

After the Wars in Iraq and Afghanistan:  
Veterans' Adjustment and the Use of Benefits in Post-Secondary Education

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Abstract

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**Objectives:** This dissertation was designed to explore student veterans' attitudes and perceptions of their recent academic experiences; to gain insight about the effects of veterans' disability status as well as social conditions that may become barriers to degree completion; and to propose an educational curriculum based on insights gained from a review of current literature and recent research findings about student veterans.

**Design:** This dissertation is presented as three distinct, yet related articles about veterans and higher education. In the course of two years, surveys of veterans attending two universities and one community college were conducted. The first survey was administered in 2011 to learn

about experiences of veterans using the Post-9/11 GI Bill and Department of Veterans Affairs (VA) vocational rehabilitation benefits. The second survey was conducted in 2012-13 to investigate veterans' self-reported physical, psychological, and social well being, and to gather more in-depth input from student veterans about their experiences using VA educational benefits.

**Results:** Results from the first survey provided descriptive data including percentages of student veterans using the Post-9/11 GI Bill (approximately 91%) versus those using Vocational Rehabilitation services (approximately 7%). Responses to an open question provided narrative data that indicated areas of student veterans' satisfaction and frustration using VA educational benefits in three major categories: 1) Programmatic issues; 2) Process issues; 3) Support issues. Results from a second survey included demographic information as well as scores from items drawn from PROMIS<sup>®</sup> and Neuro-QOL short forms. Compared to US population norms on self-report measures (i.e., PROMIS<sup>®</sup>), veterans' scores for cognition-general function and cognition-executive function were significantly lower, and scores for anxiety, depression, fatigue, and sleep disturbance were different from the US norms. Veterans with disabilities had significantly lower general cognition and executive function scores than veterans who reported no disability.

**Curriculum Development:** Because of the growing population of US veterans and, in consideration of their complex rehabilitation and readjustment needs, a college course was designed to inform prospective rehabilitation counselors about working with this unique population. The curriculum and syllabus are included in the final chapter. The last chapter of this dissertation was informed by both of the earlier studies.

This research was conducted with the approval of the Human Subjects Division  
of the  
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## **PLAIN LANGUAGE SUMMARY OF THE DISSERTATION**

### **After the Wars in Iraq and Afghanistan:**

#### **Veterans' Adjustment and the Use of Benefits in Post-Secondary Education**

In 2009, a new version of the GI Bill was made available to veterans who had served in the United States military after September 11, 2001. We wanted to explore how veterans were doing as university students using the new Post-9/11 GI Bill and other Department of Veterans' Affairs (VA) educational benefits. We were interested in hearing from veterans about their satisfaction and frustrations with their experiences as students. In the fall of 2011 we conducted our first online survey at a major research university and collected 245 responses from veterans attending school using VA benefits. The results of our survey indicated that the majority of student veterans were using the Post-9/11 GI Bill and a small percentage of veterans were using the VA Vocational Rehabilitation and Employment (VR&E) benefit. At the time of this survey, 40% of the respondents indicated that they had a service-connected disability.

The veterans who responded to the open question in the survey provided many comments about using VA benefits. The veterans indicated that they were very grateful for the benefits but also said that they were frustrated with late payments of the allowance they were entitled to receive while going to school; had problems with contacting the VA; problems understanding required paperwork and processes; and sometimes felt that, because they were veterans, they were treated differently by students and faculty members in class and on campus.

As a follow-up study, we conducted another survey of student veterans at one major research university, one regional state university, and one community college. We asked similar questions about demographics as the first survey but added some standard tests to explore how they felt about their experiences with physical function, depression, anxiety, fatigue, sleep

quality, satisfaction with social roles, pain, general cognition, and executive function. The results of the second survey indicated that veterans' characteristics, such as age, gender, ethnicity and student class status were quite the same as the previous study; however, more veterans were now using the VA VR&E benefits than in the earlier study. The veterans reported higher levels of depression, anxiety, fatigue, and pain; and lower average levels of sleep quality, physical function, and satisfaction with social roles, general cognition, and executive function than the United States population norm. The difference between veterans with disabilities and those who reported no disabilities was even greater in all of the above categories.

Our final paper was written because we saw a need for providing new training and information to students studying in undergraduate programs in human services and graduate programs in rehabilitation counseling. Because our research indicated that student veterans need support from medical providers, school advisors, and university faculty; and from rehabilitation professionals, we identified some topics that will be important for students to learn, as they prepare to work with veterans after graduation.

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## DEDICATION

This work is dedicated to the dearest veterans in my life: my son, my father, and my husband. In dedicating my work to these veterans, I also must dedicate my curiosity and learning to *all* veterans and those who love and have loved veterans: mothers and fathers, spouses and lovers, brothers and sisters, aunts and uncles, friends and comrades, and especially the children of veterans – who are often born to young men and women with war shadows that sometimes only children can see. This work is dedicated to the future wise-vision and careful planning by those who know about war. This dedication is a prayer and a plea to those who might know how to end war. It is urgent and prevails for all time. This work is dedicated to those who hope for healing; who hope that children might see their parents come home from war to be healed and renewed and cradled in comfort and forgiveness. In the end, this work is dedicated to peace, the only answer to war, and the only hope for the children.

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## Chapter 1. INTRODUCTION

### Background

The wars in Iraq and Afghanistan have now drawn (for the most part) to a close, and public and political concerns have shifted – from understanding the mechanisms of war injuries and the nature of combat casualties, to acknowledging the numbers of veterans returning with disabilities, and the complex rehabilitation needs of service-members who are coming home. Media, press, and documentaries have heightened the sense of national responsibility for homecoming service-members.

In 2009, Congress implemented The Post-9/11 GI Bill benefit to provide an educational opportunity for service men and women as they transitioned out of active duty military service and returned to civilian life. The number of veterans who have applied for and received VA educational benefits is growing rapidly as the United States brings service men and women home from conflicts in Iraq and Afghanistan. Veterans' enthusiastic response to this benefit should come as no surprise to policy makers and the civilian sector as, for many; it was the recruiter's promise of education benefits upon homecoming that convinced many volunteers to sign up. Since the beginning of the conflict in Iraq, the United States has progressed further and further into an economic morass due to inadequate planning for the debt that would be created during and after 10 years at war. The costs to the United States government for payment of disability benefits and medical treatment for returning war veterans has been projected to be over \$350 billion (Bilmes, 2007).

