 39.6% reported binge drinking during the past month (DoD, 2013a). Bray et al. (2006) found that one in four service members presenting for primary care concerns, tested positive for alcohol use. Furthermore, Mattiko et al. (2011) found that one in five military personnel between the ages of 18 and 35 reported heavy alcohol use. These numbers demonstrate that military personnel are using and misusing alcohol regularly.

When comparing military personnel and U.S. civilian alcohol use, military personnel consume alcohol differently from the general population (Bradley et al., 2006; Brown et al., 2010; Teachman et al., 2015; Poehlman et al., 2011). For example, service members ages 18 to 25 engage in heavy alcohol use at twice the rate of their civilian counterparts (Ames & Cunradi, 2004).

While service members use greater amounts of alcohol and more frequently than the general civilian population, enlisted personnel have less healthy relationships with alcohol than officers (Ames & Cunradi, 2004; Brown et al., 2010; Riddle et al., 2007; Williams et al., 2010). Enlisted personnel are active duty service members ranking E1 to E9 (DoD, n.d.). Enlisted personnel are typically the lowest paid service members due to their rank and position in service, and many enter the service having only a high school diploma or GED (DoD, 2013).

Bray et al. (2002) found that the lowest ranking enlisted personnel (E1 to E3) engage in heavy alcohol use at six times the rate of the highest ranking commissioned officers (O4 to O10). These findings are supported by Ames and Cunradi (2004), Bray et al., (2003), and Brown et al. (2010), whose research found higher rates of problematic alcohol use among enlisted personnel in comparison to warrant and commissioned officers. Given enlisted personnel are more likely to

engage in heavy alcohol use and binge drinking (Blume et al., 2006; Peters, 2009) they also experience more problems related to alcohol use.

Although research has established that military service members are using alcohol in ways that differ from the general public, the reason(s) for this difference is not fully understood. Ames and Cunradi (2004) reported that alcohol use by military personnel is influenced by the service members' work environment, workplace culture, and peer expectations regarding drinking behaviors. Ames et al. (2007) determined that normative beliefs about alcohol use, ambivalent alcohol related policies, work problems, occupational stress, and deployment length lead to military personnel's engagement in high risk alcohol use.

Alcohol misuse and related problems can alter the lives and careers of service members. Currently, counselors-in-training are not adequately prepared to treat service members with alcohol related problems (Carroll, 2000; Dawes-Diaz, 2007; Department of Veterans Affairs, 2010; Military.com, 2015; Stebnicki, 2015). The current study sought to understand the experience of alcohol exposure for active duty military personnel and to use these findings to inform counselor education.

Problem Statement

Alcohol use and misuse is problematic for members of the Armed Forces (Ames & Cunradi, 2004; Bray et al., 2006; Bray & Marsden, 2000; Brown, Bray, & Williams, 2013; Poehlman et al., 2011). Despite DoD issuances (DoD, 2014b; Department of the Air Force, 2012) that are intended to eliminate alcohol misuse, rates of alcohol use have steadily increased since 1980 (Bray et al., 2008). Poehlman et al. (2011) found 8.1% of military personnel experienced one or more alcohol-related problem (e.g., driving while under the influence). An additional 13.2% of service members had alcohol-related loss in work productivity and 2.9% tested positive for severe alcohol use.

Multiple studies have investigated alcohol use in the military (Aldridge-Gerry et al., 2012; Ames & Cunradi, 2004; Bray et al., 2003; Ames, Duke, Moore, & Cunradi, 2009; Brown, Bray, & Williams, 2013; Poehlman et al., 2011) yet there is no agreed upon explanation for why military alcohol use differs from civilian use. Most studies on alcohol use and the military population use quantitative methods (e.g., Bray, Marsden, & Peterson, 1991; Bray et al., 2003; Bray et al., 1991; Brown, Bray, & Williams, 2013; Skidmore & Roy, 2011) to track rates of alcohol use rather than to explore the experience of alcohol use among service members. To understand the phenomenon of alcohol exposure of service members, the lived experiences of individual service members should be captured and investigated. If the counseling field's level of understanding of this phenomenon is increased, then counselor education may improve treatment outcomes for the military population.

Purpose and Justification of the Study

Traditionally, studies examining the role of alcohol in the military are typically conducted quantitatively (Bray et al., 2003; Brown, Bray, & Williams, 2013; Skidmore & Roy, 2011) and have tracked alcohol use rates. The hazardous nature of the relationship that military personnel have with alcohol is apparent (Brown, Bray, & Williams, 2013; Brown, Williams, Bray, & Hourani, 2012; Foran et al., 2012). However, few studies have explored the factors contributing to this relationship (Aldridge-Gerry et al., 2012; Ames et al., 2007; Moore et al., 2007). Qualitative research is necessary to fill the gap in understanding the experiences of military personnel exposure to alcohol. The purpose of this phenomenological study was to gain an understanding of the experience of alcohol exposure of enlisted personnel while serving in the U.S. military.

Several factors should be considered when examining the role of alcohol in the military. These include structural factors in military life that may directly or indirectly encourage alcohol use and alcohol related behaviors.

Theoretical Framework

Motivational interviewing (MI) is defined as “a client centered, directive method of communication for enhancing intrinsic motivation by exploring and resolving ambivalence about a particular change” (Miller & Rollnick, 2013, p.). Motivational interviewing fosters the natural change process through authentic conversations regarding behavior change. As a theoretical framework, MI proposes that people typically modify their behaviors based upon their interactions with others (van Wormer, 2007).

van Wormer (2007) posits that if a person verbalizes defense of a position, and/or acts in favor of a position, then that person will become committed to that position. The theory lends itself well to the current study, as military service members likely become committed to the ways that they are exposed to and use alcohol given the cultural influences that promote normative beliefs about alcohol (Ames et al., 2007; Woodyard, Hallam, & Bentley, 2013) and the regular engagement in heavy alcohol use and related behaviors (Ames & Cunradi, 2005; Bray et al., 2003).

Grand Tour Question and Sub-Questions

The purpose of the study was to understand the lived experience of active duty enlisted personnel exposed to alcohol while serving in the military. The study design was qualitative phenomenological, which including semi-structured interviews of participants. The questions used were developed from the themes that emerged from the study’s literature review and the themes identified during the pilot study. These themes included military culture, heavy alcohol use, and the potential consequences of alcohol use. The grand tour question that guided this

study was: *How do active duty enlisted military personnel experience exposure to alcohol?*

Related sub-questions that directed the study included:

1. In what ways are active duty, enlisted military personnel exposed to alcohol during their enlistment period(s)?
2. How do active duty, enlisted military personnel describe their experiences with alcohol exposure?
3. In what ways, if any, does the military intrinsic and extrinsic cultures contribute to the use, misuse, and/or abuse of alcohol among active duty, enlisted military personnel?

Delimitations and Limitations

This study has delimitations and limitations that may affect the generalizability of its findings. The current study was designed to build upon the knowledge gained during the pilot study. The pilot study was conducted exclusively with U.S. Air Force personnel and took place three years prior to the initiation of the current study. Given the broader spectrum of participants in the current study and the changes in war conditions since the time of the pilot study, the results of the current study may not be comparable to those of the pilot study.

Phenomenological studies seek to understand lived experienced of the individuals in question and do not attempt to generalize findings to the larger population, (Patton, 2002). This study was delimited to active duty enlisted (ADE) military personnel over the age of 21, serving in the four DoD branches of the U.S. military. The study's literature review did include information from and about military personnel under the age of 21, which could impact the comparability of the review and the study results. However, study many participants did directly reference their own experiences before turning 21, which in part addressed this discrepancy. The delimitations of the study limit the generalizability of the study due to the distinctiveness of the participants' unique lived experiences. The current study's findings are not generalizable to

the entire military population, as the experiences of the participants may not be comparable to ADE military personnel under the age of 21, members of military services overseen by the Department of Homeland Security, and/or commissioned or warrant military officers.

Data was collected both in person and via video teleconference. The pilot study interviews were completed entirely in person. There may have been differences that occurred between in person interviews and video call interviews that did not occur during the pilot study. The inclusion of video teleconference calls allowed a broader range of participants, however, as this allowed individuals in a variety of locations, both domestic and international, i.e. deployed service members to participate in the current study.

Definitions

Knowledge of the following terms is needed for comprehension of the study.

Active duty: Full-time occupation as part of a military force, as opposed to reserve duty.

Alcohol misuse: A pattern of alcohol consumption that increases the individual's risk of alcohol-related harm (Coulton, 2011).

Alcohol use: For men, no more than four drinks in a single day and no more than 14 drinks total in a week. For women, no more than three drinks in a single day or seven drinks total in a week (National Institute of Health, n.d.).

Alcohol-related incident: Any event occurring after the consumption of alcohol that resulted in the notification of an ADE service member's commanding officer(s).

Deployment: "Activities required to move military personnel and materials from a home installation to a specified destination" (Military.com, n.d, para 1).

Enlisted personnel: Service members enlisted in the armed forces, ranks E1 to E9.

Member checks: Participants review analytic categories, interpretations, and conclusions of analysis to improve the accuracy, credibility, and transferability of data (Lincoln & Guba, 1985).

Military officer: A person in the armed services who holds a position of command, ranks O1 to O10.

Military Occupational Specialty (MOS): Designator referring to a service member's primary job function.

Node: A node is "a collection of references about a specific theme, place, person or other area of interest" (NVivo, 2016, para. 1).

Open coding: Open coding is conducted by reading through the transcript(s) several times to identify what common ideas emerge and labeling the data accordingly (Powers & Knapp, 2010).

Axial coding: Identifies the relationship between the initial codes to determine what can be condensed into larger umbrella codes which assists in development of overall themes in the data (Powers & Knapp, 2010).

Phenomenological approach: Is "the application of *logos* (language and thoughtfulness) to a phenomenon (an aspect of a lived experience), to what shows itself preciously as it shows itself" (Van Manen, 1997, p. 31).

Reflective notes: The researcher "keeps an ongoing record of her or his experiences, reactions, and emerging awareness of any assumptions or biases that come to the fore. These emerging self-understandings can then be examined and set aside to a certain extent or consciously incorporated into the analysis, depending on the frame of the researcher" (Morrow, 2005, p. 254).

Social norm: A rule of behavior that is considered acceptable in a group or society.

Statement of Personal Experience

This researcher is qualified to conduct this study as a substance abuse professional, experienced counselor, and a trained qualitative researcher. Further, this researcher is a Licensed

Clinical Addictions Specialist and a Licensed Professional Counselor in the state of North Carolina and has practiced for nine years, in inpatient and outpatient settings, with a variety of adult populations, including active duty and reserve service members and military family members. The researcher has also received education and training in conducting qualitative research at East Carolina University.

This researcher is a military spouse and is familiar with the intrinsic and extrinsic aspects of the military lifestyle. However, this researcher has never served in the military and therefore approached the study as a cross-cultural inquiry. This approach acknowledges the outsider viewpoint of the researcher and recognizes the value of this etic perspective, while honoring the unique distinctions of the population being studied (Patton, 2002).

Organization of the Study

This chapter introduces the current study, including the need for the study and the rationale for using a phenomenological approach. Chapter 2 provides a review of literature concerning military personnel alcohol use and how it differs from the U.S. civilian population, alcohol use patterns of enlisted personnel versus military officers, military culture and alcohol use, and deployment and combat exposure and alcohol use. The justification for this study includes a gap in the literature surrounding the experiences of service members that may influence how they interact with alcohol. Chapter 3 discusses the methods of the study. The study results are reported in Chapter 4, and Chapter 5 provides a discussion and implications of research findings as well as recommendations for future research.

Chapter Summary

This chapter introduced the purpose of the study, which is to increase understanding of alcohol exposure for active duty enlisted military personnel. Alcohol use among the military population was discussed. The statement of the problem including the need to prepare

counselors-in-training for treating the military population for alcohol use and misuse was provided. The justification for investigating military personnel and their exposure to alcohol through a qualitative lens followed. The theoretical underpinning of the study, motivational interviewing. The grand tour question and sub-questions and organization that guided the study was provided. The following chapter discusses relevant literature related to alcohol use and the military service members.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter reviews literature relevant to alcohol use in the military including: how military personnel's use of alcohol differs from that of the United States (U.S.) civilian population, drinking patterns for enlisted personnel versus military officers, the contributions of military context/culture and alcohol use, deployment and combat exposure deployment and patterns of military alcohol use, and the inclusion of military culture and service member substance use information in counselor education. This chapter reviews the use of motivational interviewing with the military population, historic and contemporary research, both quantitative and qualitative, as it relates to alcohol use in the military and the emerging role of counselors in addressing substance use and misuse in the military. A summary concludes the chapter.

There is a long history of alcohol use among members of the Armed Services (Brown, Bray, & Williams, 2013; Carson-DeWitt, 2003; Jones & Fear, 2011). Alcohol is used to cope with the pain, boredom, and stress that is present during combat (Frueh & Smith, 2012; Schumm & Chard, 2012). The U.S. military has existed for over 200 years (Stewart, 2005), and alcohol has likely been consumed throughout that history. Frueh and Smith (2012) found clear indications of alcohol misuse and alcohol related problems among American service members as early as the Civil War.

Today's military personnel continue this pattern of problematic alcohol use (Aldridge-Gerry et al., 2012; Brown, Bray, & Williams, 2013; Carson-DeWitt, 2003; Jones & Fear, 2011). Department of Defense (DoD) personnel have tracked alcohol misuse in the military through the DoD Survey of Health-Related Behaviors since 1980 (Bray, Kroutil, & Marsden, 1995; Bray & Hourani, 2007). Recent survey data indicates the rates of alcohol use and misuse are on the rise

(Bray et al., 2008); particularly among individuals returning from the most recent conflicts, Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF; Aldridge-Gerry et al., 2012).

While there are many theorized explanations for military alcohol misuse, there are few qualitative studies examining the actual lived experiences of alcohol use among military personnel (Aldridge-Gerry et al., 2012; Ames et al., 2007; Moore et al., 2007). Most studies used quantitative methods (for example Bray et al., 2003; Brown, Bray, & Williams, 2013; Skidmore & Roy, 2011) to track rates of alcohol use and/or related problems rather than to explain the factors contributing to alcohol use. To understand the factors contributing to alcohol use of service members qualitative research is needed. Understanding of the factors contributing to alcohol misuse among service member can improve counselor education and treatment for the military population.

The current study sought active duty enlisted (ADE) military personnel and asked that they describe their experience(s) with alcohol exposure during their time in service. An extensive review and analysis of current and historic (older than 10 years) research revealed relevant areas for discussion. The chapter begins by discussing the use of motivational interviewing and social-determination theory within the context of military alcohol use and exposure.

Motivational Interviewing and Self Determination Theory

Self-determination theory (SDT) is a theoretical perspective, while motivational interviewing (MI) is a set of clinical techniques, both of which have been used in behavioral health interventions, to treat substance use disorders (SUDs) and mental health (MH) disorders (Patrick & Williams, 2010). Although SDT and MI developed separately and for somewhat different purposes, there is conceptual overlap between the two. There are three major concepts emphasized in SDT, autonomy, relatedness, and competence, each of which are directly

addressed in MI (Miller & Rollnick, 2012). Self-determination theory offers a potential theoretical framework for MI, while MI offers specific direction for clinical techniques absent from SDT (Miller & Rollnick, 2012; Patrick & Williams, 2010).

Individuals change naturally over the course of their lives. Motivational interviewing seeks to capitalize upon this natural change process and encourage positive change rather than changes toward unhealthy or destructive patterns of behaviors (Miller & Rollnick, 2013). Motivational interviewing promotes the change process through purposeful, meaningful conversations about behavior change. This approach assumes that individuals are the experts in their lives and that counselors are simply a knowledgeable professional in the topic of treatment. Furthermore, individuals determine what behaviors are working for them versus those that are producing undesirable outcomes.

Due to this reliance upon self-determination, MI is an ideal fit for working with the military population. Service members are exposed to exceptional circumstances and experiences that may make what typically might be considered maladaptive behaviors, uniquely functional within a military context. Research supports the use of MI as an effective approach when treating SUDs and MHDs in the military population.

Mc-Devitt-Murphy, Murphy, Williams, Monahan, Branken-Minor, and Fields (2014) explored how brief interventions, either a personalized feedback packet inquiring about the individual's military experiences or a single MI counseling session, could reduce what the authors defined as hazardous drinking, and to enhance healthy coping mechanisms for OEF, OIF, and Operation New Dawn (OND) veterans. The interventions were conducted with 68 OEF/OIF/OND combat veterans scoring an eight or higher on the *Alcohol Use Disorders Identification Test (AUDIT)*, recruited from a Veterans Affairs primary care clinic specializing in

treating combat related conditions, including post-traumatic stress disorder (PTSD). The researchers found that the two interventions were effective. However, veterans diagnosed with PTSD reported greater reductions in alcohol use following the MI counseling session. Limitations of this study include the lack of a no treatment control group for baseline comparison, and the small sample size (N = 68). Despite these limitations, the findings suggest that MI is an effective counseling style and intervention with veterans.

A study by Walker et al. (2017) also investigated substance use treatment using MI with a military population. The researchers randomly assigned 242 soldiers to either a single MI counseling session or standard psychoeducation session. Participants were assessed for alcohol use disorder at baseline, at 1 week, 3 months, and 6 months following treatment intervention. The researchers found that while all participants reduced their alcohol consumption over the course of the study, those who received the MI session reported significantly greater reductions in alcohol use. Additionally, the MI group had a lower prevalence of diagnosable alcohol dependence at the 6-month follow-up than the control group. Limitations of the study include, the use of incentives for study participation which may have influenced participant response rates, as well as the lack of a no treatment control group.

In addition to SUD treatment, MI has been shown to be successful in engaging military personnel in MH treatment. Seal, Abadjian, McCamish, Shi, Tarasovsky, and Weingardt (2012) explored the efficacy of telephone-administered MI in engaging veterans in treatment. The researchers recruited 73 OEF/OIF veterans who screened positive for MH disorders and who were not currently engaged in treatment services. Participants were randomly selected to receive four sessions of telephone-based MI or four neutral check-in sessions, and were then assessed for engagement at eight and 16 weeks into the study. Seal et al. (2012) determined that MI

participants were more likely to remain in treatment. Additionally, the researchers found that these participants reported a reduction in stigma about seeking mental health services and a reduction in marijuana use. A notable limitation to this study was that MI participants received longer phone contacts than the check-in participants due to the length of time required to complete MI. Therefore, the researchers were unable to conclude that outcomes were due purely to MI and not to extended telephone contact. Given the previous research indicating the efficacy of MI with the military population the researchers felt confident in their conclusions that MI was the deciding factor in the results they observed.

Based upon the literature reviewed, MI and SDT are suitable to use with a military population. Motivational interviewing has been specifically tested in treating service members and has shown repeated effectiveness in addressing SUDs and MHDs. The reliance upon self-determination allows services members to engage in MI without stigma of functional behaviors that might be considered maladaptive within the civilian population.

Military versus Civilian Alcohol Use

Military personnel and civilians seem to use alcohol differently. Many studies have explored how service members and their civilian counterparts compare in their alcohol use (Ames & Cunradi, 2004; Ames et al., 2007; Bray et al., 2003; O'Brien, Oster, & Morden, 2013; Poehlman et al., 2011; Teachman et al., 2015). While early research showed little difference between the two groups (Burt, 1982; Polich, 1981; Polich & Orvis, 1979), current research indicates higher and more problematic alcohol use among service members as compared to civilians (Ames & Cunradi, 2004; Ames et al., 2007; Bray et al., 2003; Poehlman et al., 2011). This section examines, early research and contemporary research comparing services members' and civilians' alcohol use.

Early research. In a similar study, Polich (1981) compared alcohol use rates of the U.S. Army, Navy, and Air Force members with those of the U.S. civilian population. Polich (1981) found higher rates of alcohol use among military personnel in comparison with the civilian population, and again argued that the identified differences could be attributed to the “higher-risk demographics of military personnel” (e.g., being under the age of 25, working away from their families, having less than a college level education, p.1126). After standardizing the military populations demographics to correlate with the civilian population, Polich concluded that service members and civilians are likely to use alcohol in similar ways, with neither group using the substance at higher or more dangerous rates.

Burt (1982) also compared military and civilian alcohol use rates during the same time as Polich’s (1979, 1981) studies, using data from “a 1980 survey of nonmedical use of alcohol among U.S. military personnel” (Burt, 1982, p. 1097). Unlike Polich (1979, 1981), Burt (1982) was concerned with the extent and degree of problematic alcohol use in the Armed Forces. The study found that 83% of the surveyed service members regularly used alcohol, of these 7% met criteria for alcohol dependence, and 8% met criteria for “chronic excessive alcohol consumption” as defined by the 1979 national survey of alcohol use and alcohol problems among U.S. adults (Burt, 1982, p 1101). Interestingly, Burt’s (1982) findings indicated that most service personnel meeting criteria for either alcohol dependence (10%) or chronic excessive alcohol consumption (11%) were junior enlisted personnel (E1-E5 rank). To understand how these rates compared with those of the U.S. civilian population, Burt (1982) examined the *1979 National Survey of Drug Abuse*. When accounting for age, sex, marital status, and education level, Burt (1981) concluded that there was a 2% difference between military (84%) and civilian (82%) alcohol use.

Polich's (1979; 1981) and Burt (1982) studies were later criticized as being inconsistent and methodologically unsound (Bray et al., 1991). Concerns were how the prior research had been conducted with respect to data collection and analysis. More specifically, the early research used military and civilian measures that had occurred in different years, the age ranges studied were often inconsistent, and gender comparisons were dissimilar (Bray et al., 1991). Later studies sought to correct these irregularities to allow for more accurate comparisons between service members and civilians use of alcohol.

Contemporary research. To ensure comparable data from service members and civilians, Bray et al., (1991) evaluated data from the *1985 Worldwide Survey of Alcohol and Nonmedical Drug Use among Military Personnel*, and the *1985 National Household Survey on Drug Abuse*. After standardizing the data to account for the military sample being younger, predominately male, and African American, the researchers found that military personnel were more likely to drink alcohol and to engage in heavy alcohol use (“consuming five or more drinks per typical drinking occasion at least once a week”, Bray et al., 1991, p 867). More specifically the findings indicated that male service members were twice as likely to drink heavily as civilian males. Researchers also found that younger female military personnel had almost equal rates of heavy drinking as their male services member counterparts, and significantly higher rates than civilian male counterparts (Bray et al., 1991).

The DoD's *Survey of Health-Related Behaviors among Military Personnel* is a series of assessments conducted every three years. The survey collects data “regarding behavioral and health readiness” of service members (Bray, n.d, paragraph 1). Bray et al. (2003) used the 2002 *Survey of Health-Related Behaviors among Military Personnel* findings and the 2001 *National Household Survey on Drug Abuse* findings to compare military service members' alcohol

consumption to that of their civilian counterparts. After adjusting for sociodemographic differences, findings revealed that younger service members (18 to 25 years old) were more likely to engage in heavy drinking as compared to their civilian counterparts (27.3% vs. 15.3%). Whereas, older military personnel (26 to 55 years) were closely matched to their civilian counterparts (8.9% vs. 8.0%; Bray et al., 2002). These findings indicate that younger service members display heavy alcohol use that is nearly double that of civilians and more than three times that of older service members.

O'Brien, Oster, and Morden (2013) came to similar conclusions. Their research found that younger service members were more likely to engage in heavy alcohol use than their civilian counterparts. O'Brien et al. (2013) also concluded that older military personnel's drinking habits closely matched those of civilians within the same age group. These findings not only support that service members use alcohol differently from civilians but also that the ways in which younger military personnel alcohol use should be of particular concern.

Furthermore, Ames and Cunradi (2004) concluded that military personnel are engaging in heavy alcohol use at higher rates than civilians, particularly in the 18 to 25 age group. The authors noted that military personnel, in this age group, were consuming twice the amount of alcohol as compared to their civilian counterparts. The greatest difference was between civilians and Marine Corps members who were engaging in alcohol use at more than double the frequency of civilians of similar ages (Ames & Cunradi, 2004). The authors also note how gender differences influence rates of heavy alcohol use. More specifically, women in the military were consuming alcohol at nearly double the rate of civilian women. Further, women in the Navy and Marine Corps had the highest rates of alcohol consumption of all female military personnel.

Teachman et al. (2015) found that male service members' alcohol use is different from their civilian counterparts. Findings showed that male enlistees and retired service members were more likely to use alcohol than civilian males. Interestingly, Teachman et al. (2015) found the opposite was true for female services members. More specifically, female enlistees and veterans were less likely to use alcohol when compared to their civilian counterparts. The research supports that service members, particularly young, male service members, use alcohol in ways that differ from the general U.S. civilian population. What remains unclear is what differs among these groups that influences how they use alcohol.

Enlisted Personnel versus Officer Alcohol Use

Not only do military personnel use alcohol differently than civilians, but research indicates that some groups of service members use alcohol differently than others (Ames & Cunradi, 2005; Bray et al., 2003; Brown et al., 2010; Peters, 2009). Alcohol use seems to bifurcate between enlisted and higher-ranking officers, with enlisted personnel using alcohol in less healthy ways than higher ranking officers (Ames & Cunradi, 2004/2005; Bray et al., 2003; Brown et al., 2010; Peters, 2009).

As previously discussed, Ames and Cunradi (2004) investigated military and civilian alcohol use. They also explored the alcohol use rates of enlisted personnel versus officers. Their findings noted distinct patterns of alcohol use among military personnel, with the highest rates of use and misuse occurring with the youngest and lowest paid (enlisted) personnel. The authors reported, during 2002, 20.2% of junior enlisted personnel (E1 to E3) reported serious alcohol-related penalties, 27.2 percent reported loss of work productivity, and 22.6% reported symptoms of alcohol dependence.

Bray et al. (2003) also observed higher rates of problematic alcohol use between young, enlisted military personnel and officers. The *2002 DoD Survey of Health-Related Behaviors* data

was used to compare the rates of heavy and binge drinking among various rank groups. Binge drinking was defined as “consuming five or more drinks on the same occasion at least once during the past 30 days” (Bray et al., 2003, p. ES-2). Bray and colleagues (2003) found the chances of heavy alcohol decreased as personnel moved up in rank. The lowest ranking service members, (ranks E1 to E3) had the highest rates of heavy alcohol consumption (six times more than those of the highest ranks [O4 to O10]). These findings support that the rank of service members is related to alcohol use rates.

Brown et al. (2010) conducted a study comparing alcohol use of male and female service members. The researchers found greater differences in enlisted and officer alcohol use than those that existed between males and females. More specifically, officers drank alcohol more frequently than enlisted personnel. However, officers reported moderate levels of alcohol use, while enlisted service members reported heavier alcohol use including binge drinking. The authors reported these differences were a function of the various demographic characteristics inherent to officers versus enlisted personnel (Brown et al., 2010).

