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Student Veterans with Disabilities: Identifying the Effects of Physical and Psychological Injuries,
the Needs of These Students and Best Practices for Serving Them

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Abstract

Postsecondary institutions are seeing a greater influx of veterans to college due to the implementation of a generous educational package, the Post-9/11 Veterans Educational Assistance Act of 2008. However, this influx presents some challenges. Many college-bound veterans sustained combat-related injuries, both physical and psychological in nature, that affect their ability to succeed in college. To effectively retain student veterans with disabilities, campus personnel have a responsibility to understand the nature and the effects of the injuries sustained, and to identify the specific needs of these students as well as best practices for serving them. This paper reviews the effects of the injuries, the needs and current practices and recommendations for support services. It also offers suggestions to complement these recommendations.

Statement of the Problem

The demographics of the college student population have changed over the years, but one student group is expected to increase significantly—the student veterans. The American Council on Education or ACE (2008b) noted that institutions of higher education are on the verge of serving over two million veterans returning from the war operations in Afghanistan and Iraq (known respectively as Operation Enduring Freedom or OEF and Operation Iraqi Freedom or OIF). This was because of a generous educational package made possible through the implementation of the Post-9/11 Veterans Educational Assistance Act of 2008 (also known as the Post-9/11 GI Bill or the New GI Bill) on August 1, 2009. Gwendolyn Dungy (2009), executive director of the National Association of Student Personnel Administrators (NASPA), commented, “If I had to label the age that our nation is entering, I would call it the ‘age of veterans’” (p. 22).

From the standpoint of higher education, the influx of returning veterans to college is welcoming news; however, it does not come without challenges. Many soldiers returning to campus will have combat-related injuries that affect their ability to succeed in college. Thomas Church (2009), a human and organizational systems consultant who has provided over 20 years of rehabilitation services to clients, including student veterans, remarked that “soldiers are more likely to sustain injuries than to die [in the Afghanistan and Iraqi wars] as they did in past wars based on the ratio of injuries to deaths,” and the reason was that “medical advancements and improved equipment, especially protective body armor, contribute to the improved survival rate” (p. 44). This means that many surviving soldiers will return from active duty with physical wounds. Unfortunately, these are not the only injuries sustained by returning soldiers. There are also invisible wounds that affect the psychological and cognitive abilities of veterans. The

RAND Center for Military Health Policy Research (2008) reported that about 18.5% of returned veterans suffer from post traumatic stress disorder (PTSD) or depression, and 19.5% have experienced traumatic brain injury (TBI) during deployment. These high rates of disabilities mean that postsecondary institutions can expect to serve more students with disabilities.

College students with disabilities are known to have lower graduation rates when compared to other students. Whelley, Hart, and Zaft (2002; as cited in Getzel, 2008) reported that “completion of some college coursework by individuals with disabilities declined from 30% in 1986 to 26% in 2001” (pp. 207-208). The National Organization on Disability (2001; as cited in Getzel, 2008) stated that “postsecondary education completion for individuals with disabilities dropped during this same period” (p. 208). Student veterans who sustained injuries are part of the students with disabilities population. With postsecondary education graduation rates declining among students with disabilities, it is a signal for colleges and universities to pay attention to these students with disabilities, including new student veterans who are returning to campus with combat wounds.

The impetus for my research on student veterans with disabilities came from a movie I watched at an information session held at the University of Utah in April of 2009. This movie, *Reserved to Fight*, featured four returning OIF veterans from Fox Company 2nd Battalion 23rd Marines (Squires, Varghese, Broyles & Gaudet, 2007). All four faced the harsh reality of transitioning back to civilian life. Two suffered severe depression and isolation, another was diagnosed with PTSD, and the fourth resorted to alcohol abuse. Three of the four veterans entered college but dropped out later. Since then, I have asked myself: What are the specific needs of student veterans who have sustained combat-related injuries? What can campus administrators, faculty and staff do to serve and retain student veterans with disabilities so that

these students will persist to graduation? This paper will focus on finding answers to these questions.

To better appreciate the military experiences of wounded student veterans and the challenges they face in college, it is imperative to understand the profile of these students, and to recognize how the Post-9/11 Veterans Educational Assistance Act and an amendment to the Americans with Disabilities Act (ADA) affect their access to and success in college.

Profile of Today's Student Veterans

Today's student veterans are students with unique characteristics and needs. ACE (2008b) pointed out that they possess many attributes of non-traditional students, such as being "older students with work and family responsibilities, students whose college entry has been delayed, first-generation students, and students from the lower and middle quartiles of socioeconomic status" (p. 3). This classification of student veterans as non-traditional adult students is backed by the report *From Soldier to Student*. In this report, Cook and Kim (2009) further explained the challenges faced by these students:

As a subpopulation of adult learners, military and veteran students also often have unique challenges that other nontraditional students do not face. Veterans who served in combat may experience social and cognitive dissonance as they transition and assimilate to the civilian college environment. Some veterans will return from combat with physical or psychological readjustment challenges and will require academic and disability accommodations to successfully reintegrate. (p. 1)

Given these challenges that accompany returning veterans, postsecondary institutions have an obligation to use creative means to reach out to these students.