Veterans of the United States armed forces may be eligible for a broad range of programs and services provided by the United States, Department of Veterans' Affairs (VA) as legislated in Title 38 of the United States Code ([www.va.gov](http://www.va.gov)). The Veterans' Benefits Administration

(VBA) as well as the Veterans' Health Administration (VHA) have been called to task to provide health care, disability compensation, rehabilitation, re-training, education, and employment assistance to those who have served in the wars of the last ten years, as well as those veterans with service-connected disabilities sustained in previous conflicts. Many of the policies and programs that were created since the initiation of the wars in Iraq and Afghanistan were devised to support the reintegration of the returning troops during a time in American history that has been notable for economic downturn and financial uncertainty (Radford, 2009).

The Post-9/11 Veterans Educational Assistance Act of 2008 (P.L. 110-252) was implemented in 2009 as an educational benefit for eligible returning service-members. To many service-members who have formed the ranks of the Post-9/11 volunteer military, the Post-9/11 GI Bill has been promoted as the most generous educational benefits package for veterans since the Servicemen's Readjustment Act of 1944 (P.L. 78-346), or the first GI Bill, that was implemented after World War II (Simon, Negrusa, & Warner, 2010; Steele, Salcedo, & Coley, 2010).

As a result of a successful Department of Veterans' Affairs campaign and dissemination of information about Post-9/11 GI Bill benefits to transitioning service-members, enrollment of homecoming veterans in the GI Bill program has been robust (Bonar & Domenici, 2011; Radford, 2009; Rudd, Goulding, & Bryan, 2011). As it is now four years since the first returning service-members enrolled in classes using their Department of Veterans' Affairs benefits, there is an ongoing need to reassess the successes and challenges veterans have experienced since the initial days of going to school using the new GI Bill (Branker, 2009; Church, 2009; Rumann & Hamrick, 2010).

## Statement of the Research Problem

The decade-long wars in Iraq and Afghanistan have affected service-members and their families in a matrix of ways that are yet to be fully known or understood (Barnard-Brak, Bagby, Jones, & Sulak, 2011; Uomoto & Williams, 2009; Walker, Clark, & Sanders, 2010). As anticipated, a growing number of service-members have returned from active duty with the predicted physical and psychological injuries identified by earlier research. The prevalence and severity of symptoms and numbers of those who have been affected by disabling service-connected conditions has been estimated, based on clinical case studies and survey responses of returning combat troops as early as 2004 (Friedman, 2006; Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; Tanielian & Jaycox, 2008; Zinzow, Britt, McFadden, Burnette, & Gillispie, 2012). As with each conflict, many details of this war have contributed to a pattern of signature injuries.

Combat troops in theater have benefitted from improved body armor and vehicles better designed to withstand the impact of explosive devices and advanced medical interventions, and rapid evacuation to nearby medical facilities has saved the majority (90%) of those wounded in combat (Gawande, 2004). Military members have survived injuries that would have been fatal in years past, and the recent survival rates have contributed to a deluge of homecoming veterans with complex medical and psychological concerns (Burnam, Meredith, Tanielian, & Jaycox, 2009; Peterson, Luethcke, Borah, E., Borah, A., Young-McCaughan, 2011).

In 2009 the Veterans Health Administration adopted the word *polytrauma* to define the pattern of injuries observed in homecoming service-members who had sustained a traumatic brain injury (TBI) as well as injuries to other body systems – sixty-five percent of poly-traumatic injuries incurred in combat have been caused by Improvised Explosive Devices (IEDs) and other combat

blast exposures. It has been estimated that up to 20% of all service-members deployed to Iraq and Afghanistan may have mild TBI due to blast injury, and of those experiencing TBI, over one third will have comorbid PTSD or depression (Cifu, Lew, Jaffee, & Sigford, 2010; Difede & Barchas, 2010; Dolan, Martindale, Robinson, Kimbrel, Meyer, Knuse...et al., 2012). According to a Department of Veterans Affairs epidemiological report (2011), 56,695 veterans from the current conflicts had been evaluated or treated by VA healthcare providers for a condition possibly related to TBI (VA, VHA, Office of Public Health, Post Deployment Health Strategic Healthcare Group).

### **Knowledge Gaps and the Importance of the Research**

Recent studies have focused on the psychosocial impact of both posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) disorders, widely recognized as “signature wounds” of the conflicts in Iraq and Afghanistan (Doyle & Peterson, 2005; Piertzak, Johnson, Goldstein, Malley, & Southwick, 2009). While the diagnostic criteria for PTSD were established after the Vietnam War, today diagnostic lines are often indiscernible between clinical symptoms of TBI, mild TBI, and PTSD (Capehart, B., & Bass, D., 2012; Hoge, 2008; Lew, 2005; Lew et al., 2008; Vasterling, Verfaellie, & Sullivan, 2009). Because symptoms of PTSD and TBI may overlap and change over time, post-deployment diagnosis of psychiatric, psychosocial, and cognitive injuries is a complex process. Screening for TBI is challenging because there may be no external signs of head injury and it may be difficult to verify the causative incident and the duration of unconsciousness or altered consciousness at the time of injury. Military members often ignore or minimize head injury symptoms to avoid being medically separated or temporarily removed from ongoing combat operations (Hendricks, et al., 2013).

Regardless of increased VHA post-deployment screening, the number of veterans who do not seek continued mental health care or rehabilitative services upon returning from combat is believed to be high (Burnam, Meredith, Tanielian, & Jaycox, 2012; Hoge, 2004). Symptoms of TBI and PTSD may go unnoticed in the early months post-deployment, veterans may avoid mental health evaluations because of concerns about being stigmatized with a mental illness (Hill, Mobo, Ben Hur, & Cullen, 2009) and, most importantly homecoming veterans are often concerned about potential discrimination and barriers to employment they may encounter as civilians, based on their record of mental health conditions. Although most recently published research articles have focused on TBI and PTSD as separate conditions, a significant number of war-zone veterans have returned from OEF/OIF deployments with characteristic signs of PTSD, clinical symptoms characteristic of TBI, major depressive disorder, and anxiety disorders as well as other physiological injuries and conditions (Hendricks, et al., 2013; LaPierre, Schwegler, & LaBauve, 2007; Okie, 2005; Vasterling, Verfaellie, & Sullivan, 2009; Uomoto & Williams, 2009).