Liew (2016) concluded that occurrences of heavy alcohol use were more concentrated among service personnel between the ages of 18 and 25. This age range had a higher percentage of heavy drinkers when compared to other service members. In addition to age, marital status was found to have an impact on service members' alcohol use. The author determined that being married served as a protective factor, while having never been married or being divorced correlated with higher levels of daily alcohol consumption.

Peters (2009) offered a different explanation for officers drinking more often but at lower amounts than their enlisted counterparts. Peters (2009) suggests that there are financial incentives for drinking that exist for officers that are not present for enlisted personnel. The

findings revealed that officers drinking two to 38 drinks per week earn two to eight percent more per year than officers who abstain from alcohol. Peters (2009) referred to this as the military “drinkers’ bonus” (p. 2211). The military drinkers bonus existed for enlisted personnel but was less pronounced. Peters found that enlisted personnel who drank between two and 38 drinks per week earned less than 1% more than those who abstained. This variance is possibly due to the differences in how enlisted personnel and officers are promoted. Peters (2009) suggested the social aspects, such as going out for drinks, have more of an impact on officer promotions than they do on the promotions and earnings of enlisted service members.

While the causal factors may remain unclear, the above research indicates that service members use more alcohol than civilians and that enlisted personnel are at a greater risk for alcohol misuse and alcohol related problems than commissioned and warrant officers. This section reviewed early and contemporary research comparing alcohol usage among U.S. military members and civilians. The following section will further explore how military personnel interact with alcohol.

Alcohol in the Military Context and Culture

The preceding section of the chapter established that ADE military personnel use alcohol at higher rates than do civilians and military officers. The section that follows examines how alcohol is integrated into the military culture and context. Military personnel’s alcohol use as a coping skill, alcohol use as a social norm in the military, and heavy alcohol use and binge drinking among service members is discussed.

Alcohol Use as a Coping Tool

Traditionally, alcohol has played an important role in military culture (Carson-Dewitt, 2003; Jones & Fear, 2011; Wallace, Wallace, & Weeks, 2008). Historically, alcohol has been

used to cope with the stress, intense emotions, and difficult adjustment periods that are frequently a part of the military experience (Jones & Fear, 2011). Today's service members report using alcohol to cope with boredom, loneliness, stress resulting from military service, and in social and recreational pursuits (Ames & Cunradi, 2004; Ames et al., 2009; Poehlman et al., 2011). Alcohol is an accepted part of military service; so much so that prior to 1982, active duty service members were legally able to use alcohol on base, regardless of whether they met the off base legal minimum drinking age (Wallace et al., 2008). This acceptance of alcohol use may contribute to increased alcohol use as normative behavior (Woodyard, Hallam, & Bentley, 2013).

Skidmore and Roy (2011) found that military personnel engaged in treatment for substance abuse concerns, described their substance use in one of two ways. Service members and veterans reported their substance use began prior to entering the military and worsened during service or that they were exposed to and subsequently began using and misusing alcohol after they joined the military. Despite the time of onset, being in the military was the common influence in the behavior becoming problematic for the individual(s). The authors noted three factors that contributed to the use and misuse of alcohol by service members. These included: (a) coping with stress related to pressures to perform (particularly for service women), (b) trauma due to combat, physical, and/or sexual abuse, and (c) co-occurring disorders such as depression and post-traumatic stress disorder (Skidmore & Roy, 2011).

Alcohol Use as a Social Norm

Alcohol use and misuse in the military are not limited to those service members who volunteer for alcohol and mental health treatment. Many service members do not engage in treatment as their alcohol use is not considered a "problem" but rather a "normal" part of the military experience (Poehlman et al., 2011). To gain a better understanding of this phenomenon,

Poehlman et al. (2011) conducted a qualitative study regarding the socio-cultural factors that contribute to alcohol use and misuse among enlisted personnel at two Navy bases and two Marine Corp bases. The researchers wanted to understand each of the installations' individual drinking climates. The study consisted of 15 focus groups with a total of 111 participants (61 Marines, and 50 Sailors) conducted in the spring of 2006. Service personnel from three of the four bases reported frequent and heavy alcohol use, while one Naval base personnel reported moderate levels of alcohol use. This Naval base differed in location and demographic make-up from the other bases in the study.

Poehlman et al. (2011) identified three different types of military drinkers in the study: (a) social drinkers, (b) recreational drinkers, and (c) stress and coping drinkers. Social drinkers reported drinking 3-12 drinks in a sitting. Reasons for this type of alcohol use included: (a) drinking to fit in, (b) meeting the "work hard...play hard" expectation of the culture, and (c) building bonds with peers. These individuals reported primarily drinking off base and subsequently engaging in drunk driving. Recreational drinkers frequently reported a lack of leisure activities either on or around base and drinking as an alternative to boredom. These individuals, many of whom were under 21 years of age, reported easy access to inexpensive alcohol on base and drinking with peers in military housing. The final group of military drinkers was the stress and coping drinkers. This group was repeatedly labeled as "problem" drinkers by study participants. Individuals falling into this group reported using alcohol as a "sleep aid", to "forget", and to "unwind" (Poehlman et al., 2011, p 400). These service members were typically military personnel in high-stress positions, individuals working odd hours, and those preparing for or recently returning from deployment to combat zones (Poehlman et al., 2011).

In a mixed methods study, Ames et al. (2009) investigated the impact of military culture on how new, within the first three years of duty, service members interact with alcohol. The researchers determined cultural norms to be predictive of heavy alcohol use. The qualitative portion of the study found factors such as: (a) the ready availability of alcohol, (b) the common ambivalence of supervisors regarding rule enforcement, (c) modeling of heavy drinking by higher ranked personnel, (d) stress relief, and (e) peer pressure to be common risk factors for heavy alcohol use.

Heavy Alcohol Use and Binge Drinking

Not only is regular alcohol use a part of the military context but heavy alcohol use and binge drinking are also common place in the military (Bradley et al., 2006; Brown et al., 2010; Mattiko et al., 2011; Skidmore & Roy, 2011; Stahre, Brewer, Fonseca and Naimi, 2009). Stahre et al. (2009) illustrated this point in the first in-depth study on military binge drinking and alcohol related problems. The study used data from the *2005 DoD Survey of Health-Related Behaviors* to determine the extent and degree of alcohol use, binge drinking, and alcohol related problems in the military. The authors determined that 76% of the Armed Forces used alcohol regularly, while 56.6% met the criteria for binge drinking. Factors that seemed to contribute to binge drinking and alcohol related problems included living in single housing (Stahre et al., 2009) and being stationed onboard ships (Stahre et al., 2009).

An increased risk of problematic alcohol use while at sea is of particular concern for Navy personnel. Ames et al. (2006) conducted a five-year ethnographic study with Navy personnel to determine the degree to which being deployed to sea influenced how they use alcohol. The researchers interviewed enlisted personnel and officers who had served in the Navy for at least seven years. According to the authors, Navy personnel are generally at sea for a

period of between three and nine months and are prohibited from using any alcohol while aboard ship. As such the authors found that problematic alcohol use actually occurred when sailors were given liberty, the period of time when sailors are allowed to go ashore while the ship is docked in foreign ports during the deployment. The study revealed that heavy and hazardous drinking was common among the participants during shore leave (Ames et al., 2006, p 343) and that previously deployed individuals were at a particular risk of engaging in this behavior (Ames et al., 2006).

There are many influences in the military context and culture that affect the ways in which military personnel use alcohol. Alcohol is an accepted part of the military lifestyle both historically and currently. Service members use alcohol to assimilate and socialize, to handle the boredom that accompanies limited resources, and to cope with stress and anxiety resulting from their positions, traumatic events, and emotional concerns. Preparing for and returning from deployment also impacts military members' alcohol use. The next section explores deployment and its effect on service members' alcohol use.

Deployment and Alcohol Use

A multitude of factors contribute to how military personnel use alcohol, and while deployment is only one of these factors, it is one of particular concern given recent rates of deployment and re-deployment for service members. Since 2001, more than 1.8 million service members have deployed to overseas locations such as Iraq and Afghanistan (Hollingsworth, 2011; Wilk, Bliese, Kim, Thomas, McGurk, & Hoge, 2010). Unfortunately, deployment and subsequent combat exposure have been shown to have a significant relationship with how service members use alcohol (Erbes, Kramer, Arbisi, DeGarmo, & Polusny, 2017; Harbertson, Hale, Watkins, Michael, & Scott, 2016; Kintzle et al., 2015; Larson, Wooten, Adams, & Merrick, 2012; Spera, Thomas, Barlas, Szoc, & Cambridge, 2011; Smith, Taverna, Fox, Schnurr,

Matteo, & Vogt, 2017). This section will discuss alcohol use as it relates to general deployment, as well as the specific impact combat exposure can have on alcohol usage.

General Deployment

Several studies have indicated that deployment and related concerns have a significant effect on how military personnel interact with alcohol (Spera et al., 2011). This impact has been seen leading up to deployment (Blume, Schmaling, & Russell, 2010; Harbertson et al., 2016; Poehlman et al., 2011), during deployment (Ames et al., 2006; Ong & Joseph, 2008), and post deployment (Blume et al., 2006; Brown et al., 2012; Blume et al., 2010; Jacobson et al., 2008; Kintzle et al., 2015; Larson et al., 2012; Poehlman et al., 2011; Santiago et al., 2010; Wilk et al., 2010). The following subsection will explore alcohol use during each of these three stages.

Harbertson et al. (2016) screened Marines and Sailors for alcohol misuse immediately prior to deployment. The researchers found that of those assessed 14.6% met criteria for alcohol dependence. Junior service members, including those below the age of 21 had higher rates of positive screens at 18.5 %. Erbes et al. (2017) determined that rates of alcohol use increased for service members both before and after deployment. The researchers interpreted these results to indicate “a social facilitation factor” (p. 305) that occurs between spouses and domestic partners both prior to and post deployment as they prepare for and respond to the stress of deployment related separation and stress.

Poehlman, et al. (2011) also reported that several of the service members they interviewed observed increased military alcohol use both immediately preceding and immediately following deployment. Blume et al. (2010) found similar results when they surveyed 876 soldiers at a Texas Army base, both at mobilization, the time period during which service members prepare to deploy, and at demobilization, once service members have returned

from deployment, regarding Army personnel's stress levels and alcohol use. The researchers found that 20% of individuals surveyed engaged in binge drinking immediately prior to deployment, while approximately 17% engaged in the behavior immediately following demobilization from the deployment area (Blume et al., 2010).

As the section on Alcohol in the Military Context and Culture noted, alcohol use and abuse occurs before, during, and after deployment. Ames et al. (2006) studied patterns of alcohol abuse during overseas deployments and found high levels of problematic drinking among Navy personnel while on *liberty* during deployments. Alcohol use and abuse while overseas are not limited to Navy personnel. Ong and Joseph (2008) studied ADE personnel from all four DoD branches of the military, Army (n = 44), Navy (n = 250), Marine Corps (n = 1,512), and Air Force (n = 14), presenting for substance abuse treatment while stationed overseas. The majority of these service members were referred to treatment due to "undesirable social behaviors" (Ong & Joseph, 2008, p. 874) including illegal behaviors, mental health concerns, and driving infractions. Ong and Joseph (2008) found that "identification of the military culture as a drinking culture", alcohol availability, and few recreational alternatives to alcohol use contributed to overseas problem drinking (p. 871).

Possibly the most well documented piece of deployment that affects how service members use alcohol is post-deployment. This refers to the changes in alcohol use by military personnel that are caused by deployment but that take place after the service member has returned home. Brown, et al. (2012) reported that post deployment alcohol use can result from a combination of factors including deployment experiences, length and number of deployments, as well as the actual deployment location. The data also revealed that AD military personnel are at a higher risk of problematic alcohol use post deployment than their reserve counterparts.

Kintzle, et al. (2015) determined that 10% of National Guard service members surveyed following deployment met criteria for alcohol misuse. Jacobson et al. (2008) had similar findings with 10-12% of Reserve and National Guard service members screening positively for problematic alcohol use immediately following deployment.

While much of the existing research has taken place once military personnel have returned from deployment, military personnel's alcohol use and abuse are not limited to this time period. Research indicates that that service members' alcohol use can be dangerously high before, during, and after deployments overseas. This is associated with the stressors involved in the individual's particular stage in the deployment process (Brown et al., 2012; Blume et al., 2010; Ong & Joseph, 2008; Poehlman et al., 2011; Santiago et al., 2010). The reviewed research implies that service members who are likely to be deployed are also likely to experience changes in their alcohol use patterns. This subsection of the chapter reviewed research examining alcohol use as it relates to deployment in general. The following subsection will examine how deployment to combat zones specifically can affect how service members interact with alcohol.

Combat Exposure Deployment

The preceding section illustrated the effected that deployment can have on alcohol use. The following section will expand upon this, by elucidating the additional impact that combat exposure during deployment can have on how service members use alcohol. While research indicates that non-combat deployment impacts alcohol use, additional research indicates a substantial difference in alcohol use for services members following deployment to combat zones (Jacobson et al., 2008; Robins, 2016; Santiago et al., 2010; Spera et al., 2011; Wilk et al., 2010).

Jacobson et al. (2008) found that following combat exposure 26.6% of the active duty servicemen studied, had new onset of binge drinking upon return from deployment. Wilk, et al. (2010) surveyed Army personnel three to four months following their infantry brigade deployments into combat zones. One in four of these soldiers met the criteria for alcohol misuse, while an additional 12% met the criteria for alcohol related problems, such as missing work, drinking more than intended, or receiving an alcohol related citation. The researchers also found that higher rates of exposure to the threat of death or injury were linked with higher rates of alcohol misuse, while exposure to combat related atrocities, such as witnessing violence and or brutality among the local population, were linked with higher rates of alcohol misuse and alcohol related problems (Wilk et al., 2010).

Robins (2016) examined the impact of combat, morally injurious experiences, and spiritual injury, on post-deployment alcohol use. Of the variables studied, Robins (2016) found combat exposure to have the most significant relationship with heavy alcohol use following deployment. Santiago et al. (2010) also examined the relationship between combat, and alcohol misuse and alcohol related problem behaviors. The study looked at Army personnel from six different brigades, three to four months following their return from deployment to Iraq. The authors found that 27% of the soldiers screened positive for alcohol misuse. In addition, the study results indicated that those service members returning from combat exposure were more likely to have alcohol related problems as they were more likely to drink and drive and to be convicted of doing so, to ride in a vehicle with a driver who had been drinking, to miss work because of alcohol use, and/or to use illegal drugs.

The reviewed research clearly indicates that heavy drinking and alcohol related problems are significantly influenced by military personnel's deployment experiences particularly when

the service member has been exposed to combat. The preceding section has outlined this impact for both deployment in general, as well as for combat exposure specifically. While combat, exposure seems to cause a more pronounced increase in alcohol misuse and related problems, deployment in general appears to increase these behaviors as well.

Counselor Education and Counseling Military Members

The preceding sections described the historical and current ways service members' alcohol use and alcohol exposure is different from civilians and from service branches. Various factors (e.g., coping, culture, and combat) contributing to use patterns have been explored. The following section considers the need for emerging counselors to understand this population and for counselor education programs to address the gap in curriculum related to the military and the issues that arise for this population.

High rates of trauma, post-traumatic stress disorder, depression, and family disruption are common among the military population (Buck, 2012; Luby, 2012). Many service members do not utilize the programs designed to assist them with these issues due to the stigma associated with seeking treatment (Ben-Zeev, Corrigan, Britt, & Langdon, 2012; Britt, Green-Shortridge, & Castro, 2007). Research indicates that service members are increasingly more likely to seek behavioral health services in their communities rather than on base or through the Department of Veterans Affairs (VA) services (Luby, 2012); meaning that civilian providers are likely to interact with military personnel no matter their particular area of specialty (Luby, 2012).

Unlike counselors, social workers have a long history of working with the military population (Brand & Weiss, 2015; Daley, 1999; Department of Veterans Affairs, 2010; Prosek & Holme, 2014; Ruben & Harvey, 2013). Members of the social work field have provided treatment to service members, both on and off base, since World War II (Ingrao, 2009; Ruben &

Harvey, 2013). In recognition of this long-standing relationship, there has been a concerted effort made to improve social work education programs to include curriculum specifically targeted at treating the military population (Brand & Weiss, 2015; Daley, Carlson, & Evans, 2015; Smith-Osborne, 2015; Wooten, 2015).

Until 2010, the Department of Veterans Affairs (VA) did not recognize Licensed Professional Counselors (LPCs) as mental health specialists (Department of Veterans Affairs, 2010; Prosek & Holme, 2014). Prior to that time, the need to provide counselors-in-training with specific education about the military community was likely perceived as less prevalent in comparison to that of social work education programs, given the former VA policy of exclusively hiring social workers for mental health treatment positions (Frain, Torres, Sakala, Khan-Jordan, & Schoen, 2016). Currently, the VA employs LPCs as mental health counselors in facilities throughout the country (Department of Veterans Affairs, 2010; Prosek & Holme, 2014).

The VA also currently employs rehabilitation counselors in the Vocational Rehabilitation and Employment (VR&E) program which assists military personnel in making the transition between military service and competitive employment (Frain et al., 2016; Military.com, 2015). Frain et al. (2016) makes the argument that rehabilitation counselors should also be approved to provide treatment services to veterans in the context of assisting with acceptance of and adjustment to disabilities acquired in connection with military service in preparation for civilian employment. The authors found that veterans significantly benefit from working with Certified Rehabilitation Counselors (CRCs). Of those surveyed, veterans who had received services from CRCs had average monthly household incomes that were approximately \$1,000 higher than those who had not worked with a CRC.

Despite this apparent need for well-trained mental health and rehabilitation counselors, Stebnicki (2015) reports that many counselor education programs continue to lack specific curriculum related to military counseling. Wix (2015) identified several barriers reported by counselor educators and supervisors that may account for this gap in counselor education. Participants reported that a lack of departmental support, a lack of time to incorporate topics beyond those included in the Council for Accreditation of Counseling and Related Education Programs (CACREP) standards, a lack of inclusion of military populations in their program's required curriculum, and a perceived lack of potential job opportunities for counselors to work with a military population, accounted for the barriers in counselor education regarding the military community. Given this lack of formal education, counselors wishing to work with a military population are currently required to seek training and develop military cultural competence independent of their traditional training (Fenell, 2012).

The above research indicates that the military community as a whole has generally been left out of counselor education (Fenell, 2012; Stebnicki, 2015; Wix, 2015). This population contends with physical and mental disabilities, including substance use disorders associated with their unique experiences in military service (Frain et al., 2016). At this time, these needs are largely being served by social workers (Fenell, 2012), despite the VA having recognized counselors as appropriate mental health care providers more than five years ago (Department of Veterans Affairs, 2010; Prosek & Holme, 2014). A single study cannot aim to close a gap in counselor education as large as the exclusion of an entire population. The current study sought only to address a single concern, alcohol exposure, with the understanding that this phenomenon takes place within a larger cultural experience unique to the military community. Therefore, this

study was conducted in part, as an effort to improve the degree of knowledge regarding alcohol use and the military population for both the counseling and counselor education fields.

Chapter Summary

United States military personnel have had a long relationship with alcohol (Carson-DeWitt, 2003; Jones & Fear, 2011; Stewart, 2005; Teachman et al., 2015). Alcohol is used to cope with the pain, loneliness, boredom, and stress that can accompany military service (Ames & Cunradi, 2004; Frueh & Smith, 2012; Schumm & Chard, 2012). This chapter serves as a literature review of both past and more current research regarding how service members interact with alcohol and the roles that it plays in the military.

Several themes arise when looking at the currently available military related alcohol research. These include: differences between how the U.S. military and civilian populations use alcohol, different drinking patterns among enlisted personnel versus those of military officers, the influences of military context and culture on service member alcohol use, and finally how general deployment and combat exposure deployment can affect how service members use alcohol. Despite the presented studies, a gap in understanding exists in the research regarding the actual experiences of military service members as they are exposed to alcohol during their enlistments. The current study sought to close this gap.

CHAPTER 3: METHODS

Introduction

This chapter describes the methodological approach used to investigate the phenomenon of alcohol exposure while serving in the military. Included is: (a) a description of the grand tour question and sub-questions; (b) a rationale for the use of a phenomenological research design; (c) a description of the role of the researcher, including bracketing and the researcher's statement of bias; (d) the population, sample, and sampling; (e) the study procedures, including participant recruitment and data collection; (f) the data analysis; (g) the verification methods, including credibility, transferability, dependability, and confirmability; (h) the ethical considerations; (i) the study timeline; (j) the Committee on Human Subjects Criteria, (k) the reporting; and (l) the chapter summary.

Four experiential themes emerged from the literature regarding service members' experiences with alcohol. First, these individuals are drinking more heavily than the general U.S. civilian population (Ames & Cunradi, 2004; Ames et al., 2007; Bray et al., 2003; Bray et al., 1991; Poehlman et al., 2011; Polich, 1981). Second, enlisted personnel are drinking more in comparison to officers (Ames & Cunradi, 2004; Bray et al., 2003; Brown et al., 2010; Peters, 2009). Third, the context and culture of the military are associated with how service members use alcohol (Carson-Dewitt, 2003; Jones & Fear, 2011; Wallace et al., 2008). Finally, deployments are related to military personnel's use of alcohol, especially when the service members are exposed to combat and traumas (Larson et al., 2012; Spera et al., 2011).

While these themes are important, they do not fully explain the relationship between military personnel and alcohol misuse. Studies have examined military personnel's use of alcohol (Carson-Dewitt, 2003; Jones & Fear, 2011; Wallace et al., 2008), the amount of alcohol they use (Bray et al., 2003; Brown et al., 2010), and the reasons for alcohol misuse (Ames &

Cunradi, 2004; Ames et al., 2007); but research has yet to examine the experiences of service members as they are exposed to alcohol.

Grand Tour Question and Sub-questions

This study sought to understand the experience of alcohol exposure for active duty military personnel through a qualitative phenomenological design. Semi-structured interviews that allowed for variance in follow-up/prompt questions were used. Active duty enlisted (ADE) military personnel were interviewed regarding their experiences with alcohol exposure since joining the military. The purpose of the study was to understand and describe the lived experience of alcohol exposure while serving in the military.

The grand tour question that guided this study was: *How do active duty enlisted military personnel experience exposure to alcohol?* The related sub-questions that directed the study included:

1. In what ways are active duty, enlisted military personnel exposed to alcohol during their enlistment period(s)?
2. How do active duty, enlisted military personnel describe their experiences with alcohol exposure?
3. In what ways, if any, does the military intrinsic and extrinsic cultures contribute to the use, misuse, and/or abuse of alcohol among active duty, enlisted military personnel?

Phenomenological Research Design

The aim of the study was to understand what ADE military personnel experience as they are exposed to alcohol during their time of service. To accomplish this task, the study was conducted using a phenomenological approach. “Phenomenology asks for the very nature of a phenomenon, for that which makes a some-’thing’ what it is –and without which it could not be what it is” (Van Manen, 1997, p. 10). This research design was a good fit for this study as it

focuses on exploring how human beings experience certain phenomena (e.g., alcohol exposure while in the military). Data collected reflects the lived experiences of individuals who directly undergo a particular phenomenon (Patton, 2002). Using a phenomenological approach allowed for the development of a detailed explanation of the experiences these individuals have had with alcohol while serving in the military.

Role of the Researcher

During qualitative research, data collection and analysis are filtered through the researcher's perspective. Therefore, this researcher had to develop self-awareness about her impact on research through engaging in reflexivity. Reflexivity is critical reflection on how this researchers' backgrounds, assumptions, and behaviors impact the research process (Malterud, 2001).

Bracketing

When using the phenomenological approach, researchers bracket biases by identifying and acknowledging preconceived ideas regarding the study subject matter and biases that may exist due to the researcher's personal and professional background. The researcher then attempted to set these notions aside and adopted a "not-knowing stand" to maintain curiosity in the participants and their unique experiences (Chan, Fueng, & Chien, 2013).

Researcher's Statement of Bias

This researcher is qualified to conduct this study as a substance abuse professional, experienced counselor, and a trained qualitative researcher. Further, this researcher is a Licensed Clinical Addictions Specialist and a Licensed Professional Counselor in the state of North Carolina and has practiced for nine years, in inpatient and outpatient settings, with a variety of adult populations, including active duty and reserve service members and military family

members. The researcher has also received education in conducting qualitative research in the Department of Nursing at East Carolina University.

This researcher is also a military spouse, and is therefore familiar with the intrinsic and extrinsic aspects of the military lifestyle. However, this researcher has never served in the military and, therefore, approached the study as a cross-cultural inquiry. This approach acknowledges the outsider viewpoint of the researcher and recognizes the value of this etic perspective, while honoring the unique distinctions of the population being studied (Patton, 2002).

Population, Sample, and Sampling

The study's population of interest was ADE military personnel. Participant inclusion criteria was: (a) ADE military personnel over the age of 21 and (b) ADE military personnel who were not personally acquainted with the primary researcher. Military personnel under the age of 21 were not interviewed due to possible legal repercussions of reporting underage alcohol use. Individuals the primary researcher knew were excluded from the study because the dual relationship could have potentially impacted the study results.

Phenomenological research typically involves small samples (Creswell, 1998; Patton, 2002). Boyd (2001) regards two to 10 research subjects as sufficient to reach data saturation, while Creswell (1998) recommends "long interviews with up to 10 people" (p. 65) for a phenomenological study. Following these recommendations, the current study used a small sample size and stopped recruiting participants once saturation, meaning the point at which no new or relevant information emerges from the data, had been reached (Patton, 2002).

Following study approval from the East Carolina University's Institutional Review Board (IRB), participants were identified using snowball sampling. This form of sampling involves the identification and recruitment of future participants through prior study participants (Powers &

Knapp, 2010). Participant identification and recruitment began with personal social acquaintances of the primary researcher who assisted in contacting ADE military personnel meeting the study's inclusion criteria.

Procedures

The following section describes the procedures for the study. This includes: (a) participant recruitment, (b) data collection, and (c) data analysis, and (d) verification methods.

Participant Recruitment

Prior to engaging in the interview process, participants were pre-screened for study eligibility (over the age of 21, ADE military personnel). Once deemed appropriate, the potential participants were asked to review and sign the ECU IRB approved informed consent for research documentation.

Data Collection

Data collection included; (a) qualitative interviews of participants, (b) researcher's field notes, (c) researcher's reflexivity journal, and (d) the study code book. This researcher's field notes and reflexivity journal are discussed in the Verification Methods section.

Participants were interviewed using an open-ended format. The initial question was: *What has been your experience with alcohol since joining the military?* Participants were assigned pseudonyms to protect their identities. The interviews were audio or video recorded. Interviews took place in a private, quiet location(s) that was mutually agreed upon by the researcher and each participant. Participants were asked to provide demographic information and information regarding their military careers (See Appendix C). Interviews lasted between 10 minutes and just over one hour.