The Post-9/11 Veterans Educational Assistance Act of 2008 (Post-9/11 GI Bill or the New GI Bill)

Taking effect on August 1, 2009, student veterans who started college in fall 2009 became the first batch of recipients of the new GI Bill. This bill is an expanded educational benefit program from the past GI bill for individuals who served on active duty on or after September 11, 2001 (U.S. Department of Veterans Affairs [VA Department], 2008). The pamphlet by the VA Department (2008, "How much will I") explained that the benefits are given based on how long veterans have served actively in the military, and covers tuition and fees (not more than the highest in-state undergraduate tuition at a public postsecondary institution), monthly housing, up to \$1000 per year of books and supplies, and a one-time \$500 payment for those transferring from very rural places. The maximum benefit awarded depends on the aggregate period of active duty. For example, those who served 36 months or at least 30 continuous days and were discharged because of service-related disability will receive 100% of the maximum benefit (VA Department). This bill allows qualified individuals to claim the benefits up to 15 years from the date of last discharge from active duty.

As an added incentive to attract returning veterans to college, the VA Department (2009, "What is the Yellow") established the Yellow Ribbon program that "allows institutions of higher learning (degree granting institutions) in the United States to voluntarily enter into an agreement with VA to fund tuition expenses that exceed the highest public in-state undergraduate tuition rate" (para. 1). The institutions can pay up to half of the tuition expenses beyond the highest in-state undergraduate tuition, and the VA will match every dollar contributed. Patrick Campbell (as quoted in Glantz, 2009) of IAVA (Iraq and Afghanistan Veterans of America) was ecstatic as he said, "I can go to the best school I can get into not just the school that I can afford" (p. 85).

The Post-9/11 GI Bill makes the dream of obtaining a college degree a reality for many OEF and OIF veterans, especially for those who sustained injuries in the war zone.

The Americans with Disabilities Act Amendment Act of 2008 (ADAAA)

The ADAAA came into effect on January 1, 2009, and “makes significant changes to the ADA's definition of ‘disability’ that broadens the scope of coverage under **both** [sic] the ADA and Section 503 of the Rehabilitation Act” (Office of Federal Contract Compliance Programs, n.d., “What is the purpose,” para. 1) or Section 504 of the Rehabilitation Act for students with disabilities in schools receiving federal financial assistance (Shackelford, 2009). Paul Grossman (2009), a nationally recognized authority on disability law in postsecondary education for over 15 years, said the new law will definitely advantage veterans with disabilities since “the objective of the ADAAA is to shift the focus of attention from who is an individual with a disability to whether an individual was the object of disability discrimination” (p. 5). The ADAAA favors student veterans with disabilities by ensuring that these students receive the academic accommodations that they qualify for, thus protecting them from disability discrimination.

The ADAAA provides for two vital activities, “concentration” and “thinking,” to be added as “major life activities” covered under the ADA (Grossman, 2009, p. 5). Those who suffer from TBI and PTSD often experience problems with concentration and thinking, and so under this amendment, they would be considered disabled and would qualify for academic accommodation in college. It is imperative that student veterans with disabilities utilize the disability support they need to gain access to the rights they deserve as college students.

Theoretical Frameworks

In looking at the transitional experiences of veterans, Nancy Schlossberg's *model of worklife transition* seems to be a good model for framing the transitional cycle veterans go through with regards to military service. Though Schlossberg's model is for employees in transition, it is also applicable to the transition of student veterans. Schlossberg (Goodman, Schlossberg & Anderson, 2006) outlined four stages that employees, or in this case, veterans, go through: moving in, moving through, moving out, and moving in again.

Moving in. Schlossberg (as quoted in Goodman et al., 2006) marked this process as "learning the ropes" (p. 167), which includes understanding the culture of the organization, acquiring new skills, and discovering fresh approaches using previous know-how. When individuals enter the military, they step into the "moving in" process. New soldiers have to familiarize themselves by understanding the military culture and the expectations of their jobs. The military culture is one that emphasizes preparedness, obedience, camaraderie and teamwork. Hundreds of thousands were deployed to the wars in Iraq and Afghanistan since September 11, 2001, and as they did so, they moved on to the next stage, "moving through."

Moving through. Schlossberg (as cited in Goodman et al., 2006) characterized this stage as the period of proficiency, frustration, freezing up and conflicting requests. Veterans have shown that they have the capacity to triumph over difficult hurdles and learn new skills while in the military (Ruh, Spicer & Vaughan, 2009). Even though soldiers enjoy different levels of competencies at this stage, they also experience moments of frustration and dangerous situations. It is not uncommon to hear of news reports about military humvees being blown up by explosives. Experiences in war zones often elevated soldiers' level of maturity. Michael Dakduk (as quoted in Mangan, 2009), a student veteran at the University of Nevada at Las Vegas who spent four years as a U.S. Marine in Iraq and Afghanistan, said, "I had matured beyond my years

and appreciated life differently” (p. A27). Long periods in the military can sometimes make it seem like the deployment will go on forever. However, the time will come when soldiers will be called home. They will then enter the next phase of the transition: “moving out.”