Readjustment to civilian life for veterans with undiagnosed injuries or for those who choose not to seek treatment for what have been called “invisible” injuries (i.e., PTSD and TBI) is likely to be difficult without proper treatment and support. Other co-occurring mental health conditions that have been associated with PTSD and TBI are depression, anxiety, alcohol abuse, and neuropsychological impairments, including loss of memory, and learning deficits (Vasterling, Verfaellie & Sullivan, 2009).

For some veterans, war-time experiences have little to no lasting effect on their ability to readjust and return to civilian life—others may experience more chronic psychiatric symptoms of anxiety, anger, and depression, as well as physiological and psycho-social disabilities that may

contribute to unemployment, dysfunctional relationships, and social isolation. Based on earlier research and current studies, a significant number of homecoming service-members will return from the recent wars with complex service-connected health conditions, including neuropsychiatric disabilities (Church, 2009; Sander, 2012; Ellison, et al., 2012; McBain, Kim, Cook, & Snead, 2012). As in prior American wars, service-members have experienced traumatic stress that may linger for months or years after leaving the military. Additionally, the prevalence of service-members who have sustained trauma due to sexual assault and abuse has been extraordinarily high. Prevalence rates of sexual assault and/or sexual harassment of women during military service has been reported to be as high as 71%, based on studies of women veterans seeking VA Healthcare and Disability compensation (Kelly, Skelton, Patel, & Bradley, 2011; Rowe, Gradus, Pineles, Batten & Davison, 2009; Turchik, Pavao, Hyun, Mark, & Kimerling, 2012).

Several studies have been published since 2009 to address the current needs of veterans with disabilities using VA educational benefits, as well as a growing body of literature about on-campus services for veterans (Church, 2009; Ellison, et al., 2012; Madaus, Miller, Vance, 2009; Sander, 2012). The numbers of veterans estimated to attend post-secondary institutions since the Post-9/11 GI Bill was implemented in 2009 has been estimated to be over 2 million (Radford, 2009). Veterans who have entered higher education using their VA benefits constitute a diverse sub-population of learners who may require additional support to complete their educational goals due to cognitive, physical, and social limitations imposed by their service connected disabilities (Elliot, Gonzalez, & Larsen, 2011).

Since the American Civil War, social and health science researchers have validated the homecoming struggles that veterans from every conflict have encountered. Reintegration to

civilian life requires time, and often the needs of veterans will encompass physical, psychological, social, financial, educational, and spiritual domains. The wars in Iraq and Afghanistan are uniquely different from previous wars because current active duty military forces have been exclusively comprised of volunteers. Due to the relatively small numbers of deployment ready troops, throughout the recent wars, units of National Guard and Reserve troops have been deployed for as many as five (sometimes more) separate tours with insufficient “dwell time” to recover before redeployment (Renshaw, 2010). These repeated deployments to combat zones have placed troops at additional risk for multiple TBIs and PTSD, and while new body armor and armored vehicles have contributed to a decrease in fatalities, many of the injuries sustained have been severe.

The list of factors that distinguish Iraq and Afghanistan War veterans from veterans of prior United States wars and the nuances of this conflict have required the Veterans Health Administration and the Veterans Benefits Administration, as well as other public and private veterans’ services providers to acquire new knowledge and training for interventions that specifically address the needs of this population. The Post-9/11 GI Bill benefit was created to provide training and/or education to enhance the knowledge and civilian skill sets of returning veterans so that they might actualize reintegration to civilian life and find suitable, sustainable employment.

Congress approved the implementation of the new GI Bill and anticipated successful academic program completion and positive employment outcomes for veterans who would utilize the educational benefits they have earned. American citizens, policy makers, and federal agencies have professed respect for members of the military and their families and continue to observe National holidays including: Veterans’ Day and Memorial Day to demonstrate the

National desire to honor veterans of every American war. The unemployment rate and numbers of homeless veterans, statistics about the growing number of veterans who have taken their own lives after returning home from combat (Rudd, Goulding & Bryan, 2011), and a staggering backlog of waiting disability claims suggest that after coming home, the complex needs of veterans may be poorly understood and inadequately addressed.

At the present time, researchers have barely begun the process of investigating the efficacy of new programs and services for veterans and in spite of the numbers of those who have taken advantage of their educational benefits; we are in the early days of understanding how veterans have benefitted from this legislation. Most importantly, there has been little research to date that has addressed the specific effects of service-connected injuries and neuropsychiatric disabilities on completion of academic goals by student veterans (Peterson, Luethcke, Borah, E., Borah, A., & Young-McCaughan, 2011). As civilian college and university students approach their graduation dates with hope for the future, those who can, must ensure that our veterans are not left behind.

### **Research Questions**

The challenges that now face the Department of Veterans' Affairs, policy makers, and the American voting public is: "How to accommodate the numbers of veterans returning to the civilian sector during an economic downturn?" The next question that must be addressed is: "What accommodations can be made to facilitate successful reintegration and a secure future for the men and women who signed up to serve after the charge to war, following the attacks on the World Trade Towers in New York in 2011." Another question, yet to be answered is: "If education benefits were promised to volunteers as an incentive to join the war effort, how are those who are using the benefits fairing?" A question more specific to available benefits: "Is the

GI Bill adequate enough to help ameliorate the complex effects of military service on veterans who are now showing up on U.S. campuses?” And finally: “Based on the current evidence, what will be the new best practices for rehabilitation counselors and how will curriculum, coursework, and training programs be enhanced to facilitate successful rehabilitation and reintegration outcomes for veterans and their families?”

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## **Chapter 2.**

### **A Brief Introduction to Chapter 2**

#### **The Post-9/11 GI Bill: Insights from Veterans Using Department of Veterans Affairs Educational Benefits**

The primary researcher enrolled in a graduate level survey methods class during winter quarter of 2010. As a class assignment, she designed a simple survey to be sent out to a list of veteran students in spring of 2011. At this time, many veterans who were attending the university and using their Post-9/11 GI Bill benefits had one year of higher education under their belts and, it was hoped, they had something to say about their experiences. To our surprise, nearly 40 percent of the veteran students who received the survey responded, and a large group of respondents took the time to write about their experiences in an open question format at the end of the survey. The results, both qualitative and quantitative are presented in the following chapter.