Prior to beginning the analysis, interviews were transcribed verbatim by a contracted transcriptionist or the primary researcher using the audio recordings and Microsoft Word. The

contracted transcriptionist was required to sign an ECU IRB approved confidentiality agreement prior to accessing and transcribing the interview recordings. All transcriptions were then reviewed by the primary researcher for accuracy and edited as appropriate. The final transcripts were analyzed by the primary researcher using Van Manen's approach aided by NVivo (Version 10, QSR International), a qualitative research software program. The data was also managed using NVivo. This software allowed each transcript to be made searchable, easing the identification of common terms, and assisting in the identification of themes for data analysis.

Data Analysis

The data analysis followed the Van Manen's (1997) thematic analysis approach to phenomenological research. This approach allows the thematic features of an experience to be revealed using three methods: (a) the holistic approach, (b) the selective or highlighting approach, and (c) the detailed or line by line approach. Using the holistic approach, the text is viewed as a whole to capture its meaning. In the selective approach, researchers identify or highlight segments of the text that "seem particularly essential or revealing about the experience" being studied (Van Manen, 1997, p. 93). In the detailed approach, every sentence is analyzed to determine its relation to the phenomenon (Van Manen, 1997).

The primary researcher first reviewed the interview transcripts in their entirety. Following this review, the researcher summarized each interview to identify and isolate meaningful information. The rigor of the study was enhanced by using member checks. Member checks are a technique used in qualitative research to ensure that the conclusions drawn from each interview accurately reflect the participants lived experience. To accomplish this task each interview summary was provided to the associated participant and then participants had the opportunity to confirm or correct the summaries. This allowed for new information to be provided by participants and to be incorporated into the research data (Patton, 2002).

Using Van Manen's approach, the primary researcher performed open and axial coding on each interview transcript and any information added during the member checks. Open coding is conducted by reading through the transcript(s) several times to identify what common ideas emerge and labeling the data accordingly. Axial coding identifies the relationship between the initial codes to determine what can be condensed into larger umbrella codes which assists in development of overall themes in the data (Powers & Knapp, 2010).

Once this researcher determined that the data has reached saturation, meaning the point at which no new or relevant information emerges from the data (Patton, 2002), the identified themes were compiled into a code book that included the names and descriptions of each theme and sub-theme. Once all codes were determined and defined, NVivo software program was used to assist in generating the study's code book.

Verification Methods

To ensure rigor for this study, the four requisites of trustworthiness (Lincoln & Guba, 1985) were applied. These provisions were credibility, transferability, dependability, and confirmability.

Credibility. Credibility serves as the truth value of a study. To demonstrate this value, the qualifications of the researcher to conduct and analyze this research was established and described and potential researcher biases were identified and bracketed. When conducting qualitative research, the researcher serves as the research instrument (Denzin & Lincoln, 2000). The researcher obtains the data from the study respondents and through this interaction gains information about the respondents, their experiences, and their contextual world. The researcher guides conversation and identifies cues to direct further investigation (Poggenpoel & Myburgh, 2003).

Chenail (2011) suggests conducting a pilot study to determine the quality of the interview protocol and identify any potential researcher bias. A pilot study of the current research was conducted in the spring of 2013 under the direction of a qualitative research instructor, Dr. Marie Pokorny in the Department of Nursing at East Carolina University. The pilot study uncovered several misconceptions and unfounded assumptions including: (a) the supposition that deployments result in increased alcohol consumption, (b) the conjecture that completion of alcohol treatment would discourage alcohol consumption, and (c) the failure to recognize the role that duty station locale plays in the experience of alcohol exposure.

Another strategy used to address potential researcher bias was bracketing. Bracketing is a technique that requires the deliberate setting aside of one's own belief(s) about the phenomena being studied (Carpenter, 2007). Researchers bracket biases by identifying and acknowledging preconceived ideas regarding the study subject matter as well as biases that may exist due to the researcher's personal and professional background (i.e., military spouse, licensed substance abuse counselor). The researcher then attempted to set these notions aside and adopted a "not-knowing stand" to maintain curiosity in the participants and their unique experiences (Chan, Fueng, & Chien, 2013).

Transferability. Transferability signifies the applicability of the research. This study's application is to enhance the understanding of the specific phenomenon of alcohol exposure while serving as an ADE service member. This knowledge will increase the counseling field's understanding of this population. The study's findings also enhance counselor educators' ability to prepare students for interacting with the military population who misuse alcohol.

Dependability. Dependability refers to the consistency of the research. This consistency was demonstrated using an audit trail. Audit trail documents included the researcher's field

notes, information recorded from a reflexivity journal, the study code book, and copies of working drafts of the study. Field notes included notations such as “propaganda includes billboards, coolers, and signs around the gates”. The reflexivity journal was used to process this researcher’s thoughts and feelings about each interview. For example, the researcher noted insecurities related to the interview process and how these impacted effective rapport building. The researcher acknowledged this impact and adjusted the approach to future interviews to enhance rapport and elicit more detailed responses from participants. The audit trail documents include a narrative of research methods used, rationale for decisions that informed the study, and the processes used for data analysis. The narrative allowed for checks and balances during each stage of the research.

Confirmability. Confirmability represents the neutrality or objectivity of the research design. Establishing confirmability of the study was accomplished by using a subject-matter expert. This individual was consulted throughout the research process, to ensure the appropriateness of the research design, data collection, and analysis. The identified expert is a Licensed Clinical Social Worker employed in a substance abuse treatment program at a local Marine Corps installation.

In all research, there is concern for the degree of research rigor. For study findings to have meaning, conclusions must be the result of thorough and properly conducted research. Qualitative research is by definition unquantifiable and generally assumes that the researcher will be affected by the research. To ensure that the primary researcher of the current study maintained as much neutrality as possible, this researcher relied upon the four principles of trustworthiness to guide the study.

Ethical Considerations

The primary researcher obtained ECU Institutional Review Board (IRB) approval to conduct this research. The confidentiality of participants was protected in the collection, management, and use of all data. Pseudonyms were used linking personal information of each participant to his or her specific demographic information, recorded interview, and interview transcript. Furthermore, information such as name, address, and telephone number were not used in this study, and were not maintained as part of participants record. The use of pseudonyms minimized the risk of confidentiality violations.

As risks were minimal and did not exceed those that could be expected in typical daily interactions, participants potentially benefited from the opportunity to verbalize their experiences with alcohol exposure in the military. Participants were provided with a list of area counseling providers in the event that the interview triggered any substance use or mental health concerns.

The study findings may contribute to the understanding of alcohol exposure in the military, therefore enhancing the general counseling field's understanding of this population. Findings may also allow counselor educators to prepare future counselors for interacting with a military population and improve treatment services available to these military personnel.

Timeline

The pilot study was completed from March 2013 to October 2013. Data for the current study was collected from January 2016 to March 2017. Data was transcribed and coded from October 2016 to March 2017. Data was analyzed, interpreted, and synthesized into a written report from February 2017 to October 2017.

Committee on Human Subjects Criteria

Approval from the East Carolina University's Medical Center Institutional Review Board was received. The study's informed consent included: (a) a statement that participants are

engaging in research, (b) a description of the purpose of the study, (c) the likely duration of the study, (d) a description of possible study risks, (e) a statement that participation is voluntary and participants may withdrawal from the study at any time; and a statement explaining how to file a grievance.

Reporting

The findings will be presented at professional counseling conferences and trainings. A manuscript of the study's findings will be written and submitted to professional counseling journals for publication. Furthermore, findings from this study may be used in future studies to gain more insight into the phenomenon of alcohol exposure of active duty military personnel.

Chapter Summary

The preceding chapter details the methods used to complete this study including: (a) a description of the grand tour question and sub-questions, (b) a rationale for the use of a phenomenological research design, (c) a description of the role of the researcher, including bracketing and the researcher's statement of bias, (d) a description of the population, sample and sampling, (e) a description of the study procedures, including participant recruitment and data collection, (f) a description of the data analysis, (g) a description of the verification methods, including credibility, transferability, dependability, and confirmability, (h) a description of the ethical considerations, (i) the study timeline, (j) a description of the Committee on Human Subjects Criteria, (k) the reporting, and (l) the chapter summary.

The study design supported the purpose of this study, which was to describe and analyze the lived experience of alcohol exposure for individuals enlisted as active duty personnel in the U.S. military. Through snowball sampling, audio recorded and transcribed interviews, and thematic analysis, this study sought to enhance the understanding of counselors, counselor

educators, and counselors-in-training regarding how military personnel experience alcohol in relation to their military careers.

CHAPTER 4: FINDINGS AND ANALYSIS

Introduction

The preceding chapter discussed the methods of the current study and how the data was collected and analyzed. The following chapter presents an overview of methods, a description of the participants, a review of Van Manen's approach to phenomenological research, and the findings of within case analysis and across case analysis. A summary of the chapter will follow.

Overview of Methods

This researcher began with snowball sampling by contacting three personal, social acquaintances with access to Active Duty Enlisted (ADE) service members from various branches of the Department of Defense (DoD). The initial list of potential contacts totaled 12 individuals. All potential participants were contacted and agreed to participate in the current study.

Prior to interviewing, nine of the original 12 participants dropped out of the study for various reasons, including misgivings regarding confidentiality and the inability to accommodate the interview in their schedule. This researcher then contacted two additional acquaintances who had access to ADE military personnel. Ten additional potential participants were identified, contacted, and agreed to be interviewed. One of these potential participants dropped out of the study prior to being interviewed due to the death of a family member. Twelve participants completed the interview process. No participants dropped out of the study following their interviews. Data saturation was reached after the 12 participants were interviewed, so no additional potential participants were identified or contacted.

Participants gave verbal and written consent to participate in the study and for this researcher to create video recordings of the interviews. Prior to engaging in interviews, participants were provided with a copy of the Institutional Review Board's approved consent to

research. Interviews began with the collection of demographic information and the grand tour question, “*What has been your experience with alcohol since joining the military?*”. Various prompting questions, meant to elicit additional information from participants were asked as appropriate. Following the interview, this researcher transcribed one interview, and a contracted transcriptionist completed the remaining transcriptions. This researcher reviewed all contracted transcripts for accuracy and completed corrections to the transcripts as necessary.

To perform member checks and confirm participants’ agreement with this researcher’s interpretation of their experiences, summaries of the interviews were provided to each participant for review via their personal email, following prior permission to do so. Summaries included a copy of the study’s main question and various follow-up/prompt questions, two to six sentence summaries of the participants’ responses, and examples of quotations taken directly from the associated transcripts to support this researcher’s interpretations. All participants agreed with the accuracy of interview summaries and no participants provided new information.

Description of Participants

To enhance confidentiality, pseudonyms were assigned to each participant based on the order they were interviewed. Participants were identified by sex (male [M] or female [F]), marital status (married [M] or single [S]), and rank (E4 to E6). Participants’ ages and lengths of service were also gathered. Table 1 provides an inclusive description of the participants’ demographic information.

Of the 12 participants interviewed, 10 were male and two were female. Participants’ ages ranged from 21 to 38 years, with a mean age of 29 years. Six of the participants were between the ages of 21 and 29 years, and six of them were between the ages of 30 and 38 years. Eight of the participants identified as being married, while four identified as single. Five participants reported a rank of E4, three reported a rank of E5, and four reported a rank of E6. Length of

service ranged from two to 15 years, with a mean of 7.75 years in service. Interviews ranged from 0:10:10 (hours: minutes: seconds) to 1:13:36 in duration, with a mean of duration of 32:50.

Table 1

Description of Participant Demographic Information

Participant	Branch of Service	Age	Gender	Marital Status	Ethnicity	Rank	Years in Service	Duration of Interview
Alpha	USAF	28	M	M	C	E5	6.5	28:52
Beta	USMC	21	M	S	AA	E3	2	10:10
Gamma	USMC	30	M	M	C	E4	4	18:56
Delta	USAF	21	M	S	H	E4	3	10:55
Epsilon	USAF	32	M	M	C	E5	13.5	30:56
Zeta	NAVY	38	M	M	C	E6	13.5	29:51
Eta	ARMY	34	M	M	AA	E6	15	1:13:36
Theta	USMC	32	M	S	AA	E4	4	34:41
Iota	NAVY	30	F	M	AA	E5	7	44:56
Kappa	USMC	24	M	M	C	E4	3.5	40:42
Lambda	USAF	35	M	S	C	E6	15	39:39
Mu	USAF	24	F	M	C	E5	6	30:40

Description of Nodes

Fourteen nodes were identified in the within case analysis. These nodes included: (a) Communications regarding alcohol or alcohol use, (b) Rules regarding alcohol or alcohol use, (c) Expectation to consume alcohol, (d) Social alcohol use, (e) Looking out for each other when using alcohol, (f) Deployment and moderate/heavy alcohol use, (g) Age and alcohol use, (h)

Rank and alcohol use; (i) Being single versus having a family and alcohol use, (j) Supervisor discretion, (k) Punishment for alcohol use or alcohol related behavior, (l) Treatment for alcohol misuse, and (m) no response to alcohol use or alcohol related behavior. The following describes each node and its content.

Communications regarding alcohol or alcohol use: Non-regulated and Official communications regarding alcohol (e.g., weekly trainings, propaganda)

Rules regarding alcohol or alcohol use: Official rules, Regulations regarding alcohol use and alcohol related behaviors

Expectation to use alcohol: Peer Pressure, Group think, and Expected behaviors surrounding alcohol

Social alcohol use: Alcohol use in social settings, Alcohol use at parties, Alcohol use to relax, and Alcohol use to cope with stress

Looking out for each other: Being a wingman, “Having each other’s backs”, Helping peers avoid consequences, intervening with problematic alcohol use or related behavior without involving supervisors, and Ensuring service members physical safety.

Deployment: Alcohol use related to deployment, Alcohol use before, during, or after deployment

Moderate/heavy alcohol use: Drunkenness, Excessive alcohol consumption, More than three drinks in a sitting for females, and More than five drinks in a sitting for males.

Age: Number of years a person has been alive, Old versus young, Younger versus older.

Rank: Hierarchical system of identifying service members, Lower ranking versus Higher ranking.

Being single: Being unmarried, being divorced, having been unmarried at the time of reference

Having a family: Being married, having children, having been married at the time of reference

Supervision discretion: Responses to alcohol misuse or alcohol related behaviors, being determined by supervisor, unregulated criteria, and dependent upon the person and/or the situation.

Punishment for alcohol use or related behavior: Alcohol Related Incident, Article 15, Discharge, not being allowed to re-enlist, Loss of rank or pay, and Loss of deployment.

Treatment for alcohol misuse: Formal interventions intended to alleviate service members' problematic alcohol use, Inpatient or outpatient substance use treatment.

No response to alcohol use or alcohol related behavior: No formal action taken by supervision, Verbal remarks with no official record being kept, No acknowledgement of use and/or alcohol related behaviors

Van Manen's Approach to Phenomenological Research

Van Manen (1997) posits that phenomenological research should be conducted through hermeneutic reflection. To do this, the researcher acknowledges previous experience, knowledge, and beliefs regarding the subject (i.e., ADE service members' interactions with alcohol). The researcher then reflects on how previous experience, knowledge, and beliefs might impact data collection, analysis, and interpretation. The researcher bracketed biases by setting previous experiences and notions aside and adopting a "not-knowing stand" to maintain curiosity in the participants and their unique experiences (Chan, Fueng, & Chien, 2013).

Throughout the research process, this researcher followed the six research activities Van Manen (1997) suggests to structure hermeneutic phenomenological research. These steps include: (a) Turning to a phenomenon that interests the researcher and commits the researcher to the world, (b) Investigating experience as it is lived rather than as it is conceptualized, (c) Reflecting on the essential themes which characterize the phenomenon, (d) Describing the phenomenon through the art of writing and rewriting, (e) Maintaining a strong orientation of

pedagogical relation to the phenomenon, and (f) Balancing the research context by considering the parts and the whole. These six steps are outlined below.

Turning to the Phenomenon

As previously noted, the primary researcher is a military spouse as well as a trained and practicing counselor and substance use treatment professional. For these reasons, the current study was of particular interest to this researcher and inherently garnered a deep commitment from this researcher to the phenomenon of alcohol exposure of ADE military personnel and also to counselors-in-training increased understanding of military members counseling needs. The literature review gathered for this study revealed the importance alcohol use has in the lives of service members. To better understand what this the role of alcohol use, the grand tour question for this study was: *How do active duty enlisted military personnel experience exposure to alcohol?* To ensure that research methods were used consistently, this researcher continuously referred back to the grand tour question.

Investigating the Lived Experience

The use of semi-structured, in-depth interviews allowed participants to express their original experiences in their own words with minimal outside influence. The recording and transcribing of these interviews allowed the researcher to re-live participants' experiences. Participants were asked to describe their experience with alcohol since joining the military, with the expectation that these narratives would add to the understanding of alcohol exposure for ADE military personnel.

Reflecting on Essential Themes

Reflecting on the essential themes required the identification of the themes and sub-themes that arose from the data. During each interview, the primary researcher recognized

noteworthy ideas in participants' responses. This researcher then encouraged participants to elaborate on these points using follow-up/prompting questions to ensure sufficient information was collected for data analysis.

Reflective notes were taken immediately following each interview, which assisted with the analysis and influenced the direction of subsequent interviews. Each interview was then transcribed verbatim and analyzed to identify common themes and to assign meaning to the experiences being described. Researcher immersion into the data was achieved by this researcher repeatedly listening to the recorded interviews, reading and re-reading the interview transcripts, and moving between interviews to identify common meanings that alcohol exposure had for participants. This process is further detailed in the "Thematic Analysis" section.

Writing and Rewriting

Van Manen (1997) writes that "phenomenology is the application of *logos* (language and thoughtfulness) to a phenomenon (an aspect of a lived experience), to what shows itself preciously as it shows itself" (p. 31). The writing and re-writing throughout the research process allowed this researcher to constantly revise and refine thoughts about the essential meanings of the data. Concepts formed during data collection changed during transcription and were further developed during data analysis. These became clarified through the writing, reading, and re-writing process. Emerging themes were reflected upon and then questioned until a deeper understanding of the lived experience of alcohol exposure for ADE military was developed.

Strong Orientation

Van Manen (1997) suggested that phenomenologists maintain a genuine interest in the research subject matter to remain oriented and to avoid the temptation to turn to superficialities, which can arise from the extraordinary demands of phenomenological research. Due to the

researcher's connection to the military population and profession, genuine interest was easy to maintain. However, the required immersion into the lived experiences of participants, at times, led to distraction from the established research questions. For example, this researcher found it difficult not to be sidetracked with participant Eta's report of incentivizing reduction of service member deaths due to driving under the influence (DUI), and suicide. To minimize distraction, this researcher used ongoing systems, such as field notes and a reflexivity journal, to refocus attention on the research question.

Balancing the Research Context

Thematic analysis began with the 12 individual interviews, which served as *parts*. These parts were summarized and reflected upon, allowing the emerging story to be viewed as *a whole*. This researcher reviewed each recording and associated transcript and then developed an understanding of the whole. To be grounded in the context of the phenomenon (i.e., alcohol exposure of ADE military personnel) and to consider the contributions of each part to understand the whole, this researcher's writing and rewriting the parts and the whole were repeatedly scrutinized.

Thematic Analysis

Van Manen's (1997) thematic analysis consisted of three methods of viewing the participants' descriptions of their lived experiences: (a) the selective or highlighting method, (b) the detailed or line-by-line method, and (c) the holistic method. A detailed review of the thematic analysis for the current study follows.

Detailed or Line-by-Line Approach

This researcher used the line-by-line approach to complete the initial open coding for each interview transcript. Using this approach, phenomenologists review each sentence or sentence cluster and asks, "What does this sentence or sentence cluster reveal about the

phenomenon or experience being described?” (Van Manen, 1997, p. 92). To complete this step, this researcher read and re-read each interview transcript several times to identify key words and concepts that appeared in sentences or sentence clusters.

These key words and concepts were grouped together to form initial temporary nodes in NVivo. A node is “a collection of references about a specific theme, place, person or other area of interest” (NVivo, 2016, para. 1). The temporary nodes were used to organize potentially meaningful information to begin to identify initial themes. The nodes were then assigned definitions by this researcher, based on the information meant to encompass each theme.

Highlighting or Selective Approach

The selective approach is used in axial coding to identify statements in each transcript that seemed to be “particularly essential or revealing about the phenomenon or experience being described” (Van Manen, 1997, p. 92). This researcher identified statements that were then linked to the key words and concepts previously identified. This allowed for the differentiation between incidental and essential themes. Incidental themes are those which appear in the data but do not reflect the unique phenomenon or experience being described (Van Manen, 1997). An example of an incidental theme that was ultimately excluded from the current study was duty station location. Essential themes are those which are “more critical to the being of things” (Van Manen, 1997, p. xv). An example of one of the essential theme of this study was drinking behaviors. The selective approach was also used in axial coding to identify additional references that fit the definitions of the initial themes.

This researcher used a reflexivity journal to track learning accumulated from each interview transcript, such as there being different regulations regarding alcohol use for different deployment locations, to note potential theme definitions, and to review and refine these

definitions as new data was identified. The reflexivity journal was also used to assist in eliminating nodes, such as *differences for women*, and references that, while initially identified as potentially meaningful, did not ultimately fit with the final themes that arose from the entire data set. These nodes and references were then separated into an ‘other’ node to potentially inform future research.

Holistic Approach

Van Manen’s (1997) holistic approach is used to capture the fundamental meaning of each interview and to further differentiate between essential and incidental themes. The holistic approach involves repeatedly reading and rereading each interview to discern the fundamental meaning of the text. This researcher examined each interview individually to extrapolate its overall meanings. The interviews were then reviewed as a whole to determine the essential elements of the data set.

Within Case Analysis of Themes and Sub-themes

Van Manen (1997) writes that “in determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (p. 106). The discrimination of essential themes from incidental themes required that this researcher repeatedly consider and reconsider the common motifs that arouse from the data. This researcher distinguished themes that reflected the essential qualities of alcohol exposure for ADE service members from ideas, while common among participants, that could be eliminated without changing the phenomenological description of this experience. To begin the process of identifying within case themes and sub-themes, this researcher reviewed each interview transcript using the detailed or line-by-line approach. Key words, phrases, and ideas were identified and grouped together into initial nodes for early organizational purposes. As these early nodes grew, this researcher developed general concepts

of the emerging meanings, which were later used to inform the development of within case themes and sub-themes.

Identifying within case themes and sub-themes required a similar process to initial coding. Meaningful statements throughout each participant's interview were identified and organized (axial coding), though at this stage the process was guided by the concepts identified during initial open coding. The following provides the within case analysis of each participant interview.

Alpha

Three primary themes arose in participant Alpha's interview. These themes included: (a) Military culture, (b) Potential outcomes, and (c) People as property. Participant Alpha referenced his own drinking and others in terms of the military culture, *"Uh, you know we uh I guess it's kind of like a cultural thing, especially for my career field we, we spend a lot of time drinking together"*.

Alpha spoke a great deal about the potential outcomes of alcohol misuse or alcohol-related incidents, particularly in terms of punishment. For example, *"I've seen it a lot more times where people just go down a spiral of uh you know disciplinary actions and substance abuse and then it just gets worse and worse because it's not being handled appropriately or they can't handle it"*.

The third theme, that was ultimately excluded from the study since it did not arise across cases, was people as property. Alpha spoke about himself and other ADE service member as being military property rather than individuals, and noted how little he felt cared for by the military, *"We work for 12 hours a day five sometimes six or seven days a week um and there have been occasion where you'll like a supervisor that takes it upon themselves to give you a*

CTO day or a day off extra if you work six or seven days a week um but that's few and far between... most of time we're just expected to do these 12 hours shifts because that's just how it is".

Beta

Two themes surfaced in participant Beta's interview. These were: (a) Military culture and (b) Drinking behaviors. In regard to military culture, participant Beta described ADE service member alcohol use as, *"more of a social thing, more of a social norm here in the military. You get off work on a Friday after a long, hard, stressful week, you just want to just have a beer and just relax"*.

Participant Beta spoke at length about moderate/heavy alcohol use when describing his peers' and his own drinking behaviors. He reported *"you get hammered and wasted at the Marine Corps Ball and then you show up Monday morning not remembering what you did... when people get drunk they just act crazy and wild. And being disrespectful is just being disrespectful, and that's how most commanders look at it, whether you're drunk or sober... a guy gets drunk and he starts yelling and screaming and pretty much being a nuisance to everybody and somebody of higher rank would try to calm him down or tell him to relax and he gets crazy and disrespectful and starts saying irrational words like cursing at him and things of that nature"*.

Gamma

Four major themes appeared in participant Gamma's interview. These themes included (a) Military culture, (b) Drinking behaviors, (c) Military versus civilian alcohol use, and (d) Duty station location. Gamma spoke about alcohol use as a core part of the general military culture, *"it kind of becomes a kind of crutch in the sense that a lot of times it's the weekend and a lot of*

people don't have a vehicle because you just live on base, or it's just only guys living in close quarters. So it kind of becomes the center of all activities... I think the military as a whole accepts alcohol use, it's fighting alcohol abuse... it's just kind of ingrained in the culture."

Participant Gamma also described a high prevalence of moderate/heavy alcohol use in the military. He described it as common and relatively unavoidable, *"you have people that can't handle themselves and people that like to drink too much, so it's just like I said, you – you see a lot more of it, so you can't really separate yourself from it."*

The third theme that emerged in participant Gamma's interview was military versus civilian alcohol use. This theme was ultimately excluded from the study as it did not appear across cases. Gamma discussed this several times throughout his interview. For example, *"I'd say alcohol use is much more prevalent in the military. Than it is in the civilian world at least in my experience"*.

The final theme, which was also excluded for not occurring across cases, was duty station location. In his interview, participant Gamma acknowledged differences in his alcohol use due to where he was stationed. *"It really depends on the base and the command... Some bases are more fun than others. Actually, I would say some are more depressing than others. Being in a swamp in North Carolina is not as exciting in San Diego... I think this is by far the best base to be on. You know, being in the middle of the Mojave Desert is no fun compared to here, so I would say it could definitely play a part in it"*.

Delta

There were three themes that emerged in participant Delta's interview. These were (a) Drinking behaviors, (b) Military culture, and (c) Potential outcomes. These themes ultimately became the final themes of the study.

In terms of drinking behaviors, participant Delta commented on deployment related alcohol use, heavy alcohol use, and changes over his military career. He noted that *“a lot of the sergeants that I was deployed with and a lot of people that I worked with often drank more than they’re allowed... It’s a big deal if you get caught... The endangering lives of comrades”*.

Participant Delta described currently drinking more responsibly than he had earlier in his military career. *“When I was nineteen I went to a Super Bowl party and got blitzed-out drunk ... [now] I don’t ever leave the house to drink. And if I do drink, it’s usually just a beer or two”*.