Moving out. Moving out of the combat zone and into civilian life can be traumatic. Schlossberg (as quoted in Goodman et al., 2006) explained that responses in this phase are altered in due course in five stages, “disbelief, sense of betrayal, confusion, anger, and resolution” (p. 169). A student veteran (as quoted in DiRamio, Ackerman & Mitchell, 2008) expressed his disbelief and anger in this way:

I remember when I first came home people were hugging me and all sorts of crap. It was one of those things. It was kinda [sic] nice. Now it feels very—what’s the word I’m looking for?—unimportant. Something like that. The big transition was coming back from war into regular life. (p. 86)

It is difficult for people who have not endured combat experiences to truly understand what veterans have gone through. However, they can learn to be sensitive to and accepting of student veterans who have. Their attitudes will help veterans ease into the next process, “moving in again” as veterans transition from military to college.

Moving in again. This phase is perhaps one of the hardest transitions to make for veterans who suffer from physical and/or psychological wounds as they transition to school. Schlossberg (Goodman et al., 2006) marked this stage with frustration and despair as individuals deal with unemployment, but added that “families of the unemployed may also develop useful strategies for coping with job loss” (p. 171). Applying her advice to the case of veterans with disabilities leaving the military and entering college, the campus family of these student veterans, especially

the student affairs family, can develop useful approaches to help veterans blend in to college life as seamlessly as possible.

On a website for severely injured military veterans, ACE (2007, “What can our institution”) offered the following suggestions to help student veterans with disabilities:

It’s important to recognize that the academic community is a new world to veterans in terms of culture, operations and expectations. Consider that the environment from which the veteran came is mission-centered, very structured and hierarchical. Veterans are often reluctant to ask for help. Know they will need support, whether they are a part-time or full-time student or a distance learner. Identify and ensure an awareness of the programs and services that are available, including technology support, disability services, veterans affairs, financial aid, academic advising, transfer of credit and non-traditional learning.

(para. 1-2)

Faculty and staff would do well to take heed of this counsel. By using this model of worklife transition as a framework, they will be able to understand the psychological and emotional changes that accompany veterans’ experiences as they transition out of the military into college.

Importance of Analysis

With the possibility of a high prevalence of physical as well as psychological and cognitive disabilities among returning veterans, faculty and staff cannot afford to carry on the affairs of their work as usual. They have an obligation to understand the unique experiences of student veterans with disabilities who are entitled to claim their disability rights, and to seek out best practices that will cater to these students’ needs such that they will feel welcome on campus and persist to graduation.

Review of Related Literature

The three courses that have the most effect on my learning and practice regarding student veterans with disabilities are: Higher Education Internship, College Student Development Theories, and Student Affairs Administration. Other classes that have influenced my understanding include: College Student Retention Theories and Assessments in Higher Education. I will use the materials from these courses to support the literature I analyzed. The body of literature I reviewed highlights the effects of physical and psychological wounds on student veterans, and discusses the needs of student veterans with disabilities, as well as current practices and recommendations for support services.

Effects of Physical and Psychological Wounds

Physical injuries. Church (2009) affirmed that the three main types of injuries or trauma sustained by veterans of the Global War on Terror (Iraq and Afghanistan wars) are “physical injuries from blasts [caused mainly by improvised explosive devices or IEDs] such as burns, amputations and orthopedic injuries; operational stress injuries and mental health injuries; and TBI” (p. 44). Student veterans who suffer spinal cord injuries, amputations or sensory impairments experience various kinds of problems in the classroom such as difficulty with extended sitting and listening in class. A more detailed list of physical and sensory difficulties can be found in Appendix A. The more faculty and staff realize the effects of injuries, the greater will be their capacity to understand student veterans’ behaviors, and the better they will be able to support and advocate for these veterans.

Psychological injuries. Psychological injuries include PTSD and depression. Putting PTSD in perspective, Church (2009) said:

With PTSD, the person experienced, witnessed, or was confronted with an event, or events that involved actual or certain death, serious injury, or injury to the physical

integrity of self and others, and the person's response included intense fear, helplessness, or horror. This experience results in re-experiencing the trauma through recurring thoughts, dreams, feelings; efforts to avoid the stimulus associated with the trauma such as feelings of detachment; a sense of a shortened future; efforts to control thoughts, feelings and activities associated with the trauma; and avoiding people, places, and activities that recall the trauma. Military troops who are exposed to combat conditions are especially at risk for developing PTSD. (p. 44)

One former Air Force combat pilot diagnosed with PTSD said she dreaded waking up each day for fear of experiencing horrifying recollections, and because of her dog, she had avoided suicide (Montgomery, 2009). PTSD and other mental injuries can lead to unhealthy consequences such as sleep disorders, substance abuse, suicidal thoughts, marital problems, and domestic violence (Church, 2009). Some veterans may not show signs of stress until months later. Recovery periods vary depending on the timing of the intervention. Appendices B and C contain a more detailed listing of the effects of PTSD and other mental problems, as well as psychiatric disabilities respectively.