The Post-9/11 GI Bill: Insights From Veterans Using Department of Veterans Affairs

Educational Benefits

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## **Abstract**

Since the Post-9/11 GI Bill was implemented in August of 2009, increasing numbers of veterans returning from the Global War on Terror (GWT) have drawn on Department of Veterans Affairs (VA) educational benefits. Based on the findings of a mixed methods study, quantitative and qualitative survey responses from student veterans enrolled at a major university, using both Post-9/11 GI Bill and Vocational Rehabilitation and Employment (VR&E) benefits are discussed. When responding to the quantitative questions on the survey, most veterans reported satisfaction with the benefits program. Three major categories emerged from narrative data gained from responses to an open question: (a) comments about provisions of the Post-9/11 GI Bill program, (b) comments about administrative processes and, (c) comments about support services for veterans using Post-9/11 GI Bill benefits. The study results suggested that additional resources, such as extension of GI Bill entitlement beyond 36 months, additional financial resources, and improvements to veterans' support services, might be necessary for veterans to achieve their educational goals.

*Keywords:* VA educational benefits, Post-9/11 GI Bill, service-connected disability, veterans, Vocational Rehabilitation and Employment

## **Plain Language summary of Chapter 2.**

### **The Post-9/11 GI Bill: Insights from Veterans Using Department of Veterans Affairs Educational Benefits**

We designed this study to learn more about student veterans who were attending a major university, using Department of Veterans Affairs (DVA) education benefits. A short survey was sent by email to all veterans who were attending the university during fall quarter of 2011.

The survey included standard questions about gender, ethnicity, grade in school, whether or not they had a disability and if they were satisfied with their VA benefits. We also wanted to find out how many veterans had chosen the Post-9/11 GI Bill benefit; and how many were using the Vocational Rehabilitation and Employment (VR&E) benefit to help pay for their education. The veterans were also invited to write as much as they wanted to about how they felt about using the benefits. We found that most of the veterans were using their Post-9/11 GI Bill benefits, and nearly forty percent of the veterans reported they had a service connected disability condition.

We learned a lot from the written comments that some of the veterans provided. Many of the veterans wrote about the parts of the GI Bill that did not work too well. Some of the most common complaints were about money – especially veterans’ frustration with their benefit checks being paid late; no money paid to veterans during the breaks; too much paperwork; not enough information available so that they could understand how the benefits worked; and feeling that other non-veteran students treated them differently because they were veterans.

**Chapter 2.**  
**THE POST-9/11 GI BILL:**  
**INSIGHTS FROM VETERANS USING DEPARTMENT of VETERANS AFFAIRS**  
**EDUCATIONAL BENEFITS**

As a result of the Department of Veterans Affairs newest educational benefits program known as the Post-9/11 GI Bill, post-secondary institutions in the United States have experienced a dramatic increase in registration of veterans returning from combat duty in Iraq and Afghanistan (Church, 2009; Madaus, Miller, & Vance, 2009; Vance & Miller, 2009). The Veterans Educational Assistance Act of 2008 or the GI Bill of Rights for the 21<sup>st</sup> Century (referred to hereafter as the Post-9/11 GI Bill) was implemented in 2009 and has provided immediate educational benefits to qualified individuals who have served in the military after September 11, 2001. Given the economic climate and the challenges today's veterans have faced upon separation from military service, the importance of access to and utilization of educational benefits for future employment security is imperative. To fully take advantage of these benefits, veterans with disabilities may need supports in addition to those provided students in general, such as mentoring, advising, and social support as they pursue their higher educational goals (Grossman, 2009; Smith-Osborne, 2009; Vance & Miller, 2009).

Service members injured in combat in Iraq and Afghanistan have survived traumatic injuries at a much higher rate than soldiers with similar injuries from previous conflicts due to advances in emergency field medicine and rapid evacuation of the wounded to hospital facilities (Church, 2009; Friedman, 2006; Madaus, et al. 2009; Uomoto & Williams, 2009). Based on results from a telephone-based survey of previously deployed Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) troops, it was estimated that the number of individuals diagnosed with major depression and posttraumatic stress disorder (PTSD) would be over

300,000. Results from the same study indicated an estimated 320,000 individuals would sustain traumatic brain injuries (TBIs) as a result of combat trauma (Congressional Budget Office, 2012; Hoge et al., 2004; Summerall, 2008). The troops deployed to Iraq and Afghanistan have experienced high levels of combat exposure — 90% have been shot at, a high percentage have handled dead bodies, shot an enemy, or have known a fellow soldier who has died (Congressional Budget Office, 2012; Hoge, et al., 2004). Additionally, more soldiers in today's all-volunteer military have been deployed for multiple tours, increasing the risk of sustaining long-term hearing loss and TBI. Most importantly the “signature wounds” (e.g., PTSD and TBI) of the Iraq and Afghanistan wars are often not immediately apparent, due to delayed symptom manifestation, and/or reluctance to seek care, often related to veterans' concerns about stigma and mental illness (Friedman, 2006; Sayer et al., 2009).

It has been estimated that 712,800 to 840,000 veterans of recent conflicts will eventually apply for disability benefits (Stiglitz & Bilmes, 2008). Following discharge, most veterans, including those with disabilities, return to their local communities. To understand the impact of these disabilities (especially PTSD and TBI), it is important to know about the immediate and sometimes lasting effects that psychological and cognitive disabilities have on participation in civilian life. Readjustment or reentry to civilian life after war zone deployment is a complex process that varies widely among service members in symptom manifestation and time course (Friedman, 2006; Uomoto & Williams, 2009; Walker, Clark, & Sanders, 2010). Recent research about veterans' readjustment has focused on psychosocial adjustment after return from active duty service, especially related to PTSD (Demers, 2011; Sayer, et al. 2010). However, other health problems including major depression, post-concussion syndrome (PCS) or mild TBI, alcohol, substance abuse, and pain have been recognized as co-occurring conditions

associated with the OEF/OIF population (Carlson et al., 2010; Friedman, 2006; Uomoto & Williams, 2009; Walker et al. 2010).

The effects of PTSD often subside once a veteran is removed from a combat environment and has received treatment (Friedman, 2006). Nevertheless, many veterans continue to have problems with reintegration, re-establishing healthy marital relationships, managing changes in relationship role expectations after separation from the service, understanding how to navigate educational programs, and finding suitable employment (Church, 2009; Savoca & Rosenheck, 2000). Many veterans have found the demands of rigorous, full-time, academic schedules daunting (Shackelford, 2009; Vance & Miller 2009). Veterans who have sustained physical and emotional injuries resulting in permanent disabilities are at higher risk of experiencing challenges in readjustment to civilian and campus life after active duty.