The second theme that appeared in participant Delta’s interview was military culture. He discussed alcohol use as a social or recreational activity that was a major part of day to day life. *“I just did it as a social event or if I had a – had a bad day. I just wanted to sleep it off through the next day, which would be like all day if I did drink a lot. It was just really to sleep and not have to wake up, to deal with whatever was around me. I know a lot of the people out there did it just because they could. There wasn’t really a lot to do out there. You could lift weights, you could run, or you could work, and most people chose the fourth option, drinking.”*

The final theme to arise from participant Delta’s interview was potential outcomes. Delta spoke about his own experiences with punishment, treatment, and no official response for underage alcohol use, *“I – when I was nineteen I went to a Super Bowl party and got blitzed-out drunk and then ended up in a be-dock – whatever they’re called, detox center for the night and then had to go to alcohol rehab for about two months after that... I could have gotten an Article 15 for bad behavior. I could have gotten a list of other articles for underage consumption or..., unlawful use of a substance – of a controlled substance. They’d – and it just would have been a list of things, and I would’ve lost what pay that I did have and got out within probably four or five months... I had a lot of my leadership stick up for me. They were taken in front of the*

commander, asked about my character, and they may – may have made an on-the-spot judgment, just decide not to really go hard on me because a lot of people in the military do drink”.

Epsilon

Participant Epsilon’s interview revealed four themes. The themes were (a) Drinking behaviors, (b) Military culture, (c) Potential outcomes, and (d) Suicide awareness. The following excerpt from participant Epsilon’s interview reveals drinking behaviors while on deployment, extrinsic military culture concerning the regulations regarding alcohol, and potential outcomes for violating regulations.

If you’re in a deployed environment, there’s no drinking, that’s zero drinking. And occasionally you’ll get one guy who tries to get his family, whoever, to send him, you know, alcohol through the mail. And there’re big repercussions for that. You’re, obviously, sent back home, probably a NJP, which is a non-judicial punishment, Article 15, and potentially get kicked out, ‘cause that’s a big general order. General orders are normally by the DOD, and if it’s broken – and you can get kicked out of the military.

Suicide awareness was a fourth theme that appeared in Epsilon’s interview. This theme while identified as important, was excluded from the study as it did not appear across cases. Participant Epsilon described suicide awareness as an important issue in the military. In terms of stigma, participant Epsilon compared treatment for suicidal ideation to treatment for alcohol misuse. *“That’s probably the hardest thing, I think, about being able to ask someone about. It’s – it’s – it’s easy to be able to identify substance abuse. But how do you identify suicide – or suicide awareness and then talk to someone about that? And then how do you – I know it’s – it’s off topic but, you know, having to go*

through how to help them out. But – but that’s – that’s one of the hardest things to do. But it’s – it’s a little bit easier to talk to someone about alcohol abuse, especially whenever they come to you and say they have an issue... it’s way easier than – than anything else when somebody self-identifies”.

Zeta

The three themes, (a) Drinking behaviors, (b) Military culture, and (c) Changes over military career, were in participant Zeta’s interview. When describing his drinking behaviors early in his career compared to the time of his interview, Zeta stated, *“When I first went in and, you know, we used to go during lunch, you know, workdays, we’d go bowling and drink and, you know, have a few beers, then go back to work. You know, that – that’s – you would never think of doing that anymore”.*

Participant Zeta also described general changes that have taken place in the military culture with regards to alcohol during his 20 years of service and how these changes are reflected in the potential outcomes that ADE services could experience following an alcohol-related incident.

But the whole culture of alcohol has changed greatly where it’s – it’s very frowned upon now, where, you know, when I first went in, we did drink a lot. But I think, you know, it also has a lot to do with, you know, age too because, you know, it’s kind of like, you know, from eighteen to twenty-two, your younger pay grades with not a lot of responsibility, is like a college kid. It’s kind of like, you know, E-1’s like a freshman in college. So, we’ve all seen, you know, frat parties, sorority parties and, you know, any – you know, go on a weekend in Greenville and see what’s going on. You’re gonna see that that – you know, the alcohol

relationship into culture. But it has changed significantly. I mean, it's very frowned upon now. And, I mean, you know, an alcohol incident or violation, it's – it's a career ender. I mean, you get – they – they put you out now.

Eta

Participant Eta's interview revealed the same four themes identified in participation Epsilon's interview: (a) Drinking behaviors, (b) Military culture, (c) Potential outcomes, and (d) Suicide awareness. He described the drinking behaviors that he observed early in his career:

At one point, you could literally just walk down a hallway, walk in the people rooms and grab a beer or something to drink...it resonated, like alcohol just everywhere. Like you couldn't go nowhere without having a beer. I mean, you talk about people drinking and driving, you'd go out to the clubs, it's just all over the place, obviously, you know. Got people drinking in the cars outside of the clubs, people drinking in their cars in the parking lots... everybody's just drinking. And, again, you could just – I mean, alcohol literally was like everywhere. Some people even brought it to work, you know.

Participant Eta noted how much the military culture concerning alcohol has changed in the 15 years that he has been enlisted. He talked about the likely outcome (punishment) of alcohol misuse and related behaviors. *Now the military just doesn't deal with it at all. They – you get a DUI, that's a automatic kick-out of the military, you know".*

Like participant Epsilon, participant Eta identified alcohol misuse and suicidal ideations, *"I mean, now you're getting people on – who'll be on suicide watch or alcohol watch. If somebody messes up, you take a big – if you're a true leader, you take – when somebody messes up that you're in charge of, it's like a hit on you also because you take self-responsibility for*

that". Unlike participant Epsilon, participant Eta noted a relationship between alcohol misuse and suicidal ideation:

I had one soldier who tried to commit suicide because he was – he was a alcoholic. Tried to commit suicide twice, actually. Was married with kids. I had to go get him from Virginia one night, and I had to go get him – I had to find him. I actually found him, me, the city ... cops, and the fire department was actually out looking for him in the city trying to find this one kid because he called me, he was drunk, he didn't know where he was. And he told me, hey, you know, he's done, he want to kill his self, he can't handle it no more.

As previously stated, suicide awareness while an important concept was excluded from the study themes as it rose in two of the 12 interviews, Eta and Epsilon.

Theta

Three themes surfaced in participant Theta's interview. These themes included (a) Drinking behaviors, (b) Military culture, and (c) Potential outcomes. Participant Theta described his experiences with alcohol since joining the military slightly differently than other participants. He acknowledged that his experience was different than others and attributed this to joining the service later in life and being at a lower rank at an older age.

I've been a little bit older when I joined at twenty-eight and all. I have had considerably less incidents personally. But I can say that I have seen many different incidents pop up either within my battalion or just among peers. As a PFC and a Lance, I would say that most of my incidences or most times I saw anything happening was people wanting to drink underage, I would say, probably

just getting into things because other Marines would, you know, help them make that happen.

Participant Theta noted drinking behaviors related to deployment and cultural expectation in the military for ADE service members to drink socially and heavily.

For me, last deployment, I would say, heck, even now, even back in – back in Garrison, I would say a lot of people just use it to kind of relax, cut loose. And I would say most times – not most times, but often enough, a person just takes it too far, especially when egged on by their friends. Peer pressure, that kind of thing, still does make a difference in a person’s life, no matter how old they are.

The final theme that appeared in participant Theta’s interview was potential outcomes. Participant Theta discussed his role in responding to alcohol misuse and related behaviors as a supervisor and how it compares to the approach of other supervisors.

So, for example, then, if somebody were underage and drinking, as long as they didn’t do anything to cause a problem, nothing would happen or... it depends, personally, with my junior Marines, I’ve told them if I were to ever catch them doing it, I’m gonna make sure that the whole hammer of the Marine Corps is gonna come down on them to make sure that they don’t try and do it again.

Iota

There were four themes that appeared in participant Iota’s interview. These themes included (a) Drinking behaviors, (b) Military culture, (c) Potential outcomes, and (d) Differences for women. Participant Iota noted changes in her drinking behaviors and those of others, as life circumstances changed. *“People with families – I mean, I have a family now. I still have a glass of wine. Ever since I got married I’ve slacked with drinking”.*

Participant Iota spoke about the role of alcohol in military culture. She described alcohol as a social norm and as an acceptable coping mechanism. *“I would say there are fewer people that don’t drink than that do drink. The majority of people will be drinking... we’re not all alcoholics...sometimes it’s just good to have a beer or some wine because some people are leaving and some people don’t come back and some people do”*.

Participant Iota also noted the differing potential outcomes for alcohol misuse or related behaviors depending upon the circumstances.

So zero tolerance for alcohol is abuse of alcohol. If you ever get a DUI or a A – ARI, Alcohol Related Incident, there’s no tolerance for it. So, you can go up and you can actually be kicked out. But if you use one of the programs prior or if – say I – I’m a alcoholic and I need help, I can tell someone that I have an issue with that. They’re gonna send me out to get counseling, to get all the help that I need. No – no – no consequences at all unless I quit, if I quit the program.

Participant Iota also noted the rarity of an ADE service member requesting treatment. *“They have programs to help you come home...but the military provides a lot of things that people just don’t take advantage of”*.

The final theme in participant Iota’s interview was differences for women. This theme was ultimately excluded from the study as it only arose in two female participants’ interviews, Iota and Mu’s, interviews. Iota remarked that as a female ADE service member, she had to consider who she was drinking with and monitor for her own safety. She noted, *“in a male-dominated field as much as it is, I have always been really careful about who I drink around, just being a female, because things can happen... the guys will look out for you. But sometimes you’re in a different country, and you don’t know what’s gonna happen.”*

Kappa

The three themes that developed from participant Kappa's interview were (a) Drinking behaviors, (b) Military culture, and (c) Potential outcomes. Kappa described his moderate alcohol use as being different from the heavy use of many of his ADE peers. He stated, "*not that I don't drink, you know. Like I'm saying, I'm not – I'm not a saint. I just don't – I don't believe in what these guys do, go out and get blackout drunk*".

Participant Kappa identified alcohol as an important feature of the military culture, believing that the unofficial military message that service members receive is, "*they [supervision] know we're gonna do it, so why make rules against it, you know? It's just going to ruin – ruin more people*".

The final theme of participant Kappa's interview was potential outcomes for alcohol misuse and related behaviors. In terms of outcomes, participant Kappa noted that outcome is up to the discretion of the commander. "*He might let him off plain and clear. Whereas, he would be total opposite on somebody that's older and more mature...and by the same token, a different commander might be the complete opposite*".

Lambda

The three study themes, (a) Drinking behaviors, (b) Military culture, and (c) Potential outcomes also arose in participant Lambda's interview. Participant Lambda described how his drinking behaviors changed over the course of his military career. Participant Lambda noted that early on his experience was "*...very much was party central, living in the dorms on base. Kegs, going to house parties with kegs, everybody was using beer bong or shotgunning beers and doing shots*". However, at the time of the interview he stated, "*I really don't drink anymore because of looking back on how much I drank back then, and I don't like doing that anymore*".

Participant Lambda noted that the rank of an ADE service has influence on how the military culture expects them to use alcohol. He described expectations as changing as ADE military personnel move through their careers. *“It’s kind of a culture thing... as people go up in rank, they start having a lot more to lose, and so, they kind of – not drinking as much or putting themselves in – in situations where they can damage their careers”*.

The final theme was potential outcomes for alcohol misuse and related behaviors. Unlike other participants, participant Lambda discussed official outcomes and unofficial outcomes, such as peer response. He noted the widespread effect, beyond direct punishment, that occurs for incidents such as a driving under the influence (DUI) charge. *“...it’s a huge black eye for the squadron because it gets – it gets, basically, brought up to the base level...if it’s a person you know, ... we usually know who it is, and we’ve worked with that individual or whatever. Pretty bad”*.

Mu

There were three themes in participant Mu’s interview, these included (a) Military culture, (b) Potential outcomes, and (c) Differences for women.

Participant Mu described the prevalence of alcohol in the military culture and particularly in her career field. *“Pretty much most everyone does it, from my experience. And my job is known as like a drinking job... especially in my career field. Pretty much everyone I knew drank”*. Participant Mu explained there are certain jobs in the military with reputations for drinking. *“...kind of on like the low end of Air Force careers. So if you don’t have a high like ASVAB score or if you don’t test well, then you get put in this job in the Air Force or services...So a lot of the people in my career field are – I’m not saying dumb, because I don’t think I’m dumb, but [laughing] we’re more of like social people”*.

The second theme from participant Mu's interview was potential outcomes. Mu explained that violating alcohol related regulations is expected for ADE services members, but there is an equal expectation that service members will be 'smart' about this and not get caught. *"So like people know you're gonna get around it until you get caught, and then it's you did it stupidly so you got caught, so you're gonna get in trouble"*.

The final theme of participant Mu's interview was differences for women. Like participant Iota, participant Mu noted the importance of monitoring her own safety when drinking with male ADE service members. Participant Mu described a comradery with her male counterparts but qualified this saying, *"Being a girl, I guess it is kind of different than the guys because I have to be more careful about everything...I just have to be more careful because I'm a girl in that situation but most of the guys didn't care and they would just drink probably as much as they could."*

Across Case Analysis of Themes and Sub-themes

To begin across case analysis, this researcher collected transcripts from all interviews, reviewed them as a data set, and developed categories across interviews. These themes and sub-themes were continuously examined and changed over the course of the analysis, as this researcher gained a better understanding of the phenomenon.

In qualitative research, the researcher serves as the research instrument (Denzin & Lincoln, 2000). Therefore, to best understand the thematic analysis, it is necessary to understand the thought process of the researcher conducting the analysis. The example that follows illustrates the development of the theme of Potential Outcomes, meaning potential consequences of alcohol use and/or related behaviors. This example begins with an excerpt from of the interview with participant Alpha:

There was one case where the person was unable to come to work without being intoxicated and he ended up having you know disciplinary action, removed a stripe, and uh you know kicked out of the Air Force.

The initial key words identified were *disciplinary action*, *removed a stripe*, and *kicked out*.

Similar ideas arose throughout participant Alpha's interview. These were then grouped together to form the initial concept of Punishment for Alcohol Misuse.

As subsequent interviews were conducted, the concept of punishment continued to surface. Participant Beta's description of punishments mirrored that of participant Gamma and both were similar to participant Alpha's statements. Punishment was identified as a common experience across interviews, justifying this theme's move to the selective or highlighting approach to thematic analysis. Using the selective approach, several passages were identified that provided a more developed impression of the concept of punishment. The following example comes from participant Kappa:

It – it's left up to a non-judicial punishment board where a group of men sit in almost as a jury, and they sort of are able to discuss the punishment. And – and that's gonna really reflect – you know, who's on the board is gonna reflect the punishment. So, if they're more conservative, you know, they might – they might opt for a stricter punishment.

As statements such as this were grouped together, it became clear to this researcher that the potential outcomes of alcohol misuse were not universal for ADE military personnel. As analysis continued, the element of discretion continuously arose when discussing the nature of a service member's punishment or lack of punishment.

Upon completion of initial coding, the concept of punishment was identified in all interviews. However, when viewed using the holistic approach, it became apparent to this researcher that punishment did not adequately reflect what the participants were describing. Multiple participants mentioned various forms of substance use treatments as well as punishment. While treatment appeared to be an additional consequence of alcohol use, it could not be categorized along with punishment.

Further, there were instances where there was no formal response to ADE service member's alcohol misuse such as the following from participant Epsilon:

And as far as consequences, I mean, there was no consequences. Next day, I talked to him and he explained more. You know, obviously, he was more coherent and explained, Hey, this was my plan. My buddy kind of ditched me. You know, he wasn't in my – my chain of command to where I couldn't really – I couldn't discipline him.

This led to the understanding that punishment and treatment were not the only outcomes for service member alcohol use or misuse, and again circumstances and/or discretion seemed to play a role in what the consequence would be. Eventually the concepts of discretion, punishment, treatment, and no response/no formal response became child nodes that fell under the parent node of outcomes. This hierarchy of nodes led to the ultimate development of a final essential theme, potential outcomes.

Upon completion of across case thematic analysis three primary themes emerged: (1) Drinking Behaviors, with sub-themes of (a) Deployment and alcohol use, (b) Amount of alcohol use, and (c) Changes in drinking habits over the course of one's career. (2) Military Culture, with sub-themes of (a) Extrinsic cultural factors and (b) Intrinsic cultural factors. (3) Potential

Outcomes, with sub-themes of (a) Punishment, (b) Treatment, and (c) No response/No formal response taken.

Drinking Behaviors

The first theme to emerge from the data was Drinking Behaviors. Drinking Behaviors refers to participants' descriptions of how they have used alcohol and how they have observed alcohol being used during their military careers. This theme was divided into three sub-themes: (a) Deployment and alcohol use, (b) Amount of alcohol use, and (c) Changes in drinking patterns over the course of one's military career.

Deployment. Each of the 12 participants noted changes in ADE service member alcohol use in relation to deployment. However, the connection between alcohol use and deployment does not appear to be static. When observing alcohol use and deployment, the stage and type of deployment emerged as factors that effected how alcohol is used by ADE service members.

Participants described exceedingly different drinking patterns when discussing deployments to 'conflict' versus 'friendly' countries. Participants deployed to areas of conflict described strict rules regarding alcohol use. Several participants such as Epsilon and Eta reported absolutely no alcohol use during deployments to areas of conflict:

Epsilon: If you're in a deployed environment, there's no drinking, that's zero drinking.

Eta: You know, it's completely illegal to have alcohol while you're deployed.

Lambda: when I went to Baghdad for six months, I couldn't drink at all; it was a dry base.

Zeta: Well, I'm in a Muslim country, so I haven't had a alcoholic drink in eight months.

While other participants noted three drink limitations to alcohol use during deployments to areas of conflict.

Alpha: There was like a three drink a day limit at the uh Thirsty Camel was the drink the uh bar I guess is what it was more or else, the pavilion. So, we were allowed to have um you know alcohol but it was under that uh Air Force limitation of three drinks per day because if you drink more then you must have a problem

Iota: Someplace – like some countries that don't allow alcohol – and if there's alcohol on base, sometimes they have rules on how you can consume alcohol.

Lambda: I know when I went to Qatar, you're only allowed three beers a day there. And they get a little – you get a little – your little ID card, and they scan it and everything so it's like tracked, but you can only have three beers a day.

Mu: Yeah. I mean, I think people come home and they're – 'cause overseas you can't drink. But where I was at, you could have three drinks a day, so you're like rationed it.

While deployments to countries of conflict restricted alcohol use by ADE service members, deployments to 'friendly' countries had the opposite effect. Several participants reported increased alcohol use during deployment, either for the purposes of coping or recreation.

Eta: ...the level of alcohol in Korea. Everybody drank. It ... age, ... your religion, race, everybody – everybody was always together. It was more – it was like – like I said, a comradery type thing. I know we would have what you would call ... field days or, you know, your unit get-together days, unit days, and we would all have

beer and alcohol there. I remember our commander was like – ‘cause we were the gators – like, Hey, look at the gator punch, you know, and that was the beer and everything.

Iota: So, when there is an opportunity to see drink, I’ve seen it misused or – and used in ways to destress.

Kappa: Well, firstly, I’ve heard that drinking is essentially all there is to do on deployment...considering that there’s no war, there’s no bad guys to shoot at, that sort of thing, that’s – that’s just what I hear that they use to occupy their time

Delta: I just wanted to sleep it off through the next day, which would be like all day if I did drink a lot. It was just really to sleep and not have to wake up, to deal with whatever was around me. I know a lot of the people out there did it just because they could. There wasn’t really a lot to do out there. You could lift weights, you could run, or you could work, and most people chose the fourth option, drinking.

Mu: ...overseas, you can drink when you’re eighteen, so a lot of people will go overseas, and at the club they will drink because they can.

Participants not only described changes in alcohol use during deployments, but also changes in drinking patterns that occur before and after deployment. These reports did not vary the way reports of changes in alcohol use during deployments did. Participants consistently identified increased alcohol consumption during the periods immediately preceding and immediately following deployment.

The weeks leading up to a deployment were portrayed as a time of preparation, anticipation, and anxiety. Multiple participants described the fear of the unknown, especially for a first deployment, as being a significant factor in how they used alcohol prior to deployment.

Eta: And people do it to cope because of the job that they're doing or that's the only way they know how to deal with being away from home, especially when you're in your first deployment, you do not know what's going on. I think that's the hardest thing to deal with is a first deployment because you have no idea what's happening at all.

Zeta: ...we knew we were all deploying, getting ready to go out on a sketchy mission so, you know, like, Hey, we're gonna have a good time. And, you know, they went out, drank, and had good times and did all the – all the fun things, you know, that – that soldiers ... young people do when – right before they're going to war.

Iota: It's a stressful time because you don't know what's really gonna happen. You never know. You're – it's a lot of emotions. And some people just deal with it differently... Some people drink a lot because you're not gonna be able to drink for whoever knows how long. I think it's just because you want times ... normalcy, and you wanna take advantage of everything you're not gonna have for whoever knows how long.

While participants consistently disclosed increased alcohol consumption upon returning from deployment, their reasons for this varied notably. Several participants, such as Eta and Epsilon, described this behavior as celebratory.

Eta: *I remember my very first deployment, all people talked about was I can't wait to go home and have a drink. Then I'm gonna go to a bar and I'm gonna drink.*

That's the – like, that was the number one answer for everybody.

Epsilon: *...a single guy doesn't have a family to go to, he might, you know, spend a little too much time at a bar when he gets home. People have different priorities when they get home... But a lot of guys have different priorities when they go home, especially single people. They just want to hang out and party.*

Other participants acknowledged that their increased alcohol use was attributable to their need for coping. Participants Iota and Eta described alcohol use as a means of continuing the comradery they developed with their units during deployment. They reported a lack of understanding from anyone outside of their units and a need to be 'normal' in ways that they could not be with their family and civilian friends.

Iota: *And the problem with the military is – well, for me at that time, was everyone that was with me on that deployment, those were the people I worked with, so being with them felt normal to me, more normal than being with my family. When I was with them, I – I felt like everything was good and I didn't even think I needed any help.*

Eta: *You have alcohol parties from deployments. You know, people get a lot of – people come together... One thing about deployments, people – now, if you really didn't know this guy over here before deployment, guarantee you after deployment you and that guy either gonna be best of friends afterwards or you're gonna have a huge knowledge of who that person is. So, a lot of friendships are developed in the course of a deployment, and you start really understanding*

people, so then when it's time to come home it's like, Hey, man, let's go drink together, because that's someone that you really... – what's the word? I'm looking for the word. How we can cope, I will say. You know, we can relate with each other, it's through drinking. And also 'cause nobody else want to hear us, the fighting stories. Nobody else can relate. So that's the word I was looking for, relate. That's a way that you can relate to each other. 'Cause it's hard to deal and talk with somebody who's never been at the – who's never been deployed. Even your spouse.

Participants Alpha and Beta described similar situations and observations of other ADE service members upon return from deployment.

Alpha: You kind of have to reintroduce yourself to your family and you know they've changed, your children have changed if you have kids um quite considerably over six or seven months and uh there is some difficulty there and if you're already having issues and stress and all that stuff I could definitely see someone falling into uh you know alcohol dependence, it's very easy to. Um you know especially under like emotional distress.

Beta: Usually when they first come back, most of them want to drink and party just to wind down 'cause deployments vary from six months, seven months, nine months, some even a year, so after a year of not being on American soil, away from your friends and family, quite naturally you just want to wind down. So, the alcohol intake definitely increases when they come back.

Participants Epsilon and Eta reported that heavy alcohol use post-deployment is frequently used to ease the transition from life on deployment to life back at home. They

described self-medicating types of behaviors, used to cope with traumas experienced during difficult deployments.

Epsilon: When I get home, I don't wanna think about Afghanistan, and I don't want nobody to ask me about it, about Iraq. You know, I lost a couple of buddies. I'm just gonna drink. Know what I mean? And I think alcohol is – again, I think it's just a easy out versus actually going to a counselor or going to somebody to get help, a chaplain, talking to a spouse. It's just I can talk to the bottle and all my problems is gone.

Eta: So, I think alcohol plays a big role in post-deployment, meaning after deployment. All depend on what you've done. If you was what we call fobbits, that's people who just sit on the job all day. They never went out, all they did was just push paper or, you know, like I said, never been in anything. They may not be – they may not use alcohol after deployment as much as somebody who rolls out, as who's been in contact, who's been in conflicts with enemies and who had to shoot their gun or who's seen their buddies die or burned up, who've known people to get killed then, who's been in, you know, multiple engagements. You know, all depend on their level of where they are mentally, physically, spiritually. It's easier, for example, to just turn to alcohol once they get back. That's the first thing that you wanna do

Heavy alcohol use. Heavy to moderate alcohol use were common drinking patterns for ADE military personnel. For the purposes of the current study, heavy drinking refers to using alcohol to excess, becoming drunk, or any alcohol use that results in memory loss, tolerance, or withdrawal symptoms. In contrast, moderate drinking patterns was defined as occasional or limited alcohol use. All participants reported both types of drinking patterns for themselves and for other ADE service members whom they have observed during their time in the military.

Alpha: so at the end of your 12, 13,14 hour shift especially in a place like Vegas everyone decides it's time to get crazy you know work hard play hard

Beta: I drink a lot more since joining the military. There really wasn't no specific reason; it's just more social, if anything... But when I do drink, I do drink a heavier quantity, I would say. So if – for instance, if I go out to a party, I'll drink more alcohol, more stronger alcoholic beverages as opposed to a beer... They a little bit more extreme than I am. They kind of go above and beyond with it, if you ask me. They just get so drunk they're staggering all over the place, can't really function

Eta: it'll help, sometimes it'll backfire because now, once they do get a weekend off, you know, it's like they trying to make up for all the weekends that they lost. [Laughing] ... You see a lot of people drink, especially if they have alcohol. You see a lot of – you see – you see so much. People just get like out of control drinking at these functions.

Gamma: You have social drinkers, you have people that can't handle themselves and people that like to drink too much,

Iota: when there is an opportunity to see drink, I've seen it misused or – and used in ways to distress.

Kappa: We were very limited as to what we could do, and I know that mixed with the boredom that it caused mixed with the – the sort of desire to lash out against the man or the system caused a – a lot of people to drink a lot, a lot of the time. And so that's where I really started to see it, see people use it as sort of like – like a funnel for emotions, I guess. And that was like where they've tried to use it like a problem solver... I now have in my room all of the things that I need to make a Long – Long Island iced tea. And that's all in seven hundred and fifty milliliter bottles. That's – it's a lot of alcohol... I'm up from 8 p.m. to 8 a.m., and that's when all of the degenerates are coming back or partying in-house, I guess. But – but people coming back at ridiculous hours you see. And ... people coming back at 6:00 a.m., and they're still drunk. And it's like bars have been closed since 2:00, so where have you been for the last four hours?. Absolutely. I've – I've been at two barracks now, both are the same unit but they're two separate barracks, each housing three different companies so – and in both barracks the amount of alcohol consumption that I've seen on any given day is – is surprising to me. Even as Marines. You know, Marines are supposed to – well, we're part sailors or whatever. But, yeah, like last night, my roommate, the guy – not my roommate – the guy next door, my next-door neighbor, the Monday night and I could hear him playing music loud with people in his room drinking beer. And I could tell all of that from not leaving my room. It was that like loud and – and ostentatious. So, yeah, there's really like – like I said, there's really no limit to –

to what these guys can do or when... It's – as bad as it sounds to say, like it's part of life, basically. And you're gonna be loud on the weekends, so I hope you don't like to sleep in, stuff like that.