Traumatic brain injuries. One possible cause of TBI is brain cell death from blast injuries that affect fluid-filled organs such as the brain and the spine, "although there may not be any visible signs of injury" (Church, 2009, p. 45). The Defense and Brain Injuries Center (as cited in Church, 2009) cautioned that treatment has to be specific to the individual because of the complexity of the brain and the consequences of TBI. Some tips for campus personnel dealing with TBI veterans are as follows: allowing students to adjust slowly to the campus setting, involving the students' families, and building the self-esteem of students by expanding on their successes. Appendix D shows the functional impairments caused by TBI.

Literature analysis and course integration. My internship at the University of Utah Center for Disability Services (CDS) has given me a glimpse of the reality of the physical, psychological and cognitive difficulties faced by student veterans. As an intern, I attended the weekly case management meetings where CDS advisors met to discuss the needs of students with disabilities and to consider the academic accommodations requested. In one of these meetings, a CDS advisor told of an encounter he had with a male student veteran with PTSD. This student had been sexually assaulted while in the military, and because of that, he was always nervous about being alone in the same room with another male adult. He would often bring his wife and son along to appointments where he believed there was a chance of being alone with another man. In his meeting with this advisor, that was exactly what he did. He brought his wife and son along. In another meeting, an advisor reported that his student veteran client had been hospitalized from injuries sustained in multiple suicide attempts. These reported cases allowed me to see that effects from war injuries are very real and traumatic. Campus personnel cannot simply brush off these wounds as insignificant and ignore the effects. Student veterans with disabilities deserve the understanding of those who work with them, including students, faculty and student affairs practitioners.

Needs of Student Veterans with Disabilities

The following describe the major needs of student veterans with disabilities.

College preparation programs. Many student veterans with disabilities may not enroll immediately in college. Often, they have to take care of some combat health-related issues before they can even think about their next steps, as was the case with 32-year-old Jorge Reyes, Jr. (Glantz, 2009). After his discharge from active duty in Iraq and reconstructive knee surgery for wounds he sustained in combat, he enrolled in a community college in Los Angeles but was

failing in school. He could not relate to other students who were younger than him, and did not know about computers. At a friend's suggestion, he enrolled in the Veterans Upward Bound program, and before long, he was passing his classes at Glendale Community College.

Like Reyes, the time student veterans with disabilities spent in active duty, coupled with the time needed to attend to their health, delay their entry to college, making them much older than the traditional-age students. Their long absence away from school affected their academic readiness.

Transitional help. One veteran commented that the military provides all the support veterans need while in the military, but when they leave, "vets have to paddle the boat for themselves" (as quoted in Dungy, 2009, p. 23). Transitional needs of student veterans with disabilities include help with claiming education benefits, receiving credit for their military training, and academic assistance such as academic advising.

Emotional support. Combat zone experiences differ much from the encounters in our normal daily lives. Upon returning home, many veterans find it hard to relate to non-veterans. Dan Standage (as quoted in Redden, 2009) described what it was like when he first started school at the University of Arizona:

I didn't have anybody to talk to. I didn't know anybody. I'm 35 years old, so definitely not the traditional guy. I have a visual impairment and so it was hard just getting around the campus and interacting with people, or being able to leave the campus for that matter.

I was pretty much stuck here until my wife picked me up. (para. 3)

Student veterans need one another to support them emotionally. They need a place where they can interact with other student veterans, a place where they feel safe to share, and where they can be understood and supported in their academic and social lives.

Supportive climate. Students who are ignorant of veteran issues can sometimes be insensitive to student veterans' feelings. For example, Marine veteran Van Winkle (2009) disclosed that people seldom asked if he was glad to return home from Iraq or if things were well with him, "they just wanted to know if I killed anybody" (p. 99). Faculty members can also add stress to student veterans with disabilities through their insensitivity. One student claimed his journalism professor kept insisting that he share his insight on his military experiences even though the student was ready to put that behind (DiRamio et al., 2009). Burnett & Segoria (2009) reported that student veterans with disabilities on a panel in the 2008 CAPED (California Association of Postsecondary Education and Disability) Convention expressed concerns with the attitudes of other students and faculty on campus regarding military service, such as "asking inappropriate questions," "accusations," and "insensitive statements by professors" (p. 55). There is a need to train faculty, staff and the general student population on ways to make campus more inclusive of student veterans with and without disabilities.

Literature analysis and course integration. In reviewing the literature on the needs of student veterans with disabilities, it appears that these students want to transition smoothly into the campus community and to feel accepted by faculty, staff and other students. Schlossberg's *theory of marginality and mattering*, learned in the College Student Development Theories class, came to mind when considering this topic of fostering campus community. Does the campus community marginalize the experiences that student veterans with disabilities brought to campus with them, or does it pay attention to and appreciate their experiences? In other words, do student veterans matter to the campus community? Schlossberg (1989) said that her work on transitions "convinced me that people in transition often feel marginal and that they do not matter" (p. 6). She added, "The larger the difference between the former role and the new role the more

marginal the person may feel, especially if there are no norms for the new roles” (p. 7). Clearly, student veterans with disabilities once held a significant role in the military, protecting the civilians and/or serving as military leaders. They were heroes in the military. However, when they entered college, they were generally looked upon only as adult learners with disability-related needs. Schlossberg concluded that “mattering is a motive and does determine behavior—we need to make sure our programs, practices, and policies are helping people feel they matter” (p. 11). This advice is a reminder to the campus community to take into account the military experiences of student veterans with disabilities as we serve them.