According to Shackelford (2009), "...the transition of veterans back to college and university campuses often presents unique, difficult, and unanticipated challenges for faculty, administrators, and staff, and for the veterans themselves" (pg. 36). Veterans with temporary or chronic health conditions may have difficulty attending all scheduled classes, and prescription medications may affect students' mental clarity and performance. Veteran students with functional impairments caused by TBI may experience cognitive problems with judgment, attention, concentration, processing new information, distraction, language abilities, sequencing, short-term memory, and slower thinking (Church, 2009).

### **Context of Study**

The purpose of this study was to gather information from student veterans and to gain further understanding about their satisfaction with VA educational benefits; their confidence about securing future employment as a result of higher educational training provided by the Post-

9/11 GI Bill and/or the Vocational Rehabilitation and Employment Services (VR&E); and to give student veterans an opportunity to comment on their experiences using VA educational benefits. Given the number of service men and women who have returned from the recent wars with both mental and physical health conditions, it is reasonable to believe that a significant percentage of veterans now attending institutions of higher learning may face multiple barriers, including: (a) physical disabilities, (b) mental health problems and, (c) psycho-social challenges that may affect their successful completion of educational goals (Church, 2009).

Much of the research published about veterans and education since 2007 (Church, 2009; Madeus et al. 2009; Shackelford, 2009; Stiglitz & Bilmes, 2008; Smith-Osborne, 2009; Vance & Miller, 2009) has focused on veterans of the current conflicts in Iraq and Afghanistan and the availability of campus services for veterans with disabilities. There remains a research gap related to veterans' satisfaction with and success using the Post-9/11 GI Bill in higher education.

The majority of college-bound veterans returning from the recent conflicts will choose between two distinct VA educational benefits programs. The Post-9/11 Veterans Educational Assistance Act of 2008 (Chapter 33) was enacted by Congress in July of 2008, and went into effect on August 1, 2009. The purpose of the bill was to expand educational benefits to veterans and to provide a recruitment incentive to build and maintain a voluntary military force. Veterans who have served 36 months or more after September 11, 2001 may qualify for the maximum educational entitlement of 36 months. Post-9/11 GI Bill awards are based on number of years served on active-duty (post September 11, 2001), and the maximum award covers full tuition costs at public institutions plus \$1000 per year for fees, books, and supplies. The bill also provides a monthly variable housing stipend while enrolled in training under the plan. The

current maximum monthly housing allowance for veterans living in King County in Washington State in 2011 was approximately \$1400.00 (Defense Travel Management Office, 2012).

Veterans may also be found eligible for Vocational Rehabilitation and Employment (VR&E) services if they have at least a 10% service-connected disability rating and an employment handicap. The VR&E program may provide up to 48 months of benefits, including higher education, vocational and technical education, on the job training, and job-placement assistance. VR&E benefits include payment of tuition and fees, full coverage for books, necessary supplies and equipment, and have provided a monthly stipend of up to \$985 per month. In the summer of 2011, the VR&E monthly stipend benefit was replaced by Basic Allowance for Housing (BAH) benefits, identical to the housing allowance payments for veterans using the Post-9/11 GI Bill. Veterans in the VR&E program maintain regular contact with an assigned vocational rehabilitation counselor and follow an Individual Written Rehabilitation Plan (IWRP). After the veteran completes his/her training or graduates from an approved educational program, VR&E services provide assistance to help veterans find suitable employment.

### **Research Questions**

The intention of this research study was to address the following specific research questions:

- (1) What was the overall satisfaction of veterans using the Post- 9/11 GI Bill and/or Vocational Rehabilitation (Chapter 31) benefits?
- (2) What was the percentage of veterans using the Post-9/11 GI Bill as compared to veterans using VR&E benefits?

- (3) What was the representation of student veterans who have a VA disability rating of 10% or more?
- (4) What was the level of veterans' confidence about future employment as a result of receiving an education using VA educational benefits programs?
- (5) What was the veterans' satisfaction with VA educational benefits based on analysis of qualitative data responses?

It is the authors' hope that the results of this survey will help to advance knowledge of veterans' experiences as students entering post-secondary education using VA educational benefits programs.

## **Methods**

### **Participants**

A list of veterans enrolled as students at the University of Washington (UW) and satellite UW campuses (Seattle, Bothell, and Tacoma) was obtained through the University of Washington, Office of the Registrar, Academic Data Management Office (University of Washington, Office of the Registrar, 2010) after completion and approval of a Certificate of Exemption, including a waiver of written consent, from the University of Washington, Human Subjects Division (HSD No. 40078). The list included only email addresses of veterans who were receiving Department of Veterans' Affairs (VA) benefits under VR&E services or the Post-9/11 GI Bill, and who were currently attending classes on a full time basis and represented student veterans from diverse age, gender, and ethnic populations.

Participation in the study was voluntary and participants remained anonymous. One hundred eighty-one of the respondents were men (73.58%); and 65 were women (26.42%). Eighty of the respondents were graduate students (32.26%); 73 were juniors (29.44%); 68 were

seniors (27.42%); 16 were sophomores (6.45%); and 11 were freshmen (4.43%). One hundred and eighty of the respondents reported they were of “White” ethnic background (72.59%); 19 reported they were of “Asian” ethnic background (7.66%); nine reported they were of Hispanic or Latino ethnic background (3.63%); seven identified their ethnic background as “Black or African American” (2.82%); and six reported “Hawaiian or other Pacific Islander” as their ethnic background. Five of the respondents checked “Other” for their response (2.02%); and 16 checked more than one category and identified themselves as having a “multi-ethnic” background (6.45%). Six of the respondents preferred not to answer (2.42%)(see Table 2.1).

Table 2.1

*Student Veteran Demographic Characteristics*

Characteristic	Frequency	Percentage (%)
<b>Class Status</b>		
Total responses (n = 248)		
Freshman	11	4.43
Sophomore	16	6.45
Junior	73	29.44
Senior	68	27.42
Grad Student	80	32.26
<b>Gender</b>		
Total responses (n = 246)		
Male	181	73.58
Female	65	26.42
<b>Ethnicity</b>		
Total responses (n = 248)		
American Indian or Alaska Native	0	0
Asian	19	7.66
Black or African American	7	2.82
Hispanic or Latino	9	3.63
Hawaiian or other Pacific Islander	6	2.42
White	180	72.59
Other	5	2.02
Prefer not to answer	6	2.42
Multi-ethnic	16	6.45

## Disability status

The group of participants included 93 veterans with service-connected disability ratings of 10% or greater (37.80%); three veterans with non-service-connected disabilities (1.22%); four veterans with service-connected disability rating of 0% (1.63%); 12 veterans reported they were waiting for a pending VA rating decision (5.19%); 15 did not know if they had received a service-connected disability rating (6.1%); and 131 chose the “not applicable” box (53.25%) (Table 2.2).