Lambda: So back when I went, I was more of a social drinker. I drank, but I wasn't like pounding beers all the time. So it's kind of a common thing that when you get back, you know, you're kind of – your tolerance sucks. [Laughing] So, like, you – you go out with your buddies or whatever 'cause you've been gone for six months, and you just – next thing you know, you're out in the bar and you're blasted, you know, 'cause – I don't know if it's just 'cause they – post-deployment, you kind of wanna let your hair out and relax or if it's just because your tolerance sucks. I got affected by it because when I went to Baghdad for six months, I couldn't drink at all; it was a dry base. So I had zero tolerance when I got home and went out with my buddies and stuff, and I got pretty tore up. But it was – it's not like, you know, Let's go get F'd up, you know, we just got back from our deployment

Mu: But, for a while, like squadrons [pause] – our squadron is, I want to say, like three hundred people, and they would have a DUI like almost every weekend... The one here in Charleston, people don't go to, but at Maguire the club was like really popular. And they served me underage, so people would get, I mean, pretty drunk there. And so the club, every bases have a club and that's a lot of where drinking is. And the security forces on base, like if you know someone, you can get away with a lot more, which is kind of sad. But people that have more in with security forces can get away with things, so –

Theta: *Like, it did – for myself personally, the first one I saw was my roommate in my MOS, ... MOS, taking – and I don't even know how he got it, never asked him about it – but he apparently got some from his friends, I assume, and ended up falling off the top rack and onto our other mate's desk. And I think he was eighteen, nineteen at the time, and that was just not the greatest experience, you know, to be having when you've got some guy you just met maybe two, three weeks ago, falling out of his desk, drunk off his mind, you know.*

Zeta: *as a young soldier and sailor, you're probably gonna be out with your friends, and when you're with friends you tend – you know, you tend to drink more. It's part of the culture. Not only that but, you know, it's – it's more responsible drinking versus, you know, going out and getting falling down drunk and that because you can also still get in trouble for that.*

Changes over military career. Participants' engagement in heavy and moderate drinking was frequently explained by career and life changes. Most participants (nine of 12) reported heavy alcohol use at a young age as well as current observations of heavy alcohol use among younger, single service members

Eta: *And – and it all depend on your age. You know, I was a squad leader at the age of twenty years old. And here I am dealing with, you know, four or five other people problems. And a lot of 'em – I didn't have kids, I didn't have a wife, you know, at twenty years old, but people coming to me with family problems, family issues. So, it's like, man, what can I do? So, you know, at the end of the day, once I get a chance to sit down, you know what, I got a cold one in the refrigerator, you know, let me just forget about – it's the best way to forget about all your*

problems... you know, when you're nineteen, twenty, twenty-one years old, twenty-two, twenty-three, twenty-four, you're drinking, everybody else is having fun, you really don't think that you have some type of problem or issue.

Iota: A lot of times, younger, single sailors are ones that we try to look out for more, just because that's the group that is targeted for misuse of alcohol or other issues... I think that there may be a correlation of people who joined the Navy – the military in general right after high school in comparison with people who decides to go to college, those college years where you drink and you're figuring out your life.

Iota: In the early stages of the military I drank a lot more.

Lambda: I'd just turned twenty-one when I joined, though it very much was party central, living in the dorms on base. Kegs, going to house parties with kegs, everybody was using beer bongs or shotgunning beers and doing shots... I really don't drink anymore because of looking back on how much I drank back then, and I don't like doing that anymore, obviously... the younger crowd, they're just wanting to hang out and party or whatever. It's more of like a [prolonged pause] – how do I – how do I put that? It's like – it's kind of like the – the grease that keeps the wheels turning, everything kind of smooth and everything – like, you know, you're at a party and everything – everybody's having a good time... we just had one this last weekend [laughing] where this young kid, blitzed out of his skull, a really, really young guy, I think he might've been like maybe twenty, twenty-two, ended up getting really drunk and was driving and almost hit a cop car – or he hit a cop car, almost hitting the cop that was standing in front of it.

And then his car like careened across the road into oncoming traffic and then hit the other – other wall on the other side.

Mu: But most like single men that I know drink all of the time, and it is a very common thing...So that happens very frequently in tech school, especially since like the freedom that everyone has out of boot camp. You're like, Oh, I can actually do something and I'm not getting yelled at. And so, from there, that is, I guess, when drinking mainly starts. But I know that pretty much everyone like drank there.

Zeta: when I first went in, we did drink a lot. But I think, you know, it also has a lot to do with, you know, age too because, you know, it's kind of like, you know, from eighteen to twenty-two, your younger pay grades with not a lot of responsibility, is like a college kid. It's kind of like, you know, E-1's like a freshman in college. So, we've all seen, you know, frat parties, sorority parties and, you know, any – you know, go on a weekend in Greenville and see what's going on. You're gonna see that that – you know, the alcohol relationship into culture... just more drinking. I mean, it was just a part of the culture. And I – I think a lot of that had to do with, you know, being young, you know, that period of when I was eighteen to twenty-two sailing the world and, you know, my – my responsibility I had was to get up and get to work and to do my job to the best of my abilities. I didn't have a – I didn't have a family, girlfriend, fiancée, or, you know, really anything significant to – to – to really do that. So, hey, let's spend the time spent in a bar, hanging out with my buddies.

These same participants also noted current moderate drinking patterns and attributed this change to either to age and rank increases or to life stage factors such as getting married and having children.

Eta: Then, the mentality that you have is – you know, maturity level also plays a big part with alcohol use... You know, you start taking a lot of self-awareness, looking at yourself like, okay, how am I treating alcohol? Is it something that I'm doing to cope with? Is there other means? Am I using it as a tool to get away? Or what am I – how am I drinking? What is my expectations when I buy a drink?... And I was never really the type to get peer pressure as much, especially as I started getting older.

Iota: I have seen older people that still drink; it's just more responsible... People with families – I mean, I have a family now. I still have a glass of wine. Ever since I got married I've slacked with drinking. I slacked up with the drinking, but I also have a family here and that support system here.

Lambda: If you're having a stressful day or whatever, you want to go home and have a beer, that's fine but, you know, don't make like a beer – don't make it like six or seven beers and get blasted every night because you're stressed out. But like I – I have plenty of stressful days now, but I – I don't know if it's just an older maturity thing, I just find different ways to deal with the stress... You know, I have tons of coworkers that I have now that don't – they won't even touch a drop.

Mu: ...it's lessened, and I've gotten more outgoing just being in the military and having to go frequently through friends and having to talk to people. I don't have to use it as much as when I first joined and was in the dorms and I was nineteen

and trying to talk to people. I can be more outgoing without having to have alcohol. So, it's lessened, and especially being married, you don't like go out and party and drink all the time.

Zeta: ...alcohol is more of a very social thing, especially for me and my – my wife and family. We don't drink at home. If we have – sit down and have dinner, we don't drink 'cause it's not something – I mean, we – we enjoy drinking more with friends or, you know, something of that nature, but it's more, like I said, of a – just kind of a friend thing. It's – but as far as drinking, we don't drink a lot, unfortunately. Plus, we have a five-year-old, a three-year-old, and a three-month-old, so that – that changes the scope of responsibilities greatly... kids get up at, you know, zero six and the hangover's still there till, you know, 10:00 or 11:00. And, really, we just don't have, you know, the time or – like we did when we were, you know, younger

Military culture

The second theme, Military Culture, revealed cultural factors, both intrinsic and extrinsic, regarding how alcohol should be used by ADE service members. Implicit influences seemed to almost require alcohol use, while explicit rules discouraged problematic or dangerous behaviors associated with alcohol use. According to participant Iota, alcohol use (moderate and heavy) for ADE service members is acceptable as long as the use does not cause problems or embarrassment for the military.

Iota: As long as you're responsible about your drinking, as long as you're not causing issues, you can do as much as you want... We have a standard to keep. And so, anything that can make the military look bad, we're told not to do.

Intrinsic factors. Intrinsic factors refer to those aspects of the military culture that are basic, assumed parts of the culture that exist inherently without influence from official military protocols or directives. These include social norms and expectations that are not discussed upon entering the military but are readily apparent to members of the military population.

An interesting revelation of this study was that military social norms require that ADE service members drink alcohol and often to drink excessively. Alcohol use repeatedly appeared in the interviews as an expectation rather than an option for service members. When asked about not using alcohol, participants noted the general discomfort that ADE service members have with abstinent peers

Mu: If you didn't drink, it was kind of weird.

Kappa: ...they're all sort of looking over their shoulder at me like, Man, who's that guy, and why isn't he out here with us?... honestly, even though I drink, because I don't drink it to their capacity, they view me as one of those people who just doesn't drink at all... the people who – who typically don't drink to the same capacity aren't the [pause] – they're not like the super – the super brotherhood, ... It's like – so when I see the people that drink in their – in their groups in excess, I view them like a fraternity. Just because I'm not in their fraternity... they might look at us and be like, that dude's a nerd, you know, he's a dweeb, or whatever. But – but to us it's like we – we realize that it's just a different – it's just a group and we're not part of it...I don't in any capacity receive the comradery or the brother – the sense of brotherhood that I know that they do.

Participants also noted that alcohol is abundant in almost all aspects of the military lifestyle. It is present at all unofficial functions and at most official functions (graduations, celebrations, and military balls).

Alpha: ... for our last Christmas party, there was there was a lot of alcohol. It wasn't um it wasn't crazy it was a good time um for the most part we were uh you know it uh we had designated drivers, we had uh childcare for people who needed it like that. It was uh more of an opportunity to cut loose. People were enjoying themselves, it wasn't uh it wasn't a lot of uh outrageous behavior or anything like that, I didn't see anyone getting too intoxicated where they couldn't control themselves or actions or anything like that. People weren't encouraging um risky behaviors or anything like that. It was a good time. It was. Um you know but alcohol it was an open bar we had to buy uh tickets to attend and there like that so the alcohol was provided by the tickets and everything like that. Um you know but it was it was an open bar so people were - you know able to drink to the however they saw fit.

Beta: ...most people don't really want to get drunk – get drunk around their – their peers, if you will, 'cause you have to go back to work with them that following week, and that's not really a good look if you get hammered and wasted at the Marine Corps Ball and then you show up Monday morning not remembering what you did.

Delta: It's kind of taboo anymore, but there's still alcohol at these events.

Epsilon: Retirement ceremonies are probably one of the biggest, most common one, military retirement ceremonies, especially on a Friday. So, they're normally

on Fridays, and they will normally have maybe, you know, a whole bunch of beer there... there are a lot of military events, mainly retirements, and – that will have alcohol. Sometimes we'll have summer picnics. There'll be – there might be alcohol, depending on, you know, who's – who's putting it on. But, you know, normally, it's the big boy rules, make sure, you know, you're – you're doing what you can to be responsible

Iota: A lot of functions [laughing] alcohol is present... our like Christmas parties, there's alcohol... Command functions, they do have alcohol, but they also usually have safety points implemented for us. So, our Christmas parties are always at a hotel, so they – and then the rooms are all discounted. They give us little keychains that we can call and get a ride for free, just home, not to another bar but home. Yes, Christmas parties, large events are usually alcohol is present.

Anything at work, though, there's never alcohol. Outside of work, such as the holiday party, usually have alcohol. Some of the awards banquets have alcohol.

Kappa: Our battalion commander just – I want to say he – he changed stations. And we did like a – like a big party for his go-awaying kind of thing. His – his last like Hey, we're still friends, kind of attempt. So, we all went to the beach.

Jacksonville's got beach – its own beach property, so we all showed up there at like noon on a workday. So, we were all stoked. It was – the – the question had been tossed around a lot as to whether we could bring alcohol or not. We never received a firm answer. So, it was kind of implied that it would be a bad idea. And as the party progressed, sort of slowly alcohol sort of trickled from the cracks that nobody was able to see. And the sergeant major, the E-9, of our unit got up and

said, you know, “Hey, like I understand some of you guys are partaking in adult beverages. Just keep in mind that there’s families, there’s kids, you know. As long as you do it respectfully, we don’t care.” And when he said that, I mean, it just – it – it apparated it. People were pulling it out of the sand, like coolers were coming out of nowhere like they – I don’t know how they hid it so well, but all of a sudden it – it just appeared, and all of a sudden there was alcohol all over this party...that was a sponsored event.

Lambda: There’s an event called Knuckle Busters, which is like where all the maintainers go, and it’s kind of like an awards banquet. There’s some alcohol consumption there but nothing too heavy. The one, I would say, that is [laughing] – that is pretty big is that it’s like a – they call it Combat Dining Out, and that’s where basically everybody in the squadron goes. We just had one for our squadron last summer. Everybody in the squadron goes, and it’s basically – it’s almost like being in like a gameshow environment, like the – you have people at a desk and they – they basically bark out things for people to do. And if like they fail that, then they have to like slide through a mud pit, kind of crawl around in some stuff and then they gotta go up to like this bowl and it’s like this bowl of like mixed alcohol and like take a cup of it. So, at the end of it, everybody’s trashed.

Theta: Those sponsored events, usually they’ll try to have a limit and enforce it. It’s a little bit easy to enforce it when everybody’s there in one location. Kind of like those mess nights I was talking about. Hey, we’ve got three, four, or five kegs here. Everybody gets one or two beers apiece, and as long as you stay within that limit, you’re good to go, enjoy the night kind of thing. Bigger events, we’ve got

Marine Corps ball. Actually, it's, it's ball season now, and during those bigger events when we have the command sponsoring – not only it's the celebration of a birthday but the Marine Corps ball itself, then we – I guess open bars tend to be a big case. Of course, if the unit can afford it and we'll throw in a few extra dollars and have the open bar. If not, then I guess that same kind of, hey, this is how much we've got, everybody that can – can have this many drinks tonight, go for it, you know, do it within reason kind of deal.

Zeta: There could be alcohol at ceremonies. But it's not gonna be like a Tailhook or, you know, Top Gun, where you see everyone boozing it up. It's gonna be punch and wine and maybe enough beer for one – people to have one beer.

Another aspect of intrinsic military culture regarding alcohol that repeatedly appeared in the data was the expectation that ADE military personnel look out for one another. This might include keeping each other safe by providing designated drivers or intervening to prevent a supervisor from being notified of a service member's alcohol misuse or alcohol-related behaviors.

Alpha: ...you had a lot of people being responsible and watching out for one another and everything life that so in in the squadron function sense it was it was responsible and a good time.

Beta: I got a buddy who's ... with me and, you know, he's there to take care of me and he's my plan, so if I'm going to have more than one or two drinks, then he's my plan to get home.

Eta: The buddy system is you watch out for your buddy, or if you go – your buddy goes somewhere, you go with him... You know, you always wanna know where

people are... And that's one thing for me that always talked about is the buddy system, you know. Hey, if your buddy going out, make sure you go with him.

Iota: Like, we take care of each other... we can invite people over and ... to take care of each other... But I just don't take care of me. And I see that a lot. We don't take care of ourselves. We're trying to take care of each other.

Extrinsic factors. Regarding the official role of alcohol in the military, the rules support and discourage alcohol use depending upon the circumstances. Many participants noted that alcohol has a strong presence on base and is available for purchase at multiple locations on base such as the Exchange, and the officers and enlisted personnel bars/clubs. Official military branch (United States Air Force [USAF], United States Marine Corps [USMC], Army, Navy) policies seem to be moving away from widespread acceptance of alcohol however. These changes are apparent in the official rules regarding alcohol use restrictions while deployed, while at military sponsored events, and through unregulated but standardized communications such as weekly briefings and anti-alcohol misuse propaganda observed on and around military installations.

Participants Delta and Eta talked specifically about the ready availability of alcohol on base and the rules regarding its use. These participants noted the abundance of alcohol available for purchase on base and the ease of access that they have to this alcohol.

Delta: On base there's a couple of bars. There's the enlisted bar and an officer bar, and then you can also buy alcohol on base. We call it a Class 6. I mean, any liquor or beer that you can imagine is there. And you can buy it in uniform; you just can't drink it... I guess I just kind of go back to the whole events where sometimes it's allowed but a regulated kind of a deal.

Eta: So, you got – in the Army you have the PX, the Exchange. It's called other things in the Air Force – no, Air Forces call it the Exchange, too. And the Navy and Marine Corps call it NEX or something like that. Yeah, NEX, Navy Exchange. But it's all – it was there. It was ... You walked in, it's right – it's all around. And then, also, you had what they called a Class 6. I'm not – where if – they got ... class. They – well, they – no, they've merged the Class 6 now with the Exchange. So, you had the Class 6 was – which was nothing but pure alcohol. It was beer, everything in the military, and it sat right off by itself. Actually, I came to Fort Bragg in 2001, and you had a twenty-four-hour PX. And that twenty-four-hour PX, from my understanding, it sold the most beer in the '90s, like in one year, then the whole United States, just that one.

Seven of the 12 participants discussed official but unregulated military communications such as safety briefings that discouraged or prohibited the irresponsible or unsafe use of alcohol. These communications prioritized the avoidance of dangerous alcohol related behaviors particularly service members driving after having consumed alcohol.

Epsilon: I've experienced a lot of guys in the past having issues where they used to drink a lot. And, obviously, the military has – they have a – a program where they enforce, you know, no more than three drinks per month, no more than three to one occasion, zero DUI's type of thing. So, they do have programs out there to kind of enforce, you know, substance abuse and – and stuff like that with alcohol and drug abuse... you'll have another briefing about ADAPT or drug abuse or, you know, don't – don't drink and drive. You – you get those safety briefings every Friday. So, you get – you get – you know, you'll get hounded. When you're

in the military you'll get hounded of the safety briefings. And they do that, you know, to put into your head, you know, how – how important it is. So, since I've been in, I mean, I've – I've got it from my supervisors and, in turn, I'm a E-6 ... supervisor. I've had to go to my troops and tell 'em, Hey, I know I've – I've beat it into your brain don't drink and drive this weekend. If you – if you go drink, have a plan. If you drink more than one or two and you feel like you can't drive home or you have too much to drink, call me. I'd rather you call me first or call one of your other airmen around you. And then, worst case scenario, if you can't get ahold of all those guys, call your next level up and kind of go up in – in your chain of command... I mean, ADAPT is a DOD-wide thing. Air Force does have a – I think it's called Zero Zero Three One. It's something they came – they've come up with, like zero DUI's and no more than three drinks per occasion

Eta: But it was more sort of alcohol/drug education versus don't do this, don't do this, don't do this, if you do this you're gonna get in trouble, do it and you're gonna get kicked out. Once you actually just start teaching about it, the effects of how it – how it affects your mind, how it affects your body, once you understand that, your history of alcohol abuse in your family, it'll really start opening up people eyes. And I think that's what the military really started going to at that point is just education, let's educate them, let's teach them about it, let's stop telling them don't do it, because when you tell somebody don't do something, they gonna go out and do it anyway. So, make them aware versus trying to prevent them from drinking – trying to stop them from drinking, let's make them aware of what could actually happen... the standards have raised a lot more. I think they'll

raise the threat level. And what I mean by threat level is you come out with these no-tolerance policies for anything. So, they're trying to force old habits back into the military where you have new personalities, and it's a huge class right now because now you have the people that you allow to come in the military who was like not rule-friendly or, you know, no standards-friendly, and they moved up in the ranks quickly because, you know, things just – you know, people get promoted faster during wartime. So now they're in a position of rank or power and you're telling them to change, it's like it's – it's tough to do that. So, I think the military is really clashing.

Iota: Work-wise, no. It's a zero tolerance. That whole eight point zero eight, that – that doesn't count for us. It's zero, no alcohol. Driving on base, zero, even if you're point oh eight, no.

Theta: They basically enforced the rules of whatever location we're at. And at that time, twenty-one was still the legal drinking age, so if you were and can legally get a drink out in town, they'd allow it. They say a two-beer limit or a two – you know, one point five ounce, you know, shot of liquor limit would be all they were allowed during the day if you were off base.

Kappa: I mean, there's still things that they – they won't allow. They won't us – allow us to have like a keg in our room or anything like that. But other than that there's really no limit... When we're briefed, they always tell us stories. But, you know, you always wonder if they're just glorified examples to – to try to make us – you know, and try to reinforce the fact that these programs ... we never know if they're real or – 'cause – 'cause it's hard for those people to be like – you know,

to – to name somebody or to have somebody stand up and be like – you know, to – for them to have the gumption to be like, Yes, I had a problem and yes, I went and yes, worked. So, it's usually more like fake names and stuff that you just kind of roll your eyes at and you go, Okay, whatever, you know.

Lambda: We all have to be there as we all kind of get debriefed – on, basically, responsibilities when you're drinking, what to – you know – you know, how do you – you know, a beer and two shots and then thinking you're okay to drive an hour later is not – not a good way of drinking.

Mu: And so now they do safety briefings every Friday. Every section is supposed to do it, say, "Oh, don't drink and drive," so – and they've implemented this thing called AADD, so Airmen Against Drunk Drivers, and anyone on the weekends – it's Friday and Saturday – Friday and Saturday nights, each squadron has different people in place that you can call this number and if you're drunk and you didn't make a plan that you can call them and they'll come and pick you up for free.

Potential outcomes

The final theme to arise from the data was that of potential outcomes for alcohol use or alcohol-related incidents. For the purposes of this study, an alcohol-related incident will be defined as any event occurring after the consumption of alcohol that resulted in the notification of an ADE service member's commanding officer(s). Examples include, driving while intoxicated (DWI), public drunkenness, physical fighting with alcohol in one's system, and personal injury following alcohol consumption.

As noted in the example given in the sub-section, Development of Themes and Sub-themes, the outcomes of alcohol use and alcohol related-incidents varied upon individual circumstances and the discretion of supervisors and commanding officers. There were three different options for consequences of alcohol use or an alcohol-related incident. These included punishment, treatment, or no response by supervisors.

Punishment. Participants noted that punishment was the most likely outcome of alcohol misuse or an alcohol-related incident. All participants reported having either experienced punishment or having been aware of other ADE service members who had been punished for alcohol misuse or related behaviors. Despite the likelihood of punishment, the type of punishment an individual might face appeared to be dependent upon circumstance and supervisor discretion.

Participants noted that punishments for alcohol-related incidents were often severe but varied based on the ADE service member's age, rank, branch of service and relationship with supervisors.

Alpha: It's a one mistake Air Force. It definitely is. If you make one mistake and... and someone doesn't like it. You're out. You're done. Um which creates a culture of keeping people who don't make mistakes because they're not making risks. And they're not learning.

Delta: I got a letter of reprimand. And the alcohol rehab, the courses I had to take were mandated by my commander. But, really, it's not – it's not right to say that I got off easy, but it could have been a lot worse...I could have gotten an Article 15 for bad behavior. I could have gotten a list of other articles for underage consumption or..., unlawful use of a substance – of a controlled substance.

They'd – and it just would have been a list of things, and I would've lost what pay that I did have and got out within probably four or five months ... I had a lot of my leadership stick up for me. They were taken in front of the commander, asked about my character, and they may – may have made an on-the-spot judgment, just decide not to really go hard on me because a lot of people in the military do drink. He realized that. He also believed that there was a list of other things that the people at the party could have done before getting the cops involved.

Epsilon: And, normally, a DUI results in getting kicked out of the military, normally, depending on people can – how – how the situation goes. But ninety-nine percent of the time, if you get a DUI in the military you're normally kicked out of the military. That's normally the process. So that's the biggest consequence of – of drinking. And to have a plan is to make sure you don't drive home and potentially get stopped or hurt somebody and – and get a DUI.

Eta: Oh, man, all sorts of trouble. The biggest, the most dangerous, deadliest one I ever see is drinking and driving. If you ... you could kill yourself or kill somebody with that. Then you have people who get in fights. You have people who break bones. You got people P: who get lost. Tickets. I mean, it's just – it's – it's crazy because there's just so much that can happen dealing with alcohol. Rape also is involved when it comes to, you know, hanging out with people, people getting sexually molested, things like that. So, it's a lot, actually, dealing with alcohol. And it wasn't until – I always knew about, understood about the killings, you know, people dying because of motorcycle accidents, dealing with motorcycle or vehicle accidents dealing with alcohol because – and I think it's on every post,

but I remember on Fort Bragg there was a board, 82nd Division – 82nd Airborne Division had this board, how many days they had went without somebody actually getting killed. And if you go eighty-two days without somebody getting killed, then the 82nd Airborne Division gets a four-day weekend, a 96. They get, you know, four days off. I: Oh. ... P: I remember – I'll never forget this. I remember my first few years in the Army, every time I would go drive past that board, that board never was under ten days, 'cause every time somebody'd get killed, it resets, go back to zero. And that board, I remember for the longest time it never went under – it never went over ten and ... So, I think that's the most deadliest is vehicle accidents dealing with alcohol. When you have those that's gonna be trouble, then, as far as on the military side. Now you get a DUI, it's a federal offense... They – they take you – it does – they don't deal with it no more ... They take it to the federal judge or something like that. And so, at first you was getting hit by the military side and the civilian side. Now the military just doesn't deal with it at all. They – you get a DUI, that's a automatic kick-out of the military, you know... No exceptions, yeah. It's no exceptions at all. DUI, you're done, you know. And it's – that's a few other policies is like that. It's domestic violence, any case, you're done. You're getting kicked out. Drugs, you're getting kicked out. Alcohol, you're getting kicked out. Sexual harassment, you're – you're done pretty much... You have less alcohol-related incidents in the military because any type of alcohol-related incident, you was getting kicked out of the military... And people really started kind of waking up once it really went into effect. You know, you celebrate ..., and the next weekend, you know, he's packing his bags, getting out, trying to

figure out what he's gonna do next, you know. And when people started to come to the realization like, Hey, you know, it's real, I could be next ... I think, you know, peoples really started straightening out, are aware.

Gamma: Usually they'll – I think eventually they'll get weeded out. They'll – they'll get consequence for their actions. That's – it isn't tolerated. Becoming dangerous isn't tolerated... it's kept pretty quiet but can cost you – in extreme cases it can cost you your career or your ability to promote.

Iota: You can hurt your – I can go play basketball and hurt myself and it's not – there's not an issue if the doctor finds it. Now, if I was drunk and I acted like an idiot and broke my arm and all of that came out into the report from the doctor, then there would be an issue... And it just – it just depends, but they can hit you with a ARI and you can get kicked out... Because you're technically government property.