Current Practices and Recommendations for Support Services

In a 2009 special issue of the *Journal of Postsecondary Education and Disability*, the Association on Higher Education and Disability (AHEAD) published articles specific to veterans with disabilities in higher education. Drawing from this scholarly literature and other readings, such as those on retention, current practices and recommendations for support services for student veterans with disabilities are highlighted as follow:

Rethink disability service delivery approaches. Traditionally, disability services in postsecondary institutions required students with disabilities to prove with documentation that their disabilities in fact limited their academic functioning. However, with expanded coverage provided with the passage of ADAAA, disability services now have the responsibility to ensure that students believed to be disabled will get academic accommodations, “whether or not the impairment actually limits or is perceived to limit a major life activity” (Grossman, 2009, p. 5). Burnett and Segoria (2009) recommended that disabilities services keep a strong working relationship with the campus veterans office and the vocational rehabilitation counselor at the local VA department so that these parties can work together to make sure student veterans with

disabilities are adequately served. Shackelford (2009) suggested the need for disability services to keep abreast of issues on the websites of the Department of Education and Equal Employment Opportunity Commission, and in scholarly literature to more clearly interpret and apply the ADA regulations. Shackelford also recommended sharing updates on veteran issues with faculty, staff and administrators so that effective collaboration among these units can be made possible.

In a Dear Colleague Letter to postsecondary institutions, Stephanie Monroe (2009) of the Office of Civil Rights (OCR) cautioned that many student veterans have disabilities that are acquired as adults and are thus not familiar with some traditional means of accommodation used by other disabled students. The OCR's Wounded Warriors Initiative was set up to assist disability services with adopting creative approaches to serving their student veterans with disabilities.

One of the challenges faced by disability services is the stigma associated with wounded student veterans reporting disabilities. As current professionals in disabled student programs, Burnett and Segoria (2009) believed that "the term *disabled* is imbued with a connotation of *not fit*, weak, unable to participate or perform" (p. 54), while military service is associated with aggression, strength and preparedness. Therefore, it is not hard to understand why student veterans with disabilities, in general, do not self-disclose their disabilities. To counter this stigma, Burnett and Segoria suggested building relationships of trust with these students, such as assuring confidentiality, explaining academic accommodation procedures, and using peer support to encourage open conversations and provide support (see also Grossman, 2009; Shackelford, 2009). These are good ways of encouraging open communication about one's disabilities.

Provide transitional help. One important help that severely injured veterans can use is having a campus champion. A campus champion acts as a “resource to assist with matters such as study skills, tutor support services, Veterans Affairs issues, and enrollment challenges” and develops a “community-based team of support” for student veterans and their families (ACE, 2007, “What does it mean,” para. 2). ACE, through its *Fulfilling Their Dreams* project, depends on campus champions to help veterans transition to college after recovering at one of three military medical centers: Bethesda Naval Hospital in Bethesda, MD; Walter Reed Army Hospital in Washington, DC; and Camp Pendleton Wounded Warrior Battalion West in San Diego, CA (ACE, 2009b). In its website, ACE (2007, “How can I become”) hoped that postsecondary institutions would each identify a campus champion so that it “will facilitate our outreach when we have a veteran ready to make the transition” (para. 1).

Another form of assistance that student veterans with and without disabilities can benefit from is on-campus mentors. Burnett and Segoria (2009) suggested postsecondary institutions identify administrators, faculty and staff who have military background to form a network of mentors that student veterans with disabilities can turn to as a resource. These mentors will provide an avenue for the students to feel more included on campus. Another excellent way to help student veterans is by having veterans-only classes like those Cleveland State University (CSU) is offering. CSU (2010) stated that the classes are “designed specifically for veterans to help them in that very important first year of college” (para. 1). Providing a veterans-only orientation is another helpful support for student veterans. Porterville College has a veterans’ orientation that includes information on campus policies and veteran groups, and updates on education benefits customized for student veterans (ACE, 2008b).

Offer emotional support. Student veterans with disabilities feel comfortable relating with people who have gone through similar experiences. Resources such as veterans centers are a great way for student veterans with disabilities to offer assistance to and seek support from one another. Resources offering emotional support to student veterans work best when student veterans are included in designing and supporting them. The University of Arizona veterans center was actually initiated by a visually impaired student veteran, Dan Standage, the person mentioned earlier who felt he had nobody to talk to and who had difficulty getting around campus because of his disability (Redden, 2009). Standage wanted a space where veterans could hang out. He started what would later become the VETS (Veterans Education and Transition Services) office. With about 50 veterans hanging out in this office each week, Standage (as quoted in Redden, 2009) said, “There’s not too many times that we can’t crack a joke around here” (para. 6). Standage’s efforts proved that veterans centers can be effective in providing peer emotional support.

Forming student groups (ACE, 2008b; Burnett & Segoria, 2009; Church, 2009; Madaus, Miller & Vance, 2009) and providing peer counseling through work-study programs (Church, 2009) are other ways that student veterans can provide emotional support for their own group. The Student Veterans of America provides help to institutions interested in forming student groups, and the VA Department provides funding to campuses that hire student veterans who provide basic counseling services to other student veterans. These are great initiatives because they are based on the concept of student veterans helping student veterans.