Table 2.2

### *Student Veterans' Disability Status*

Disability Statistics	Frequency	Percentage (%)
Total responses (n = 246)		
Veteran with non-service connected disability	3	1.22
Veteran with service-connected disability rated 0%	4	1.63
Veteran with service-connected disability rating 10% or greater	93	37.80
Don't know	15	6.1
Not applicable	131	53.25

## Educational benefits

Two hundred and twenty-five of the survey participants reported they were receiving Post-9/11 GI Bill benefits (91.09%); 17 of the participants were receiving educational benefits through VR&E services (6.88%); and eight participants reported they were using “other” educational benefits (3.24%) (total responses = 247/248) (Table 2.3).

Table 2.3

*Student Veterans' Educational Benefits*

Educational Benefits	Frequency	Percentage (%)
Educational benefits used: Total responses (n = 247)		
Post-9/11 GI Bill	225	91.1
Vocational	17	6.88
Rehabilitation and Employment Services		
Other	5	2.02
“I am satisfied with my educational benefits program” Total responses (n = 248)		
Strongly agree	116	46.76
Agree	89	35.89
Neither agree or disagree	14	5.65
Disagree	24	9.68
Strongly disagree	5	2.02
“The process of applying for VA educational benefits was easy” Total responses (n = 248)		
Strongly agree	61	24.60
Agree	117	47.18
Neither agree or disagree	27	10.89
Disagree	34	13.71
Strongly disagree	9	3.63
“I feel confident that my education will provide me with the skill I need to find suitable employment in the future” Total responses (n = 248)		
Strongly Agree	125	50.40
Agree	96	38.71
Neither agree or disagree	21	8.47
Disagree	4	1.61
Strongly disagree	2	0.81

## **Survey Development**

The first author developed a descriptive online survey that was designed to gather information about veteran students, their satisfaction with VA educational benefits, and their experiences with higher education. The survey instrument was initially reviewed for question wording, instructions, and response options by a University of Washington faculty member in the Educational Psychology department of the School of Education who specialized in survey methodology. The survey was further refined in consultation with the co-authors of this paper. The first author asked a committee of four University of Washington graduate students enrolled in a Department of Educational Psychology, Survey Methods course to consider the questions and response options, and asked for feedback about concepts that might have been misinterpreted or omitted in the survey construction. The survey was reviewed and revision suggestions made by (a) the faculty member with expertise in survey design who initially reviewed the instrument, (b) the committee of graduate students enrolled in the Survey Methods course and, (c) a professor in the Rehabilitation Science, PhD Program with expertise in research study design.

Finally, cognitive interviews were conducted with two veterans who were currently enrolled in a local university and using VA educational benefits. Cognitive interviews are a means of testing the wording of a questionnaire to determine whether respondents understand the questions as the author intended. In this case, the two student veterans were asked individually to respond to each survey question in the presence of the first author to talk about what the question meant and also to reflect verbally on their processes of formulating an answer to each question (Dillman, Smyth, & Christian, 2009). The first author then analyzed how each question had been interpreted by the respondents and revised the survey questions to ensure that the

survey would be answered accurately. After consideration of feedback from the interviews, several questions were changed and the order of two questions was revised.

The survey included 11 questions related to 3 general areas: (a) demographic questions, (b) questions related to service-connected disability status and, (c) questions related to VA educational benefits. An open section was provided at the end of the survey for respondents to write comments about their satisfaction with VA educational benefits, and a final open section provided space for respondents to comment on the survey topics or the survey itself (Figure 2.1).

Figure 2.1

*Student Veterans' - Educational Experience Survey*

Questionnaire item	Response choices
Are you currently enrolled as a full time student at the University of Washington?	Yes, No
What is your student status at the University of Washington?	Freshman, Sophomore, Junior, Senior, Grad student
What is your gender?	Male, Female
What ethnic group do you identify yourself as belonging to?	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, Other, Prefer not to answer
Did you receive a disability rating from the Department of Veterans Affairs when you separated from active duty?	Yes, No, Rating decision pending
If you are a veteran with a disability, please check the most appropriate box.	Veteran with non-service connected disability, Veteran with service-connected disability who is rated "zero percent disabled", Veteran with a service connected disability rating of 10% or greater rating decision, Don't know, Not applicable
Are you receiving educational benefits from the Department of Veteran's Affairs? Please mark one response.	Post-9/11 GI Bill, Vocational Rehabilitation Post-9/11 GI Bill, Vocational Rehabilitation and Employment services, Other on and Employment services, Other
If you are receiving educational benefits please consider the following statement, "I am satisfied with my educational benefits program."	Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree
"The process of applying for VA benefits was easy."	Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree
"I feel confident that my education will provide me with the skills I need to find suitable employment in the future."	Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree
If you would like to make further comments about your degree of satisfaction with VA Education Benefits programs, please feel free to explain.	Open question- Respondents may write in comments
Your additional comments about the survey topics or the survey itself are welcome.	Open question- Respondents may write in comments

## **Procedures**

The potential participants received an emailed message that provided information about the research project and a link to the survey instrument using the Catalyst Web Tool – WebQ (Learning and Scholarly Technologies, Catalyst Web Tools, University of Washington, 2012), an online survey research tool. Because researchers using on-line surveys cannot obtain written signatures on paper consent forms, the first page of the survey was an information statement that explained the purpose, risks, and potential benefits of the study and information about how the data gathered would be treated. The information statement also explained that participation was voluntary and that all potential participants had the right to abstain; the right to answer only the questions they chose; and the right to leave the survey at any time. If potential participants decided to opt out they could click “Next” to “Begin the Survey”, or they could close the page to close the survey. The information statement explained that the survey was an anonymous study.

The survey was conducted over a 3-week time period for several reasons. First, email surveys have a faster turn-around rate compared to mailed surveys, with responses coming in even within hours of the survey implementation. Secondly, according to Dillman, et al. (2009) sending out a reminder email is important, and 7 days after the initial survey is considered to be a reasonable length of time, however repeated reminders may be annoying to busy student veterans (Dillman, Smyth, & Christian, 2009).