Kappa: DUI's is a huge thing. It's – it's, as far as alcohol goes, one of the [pause] – one of the most common – it has one of the – the biggest [pause] – the biggest punishment, you know, aside from like the ridiculous stuff. But, I mean, I know a lot of people get DUI's and it's – it's sort of frowned upon, really. I mean, more than in civilian life it's frowned upon in the military; you know what I mean? Like, it's – it's – it's a huge deal. When I was in training in California, we had a – we had a sergeant who got caught with a DUI. And they demoted him one rank, and they made him publicly tell all like four hundred of us the entire story. Yeah. It was sort of a – I don't want to say a shameful moment, but his job field I know is not – it's not easy to promote in. So, he had to take a while to get to

sergeant, and just because of one night they took that away from him. And who knows how long it's gonna be until he's able to come back up. But things like that, I know there's one unit that was messing up so much that they were forced to put out one of those like a counter, you know, like it – it works like this many days since last work accident. They've got one of those for alcohol and drug related incidences, DUI's, drunken fights, trips to the hospital due to alcohol. So, I think they got their sort of free will of alcohol taken away from them. They might be back to like the six-pack. But, you know, when it – when it – as far as messing up goes, it's sort of up to the individual commander. He might think, you know, two dudes shoving each other outside that are drunk on a Friday night is overboard, whereas somebody else might just be like that's totally normal, like they're gonna do that even if they're sober, so – so it's sort of the commander's discretion as far as what – what it takes to – to remove it and – and what – what the actual – like what a situation could be. So, it's sort of – you know, again, it's gonna be like a case-by-case basis based on who you are, what your rank is, your age, you know, all – all that kind of stuff really plays into it. And – and it also is gonna go back to – back to your commander as – as far as, you know, one commander might look at an eighteen-year-old – well, not an eighteen-year-old because that would be underage, but like a twenty-one-year-old and be like, Okay, you're still young, you're still learning alcohol. Maybe this was a mistake. Do not ever do it again. And he might let him off plain and clear. Whereas, he would be total opposite on somebody that's older and more mature. You know, you should know better. And by the same token, a different commander might be the complete opposite. He

might, you know, see the older, more mature person and go, Okay, obviously, like, you've had your life experience, you know what you're doing. This was one mistake. Like, don't do it again. And then he might look at the twenty-one-year-old and be like, this is not a good start. You have to be punished. You have to learn. You know, you have to be put in timeout because you're still young, and if you don't, then you're never gonna learn how to handle alcohol right. So, it – it really is sort of a situational sort of thing that determines the – the punishment as far as things like DUI go.

Lambda: So, for the squadron itself, let's say we had an airman that got a DUI, it's a huge blackeye for the squadron because it gets – it gets, basically, brought up to the base level and the – I mean, nobody likes looking back. But, at the same time, if you – if it's a person you know, it's – I would say eight out of ten times, we usually know who it is, and we've worked with that individual or whatever. Pretty bad that, you know, they gotta get in trouble, they gotta go speak to the squadron commander, they gotta get full dressed up. Either the base is gonna take [pause] – is gonna take possession of the DUI, or the city takes possession. You lose rank. You have to pay huge fines, thousands of dollars. It's just really bad all around for your career. Even if you get to stay in, I mean, it's bad because you'll lose – lose a bunch of rank, and you gotta start basically all over from where you were at before. Or you – or they just might show you the – show you the gate on the way out... there was a guy I saw, he got [pause] – he got, what was it – he got in trouble because – it wasn't a DUI, but he was a passenger in a car of the guy who was driving drunk. And they basically gave him the same punishment as if he was

driving. And so, at that point I was like, Aw, that's – I wouldn't say that's necessarily – like, they almost – they basically bumped him down a bunch of rank and gave – made him – made him do extra duties and stuff like that. But [prolonged pause], I don't know, it's always been – it's always been kind of a puzzle to me how they – how they dictate how punishments are gonna go for that.

Mu: You would go get arrested. And you would go through the military [pause] – you'd probably get like court martialed or an Article 15. So, you wouldn't be disciplined or whatever through civilian police. You would go to [pause] the judges or the jury through military steps. And – and it could lead to you getting kicked out, depending on how you are as an airman. Or if you get caught like twice, most likely you would get kicked out... Article 15 is like the highest like paperwork you can get, and if you get – I mean, if you get two Article 15s, you're most likely gonna start getting in the process of getting kicked out.

Theta: But I would say if it goes too far out of reason to the point that we've had, unfortunately, involved the civilian populace or, say, you know, the police got involved, then, yes, they're going to not only have to deal with the police of wherever location we're in but as – but also the Uniform Code of Military Justice as well, we'll have to deal with that. It just – you – you can't escape that if – if it comes down to it...it can be so many days of restriction depending on how rowdy they ended up getting. Can result in a loss of rank. Forfeiture of pay for a little bit of time. Things of that nature, really. Basically, what little – or, I should say, what's – privileges we do get, being part of the military, getting paid for doing what we do, they are going to restrict you and prevent you from being able to

enjoy all of those things at a time – or at – for a given time...So what'll happen there is a slap on the wrist, per se, where he might lose rank, be able to get that back in a few months. He'll lose rank, lose a bit of pay, and end up doing, I guess, just a period of restriction. We put on a period of restriction just saying, hey, you're gonna be staying in the barracks, you're not gonna be allowed to go out for this amount of time. Of course, if it goes any further than that and – gosh, God forbid, like results in a loss of life or anything like that, yes, dishonorable discharges, things up to as high as dishonorable discharges and court martials can definitely be implemented...It's – it's not the kind of thing that usually happens with alcohol-related incidents where someone's sitting here getting court martialed or – what's – like court martialed or, you know, really getting hit that hard by everything. Most times, something like a loss of rank, restriction, maybe a forfeiture of pay is how those alcohol-related incidents would be handled. Like I said, if the Marine has been involved with the police or any of the civilian populace and they are going to, say, press charges or something like that, there's no walking away from that. There's no just pushing it under the – under the rug. So, of course, it's going to be brought up to our command, and that's well beyond them – you know, beyond them. The Marines ... try and handle on its own at that point.... If the Marine decides to, of course, ignore that NCO's giving them that advice and that ... that advice especially, then it's – it's no longer an issue of whether or not this Marine wants to get the help. It's a matter of are you going to stay in the military and keep on, you know, being a burden, or are you going to

basically, are we going to have to try and make it so that you understand that we're not going to allow this? So, in those instances, UCMJ is gonna come down. And if it really was that bad an incident, of course, the dishonorable discharges, things like that, can happen... Most of the times, if we can help it, like it's just a non-traditional punishment, MJP, something simple, in order to allow the Marine to see, Okay, made a mistake, you are getting punished for it, but it's not the end of the world. You can, you know – you can recuperate your career from this or recover your career from this.

Zeta: An alcohol incident or violation, it's – it's a career ender. I mean, you get – they – they put you out now...you not only have, you know, the civil penalties for, you know, if you have a mistake with alcohol, but you also have – you know, we can be, you know, tried under the UCMJ. So, you know, we – we have a double – we have a higher standard to carry ourselves to. So, you know, it's definitely always in the back of your mind, you know, if I get in trouble, you know, out in the civilian world, then, you know, it can really make you roll over into my military career...Reduction of rank. Take your pay away, forfeiture of pay. Extra duty. Loss of order, you know, kicked out. The – there's – there's multiple, you know, avenues of punishment, discipline...it's always going to be marked in your performance evaluations of, you know, if you have an alcohol violation, you know, you're not gonna be ranked as high 'cause, you know, we're ranked amongst our peers. You know, if there's ten people in your pay grade, you know, they break out by number one of ten, number two of ten. And, you know, if you have an alcohol violation, you're gonna be at the bottom of the tier,

regardless...It pulls down your chance for promotion... You know, in the Navy it's based on, you know, scores on tests, your evaluation, and then, you know, go – your record goes to a board, and if you have an alcohol incident, you know – 'cause it's so competitive now because we're, you know, the smallest Navy since World War I. But, you know, you can't afford, you know, something like that. It's a – it's a – it's a career killer.

Treatment. The second possible outcome of alcohol misuse or an alcohol-related incident seemed to be treatment. The majority (10 of 12) of the participants noted treatment as an option. However, they noted several drawbacks to treatment, such stigma and punishment. For the purposes of this study, treatment is referred to the military's Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program or the Alcohol Substance Abuse Program (ASAP), which includes inpatient substance abuse treatment, mental health services, and post deployment alcohol abuse screenings.

Participants noted that if ADE service members wish to receive treatment without punishment, they would have to self-identify as having a problem with alcohol, prior to having an alcohol-related incident. Several participants noted that treatment is often provided once an ADE service member has an alcohol-related incident. However, in these circumstances the treatment takes place as a part of the service member's out-processing (i.e., discharge from the military).

Alpha: Uh you know there... there are you know substance abuse programs but they uh they deal with the discipline side more often first and then make sure you're ok before they let you go Um which I don't really agree with because that kind of mentality sets you up for failure. Um you know I've seen uh at least three

different substance abuse issues that were born out of uh like uh coping and... and eventually just becoming uh addicted or it becomes a habit or something like that and those people worry about disciplinary actions and you know then it becomes you know a disciplinary action first and then a we're care for you enough uh you know so that that it looks as though we're taking care of our people but then once he's separated you have no support system after that... if you're not taken care of properly and you're still dealing with substance abuse and emotional issues and all that stuff and you get removed from the Air Force now you have to deal with the shame of all that on top of the fact that you have that kind of dependency so so um and so, I think it's... it's not a good set up... I have seen it like uh less frequently um people have a DUI or... or uh underage drinking incident of something like that. Um and otherwise you know good you know Airmen or person um and they... they figure out something and... and go through the it's called an ADAPT program um and you know that gets left at that but you know there's always uh like a stripe or something like that involved with that as well. Which I can understand but um I suppose I've seen that maybe two times where people go through their... their uh substance abuse issues and then um you know manage and then don't get uh removed from the military uh but I've seen it a lot more times where people just go down a spiral of uh you know disciplinary actions and substance abuse and then it just gets worse and worse because it's being handled appropriately or they can't handle it... now most of the time, if your if you ask for treatment before it becomes a disciplinary action, you will not see any repercussions. At least that's what I've been told. I've never seen it

happen that way because most of the time it's too hard to ask... you know people are afraid for their careers when they're struggling with personal issues like that. So, um you know what ends up happening is that it becomes an issue on its own. Um and then it becomes a disciplinary action on top of the uh substance abuse problem. Um you know but I've been told in the way that it's supposed to work is that if you come forward first uh it there will be no disciplinary action it's just that they will handle the substance abuse itself um the emotional impact of it and their career and all that stuff and you will be fine. You'll be taken care of. But I've never seen it happen that way... it seems to be that people are too afraid to admit um you know because they've seen what other people have gone through... hey don't necessarily trust the system for whatever reason... more often than not uh when... when it becomes a disciplinary action because something else has arisen from it either because intoxication at work or a DUI or any other kind of thing that happens uh you know asking for the, asking... asking for help then is kind of frowned upon because of the fact that it's kind of like well it's a little too late now you've already, you've already messed up... because you messed up but now you go to ask for help after messing up it makes you look bad

Delta: I had a kind of a bad run-in myself with it. I – when I was nineteen I went to a Super Bowl party and got blitzed-out drunk and then ended up in a be-dock – whatever they're called, detox center for the night and then had to go to alcohol rehab for about two months after that.

Epsilon: One's called ADAPT. It's Alcohol and Drug and Prevention Treatment, something like that. It's called ADAPT, A-D-A-P-T. And that's – that's a DOD-

wide thing, so for all branches of the military... And I know a lot of guys who have gotten to that point and who have reached out and said, Hey, I – I have a problem. I've identified I have a substance abuse problem with alcohol, and who have requested treatment and who've gone to the treatment and survived.

There're some guys who – who go through that treatment and realize, you know, they – they still either relapse or – or can't get rid of that issue. But, you know, the DO – like I said, the DOD does have that in place for all service members to participate in if they do have that – that issue with – with drinking or with – with alcohol or drug abuse... they don't get any consequences that – that I know of. I mean, obviously, there're some – you know, the military'll work with you the reasonable amount of time. But if it looks like it's – you know, you go through the program – I don't – I've never been through it so I don't know the – the syllabus of the program. I don't know how long it is or where it's at or what they do, per se. But I'm sure at a point that it probably is, Hey, you know, there's no recovery for you and we need to start the process of either getting you extra care – but I don't know where the line is drawn to where your – you can't be helped.

Eta: That's it. That – that – it – it really became a no-tolerance policy in the military where alcohol – none. Any alcohol-related incidents, they don't care if you got caught, you know, drinking and walking, you know, it didn't matter, you know, if it was alcohol-related. You know, if you was late and had the smell of alcohol on you, you're getting kicked out. I out processed, you know, four – four or five soldiers for that exact reason. You know, they showed up to work, and they smelled like alcohol from the day prior. They – you know, you get a counselor's

statement, get talked to by the commander, and next thing you know, you being processed out, you know?... So, the Army has what they call ASAP program, Alcohol Substance Abuse Program. And it's a – it can be self-enrolling course or it's a command-referred course, meaning your commander telling you to go to that course. It's one thing you really don't wanna do is for them to tell you to go because then there's problems. The military has all – all types of programs for – for soldiers. They honestly do. A lot of times a lot of soldiers don't know about 'em. A lot of times they do know about 'em. So – and it's really up to the individual or a good leader. I know, for me, what I did for my soldiers is I made sure that everybody went to that course because I wanted them to understand and learn so now you don't have an excuse to say, Well, I didn't know that. Well, you do know now. So, it all depend on you as an individual and the type of leadership that you get. And I will – I would have my kids – my soldiers – I ain't gonna say kids – I'll have my soldiers enroll themselves in the course so they can understand the effects of alcohol and it's not a hit. And that's actually worth more promotion points in the Army because we go by a point system to get promoted. So, it's actually promotion points for you. And then I just – yeah, so before you can get to that point to where you say, Hey, I actually do have a problem, if they ... to the military, there's nothing I could do about that but get them help, honestly. So, there are things as a leader that you can do and also as a individual if you go seek that type stuff. But, again, you know, when you're nineteen, twenty, twenty-one years old, twenty-two, twenty-three, twenty-four, you're drinking, everybody

else is having fun, you really don't think that you have some type of problem or issue.

Lambda: If they have a problem and they haven't like, I'd say – like, let's say they hadn't had a DUI but it's like a known thing, or they've shown up to work, you know, and reeking of – of alcohol, they do have the ADAPT program, which is the Alcohol – Alcohol Drug [prolonged pause] – it's basically a – I can't remember what the acronym stands for, but it's basically a treatment for people that have alcohol issues. They go and they – they learn [pause], basically, how alcohol affects the body, how it can affect people, and how – how can it affect your career and your life. And it's almost – it's basically like a classroom environment, and you have to go consistent – continuously. And they basically – it's like a rehab almost. And you have to go and you have to log, you know, "Okay, I've had this many drink," or have you not had any, okay, you need to log it; it's like a pledge. They don't watch you. And then if they feel that you are adequately done with it at that point, they basically release you and you can go back to your regular – you regular working – work environment. But I've actually seen a lot of people turned around, 'cause I've had a couple of buddies that were alcoholics, mainly 'cause of stress, issues with family and stuff like that, that actually completely quit drinking alcohol because of that program.

Mu: If people start noticing that you show up to work frequently late, or if actually you come to work like super hungover, I mean, that definitely will cause people to notice. And then they have [pause] – what is it called? AA. Like a

military AA and that you would have to go to classes... you will probably get paperwork, and then you'll go to a treatment for it.

Theta: I'm not saying that the Marine Corps is extremely forgiving, but if you're willing to admit the problem, the Marine Corps is willing to work with you. Say someone admits that they have a problem with alcohol. Of course, alcohol's ... We will work to get them counseling, we have excellent resources, and our Family Life and Readiness counselor, they will, you know, put together anything they can in order to make sure that this Marine is able to rehabilitate his or her self in the best way possible and in as short an amount of time as possible because brother or sister alike in the – in the military, they – they've got a job to do and, you know, we need that person there filing those shoes, those boots as best as possible. So, like I say, if the Marine is willing to put forth – and, you know, to step up and say, Hey, I have a problem, then I would say the rest of the Marine Corps is willing to work with them, like hands down every day.

No response/no formal action taken. The third potential outcome that arose in the interviews was that of no response/no formal action taken. For the purposes of this study no response was defined as no formal action being taken, verbal remarks with no official record being kept, or no acknowledgement of use and/or problematic alcohol-related behaviors.

Nine of the 12 participants noted instances where either they or someone they knew were observed drinking to excess or behaving badly after excessive alcohol use, and there were no consequences for these incidents.

Delta: There's been a couple of situations. I know in my shop alone we've had a couple of.... that – with underage drinking where I know leadership has stuck

their neck out a little bit further than most... or an Air Force unit, we're a lot like the Army. We deploy, we work together, we do each other's jobs, we – we're very tightknit.

Epsilon: And as far as consequences, I mean, there was no consequences. Next day, I talked to him and he explained more. You know, obviously, he was more coherent and explained, Hey, this was my plan. My buddy kind of ditched me. You know, he wasn't in my – my chain of command to where I couldn't really – I couldn't discipline him.

Eta: You don't get in trouble for smelling like alcohol. Like, you're not supposed to 'cause it's in regulations. You're not supposed to. But it was just more sort of like a slap on the wrist, like, Hey, I know you're drunk. You'd better straighten yourself up.

Iota: As long as you're responsible about your drinking, as long as you're not causing issues, you can do as much as you want.

Kappa: I know that, like in all things in life, your connections is gonna matter a lot. I know people that have gotten DUI's basically swept under the rug and nothing happened.

Lambda: I've seen so many different situations happen to where I believe like certain people should have got the boot and then they didn't... Oh. I had – I had first joined and my – my suitemate, my next-door-neighbor in the dorms, we had an altercation. Not a physical one but just we got in an argument. And, basically, we were being loud enough to where the cops came. And because we had been drinking, [laughing] they considered it like – like a quasi-alcohol-related

incident. Like, there was no altercation, but – or no physical altercation, but it was – it was very much like, “You guys are drinking, so you guys wouldn’t be doing that if you weren’t drinking, so stop.” So, I didn’t get – we didn’t get in any trouble for it... I didn’t get any paperwork for that.

Mu: my officer in charge, she got completely wasted. And like our commander finally was like, “Okay, I think you need to get a ride home. Like, you are obviously a little bit too crazy,” but I don’t think she ever got in trouble... Especially, if people like you. Like if your supervisor likes you, you could, probably, and they’ll look past it a few times... People will talk to you. And, a lot of the times, it’ll be like, I would say, probably just a friend be like, “Hey, I think you’re drinking too much,” and, I mean, I like to say we all look out for each other, so I think that would make someone think. But, usually, people’s friends are also doing the same thing that the other person’s doing. So, I don’t really know if anything will – will – happens at that point.

Theta: A PFC who’s drinking underage, really early on in his career did the wrong thing, most times they will try and work with the Marine, realizing that, hey, he’s still got a career ahead of him, be it four years or twenty, no need to completely, for lack of a better term, annihilate this kid and – and not give him a chance to really do anything else in the Marine Corps.

Chapter Summary

Chapter 4 reviewed the method of analysis and the results of the current study. The chapter provided an overview of methods, a description of the study participants, a review of Van Manen’s approach to phenomenological research, as well as the findings of the within case analysis and the across case analysis. Three major themes arose from the study: (a) drinking

behaviors, (b) military culture, and (c) potential outcomes. The following chapter will further consider these themes as they relate to the study's grand tour question and sub-questions, and will explore the implications of this research.

CHAPTER 5: DISCUSSION

Introduction

Chapter 4 reviewed the results of the current study. Chapter 5 examines the results as related to the grand tour question presented in Chapter 1. The implications for future research, counselor education, military personnel, and counseling service providers are also discussed.

Grand Tour Question and Sub-questions

The grand tour question that guided this study was: *How do active duty, enlisted military personnel experience alcohol exposure?* Related sub-questions that directed the study (data collection and analysis) included:

1. In what ways are active duty enlisted military personnel exposed to alcohol during their enlistment period(s)?
2. How do active duty, enlisted military personnel describe their experiences with alcohol exposure?
3. In what ways, if any, does the military intrinsic and extrinsic culture contribute to the use, or misuse of alcohol among active duty, enlisted military personnel?

A phenomenological approach was used to explore the lived experiences of 12 active duty enlisted (ADE) service members and their exposure to alcohol while in the military. The discussion that follows describes the experience these of individuals and may not be representative all ADE military personnel.

Phenomenological Profile

According to the current findings, alcohol exposure is an essential aspect of the military experience. No participants reported abstinence from alcohol use. In fact, several participants implied that abstinence is generally frowned upon in the military. Most participants acknowledged a reduction in their current rate of alcohol consumption as compared to their use

early in their military careers. Participants attributed this reduction in alcohol use to changes in their life circumstances since joining the military (e.g., getting married and/or having children, having more responsibility associated with advanced rank, and becoming more mature).

Participants reported alcohol use and misuse occurred on and off military bases. Further, participants reported purchasing alcohol from on base bars/clubs and in Class 6 military exchanges (i.e., shops designated to sell in-demand items to service members). Participants described these facilities as having more options and more quantities of alcohol than bars or stores selling alcohol to civilians off base. Participants reported using alcohol in their private homes, in their barracks, at military sponsored events, during deployments, and in various social settings such as picnics, parties, or barbecues.

The current study findings indicate that service members are exposed to alcohol in nearly all settings of military life. Participants described substantial alcohol exposure upon entering tech school (i.e., specialized training service members receive for their military occupational specialty), which follows the basic training. Participants reported that alcohol exposure is ongoing throughout their military careers including deployment, with the only exemption being in combat deployments. However, requirement of no alcohol use during combat deployments varies based on the branch of service and degree of conflict in the area. Multiple participants reported being allowed to drink up to three drinks during combat deployments, while several others indicated that service members were able to bypass this restriction and drink as much as they want while deployed.

Deployment related alcohol use was not limited to what occurred while deployed. Participants endorsed increased alcohol consumption immediately before and upon returning from deployment. Heavy alcohol use prior to deployment was described as a coping

mechanism for anxiety regarding the unknown. Several participants noted that not everyone returns from deployments. They implied a degree of fear going into deployments that could, at least temporarily, be alleviated by heavy alcohol use.

Additionally, some participants attributed their increased pre-deployment alcohol use to a recognition of the restrictions that would be placed upon alcohol consumption during the deployment. These participants portrayed pre-deployment drinking behavior as a "last hurrah" before having to moderate or abstain from alcohol use for extended periods of time.

The converse is true upon returning from deployment. Participants described heavy alcohol use post deployment as a celebration of life, coping with misfortune, or simply freedom from restriction. Several participants noted using alcohol to ease their readjustment to returning home. They identified a lack of understanding from friends and family about the events that occurred while deployed. Post-deployment drinking parties enabled service members to regain a degree of the comradery they experienced during deployment. Participants consistently acknowledged heavy alcohol use as a typical component of returning from deployment.

Participants reported that military culture promoted alcohol use and misuse but discouraged potentially dangerous or embarrassing alcohol related behaviors. The presence of alcohol on base and at military sponsored functions implied acceptance of service member alcohol use by the military leaders. Participants described official and unofficial communications regarding alcohol use, principally discouraging problematic alcohol related behaviors, such as drinking and driving. These communications included weekly safety briefings and propaganda such as coolers and billboards with anti-drunk driving slogans. Participants admitted that these communications were largely ignored by service members.

A potential explanation for service members disregard for safety briefings and anti-alcohol use propaganda is the hypocrisy of these measures. Multiple participants described frequently drinking with their supervisors as well as observing their supervisors consuming alcohol well past the point of visible intoxication. While participants described several possible outcomes for alcohol misuse and related behaviors, they generally reported no official response to misusing alcohol as long as there were no alcohol-related incidents (e.g., DUI, fighting). One participant specified that there are repercussions for injuries sustained while intoxicated, but none for alcohol related health conditions, such as cirrhosis of the liver.

Alcohol related treatment emerged as being reserved for service members who self-identify as having a problem with alcohol misuse or as a component of punishment following an alcohol-related incident. Several participants acknowledged observing peers and/or subordinates participating in or displaying signs of problematic alcohol use, but having no way to engage these individuals in treatment services without also getting them into trouble, which they were not willing to do.

According to the study's findings, there is no standard punishment for alcohol-related incidents across the military. Punishment is largely dependent upon the discretion of the supervisors. Several factors arose that influenced severity of punishment, including the ADE service member's age, rank, branch of service, work performance, and the relationship between the ADE service member and supervisor. Participants reported that the punishments for an alcohol-related incident can be quite severe and include loss of rank, loss of pay, loss of scheduled deployment, being disallowed to re-enlist, and/or dishonorable discharge. Most participants acknowledged that dishonorable discharge is the most likely response for any alcohol-related incident resulting in civilian involvement or hazardous behavior.

Comparison to the Literature

The current study sought to further understand the experience of alcohol exposure for ADE military personnel during their periods of enlistment. The results of this study echo past research showing the common occurrence heavy alcohol consumption, alcohol misuse, and alcohol related problems for military personnel (Aldridge-Gerry et al., 2012; Ames & Cunradi, 2004; Bray et al., 2003; Ames et al., 2009; Brown, Bray, & Williams, 2013; Poehlman et al., 2011). However, there were nuances in participants' descriptions that may add to the understanding of these behaviors.

Participants reports mirror research indicating the influence of military culture on service members' alcohol use (Carson-Dewitt, 2003; Jones & Fear, 2011; Wallace et al., 2008; Woodyard et al., 2013). Jones and Fear (2011) concluded that alcohol serves multiple purposes for service members, including managing stress and fear, facilitating social bonding with other service members, and coping with the experiences of deployments. The current study produced similar findings. Participants reported using alcohol to assist them in dealing with stress related to their lifestyles and the nature of their work. They also reported using alcohol to ease socialization with other military personnel and to regain the comradery that they experienced during deployment with their units. Participants also acknowledged using alcohol and observing other ADE service members using alcohol to re-acclimate to being home from deployment and to cope with various events they had seen or done while deployed.

The current study also reflects similar findings to those of Poehlman et al. (2011). Poehlman et al. (2011) categorized service members into three types of drinkers; social drinkers, recreational drinkers, and stress and coping drinkers. These categories are similar to the drinking patterns identified in the current study. Participants described using alcohol socially to relax and to bond with peers and supervisors. Furthermore, using alcohol was described as something to do

when other options of entertainment were limited by duty station or deployment areas.

Additionally, participants in the current study identified using alcohol to cope with stress and anxiety related to their daily duties and to manage their responses to difficult deployments.

The drinking behaviors reported in the current study are consistent with those identified in previous research as well (Ames et al., 2007; Bradley et al., 2006; Brown et al., 2010; Mattiko et al., 2011; Skidmore & Roy, 2011; Stahre et al., 2009). Participants frequently described heavy alcohol use and occasionally reported more moderate alcohol use particularly as they advanced through their military careers. These findings are consistent with those of Stahre et al. (2009) who found heavy alcohol use, specifically binge drinking, to be a common occurrence for active duty military personnel, particularly among younger service members. Participants in the current study frequently reported heavy drinking early in their careers at young ages.