Create a supportive climate. A common theme shared by student veteran participants in the study by DiRamio et al. (2008) was the desire for faculty members to recognize students’ veteran status and to seek to know them as students. To create a veteran-friendly campus, ACE

(2008b) suggested educating faculty, staff and students regarding student veteran issues.

Montgomery College developed a veterans program called Combat2College (C2C), and one of the key features is a training program for faculty and staff. ACE (2008b) stated, “The [C2C] program is based on the idea that faculty and staff must be well-informed to facilitate a successful college experience for today’s veterans” (p. 11). Training is provided in many forms, through department in-service training, website and lecture discussion series via cable TV (Montgomery College, n.d.). These various training methods maximize accessibility options for faculty and staff. Trained faculty and staff are better aware of student veterans’ needs. Faculty, for example, will understand why student veterans with PTSD require certain seating spots in the classroom as they need an easier exit if they have to be excused to “get relief from anxiety symptoms” (Burnett & Segoria, 2009, p. 55). Having attended several information sessions on student veteran issues on campus, I can personally attest to the benefits of such training and information sessions.

Provide holistic education. Among various difficulties, student veterans with disabilities face challenges in getting around campuses, getting to classes, and comprehending course curriculum due to acquired physical and/or learning disabilities. The late Ronald Mace, founder and program director of The Center for Universal Design at North Carolina State University, came up with the term Universal Design (UD) as he promoted the concept of universal access to products and environment for people with disabilities (The Center for Universal Design, 2008). He believed that when products and the environment are friendly to the disabled, they are also usually accessible to the non-disabled (Mace, 1998). In planning coursework, Branker (2009) and Ruh et al. (2009) recommended that educators adopt the concept of UD so that all students, regardless of ability, will benefit from the integration of technology and pedagogy. For example,

coursework design should include intentional planning, technological innovation, student engagement and service learning. Madaus et al. (2009) firmly believed that initiatives aimed at benefitting student veterans with disabilities could also ultimately profit other groups of learners.

Offer employment assistance. As consultants of TecAccess, a consulting firm that advises on disability employment, Ruh et al. (2009) pointed to the 2006 American Community Survey that revealed that “more than 700,000 [veterans with disabilities] are unemployed in any given month,” and that those “who are employed are drastically under-employed” (p. 67). To counter this fact, they suggested that disabilities services work with career offices and adopt successful corporate initiatives to help student veterans with disabilities transition to employment. Some helpful practices include instructing student veterans with disabilities on current assistive technology that supports their conditions, teaching skills to tackle work place problems, and setting up disability awareness workshops to educate the non-disabled in disability-related issues. Ruh et al. also believed that disabilities services should capitalize on the creative Disabled Veterans (DVET) educational program that TecAccess is partnering with the Virginia state government, as well as the Transition Assistance Program (TAP) set up by the Departments of Defense, Labor and Veterans Affairs. Ruh et al. explained that DVET “was designed to ensure that veterans receive the support, job training, and recognition they have earned through service and sacrifice” (p. 72) while TAP offers job search assistance for those transitioning into civilian life after military service. By preparing student veterans with disabilities with employment-related skills and giving them access to necessary tools and resources, these students will be able to prove themselves valuable assets to the companies they will work for.

Literature analysis and course integration. Many of the recommendations above are also some of the best practices suggested for minority student retention. There is a vast amount of

literature about establishing living-learning communities for different minority student groups, but I have yet to come across one for student veterans with disabilities. I feel it would be very helpful, especially for residential institutions, to have a residence hall or floor dedicated to just veterans. Currently, the only institution in the nation that has such a living arrangement is San Diego State University (2009). The veterans house on this campus opened recently in September 2009. Though nothing was mentioned about the facilities in this veterans house, I envision future veterans residence halls embracing student veteran activities that promote camaraderie.

One critical element mentioned in the readings is faculty and staff education and training. I feel that when appropriately trained, faculty and staff will not only increase in sensitivity towards student veterans with disabilities, but will also understand how to provide timely help when required, especially when they are the frontline people with whom student veterans with disabilities interact most often. Pope, Reynolds, and Mueller, as well as Winston (as cited in Clark, 2009), noted that:

While administrators in most student affairs departments (with the exception of counseling services) are neither equipped nor expected to engage with students in prolonged counseling relationships, all student affairs professionals need basic helping skills and knowledge to serve students effectively, both individually and in groups. (p. 132)

I would encourage student affairs practitioners to take the lead in equipping themselves with the tools and knowledge so that they will know how to discern student veterans' concerns and help them accordingly. In talking about pervasive leadership, Love and Estanek (2004) urged individuals to develop "a sense of responsibility for and commitment to the success of the organization" (p. 42). The course in Individual and Group Intervention has taught me some

practical skills that I can use to help student veterans. An adaption of this semester-long course might be useful in preparing student affairs practitioners establish a helping relationship with student veterans with disabilities. Recognizing that suicides “happen on a routine basis,” Dr. David Rudd, Dean of the College of Social and Behavioral Sciences at the University of Utah, who is also a Gulf War veteran and a clinical suicidology expert, recommended that all staff members participate in Gatekeeper Training for Suicide Prevention, a program that teaches participants to recognize and respond to those at risk for suicide (The University of Utah, 2009). Schools should consider pursuing the implementation of this program on campus.