Reminders were sent to all veterans on the list because the anonymous nature of the survey made it impossible to keep track of those who had accessed and completed the survey and those who did not. Maintaining the survey in an active status for three weeks allowed any remaining responses to trickle in after the reminder was sent. The survey became inactive and

was no longer available to respondents and the email addresses stored in the UW Catalyst Web Tool system (Catalyst Web Tools, 2012) were no longer available to the researcher at this time.

## **Results**

Email invitations to participate in the survey were sent to 614 students who were identified by the Office of the Registrar, Academic Data Management Office (University of Washington, Office of the Registrar, 2012) at the Seattle, Bothell, and Tacoma campuses of UW. None of the emails were returned as undeliverable and all were presumed to have been received by the intended recipients. During a period of three weeks, the researcher collected 248 usable responses for an overall response rate of 40% (248/614).

### **Data Analysis**

The author was influenced by her previous employment as a vocational rehabilitation counselor at the Department of Veterans' Affairs. She is also the daughter of a WWII Marine combat veteran (deceased), the wife of a Navy retiree, one hundred percent disabled veteran, and the mother of a Army veteran who entered the military in 2000 and was subsequently deployed to Iraq in 2008. The chronology of the first author's life has included close relationships with veterans of three United States wars including World War II, the Persian Gulf War, and the Iraqi War. A mixed methods approach was used to analyze the data. Descriptive statistics were generated to summarize the quantitative data and included the frequency and percentage of responses to questions from the three general survey areas.

### **VA Educational Benefits**

Two hundred and five of the respondents who were using the GI Bill or VR&E benefits either agreed or strongly agreed that they were satisfied with their educational benefits (83%). Twenty nine of the respondents using the GI Bill or VR&E benefits either disagreed or strongly

disagreed with the statement “I am satisfied with my VA educational benefits” (12%) while 5 percent did not agree nor disagree.

In response to the survey question, “The process of applying for VA educational benefits was easy”, one hundred and seventy eight of the total respondents chose the “strongly agreed” or “agreed” response (72%); thirty respondents neither agreed nor disagreed (12%) and; forty-three disagreed or strongly disagreed with this statement (16%).

The respondents were asked to respond to the statement “I feel confident that my education will provide me with the skills I need to find suitable employment in the future.” Over 50% of the respondents strongly agreed; approximately 39% agreed with the statement; approximately 8% neither agreed nor disagreed; approximately 2% disagreed, and less than 1% strongly disagreed (n= 248/248)

### **Qualitative Findings Organized According to Theme**

The results from the open questions were analyzed using standard qualitative research methodology. The responses to the survey open question provided narrative data about veteran students’ degree of satisfaction with VA benefits. Analysis of the open question responses involved multiple readings of the narrative data by two coders, (a) the first author and, (b) a veteran with a Master’s degree in anthropology, with expertise in qualitative research methods.

Through the initial line-by-line analysis of the narrative responses, three overarching categories emerged: (a) comments about the legislatively mandated components of VA educational programs (referred to as programmatic comments hereafter), (b) comments related to the implementation of VA benefits (referred to as process comments hereafter), and (c) comments related to the availability and delivery of support services for veteran students (referred to as support comments hereafter). Much of what the student veterans described related

to one or more of these categories that captured the essence of some veterans' experiences using VA educational benefits.

The narrative text was entered into an online mixed-methods software program and prominent themes were identified (*DeDoose, Version 3.1.40, 2010*). Each coder read the responses and identified categories and sub-themes that best correlated to the meaning they deduced from each line. The coders provided different perspectives in analyzing the data and thus enhanced the trustworthiness of the data interpretations (Lincoln & Guba, 1985). After initial independent analysis the researchers met to discuss discrepancies in the themes (categories) they had assigned. The narrative comments were broadly categorized among three themes. The three broad themes included comments about veterans' experiences and their comments indicated that veterans were both satisfied and unsatisfied with aspects of using their VA benefits. The three overarching themes that emerged from analysis of the veterans' comments were:

**Theme 1: Programmatic comments**

Narrative comments that were related to the legislative provisions of the Post-9/11 GI Bill program or the Vocational Rehabilitation and Employment program were coded under Programmatic Comments in general. There were one hundred and eight comments that expressed veterans' general satisfaction with their GI Bill benefits. Some examples of veterans' general comments related to satisfaction included: "I would not be able to attend UW without it"; "The VA educational benefits program is [an] excellent program for Soldier and our family members"; "The Post-9/11 GI Bill is a vast improvement to the previous GI Bill. I applaud congress for making the changes and allowing veterans the opportunity to attend college"; and

“The Post-9/11 GI Bill represents the first non-laughable attempt to pay soldiers back for their service. In the past, the most we were allowed was \$4,400 per calendar year. If you can find a 4 year school that only requires even double that to survive, I’d like to know about it.”

Two respondents expressed satisfaction with the Basic Allowance for Housing payment. They commented: “The benefits under the new system are much better than the old system and also easier for the veteran due to the decreased administrative load on them. The addition of BAH to the program was outstanding and the ability for schools to bill the VA directly makes life easier on everyone I think”. And another respondent claimed: “The BAH has been very helpful- It would be nice to get one last check at graduation to help you after graduation.”

The respondents also identified the need for changes in some of the GI Bill program provisions. Thirteen of the respondents’ comments about dissatisfaction with the GI Bill program were directly related to reported problems with the VA. For example, one respondent commented: “Post 9-11 is an amazing program but much needs to be done within the VA to fix the problems so veterans can get assistance”. Another respondent expressed dissatisfaction with the GI Bill program: “...the VA department at the University of Washington has provided an equally poor administrative experience. I have no idea why it has to be so difficult to use a benefit that I have earned. It seems as if the administrative roadblocks are there both with the VA and the University to dissuade us [from] utilizing the GI Bill program.”

Thirteen of the respondents expressed dissatisfaction with the GI Bill benefit due to problems with communication. For example, one respondent simply stated: “Communication with the VA is very difficult.” Yet another respondent said: “This, alongside the bureaucracy of the VA itself, often results in payment times on the order of months, which is unacceptable for

often financially stressed students (myself included). Additionally, contact with the VA is near impossible. I have, on multiple occasions, spent over two hours on hold only to ask the status of a certification or payment (a 30 second question).”