Ames et al., (2007) concluded that military service members engage in heavy, episodic alcohol use while deployed as well as year-round. These results mirror accounts from participants in the current study. Participants who reported having regular access to alcohol during deployment described heavy alcohol use and binge drinking during deployments. These same participants endorsed regular engagement in heavy alcohol use leading up to and upon returning from deployment and at regular intervals throughout their military careers. Most participants reported heavier alcohol use at younger ages and reducing their alcohol consumption as they married and began having children. Ames et al. (2007) reported similar findings, noting that older service members reported moderate alcohol use patterns and attributed these changes in drinking patterns to protective factors such as marriage and children.

Additionally, the findings of the current study reflect the relationship between ADE service member's alcohol misuse and deployment apparent in past research (Erbes et al., 2017;

Harbertson et al., 2016; Kintzle et al., 2015; Larson et al., 2012; Spera et al., 2011; Smith et al., 2017). Participants in the current study acknowledge multiple changes in drinking behaviors related to deployment. Notably, participants discussed increased alcohol use prior to deployment as a kind of preparation for being without alcohol for a long period of time, in addition to using alcohol to cope with fear of unknown events that feasibly could occur during deployment.

Harbertson et al. (2016) reported alcohol misuse and dependence in military personnel screened immediately prior to deployment. The researchers found alcohol misuse was prevalent among young service members including those under the legal drinking age. To minimize the concerns of participants being reported to supervisors, the current study did not include military personnel under the age of 21. Participants in the current study did note that they drank more heavily early in their careers, particularly before deploying for the first time. Participants attributed this to their fear about deploying and not knowing what to expect.

Spera et al. (2011) also recognized the relationship between deployment and service member alcohol use. Unlike Harbertson et al. (2016), Spera et al. (2011) focused on post deployment alcohol use and reported a connection between service members' experiences with deployment and their likelihood of problematic alcohol use. Participants in the current study echoed these sentiments, reporting both participating in and observing other ADE military personnel partaking in heavy alcohol use and binge drinking upon returning from deployments. Participants specified that the more difficult or traumatic the deployments were the more likely service members used alcohol to manage their stress or emotions related to events during deployment.

Study Limitations

There are several limitations to the current study. Firstly, data was collected in-person and via video teleconference. There may have been unconscious differences that occurred between interviews conducted in-person interviews and those conducted via video teleconferencing that potentially impact rapport and therefore the richness of the data collected.

Secondly, participants were recruited via snowball sampling. As this method of sampling involves participants recruiting other potential participants, which may account for the similarity of participant responses. More specifically, if participants have shared experiences from serving together or in related military occupational specializations (MOSs) this may impact the study findings.

A third limitation to the study was the sensitive nature of the information being gathered. At least three of the nine original participants who dropped out of the study, reported doing so due to misgivings about the researcher's ability to keep interviews confidential, and fear of consequences should their supervisors become aware of alcohol misuse or related behaviors. There is potential that individuals participating in the current study share these concerns and therefore regulated their responses to interview questions.

Additionally, participants in the current study were recruited from all four DoD branches of the military. Further research is needed to determine if there are differences in how service members are exposed to alcohol that may be inherent to a particular branch of service. For example, during data analysis this researcher became aware of possible differences among military branches response to alcohol misuse and alcohol related offenses.

Study Implications

The military population has a culture distinct from that of the general population. The stressors that military members encounter while working, living on base, and during deployments are unique to this population. Active duty enlisted service members are exposed to alcohol as an inherent feature of the military culture. Service members have access to alcohol treatment services through military providers on base, however, many report avoiding these programs due to stigma. The high prevalence of alcohol misuse amongst military personnel and the stigma associated with seeking treatment through military providers indicates an increased likelihood that civilian providers need to be prepared to provide treatment to this population. Social worker educators, in civilian behavioral health settings, have begun this preparation process (Luby, 2012) and counselor educators must be prepared to do the same (Fenell, 2012; Stebnicki, 2015; Wix, 2015).

Counselor educators need to prepare counselors-in-training for the unique treatment considerations of military personnel presenting with alcohol use disorders. An understanding of how these individuals are exposed to alcohol is vital to developing an effective treatment plan that accounts for the unique circumstances that service members experience. Without proper training, counselors will be unprepared to provide the level of services required to effectively care for this population (Fenell, 2012; Stebnicki, 2015; Wix, 2015). The current study is an initial step in understanding the lived experience of active duty enlisted service members' exposure to alcohol. The findings point to a need for future research and have implications for both counselor education and the counseling profession.

Implications for Future Research

The current study employed a phenomenological approach to understanding the lived experience of alcohol exposure for ADE military personnel. While this study adds to the understanding of this phenomenon, it does not provide a comprehensive understanding of alcohol exposure for all U.S. military service members. Given the diversity and cultural nuances of this population, future research is needed to develop a richer understanding of alcohol exposure while in the military.

The findings of this study indicate similar experiences amongst participants. However, this study was delimited to active-duty enlisted military personnel over the age of 21 and serving in the four DoD branches of the military. To garner a deeper understanding of alcohol exposure for military personnel, future studies need to investigate alcohol exposure for commissioned and warrant military officers, enlisted personnel under the age of 21, military reserve personnel and service members under the oversight of the Department of Homeland Security.

Further, future studies focused on the lived experiences of alcohol exposure for female military personnel as compared to male service members are needed. The current study included only two females. Both female participants reported having to be mindful of their alcohol use when drinking with their male counterparts. These reports indicate potential differences in how female and male service members experience alcohol exposure during their time in the military. Additionally, multiple participants indicated that getting married and/or having children greatly reduced their alcohol consumption. The current study did not control for marital or parental status. Future research is needed concerning the experiences of single military personnel compared to those who are married and/or have children.

Implications for Counselor Education

Military service members and civilians do not use alcohol in the same ways. A number of studies indicated that military personnel use more alcohol and in more problematic ways than the general public (Ames & Cunradi, 2004; Ames et al., 2007; Bray et al., 2003; O'Brien, Oster, & Morden, 2013; Poehlman et al., 2011; Teachman et al., 2015). Despite these well documented differences, research indicates that counselors-in-training do not receive education regarding the military population or its culture unless they seek additional training outside of their counseling programs (Fenell, 2012; Stebnicki, 2015; Wix, 2015).

The findings of the current study indicate military culture is an important feature of how ADE service members experience alcohol exposure. Without an understanding of this culture, counselors-in-training will not be prepared to treat service members, and are likely to neglect cultural influences on service member alcohol use and/or misuse. Counselors-in-training are liable to assume that service members use alcohol in ways comparable to those of their civilian counterparts. These assumptions would be incorrect and may lead to provide inappropriate and culturally negligent treatment interventions.

Currently, counselors-in-training receive specific education regarding social and cultural diversity competencies as this is required for CACREP accredited programs (CACREP, 2015). These standards require that counselors-in-training become familiar with cultural influences such as how various populations seek help, how acculturative experiences impact individual experiences and viewpoints, as well as many other cultural concerns. The results of the current study infer the military culture has a substantial impact on how service members interact with alcohol. Therefore, it is important that military cultural competencies be incorporated into multicultural counseling coursework to ensure that counselors-in-training are prepared to serve this population.

Leppma, Taylor, Spero, Leonard, Foster, and Daniels (2016) suggest 25 basic military cultural competencies that mental health professionals should possess if they intend to work with the military population. These competencies included: (a) counselor self-awareness, (b) cultural awareness, and (c) culturally appropriate intervention strategies. Counselor self-awareness included concerns such as understanding of the risk of secondary trauma or compassion fatigue when working with a population frequently exposed to traumatic events. Cultural awareness included items such as reintegration issues, sociopolitical influences, and the psychological, emotional, and physical impact of military training. Leppma et al. (2016) finally suggested that culturally appropriate intervention strategies include elements such as familiarity with co-morbid disorders, veteran suicide risks, and familiarity with military language and terminology. These concepts are not so divergent from general multicultural counseling competencies that they could not be easily incorporated into social and cultural counseling coursework.

Counselor education programs have a responsibility to deliver counselors to the field who are prepared to work with diverse populations. Currently, there is little emphasis on treating the military population in counselor education programs (Fennell, 2012; Stebnicki, 2015; Wix, 2015). If these programs incorporated specific training regarding the military population, military culture, and the effectiveness of MI with military members then the overall quality of competent providers may improve. As more culturally sensitive clinicians are trained to address the needs of military personnel, then treatment outcomes for this population are likely to improve.

Implications for the Counseling Profession

The U.S. military has a long-standing relationship with the field of social work and these providers receive preference as treatment providers (Brand & Weiss, 2015; Daley, 1999;

Department of Veterans Affairs, 2010; Prosek & Holme, 2014; Ruben & Harvey, 2013). The counseling profession has only recently gained acceptance from the U.S. Department of Veteran Affairs as an appropriate treatment provider for the military population (Department of Veterans Affairs, 2010; Prosek & Holme, 2014). If the profession is to retain access to treating service members, counselors must recognize the unique features of the military experience including its cultural nuances, normative behaviors and the effectiveness of MI when treating this population.

The current study indicates that the unique features and culture (e.g., social norms, deployment, possible discharge due to alcohol related offences) are complex and serve to both encourage and discourage alcohol misuse and alcohol related behaviors. Counselors providing alcohol treatment to military personnel need to be prepared to address service member concerns regarding their social acceptance and comradery, peer pressure, stress related to domestic service and deployment, differences in rank and responsibilities, and the general acceptance of alcohol within the military experience. These influences are likely to impact all aspects of counseling services, including assessment, treatment planning, and treatment interventions such as MI.

When assessing service members for problematic alcohol use, counselors must consider the adaptive versus maladaptive nature of the individual's alcohol consumption within the military context. The results of the current study indicate a social expectation of heavy alcohol use with negative consequences for abstinence or minimal alcohol use. Counselors evaluating this population should not use typical assessment tools to determine SUDs, such as the AUDIT, as these tools do not account for the culturally adaptive nature of what civilians consider binge drinking and/or heavy alcohol use. The AUDIT evaluates for the frequency of various alcohol related instances such as alcohol use, the number of drinks in a particular setting, and frequency of alcohol related memory gaps and injuries. A score of eight or more indicates hazardous

alcohol use, while a score of 13 or more for women and 15 or more for men indicates alcohol dependence. Given the prevalence of alcohol and the normative behaviors of heavy alcohol use in the military, the AUDIT is likely to over identify hazardous drinking for service members who are simply using alcohol as their culture dictates.

McDevitt-Murphy, Williams, Murphy, Monahan, and Bracken-Minor (2016) suggest using personalized feedback to assess for problematic alcohol use rather than traditional screening tools that are likely to inappropriately over identify alcohol use disorders among service members. The authors propose that this feedback include questions regarding drinking patterns, alcohol-related consequences, PTSD symptoms, and coping patterns to determine if the individual's drinking habits are consistent with the general military population and/or if his or her alcohol use has become disruptive to their ability to fulfil their duties or their general quality of life.

In addition to changes in the assessment process, counselors need to be equipped to develop treatment plans that account for deployment, duty station relocation, and required participation in military sponsored events where alcohol is present. Service members may not have control of when and how they are exposed to alcohol, and counselors treating these individuals need to assist service members in planning for unpredictable or unavoidable triggers for relapse. The traditional avoidance of people, places, and things that trigger alcohol cravings is unlikely to be feasible for service members who have little control over who they live near, work with, or are deployed with. Service members are often required to take part in occasions where alcohol may be present as well. Treatment planning needs to account for this exposure to these triggering events.

Another treatment planning consideration is the use of alcohol as a social norm within the military population. Abstinence may mean the loss of comradery or social acceptance. In these instances where abstinence could have major negative consequences for the service member. Therefore, counselors should consider harm reduction as an alternative treatment goal.

As da Silva Gomes, Abrahao, and de Andrade Silva (2015) qualitative research with members of the State of Rio de Janeiro military being treated for substance abuse suggests, service members generally believed abstinence to be an unrealistic goal and this belief decreases the efficacy of treatment. The researchers found that effective services focused on harm reduction strategies.

A final consideration for counselors providing alcohol treatment to military personnel, is the stigma associated with seeking counseling services (Ben-Zeev, Corrigan, Britt, & Langdon, 2012; Britt, Green-Shortridge, & Castro, 2007). Counselors may be aware of supportive services available to military personnel, but may not understand the minimal likelihood of service members utilizing these resources. Counselors, therefore, should not rely upon these resources to augment counseling services, but rather familiarize themselves with non-traditional community supports and the use of MI that can support military personnel without adding to the stigma that they experience when seeking substance use treatment services.

Chapter Summary

The preceding chapter examined the grand tour question that guided the current study and addressed how the study findings related to this question. The chapter reviewed how these findings compare to previous research, and considered the implications the findings have for future research. Implications for counselor education and the counseling profession were discussed.

References

- Aldridge-Gerry, A., Cucciare, M. A., Ghaus, S., & Ketroser, N. (2012). Do normative perceptions of drinking relate to alcohol use in U.S. military veterans presenting to primary care? *Addictive Behaviors, 37*(7), 776. doi: 10.1016/j.addbeh.2012.02.017
- Ames, G. M., Cunradi, C. B., Moore, R. S., & Stern, P. (2007). Military culture and drinking behavior among U.S. navy careerists. *Journal of Studies on Alcohol and Drugs, 68*(3), 336.
- Ames, G., & Cunradi, C. (2004). Alcohol use and preventing alcohol-related problems among young adults in the military. *Alcohol Research & Health, 28*(4), 252-257.
- Ames, G. M., Duke, M. R., Moore, R. S., & Cunradi, C. B. (2009). The impact of occupational culture on drinking behavior of young adults in the U.S. navy. *Journal of Mixed Methods Research, 3*(2), 129-150. doi:10.1177/1558689808328534
- Atuel, H. R., Esqueda, M. C., & Jacobson, L. (2011). *The military child within the public-school education system*. Los Angeles, CA: USC Center for Innovation and Research on Veterans & Military Families.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, N.J: Prentice Hall.
- Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health, 21*(3), 264-273. doi:10.3109/09638237.2011.621468
- Blume, A. W., Gutierrez, C. A., Schmaling, K. B., Stoeber, C. J., Fonseca, C., & Russell, M. L. (2006). Predictors of aversive alcohol consequences in a military sample. *Military Medicine, 171*(9), 870-870.
- Blume, A. W., Schmaling, K. B., & Russell, M. L. (2010). Stress and alcohol use among soldiers assessed at mobilization and demobilization. *Military Medicine, 175*(6), 400-400.

- Brand, M. W., & Weiss, E. L. (2015). Social workers in combat: Application of advanced practice competencies in military social work and implications for social work education. *Journal of Social Work Education, 51*(1), 153. doi:10.1080/10437797.2015.979094
- Bray, R. M. (n.d.). *DoD survey of health-related behaviors among military personnel: A component of the department of defense lifestyle assessment program*. [Brochure]. Research Triangle Park, NC: RTI International.
- Bray R. M., Kroutil, L. A., & Marsden, M. E. (1995). Trends in alcohol, illicit drug, and cigarette use among U.S. military personnel: 1980-1992. *Armed Forces & Society, 21*(2), 271-293. doi: 10.1177/0095327X9502100207
- Bray, R. M., & Marsden, M. E. (2000). Trends in substance use among U.S. military personnel: The impact of changing demographic composition. *Substance use & Misuse, 35*(6-8), 949-969.
- Bray, R. M., Hourani, L. L., Rae, K. L. et al. (2003). 2002 Department of defense survey of health-related behaviors among military personnel. *Report No. RTI/7841/006-FR*. Research Triangle Park Research Triangle Institute.
- Bray, R. M., Marsden, M. E., & Peterson, M. R. (1991). Standardized comparisons of the use of alcohol, drugs, and cigarettes among military personnel and civilians. *American Journal of Public Health, 81*(7), 865-869. doi: 10.2105/AJPH.81.7.865
- Bray, R. M., Marsden, M. E., Herbold, J. R., & Peterson, M. R. (1992). Progress toward eliminating drug and alcohol abuse among U.S. military personnel. *Armed Forces & Society, 18*(4), 476-496.
- Bray, R. M., Rae Olmsted, K. L., Williams, J., Sanchez, R. P., & Hartzell, M. (2006). Progress toward healthy people 2000 objectives among U.S. military personnel. *Preventive Medicine, 42*(5), 390-396. doi: 10.1016/j.ypmed.2006.01.009

- Bray, R. M., Sanchez, R. P., Ornstein, M. L., Lentine, D., Vincus, A. A., Baird, T. U., Walker, J. A., Wheelless, S. C., Guess, L. L., Kroutil, L. A., & Iannacchione, V. G. (1999). 1998 *Department of Defense survey of health-related behaviors among military personnel: Final report* (prepared for the Assistant Secretary of Defense [Health Affairs], U.S. Department of Defense, Cooperative Agreement No. DAMD17-96-2-6021, RTI/7034/006-FR). Research Triangle Park, NC: Research Triangle Institute.
- Bray, R. M. & Hourani, L. L. (2007). Substance use trends among active duty military personnel: Findings from the United States Department of Defense health related behavior surveys, 1980-2005. *Addiction, 102*(7), 1092. doi:10.1111/j.1360-0443.2007.01841.x
- Brown, J. M., Bray, R. M., & Hartzell, M. C. (2010). A comparison of alcohol use and related problems among women and men in the military. *Military Medicine, 175*(2), 101-101. Bray, R. M., Brown, J. M., & Williams, J. (2013). Trends in binge and heavy drinking, alcohol-related problems, and combat exposure in the U.S. Military. *Substance Use & Misuse, 48*(10), 799-810.
- Brown, J. M., Williams, J., Bray, R. M., & Hourani, L. (2012). Post deployment alcohol use, aggression, and post-traumatic stress disorder. *Military Medicine, 177*(10), 1184.
- Buck, R. P. (2012). The impact of war on military veterans. In L. L. Levers, S. R. Seem, & K. M. Fallon (Eds.), *Trauma Counseling: Theories and Interventions*, 434-453. New York: Springer.
- Burt, M. R. (1982). Prevalence and consequences of alcohol use among U.S. military personnel, 1980. *Journal of Studies on Alcohol, 43*(11), 1097-1107.

- Carpenter, D. R. (2007). Phenomenology as method. In H. J. Streubert & D. R. Carpenter (Eds.), *Qualitative research in nursing: Advancing the humanistic imperative*. (pp. 75-99). Philadelphia, PA: Lippincott.
- Carroll, J. J. (2000). Counseling students' conceptions of substance dependence and related initial interventions. *Journal of Addictions & Offender Counseling*, 20(2), 84-92.
- Carson-DeWitt, R. (2003). Military, drug and alcohol abuse in the United States. In *Drugs, Alcohol, and Tobacco: Learning About Addictive Behavior*. New York: The Gale Group Inc. 211-216.
- Cole, R. F. (2014). Understanding military culture: A guide for professional school counselors. *The Professional School Counselor*, 4(5), 497-504. doi:10.15241/rfc.4.5.497
- Coulton, S. (2011). Alcohol misuse. *BMJ Clinical Evidence*.
- Counsel for Accreditation of Counseling and Related Educational Programs [CACREP] (2015). 2016 standards for accreditation. Alexandria, VA; Author.
- da Silva Gomes, A.M., Abrahão, A. L., & de Andrade Silva, A.P. (2015). Redução de danos numa instituição militar de recuperação de dependentes químicos: Desafios e possibilidades/Harm reduction in a military institution of chemical dependent recovery/Reducción en los daños en una institución militar de recuperación de dependientes químicos: Retos y posibilidades. *Revista De Pesquisa, Cuidado é Fundamental Online*, 7(4), 3479.
- Daley, J. A. (1999). *Social work practice in the military*. New York, NY: Haworth.
- Daley, J. G., Carlson, J., & Evans, P. (2015). Military social work as an exemplar in teaching social work competencies. *Journal of Social Work Education*, 51(sup1), S76.
doi:10.1080/10437797.2015.1001288

- Dawes-Diaz, M. L. (2007). *Education and training in substance abuse: Counselor perceptions and recommendations* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3293150)
- Department of Defense (n.d.). The United States enlisted rank insignia. *U.S. Department of Defense*. Retrieved from: <http://www.defense.gov/about/insignias/enlisted.aspx>
- Department of Defense. (2000). *Uniform code of military justice: Congressional code of military criminal law applicable to all military members worldwide*. Washington, D.C: U.S. Dept. of Defense.
- Department of Defense. (2013a). *2011 Department of Defense health related behaviors survey of active duty military personnel*. Washington, D.C: U.S. Department of Defense.
- Department of Defense. (2013b). *Qualitative distribution of military manpower*. (DoD Instruction 1145.01). Washington, DC: Department of Defense.
- Department of Defense. (2014a). *Enlisted administrative separations*. (DoD Instruction 1332.14). Washington, DC: Department of Defense.
- Department of Defense. (2014b). *Problematic substance use by DoD personnel*. (DoD Instruction 1010.04). Washington, DC: Department of Defense.
- Department of the Air Force (2012). *Air Force Culture*. (Air Force Instruction 1-1). Washington, DC: Department of the Air Force.
- Department of Veterans Affairs (2010). *Staffing*. (VA Handbook 5005/42 Transmittal Sheet). Washington, DC: Department of Veterans Affairs.
- Erbes, C. R., Kramer, M., Arbisi, P. A., DeGarmo, D., & Polusny, M. A. (2017). Characterizing spouse/partner depression and alcohol problems over the course of military deployment. *Journal of Consulting and Clinical Psychology, 85*(4), 297-308. doi:10.1037/ccp0000190

- Fenell, D. L. (2012). Counseling in the military. In S. Hodges, *101 Careers in Counseling*. (pp. 165-173). New York: Springer Publishing Company, LLC.
- Foran, H. M., Heyman, R. E., Smith Slep, A. M., Snarr, J. D., & United States Air Force Family Advocacy Research Program. (2012). Hazardous alcohol use and intimate partner violence in the military: Understanding protective factors. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, 26(3), 471-483. doi:10.1037/a0027688
- Frain, M., Torres, A., Bishop, M., Sakala, K., Khan-Jordan, C., & Schoen, B. (2016). Certified rehabilitation counselors' role in the acceptance of disability of returning Afghanistan and Iraq military veterans with disabilities. *Rehabilitation Research, Policy, and Education*, 30(2), 176-187.
- Frueh, B. C., & Smith, J. A. (2012). Suicide, alcoholism, and psychiatric illness among union forces during the U.S. civil war. *Journal of Anxiety Disorders*, 26(7), 769. doi: 10.1016/j.janxdis.2012.06.006
- Harbertson, J., Hale, B. R., Watkins, E. Y., Michael, N. L., & Scott, P. T. (2016). Pre-deployment alcohol misuse among shipboard active-duty U.S. military personnel. *American Journal of Preventive Medicine*, 51(2), 185-194. doi:10.1016/j.amepre.2016.02.029
- Hart, C., Ksie, C., & Ray, O. (2010). *Drugs, society, and human behavior*. (14th Ed.) Boston: WCB/McGraw Hill.
- Hollingsworth, W. G. (2011). Community family therapy with military families experiencing deployment. *Contemporary Family Therapy: An International Journal*, 33(3), 215-228. doi: 10.1007/s10591-011-9144-8
- Ingrao, C. (2009). The evolution of social work. *Social Justice Solutions*. Retrieved from <http://www.socialjusticesolutions.org/2014/10/02/evolution-social-work/>

- Jacobson, I. G., Ryan, M. A. K., Hooper, T. I., Smith, T. C., Amoroso, P. J., Boyko, E. J., Gackstetter, G. D., Wells, T. S., & Bell, N. S. (2008). Alcohol use and alcohol-related problems before and after military combat deployment. *Jama*, *300*(6), 663-675. doi:10.1001/jama.300.6.663
- Jones, E., & Fear, N. (2011). Alcohol use and misuse within the military: A review. *International Review of Psychiatry*, *23*(2), 166-172. doi: 10.3109/09540261.2010.550868
- Kintzle, S., Oh, H., Wilcox, S., Hassan, A., Ell, K., & Castro, C. (2015). Civilian unemployment and mental health: The moderating impact of alcohol misuse in returning national guard. *Military Medicine*, *180*(9), 986.
- Larson, M. J., Wooten, N. R., Adams, R. S., & Merrick, E. L. (2012). Military combat deployments and substance use: Review and future directions. *Journal of Social Work Practice in the Addictions*, *12*(1), 6-27. doi: 10.1080/1533256X.2012.647586
- Leppma, M., Taylor, J. M., Spero, R. A., Leonard, J. M., Foster, M. N., & Daniels, J. A. (2016). Working with veterans and military families: An assessment of professional competencies. *Professional Psychology, Research and Practice*, *47*(1), 84-92. doi:10.1037/pro0000059
- Letourneau, J.L.H. (2015). Infusing qualitative research experiences into core counseling curriculum courses. *International Journal for Advancement in Counseling*, *37*(4), 375-389. doi:10.1007/s10447-015-9251-6
- Liew, H. (2016). Is there something about marriage? The relative impact of marital status on alcohol consumption among military personnel. *Journal of Divorce and Remarriage*. *57*(1), 76-85. doi:10.1080/10502556.2015.1088126
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Newbury Park, CA: SAGE Publications, Incorporated.

- Luby, C. D. (2012). Promoting military cultural awareness in an off-post community of behavioral health and social support service providers. *Advances in Social Work, 13*(1), 67-82.
- Mattiko, M. J., Rae Olmsted, K. L., Brown, J. M., & Bray, R. M. (2011). Alcohol use and negative consequences among active duty military personnel. *Addictive Behaviors, 36*(6), 608-614.
doi:10.1016/j.addbeh.2011.01.023
- McDevitt-Murphy, M. E., Murphy, J. G., Williams, J. L., Monahan, C. J., Bracken-Minor, K. L., & Fields, J. A. (2014). Randomized controlled trial of two brief alcohol interventions for OEF/OIF veterans. *Journal of Consulting and Clinical Psychology, 82*(4), 562-568.
doi:10.1037/a0036714
- McDevitt-Murphy, M. E., Williams, J. L., Murphy, J. G., Monahan, C. J., & Bracken-Minor, K. L. (2015). Brief intervention to reduce hazardous drinking and enhance coping among OEF/OIF/OND veterans. *Professional Psychology: Research and Practice, 46*(2), 83-89.
doi:10.1037/a0036771
- Military.com (2015). *Vocational Rehabilitation and Employment*. Retrieved from:
<http://www.military.com/benefits/veteran-benefits/vocational-rehabilitation-and-employment.html>
- Military.com (n.d.). *Deployment: An overview*. Retrieved from:
<http://www.military.com/deployment/deployment-overview.html>
- Miller, W. R., & Rollnick, S. (2012). Meeting in the middle: Motivational interviewing and self-determination theory. *The International Journal of Behavioral Nutrition and Physical Activity, 9*(1), 25-25. doi:10.1186/1479-5868-9-25
- Miller, W.R. & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd Ed.)*. NY: Guilford Press.

- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250 – 260.
- National Institute of Health (n.d). *Rethinking drinking your health: Alcohol and your health*. Retrieved from: <https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Is-your-drinking-pattern-risky/Whats-Low-Risk-Drinking.aspx>
- O'Brien, C. P., Oster, M. & Morden E. (Eds.). (2013). *Substance use disorders in the U.S. armed forces*. Washington (DC): National Academies Press (U.S.); 2013 Feb 21. 2.
- Ong, A. L., & Joseph, A. R. (2008). Referrals for alcohol use problems in an overseas military environment: Description of the client population and reasons for referral. *Military Medicine, 173*(9), 871-871.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.
- Patrick, H., & Williams, G. C. (2012). Self-determination theory: Its application to health behavior and complementarity with motivational interviewing. *The International Journal of Behavioral Nutrition and Physical Activity, 9*(1), 18-18. doi:10.1186/1479-5868-9-18
- Peters, B. L. (2009). The drinkers' bonus in the military: officers versus enlisted personnel. *Applied Economics, 41*(17), 2211-2220.
- Poehlman, J. A., Schwerin, M. J., Pemberton, M. R., Isenberg, K., Lane, M. E., & Aspinwall, K. (2011). Socio-cultural factors that foster use and abuse of alcohol among a sample of enlisted personnel at four Navy and Marine Corps installations. *Military Medicine, 176*(4), 397.
- Polich, J. M. (1979). Alcohol problems among civilian youth and military personnel. In H.T. Blaine & M.E. Chaafetz, (Eds.) *Youth, Alcohol, and Social Policy*. NY: Plenum Press. Pp.59-86.

- Polich, J. M. (1981). Epidemiology of alcohol abuse in military and civilian populations. *American Journal of Public Health, 71*(10), 1125-1132. doi: 10.2105/AJPH.71.10.1125
- Prosek, E., & Holm, J. (2014). Counselors and the military: When protocol and ethics conflict. *The Professional Counselor, 4*(2), 93-102. doi:10.15241/eap.4.2.93
- Powers, B. A., & Knapp, T. R. (2010). *Dictionary of Nursing Theory and Research* (4th Edition). NY: Springer Publishing Company. Retrieved from <http://www.ebrary.com>
- Riddle, J. R., Smith, B., Smith, T. C., Corbeil, T. E., Engel, C. C., Wells, T. S., . . . Millennium Cohort Study Team. (2007). Millennium cohort: The 2001–2003 baseline prevalence of mental disorders in the U.S. military. *Journal of Clinical Epidemiology, 60*(2), 192-201. doi:10.1016/j.jclinepi.2006.04.008
- Rubin, A., & Harvie, H. (2013) A brief history of social work with the military and veterans. In A. Rubin, J. E., Coll, & E. L. Weiss (Eds.), *Handbook of military social work*. (pp. 3-20). Hoboken, New Jersey: Wiley.
- Santiago, P. N., Wilk, J. E., Milliken, C. S., Castro, C. A., Engel, C. C., & Hoge, C. W. (2010). Screening for alcohol misuse and alcohol-related behaviors among combat veterans. *Psychiatric Services, 61*(6), 575-581.
- Saunders, J. B., Aasland, O. G., Babor, T. F., De La Fuente, Juan R, & Grant, M. (1993). Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol Consumption-II. *Addiction, 88*(6), 791-804. doi:10.1111/j.1360-0443.1993.tb02093.x
- Seal, K. H., Abadjian, L., McCamish, N., Shi, Y., Tarasovsky, G., & Weingardt, K. (2012). A randomized controlled trial of telephone motivational interviewing to enhance mental health

treatment engagement in Iraq and Afghanistan veterans. *General Hospital Psychiatry*, 34(5), 450. doi:10.1016/j.genhosppsy.2012.04.007

Schummm, J. A., & Chard, K. M. (2012). Alcohol and stress in the military. *Alcohol Research*, 34(4), 401-407. Retrieved from <http://search.proquest.com.jproxy.lib.ecu.edu/docview/1430978708?accountid=10639>

Skidmore, W. C., & Roy, M. (2011). Practical considerations for addressing substance use disorders in veterans and service members. *Social Work in Health Care*, 50(1), 85-107. doi: 10.1080/00981389.2010.522913

Smith, B. N., Taverna, E. C., Fox, A. B., Schnurr, P. P., Matteo, R. A., & Vogt, D. (2017). The role of PTSD, depression, and alcohol misuse symptom severity in linking deployment stressor exposure and post-military work and family outcomes in male and female veterans. *Clinical Psychological Science*, 5(4), 664-682. doi:10.1177/2167702617705672

Smith-Osborne, A. (2015). An intensive continuing education initiative to train social workers for military social work practice. *Journal of Social Work Education*, 51(sup1), S89. doi:10.1080/10437797.2015.1001290

Spera, C., Thomas, R. K., Barlas, F., Szoc, R., & Cambridge, M. H. (2011). Relationship of military deployment recency, frequency, duration, and combat exposure to alcohol use in the Air Force. *Journal of Studies on Alcohol and Drugs*, 72(1), 5-14.

Stahre, M. A., Brewer, R. D., Fonseca, V. P., & Naimi, T. S. (2009). Binge drinking among U.S. active-duty military personnel. *American Journal of Preventive Medicine*, 36(3), 208-217. doi: 10.1016/j.amepre.2008.10.017

Stebnicki, M. (2015). Military counseling. In M. Stebnicki & I. Marini (Eds.) *The professional counselor's desk reference* (2nd ed., pp. 499-506). NY: Springer.

- Stewart, R. W. (2005). *American military history*. Washington, DC: Center of Military History, U.S. Army.
- Teachman, J., Anderson, C., & Tedrow, L. M. (2015). Military service and alcohol use in the United States. *Armed Forces & Society, 41*(3), 460-476. doi: 10.1177/0095327X14543848
- Tricare.mil staff. (2015). 2015 DoD health related behaviors survey launches worldwide. *Health.mil*. Retrieved from <http://www.health.mil/News/Articles/2015/09/08/2015-DoD-Health-Related-Behaviors-Survey-Launches-Worldwide>
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. (2nd ed.). London: The Althouse Press.
- van Wormer, K. (2007). Motivational interviewing: A theoretical framework for the study of human behavior and the social environment. *Advances in Social Work, 8*(1), 19-29.
- Walker, D. D., Walton, T. O., Neighbors, C., Kaysen, D., Mbilinyi, L., Darnell, J., Rodriguez, L., & Roffman, R. A. (2017). Randomized trial of motivational interviewing plus feedback for soldiers with untreated alcohol abuse. *Journal of Consulting and Clinical Psychology, 85*(2), 99-110. doi:10.1037/ccp0000148
- Wallace, A., Wallace, A., & Weeks, W. (2008). The U.S. military as a natural experiment: Changes in drinking age, military environment and later alcohol treatment episodes among veterans. *Military Medicine, 173*(7), 619-625.
- Washington Headquarters Services (WHS; n.d.). *What are the DoD issuances?* Retrieved from <http://biotech.law.lsu.edu/blaw/dodd/general.html>
- Washton, A. M., & Zweben, J. E. (2006). *Treating alcohol and drug problems in psychotherapy practice: Doing what works*. New York, NY: Guilford Press.

- Wilk, J. E., Bliese, P. D., Kim, P. Y., Thomas, J. L., McGurk, D., & Hoge, C. W. (2010). Relationship of combat experiences to alcohol misuse among U.S. soldiers returning from the Iraq war. *Drug and Alcohol Dependence, 108*(1), 115-121. doi: 10.1016/j.drugalcdep.2009.12.003
- Williams, J., Jones, S. B., Pemberton, M. R., Bray, R. M., Brown, J. M., & Vandermaas-Peeler, R. (2010). Measurement invariance of alcohol use motivations in junior military personnel at risk for depression or anxiety. *Addictive Behaviors, 35*(5), 444-451. doi:10.1016/j.addbeh.2009.12.012
- Wix, K. M. (2015). *Addressing the union of counselor education and military families: Creating best practices* (Doctoral Dissertation). Retrieved from ProQuest Dissertation Publishing. (10008889).
- Woodyard, C. D., Hallam, J. S., & Bentley, J. P. (2013). Drinking norms: Predictors of misperceptions among college students. *American Journal of Health Behavior, 37*(1), 14.
- Wooten, N. R. (2015). Military social work: Opportunities and challenges for social work education. *Journal of Social Work Education, 51*(sup1), S6. doi:10.1080/10437797.2015.1001274



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Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: [Marie Agius](#)
CC: [Steven Sligar](#)
Date: 3/12/2014
Re: [UMCIRB 14-000301](#)
Alcohol and the Air Force

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 3/11/2014 to 3/10/2015. The research study is eligible for review under expedited category #6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Air Force Dissertation Interview Questions.doc	Interview/Focus Group Scripts/Questions
Air Force Dissertation Interview Questions.doc	Data Collection Sheet
Air Force Dissertation Research protocol.doc	Study Protocol or Grant Application
Informed Consent	Consent Forms
Transcriptionist Confidentiality Agreement	Consent Forms

The Chairperson (or designee) does not have a potential for conflict of interest on this study.



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Notification of Amendment Approval

From: Social/Behavioral IRB
To: [Marie Agius](#)
CC: [Steven Sligar](#)
Date: 5/5/2016
Re: [Ame1_UMCIRB 14-000301](#)
[UMCIRB 14-000301](#)
Alcohol and the Air Force

Your Amendment has been reviewed and approved using expedited review for the period of 5/5/2016 to 5/4/2017. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Dissertation Interview Questions(0.02)	Interview/Focus Group Scripts/Questions
Dissertation Interview Questions.doc(0.02)	Data Collection Sheet
Dissertation Research protocol.doc(0.03)	Study Protocol or Grant Application
Informed Consent(0.03)	Consent Forms

The Chairperson (or designee) does not have a potential for conflict of interest on this study.



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Notification of Amendment Approval

From: Social/Behavioral IRB
To: [Marie Agius](#)
CC: [Steven Sligar](#)
Date: 10/23/2017
Re: [Ame2_UMCIRB 14-000301](#)
[UMCIRB 14-000301](#)
Alcohol Exposure While Serving in the United States Military

Your Amendment has been reviewed and approved using expedited review for the period of 10/22/2017 to 4/9/2018. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Updates to dissertation committee members (other study staff added): Chapin, Rappleyea & Toriello. Faculty Investigator Removed: Sligar. Faculty Investigator Added: Sias	

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: IRB CONSENT LETTER

Title of Research Study: Alcohol Exposure While Serving in the United States Military
Principal Investigator: Marie C. Agius
Institution/Department or Division: Department of Addictions and Rehabilitation Studies
Address: College of Allied Health Sciences, Department of Addictions and Rehabilitation Studies
Health Sciences Building, Greenville, NC 27834
Telephone #: 252-744-6300

Researchers at East Carolina University (ECU) study problems in society, health problems, environmental problems, behavior problems and the human condition. Our goal is to try to find ways to improve the lives of you and others. To do this, we need the help of volunteers who are willing to take part in research.

Why is this research being done?

The purpose of this study is to describe the experience(s) of alcohol exposure while serving in the U.S. military. The decision to take part in this research is yours to make. By doing this research, we hope to learn what your personal experience, as well as others like you, with alcohol while enlisted in the military has been like.

Why am I being invited to take part in this research?

You are being invited to take part in this research because you are currently enlisted military personnel stationed and over the age of 21. If you volunteer to take part in this research, you will be one of approximately 10 people to do so.

Are there reasons I should not take part in this research?

You should not participate in this study if you are not currently considered enlisted military personnel or if you are not over the age of 21. You should not participate in this study if you are personally acquainted with the primary researcher, Marie Agius.

What other choices do I have if I do not take part in this research?

You can choose not to participate. There are no alternative interventions in this study.

Where is the research going to take place and how long will it last?

The research procedures will be conducted in a private location or via video teleconference previously agreed upon by yourself and the primary researcher, Marie Agius. You will need to come to this location or video teleconference only one time during the study. The total amount of time you will be asked to volunteer for this study will be for approximately one hour on that day.

What will I be asked to do?

You are being asked to do the following: participate in a verbal interview regarding your experience with alcohol exposure since being in the military, and to allow the interview to be audio/video recorded.

What possible harms or discomforts might I experience if I take part in the research?

It has been determined that the risks associated with this research are no more than what you would experience during everyday life.

What are the possible benefits I may experience from taking part in this research?

We do not know if you will get any benefits by taking part in this study. This research might help us learn more about what alcohol exposure is like for military personnel. There may be no personal benefit from your participation but the information gained by doing this research may help others in the future.

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this study.

What will it cost me to take part in this research?

It will not cost you any money to be part of the research. The sponsor of this research will pay the costs of: conducting, recording, and transcribing the interviews.

Who will know that I took part in this research and learn personal information about me?

To do this research, ECU and the people and organizations listed below may know that you took part in this research and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

- Any agency of the federal, state, or local government that regulates human research. This includes the Department of Health and Human Services (DHHS), the North Carolina Department of Health, and the Office for Human Research Protections.
- The University & Medical Center Institutional Review Board (UMCIRB) and its staff, who have responsibility for overseeing your welfare during this research, and other ECU staff who oversee this research.

How will you keep the information you collect about me secure? How long will you keep it?

Recorded interviews and transcripts will be kept as digital files in a locked cabinet and/or computer in a locked office and will not contain identifying information. All collected data will be kept for no more than one year following the conclusion of the study.

What if I decide I do not want to continue in this research?

If you decide you no longer want to be in this research after it has already started, you may stop at any time. You will not be penalized or criticized for stopping. You will not lose any benefits that you should normally receive.

Who should I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at 919-824-8088 Monday-Friday, between 9:00 and 5:00.

If you have questions about your rights as someone taking part in research, you may call the Office for Human Research Integrity (OHRI) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the OHRI, at 252-744-1971.

I have decided I want to take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that I can stop taking part in this study at any time.
- By signing this informed consent form, I am not giving up any of my rights.
- I have been given a copy of this consent document, and it is mine to keep.

Participant's Name (PRINT)	Signature	Date
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Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above, and answered all of the person's questions about the research.

Person Obtaining Consent (PRINT)	Signature	Date
---	------------------	-------------

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

Demographics and Military Career Information

1. Age: _____
2. Gender: _____
3. Ethnicity: _____
4. Marital Status: _____
5. Years in the Military: _____
6. Rank: _____
7. Military Occupation Specialty (MOS): _____
8. Current Duty Station: _____
9. Past Duty Stations:

10. Number of Past Deployments: _____

Areas Deployed to:

APPENDIX D: TRANSCRIPTIONIST CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

Transcriptionist

I, _____ transcriptionist, agree to maintain full confidentiality in regards to any and all audio/video tapes received from Marie Agius related to her research study on the research study titled Alcohol Exposure While Serving in the United States Military.

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio/video taped interviews.
2. To not make copies of any audio/video tapes or computerized titles of the transcribed interviews texts.
3. To store all study-related audio/video tapes and materials in a safe, secure location as long as they are in my possession.
4. To return all audio/video tapes and study-related materials to Marie Agius in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes to which I will have access.

Transcriptionist's name (printed) _____

Transcriptionist's signature _____

Date _____

APPENDIX E: INTERVIEW GUIDE

What has been your experience with alcohol since joining the military?

Possible follow up or prompt questions will include:

1. How do you use alcohol, if at all?
2. How, if at all, have your drinking habits changed over the course of your military career?
3. What do you observe of other military personnel using alcohol?
4. In what types of settings have you been exposed to alcohol?
5. What, if anything, effects the way that you use alcohol?
6. What has your experience been with alcohol at military sponsored events?
7. In your experience, what relationship, if any, does deployment have with alcohol?
8. How, if at all, do you think your experiences with alcohol would have differed if you had not joined the military?

APPENDIX F: CURRICULUM VITA

Marie C. Agius

mariec.agius@gmail.com
1240 Arbor Greene Drive
Garner, NC
919-824-8088

EDUCATION.

Ph.D. Rehabilitation Counseling and Administration, East Carolina University,
Anticipated, December 2017

M.S. Clinical Counseling in Substance Abuse, East Carolina University, August 2008

M.S. Rehabilitation Counseling, East Carolina University, August 2008

B.A. Psychology, Meredith College, May 2006

PUBLICATIONS IN PRESS

Crozier, M., & Agius, M. (2012). Counselor educators & process addictions: How we know what we know. *NC Perspectives*, 7, 32-40.

NON-REFEREED PUBLICATIONS

Crozier, M. & Agius, M. (2011). Screening for process addictions: What vocational evaluators need to know. *The International Association of Addictions and Offender Counselors News*, 37(2), 7-12.

CLINICAL EXPERIENCE

2016-current **Third Wave Psychotherapy, PLLC**
Psychotherapist

- Conduct outpatient psychosocial assessments with individuals from the local community
- Provide individual and family counseling for adults and adolescents in the local community

2014-2017 **Easter Seals UCP of North Carolina and Virginia**
Assertive Community Treatment Team Lead

- Supervise a multidisciplinary team of 10 professionals in the provision of community mental health treatment and support to adults diagnosed with severe and persistent mental illness who are homeless or at risk for homelessness, and have a history of incarceration or hospitalization.
- Oversee and manage a financial budget of one million plus dollars
- Conduct comprehensive clinical assessments for individuals to determine and refer to the most appropriate level of care
- Coordinate with local resources to provide comprehensive care for individuals served to include medical and psychiatric care

as well as resources to build living skills such as cooking, self-care, education, etc.

- 2012-2014 **Navigate Clinic-Department of Addictions and Rehabilitation Studies-
East Carolina University**
Clinician II, Coordinator
- Screened, Assessed, Diagnosed, and Treated individuals with Substance Abuse and Mental Health Disorders
 - Conducted Assessments as a part of Vocational Vital Signs Service for Pitt County DSS WorkFirst
 - Coordinated team of Masters level and Licensed professionals in community based behavioral health clinic
- 2012 **Wilmington Treatment Center**
Military Substance Abuse-Intern
- Individual and Group Counseling with Active Duty, Reservist, and Veteran patients in an inpatient substance abuse treatment facility
- 2010-2011 **Horizon Health – Crossroads, CarolinaEast Medical Center**
Inpatient Therapist
- Conducted Psychosocial Assessments with individuals hospitalized in Behavioral Health Unit
 - Individual and Group counseling with general caseload patients
 - Individual and Group Addictions Counseling with appropriate patients
 - Coordination of Involuntary Commitment proceedings for all involuntary status patients
 - Discharge Planning and Coordination with outpatient placement / treatment services for patient follow up
- 2008-2010 **ReStart, Inc. Behavioral Healthcare**
Assertive Community Treatment Team Lead
- Supervised a multidisciplinary team of 7 professionals in the provision of community mental health treatment and support to adults diagnosed with severe and persistent mental illness
 - Managed a financial budget of approximately one million dollars
 - Coordinate with local resources to provide comprehensive care for individuals served to include medical and psychiatric care as well as resources to build living skills such as cooking, self-care, education, etc.
 - Conducted individual, group, and family counseling with clients to address substance abuse and mental health concerns

- 2008 **NC Division of Vocational Rehabilitation Services-Washington, NC**
Substance Abuse/ Mental Health Intern
- Assisted individuals with Mental Health and Substance Abuse disabilities to achieve independence and employment
 - Lead Adult Job Club / Substance Abuse group
 - Developed Individualized Plans for Employment and tracking progress towards goals
 - Met individually with clients to assist in job search and placement
- 2007 **A Small Miracle**
Habilitation Technician
- Worked one-on-one with children diagnosed with Autism spectrum disorders to accomplish behavioral goals as defined in their Person Centered Plan(s)
- 2005-2006 **Meredith Autism Program**
One-on-One Trainer
- Worked in a generalizable team approach under the direction of a Behavior Consultant in an ABA early intervention program
 - Provided one-on-one interventions for children with Autism spectrum disorders
 - Utilized Discrete Trial Teaching to teach skills that have not developed due to limitations in processing ability of one's natural environment
 - Met with parents to provide progress updates and to review how specific interventions could be generalized and practiced at home with their child(ren)
 - Participated in inclusive "practice" pre-school to help children served to develop and improve social skills

CLINICAL SUPERVISION EXPERIENCE

Clinical Supervisor:

Licensed Clinical Addictions Specialist (North Carolina)

2014-current 6 Associate Licensed Professionals

Certified Substance Abuse Counselor (North Carolina)

2014-2017 2 Registered Professionals

Doctoral Student Supervisor:

East Carolina University Department of Addictions and Rehabilitation Studies

Masters Level Practicum Students

Spring 2013 4 graduate students

Spring 2012 4 graduate students

Fall 2011 5 graduate students

Field Site Supervisor:

Easter Seals UCP

Practicum Student

Spring 2016 1graduate student

Horizon Health – Crossroads, CarolinaEast Medical Center

Internship Students

Summer 2011 1graduate student, 1 undergraduate student

ReStart, Inc. Behavioral Healthcare

Practicum Student

Fall 2010 1doctoral student

TEACHING EXPERIENCE

Instructor:

REHB 2003 001 Alcohol and Drug Abuse: Health and Social Problems

Spring 2014 w/ 11 undergraduate students

East Carolina University

REHB 2003 001 Alcohol and Drug Abuse: Health and Social Problems

Fall 2013 w/ 36 undergraduate students

East Carolina University

REHB 2003 001 Alcohol and Drug Abuse: Health and Social Problems

Spring 2013 w/ 31 undergraduate students

East Carolina University

REHB 2003 001 Alcohol and Drug Abuse: Health and Social Problems

Fall 2012 w/ 44 undergraduate students

East Carolina University

Guest Lecturer:

REHB 2003 Alcohol and Drug Abuse: Health and Social Problems

Spring 2012 w/ 28 undergraduate students

East Carolina University

REHB 4000 Interviewing Techniques for Health and Rehabilitation Settings

Spring 2012 w/ 9 undergraduate students

East Carolina University

Teaching Assistant:

REHB 6703 Introduction to Substance Abuse

Summer 2013 w/ 20 graduate students

Distance Education East Carolina University

REHB 6370 Multicultural Counseling in Rehabilitation
Fall 2010 w/ 38 graduate students
East Carolina University

LICENSURE AND CERTIFICATIONS

Licensed Professional Counselor (LPC # 10379) North Carolina
North Carolina Board of Licensed Professional Counselors
2016 to present

Licensed Clinical Addictions Specialist (LCAS # 1620) North Carolina
North Carolina Substance Abuse Professional Practice Board
2010 to present

Certified Counselor Supervisor (CCS# 12825) North Carolina
North Carolina Substance Abuse Professional Practice Board
2013 to present

Certified Rehabilitation Counselor (CRC #00111370) National Certification
Commission on Rehabilitation Counselor Certification
2008 to present

Internationally Certified Advanced Alcohol & Drug Counselor (ICAADC # 206176)
International Certification & Reciprocity Consortium
2010 to present

PROFESSIONAL SERVICE

Invited Reviewer. (2013-2014). Blind reviewed 1 manuscript for the *Journal of Rehabilitation*.

Professional Association of Rehabilitation Counselors:

Member -2008-current
Master's Student Board Representative -2008-2010
Clinical Supervision Special Interest Group Chair -2012-2014
President Elect- 2014-2016
President- 2016-2018

American Counseling Association

Member -2008-current

International Association of Addictions and Offender Counselors

Member -2012-current

Process Addictions Committee Member -2012-current

American Rehabilitation Counseling Association

Member -2012-current

Licensed Professional Counselor Association of North Carolina

2013-current

National Council on Rehabilitation Education

2013-current

Chi Sigma Iota-National Honor Society in Counseling

2008-current

Psi Chi-National Honor Society in Psychology

2006-current

AWARDS & RECOGNITIONS

Honorable Mention- 2014 ACA Ethics Competition Ph.D. Division

WORKSHOPS

“Crisis Intervention: Substance Abuse, Suicidal Thinking and Your Child”

Eastern Area Health Education Center training series.

Greenville, NC November 2013

“Emerging Theories: Stuff They Didn’t Tell Us About In Grad School”

Eastern Area Health Education Center training series.

Naval Hospital, Substance Abuse Rehabilitation Program (SARP)

Camp Lejeune, NC, February 2013.

CONFERENCE PRESENTATIONS

National

“Integrated Dual Disorder Treatment Within the Assertive Community Treatment Team Model”-

breakout session presentation, presenter

National Association for Case Management

New Orleans, LA. September, 2015

“Navigate Counseling Clinic: A Service Learning model for rehabilitation counselor

development” - Peer reviewed poster presentation.

National Council for Rehabilitation Educators Conference.

Arlington, VA. November, 2013

State/Regional

“Counseling Military Communities”- breakout session presentation, co-presenter

2014 Annual Substance Abuse State of the Arts Conference

Greenville, NC November 2014

“Common Drugs of Abuse” – breakout session presentation

2014 Annual Eastern Region Adult Services Conference Current Issues in Adult Mental Health

Greenville, NC, April 2014

“Pregnancy and Recovery: Using Motivational Interviewing in an Integrated Health Care Setting” – breakout session presentation, co-presenter
Professional Association of Rehabilitation Counselors, Annual Conference
Atlantic Beach, NC, March 2014

“Alcohol in the Air Force: How United States Air Force Personnel Experience Alcohol.” –poster presentation
Professional Association of Rehabilitation Counselors, Annual Conference
Atlantic Beach, NC, March 2014

“Self-Injurious Behavior: A Bi-Modal Treatment Approach”- breakout session presentation co-presenter
Licensed Professional Counselor Association of North Carolina, Wellness Conference
Greensboro, NC, October 2013.

“Counseling Military Stepfamilies” – poster presentation
Professional Association of Rehabilitation Counselors, Annual Conference
Atlantic Beach, NC, March 2013.

“Counseling Ethics with Active Duty Consumers with Suicidal/Homicidal Ideation”-breakout session presentation
North Carolina Rehabilitation Association, GReAT Conference
Raleigh, NC, December 2012.

“Counseling Ethics with Active Duty Consumers with Suicidal/Homicidal Ideation”-breakout session presentation co-presenter
North Carolina Rehabilitation Counseling Association / Vocational Evaluation and Work Adjustment Association / Vocational Evaluation and Career Assessment Professionals Association Fall 2012 Training Conference
Atlantic Beach, NC, October 2012.

"NC Pilot Study on Process Addictions: What Counseling Students, Educators and Professionals Know" - poster presentation
Racial and Ethnic Minorities with Behavioral Addictions Annual Conference
Greensboro, NC, March 2012.

"A Crash Course in Assistive Technology"-breakout session presentation co-presenter
North Carolina Association on Higher Education and Disability Fall 2011 Conference
Boone, NC, October 2011.

*Updated October 2017