Reviewing the literature on current practices and recommendations for serving student veterans with disabilities led me to recall the numerous articles and guiding documents introduced by Dr. Mary Skorheim in the Student Affairs Administration class. *The Student Personnel Point of View*, 1949 article by ACE (1949) stated that the development of a student is affected by “the background, the abilities, attitudes, and experiences that he brings with him to college, by his college classroom experiences, and by his reactions to these experiences” (p. 21). The researched current practices and recommendations for serving student veterans with disabilities support nurturing students as “whole persons,” which includes their physical, social, emotional, spiritual and intellectual aspects (p. 17). This holistic approach is supported by the *Learning Reconsidered* article (Keeling, 2004). In it, NASPA and ACPA (American College Personnel Association) suggested a transformative education in which “the focus of education must shift from information transfer to identity development (transformational)” and this happens when “the student’s reflective processes [are] at the core of the learning experience” (Keeling, 2004, p. 10). Transformative education emphasizes connections between the academic environment and other aspects of the student’s life, which was what Branker (2009) believed

would happen in her definition of complete education. In both of these approaches, learning is intentional, and the outcome is student-oriented. NASPA and ACPA asserted that student affairs should make their expertise and resources available to faculty members who are rethinking academic instruction (Keeling, 2004). This promotes partnership between student affairs and academic affairs, which is one of the seven principles of good practice for student affairs (ACPA & NASPA, 1996). Other principles center around the advancement of active learning such as that achieved through reflections, internships and peer instruction; development of values and ethical standards; maintenance of high performance standards; assessments and research; discreet utilization of resources; and supporting inclusive communities. Both ACPA and NASPA (1996, “Contexts of Student Affairs”) affirmed the “long-standing belief that higher education has a responsibility to develop citizens capable of contributing to the betterment of society. . . . [and] a duty to help students reach their full potential” (para. 1). ACPA and NASPA stressed that these principles are to be integrated into the daily responsibilities of student affairs practitioners, rather than as a one-time occurrence. In doing so, these practitioners will be able to cultivate student veterans with disabilities as whole persons.

Summary of Reviewed Literature

The effects of physical and psychological wounds can be devastating. Those of us who have never encountered traumatic events involving life-and-death decisions and horrific scenes will never fully understand the extent of the impact those experiences have in the lives of the participants. College administrators, faculty, staff and students have the obligation to learn as much as they can about the effects of the injuries sustained by student veterans, and when they do, they will understand why these students have needs that are so different from the rest of the student population. It is heartwarming to see that some effort is being made by postsecondary

institutions to provide for those needs. However, such efforts are not enough. The majority of postsecondary institutions have only just now begun to seriously study the needs of student veterans on their campuses. As institutions establish plans and efforts to support their student veterans, it will be essential to consider the following recommendations that complement best practices for sustaining programs and services for student veterans with disabilities.

Implications of the Literature

Recommendations

Research grants to counter budget deficits. Financial resources are needed to implement and support programs and services for student veterans with and without disabilities. In times of budget cuts, it is critical that postsecondary institutions research grants to sustain veteran resources on campus. Grants awarded in the past for veteran programs and services include:

- \$250,000 grant awarded by Wal-Mart Foundation to ACE in March 2008 to help fund its *Fulfilling Their Dreams* program aimed at helping severely injured veterans from Iraq and Afghanistan pursue a college education (ACE, 2008a);
- \$2 million Success for Veterans grant awarded by ACE and the Wal-Mart Foundation to 20 postsecondary institutions in April 2009 for implementing exemplary programs promoting access and success in higher education for veterans and their families (ACE, 2009a);
- \$1.75 million awarded by the U.S. Department of Education to seven colleges in August 2009 to run their Veterans Upward Bound programs that offer academic, counseling, mentoring, and tutoring assistance to veterans in preparation for college education (U.S. Department of Education, 2009).

There are many more grants available to fund veteran programs, but postsecondary institutions must be committed to grant research and writing. One way to show commitment is to have at least one of the campus personnel serving student veterans dedicated to this responsibility. Personnel working on grant research and writing should work collaboratively with other departments so that the former will know the latter's financial needs for funding veteran programs or services.

Keep accurate data and conduct regular assessments. Cliff Adelman, senior associate at the Institute for Higher Education Policy, admitted that there is an absence of data on student veterans, and whatever data presently available do not accurately reflect student veterans (ACE, 2008b). Without accurate data in areas such as enrollment, persistence and engagement, it would be difficult for postsecondary institutions to cater to the needs of student veterans. Besides keeping accurate data, each institution also has the obligation to conduct regular assessments on student veterans and associated programs and services. Data maintenance and assessments work hand in hand. Effective assessments provide postsecondary institutions with accurate data, which influence program planning and development. Conducting effective assessments is not a one-time process. In the Assessment in Higher Education class, Dr. Stacy Ackerlind cited the Deming Cycle and its four stages—plan, do, check, and act—to emphasize that these stages repeat themselves to ensure continuous improvement and learning. Postsecondary institutions that are committed to serving their student veterans well should make sure that assessments of these students and veteran-related programs and services are being carried out on an ongoing basis.

Establish standards for student veteran programs in the Council for the Advancement of Standards (CAS) publication. The latest edition (7th edition) of the Council for the Advancement

of Standards (CAS) offers many new and revised standards for various functional areas, but there is none on student veteran programs. Student veterans are fast becoming an increasing diverse student population, and though they are a minority group on campus, their needs differ from other minority groups in many ways. More and more postsecondary institutions are realizing the importance of providing student veterans with customized programs and services to recruit, retain and graduate these students. However, some have no idea how to go about establishing such programs and services, while others are overwhelmed by the vast amount of information and recommendations for implementation. A few created their own standards as they developed resources, programs and services for their student veterans. CAS (2007) affirmed that “for standards of professional practice to be truly viable, they must reflect the interests and values of multiple professional organizations and the functional areas they champion” (p. 2). CAS sought to “provide this collaborative avenue to establishing thoughtful, balanced, and achievable standards upon which all can rely” (p. 2). Having a student veterans functional area in CAS will help promote partnership among campus departments and professional organizations who have a vested interest in student veterans, and ensure that coherent, professional standards for programs and services are observed on campuses.

Conclusion

As returning veterans enroll in college in greater number due mainly to the Post-9/11 GI Bill, campus personnel need to realize that many have suffered combat-related wounds. By understanding the effects of these wounds and student veterans’ needs, and using best practices for veteran support services and programs that are sustained by grants, assessments and accurate data, as well as coherent and professional standards, campus personnel can become effective instruments in helping student veterans succeed in college.

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Appendix A: Common Manifestations of Various Disabilities from the Global War on Terror

Common Manifestations of Various Disabilities from the GWT

<p>Manifestations of Spinal Cord Injuries or Amputations</p>
<p>Interference with physical dexterity to complete laboratory, computer or writing assignments Difficulty with prolonged sitting or standing at a lab table Mobility challenges to and from the classroom and other activities</p>
<p>Manifestations of Sensory Impairments</p>
<p>Difficulty hearing lecture, discussion or advising sessions, etc Difficulty seeing the board, reading course materials, creating written assignments Difficulty accessing the course web site or electronic resources Lack of traditional means of accommodation (American sign language, Braille, for example) due to acquired nature</p>

Source: Church, T. E. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22, 45.

Appendix B: Characteristics and Hallmarks of PTSD and Mental Health Issues

Characteristics and Hallmarks of PTSD and Mental Health Issues

Trouble falling asleep, emotional numbness, anxiety, irritability, angry outbursts, depression, hopelessness, hyper vigilance, social withdrawal, problems concentrating and survivor's guilt
The families of the victims may also develop the disorder.
Symptoms typically develop within three months of the event, although they may not emerge for years.
Can be accompanied by substance abuse, alcoholism, along with other anxiety disorders or depression
Duration and severity of the illness varies
Recovery range is based upon various factors, especially early intervention.
Treatment includes therapy (cognitive behavioral, exposure) and medication (treat sleep disorder, anxiety, depression).

Source: Church, T. E. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22, 48.

Appendix C: Manifestations of Psychiatric Disabilities

Manifestations of Psychiatric Disabilities

Interference with cognitive skills, judgments, memory, concentration, organizational skills and motivation
Difficulty coping or performing under pressure
Side effects from medication such as fatigue, drowsiness, slow response time and problems initiating interpersonal contact
Problems sustaining concentration and difficulty retaining verbal directions, problems maintaining stamina, and combating drowsiness due to medications
Difficulty managing assignments and performing multiple tasks with time pressures, and prioritizing tasks
Difficulty interacting with others and responding appropriately to social cues
Problems with authority figures and approaching instructors
Problems with negative feedback and interpreting criticism
Problems with unexpected changes in coursework, and dealing with interruptions
Anxiety resulting in poor performance
Unpredictable absences
Problems with frightening thoughts, flashbacks and reminders
Distrust of systems and alienation
Possible social withdrawal
Sleep difficulties

Source: Church, T. E. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22, 49.

Appendix D: Functional Impairments Caused by TBI

Functional Impairments Caused by TBI

Cognitive problems such as judgment, attention, concentration, processing new information, distraction, language abilities, sequencing, short-term memory, slower thinking
Perceptual problems such as hearing, vision, orientation to space and time, touch, balance and pain sensitivity
Physical problems, which include; motor skills, endurance, fatigue, speech, headaches and seizures
Behavioral and emotional problems such as irritability, impatience, problems with impulse control, stress, self awareness, mood swings, personality changes, reading social cues and dependence/independence
Psychiatric problems that may include depression, hallucinations, paranoia and suicidal thoughts
Symptoms may increase during times of fatigue and stimulus overload.
Decreased ability to self monitor and establish an appropriate pace of learning or working activity
Mild TBI patients' behavior may mimic PTSD and other mental health symptoms, which can contribute to problems in obtaining appropriate services.

Source: Church, T. E. (2009). Returning veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22, 46.