Nine respondents provided comments to express their dissatisfaction with the Basic Allowance for Housing (BAH) provision under the GI Bill program. For example, one respondent explained: “The VA requires us to be full time students to obtain BAH, being a full time student offers minimal opportunity to gain another type of income. We rely specifically on BAH for primary income, and some months get shorted for half months of enrollment. While the GI Bill states that time off less than 60 days will be paid time off, and the payments are made, often they are delayed. Last month (January 1<sup>st</sup>) I had to pay a \$250 late fee on my rent because the VA only paid me for half of my primary income... each quarter break is very difficult and [this] is the prime reason I am dissatisfied with the VA process.”

Eleven respondents expressed dissatisfaction with the GI Bill entitlement limitation of 36 months; a time period some considered inadequate for degree completion. Some comments from the veterans included: “The VA only offers 36 months for educational benefits, and for most veterans returning to school, that is not enough time/money because some of us start out at a lower math and English level” and another: “Need more time to complete school because of full-time work but the educational benefit will run out before then.”

## **Theme 2: Process comments**

The second qualitative category that was identified was related to the administrative processes involved in using the Post-9/11 GI Bill. Seventy respondent comments were categorized as related to benefits processing issues. Fifteen respondents provided comments that expressed satisfaction with the process of using their educational

benefits. For example, one respondent replied: “I have never had any issue with processing the administrative paperwork to make my educational endeavors possible at UWT, and with their help I can confidently focus on my education and classes, and not worry about the complicated details associated with financing it. My veterans Benefits have been everything that has ever been promised to me and then some. I have funded my entire education with GI bill, VA vocational rehab benefits, and service connected education.” Another comment from a respondent was, “Once you finally get the process going they do however pay the school directly and take care of that portion very well on the veterans part of not having to deal with it.” Three respondents commented on the ease of using their VA benefits. One respondent stated: “I continue to be surprised at how easy it was to apply for benefits and to continue them. I'm also very pleased that my GI Bill benefits are completely covering a very expensive (\$75K+) program.”

Thirty-one student veterans expressed frustration with the process of using their GI Bill benefits in general. Thirteen respondents expressed dissatisfaction with the application process, for example one respondent explained: “The process of applying for them and validating them each quarter leaves much to be desired. The system is fraught with delays and errors.” Another veteran commented: “After close to 6 months of inaction on my application for transferring to the Post-9/11 GI Bill, I ended up contacting my congressman to have them deal with it. Only then was my issue resolved.”

Fourteen respondents expressed dissatisfaction with benefits related to “paperwork” issues. For example: “Communication from the UW VA center to the student is sub-par at best, and the employees have no problem misleading students and dragging out completion of necessary paperwork. This, alongside the bureaucracy of the

VA itself, often results in payment times on the order of months, which is unacceptable for often financially stressed students (myself included).” Another respondent explained: “when payments do not arrive on time, it would be nice to know that the VA received my paperwork.”

A total of one hundred and twenty-six respondents wrote comments about their dissatisfaction with receiving benefits. Representative comments from respondents included: “There are long waiting periods both in the initial application process and during each transition between quarters. These waiting periods have caused me to go without any financial support for several months at a time. This has happened on several occasions.” Another respondent stated: “The VA is slow to pay for classes and process funds. This causes a lot of problems.” A respondent commented: “It is very difficult /distracting to have to worry about the timeliness of payment and go to school at the same time especially since there is no other source of income”, and one more respondent described his dissatisfaction with receiving benefits this way: “Since I am dependent on the GI-Bill for income, I am running behind on my bills and rent since the GI-Bill takes 3-4 weeks after the quarter starts before I receive any payment. I was on the old Montgomery GI-Bill before, and you received payments on a schedule. Now I am going into debt due to the apparent randomness of when my checks arrive.”

The most frequent complaint was from veterans who reported that the process of receiving payment of benefits was often delayed, contributing to financial hardship conditions (n=126). Comments about late payments included: “GI Bill took way too long to get paid; the first quarter was tough without money” and, “[t]here are long waiting periods both in the initial application process and during each transition between quarters.

These waiting periods have caused me to go without any financial support for several months at a time.”

### **Theme 3: Support comments**

Twenty-one respondents contributed comments related to support they have received from others as returning students. Nineteen participants reported satisfaction and expressed appreciation of support from on-campus veteran’s services offices and individual staff members. Some representative comments included: “My experience has been relatively smooth and easy as a direct result of the expertise and professionalism of the personnel in the VA office at UW.” Another respondent wrote: “The GI Bill is excellent and the VA representatives have always been extremely caring and helpful.”

Fourteen respondents explained that they were dissatisfied with support especially because of the lack of available information about VA educational benefits. Other respondents reported dissatisfaction with the level of support provided by the VA and commented that on-campus support for veterans was inadequate. Comments included: “there is little assistance to guide vets through the program and help maximize their benefits. Many vets use their waiver and gi bill thinking it will help get them some extra monies but all it does is use up all their benefit funds so they have none for grad school”. Another respondent stated: “More needs to be done to connect veterans with the programs out there. More coaching needs to be made available to really help those who have challenges such as mtbi or other unique challenges.” Student veteran participants commented on the lack of information that was available to explain various VA educational benefits programs. For example, one veteran commented: “No one can really explain the advantages to the veteran are regarding the use of voc. rehab vs. GI Bill. I am using GI Bill and I think I made the wrong decision.”

## **Participant feedback about the survey**

A final open-ended question was provided for respondents who wished to comment on the survey itself. The majority of participants who commented on the survey expressed appreciation for being provided a forum to comment on their experiences as student veterans. Representative comments included: (a) “The survey was pretty self-explanatory and allowed me to offer my input. Thank you for sending me this;” (b) “Thanks for giving me a chance to provide feedback. I appreciate it;” (c) “I'm grateful for the opportunity to provide feedback about my VA benefits; (d) “It would be nice if the VA conducted a similar survey once in a while;” and (e) “Thank you for taking the time to make a survey. We (Veterans) do appreciate any support we receive, in any form. I am proud I served and that I will be getting a degree with help from the government.”

## **Discussion**

The survey of student veterans at the University of Washington provided descriptive information about veterans’ overall satisfaction using VA educational benefits programs, the benefits delivery system, and the support services provided by the University Veterans’ Office and the VA. Quantitative and qualitative analysis of survey data revealed that veterans were satisfied with most aspects of using their VA benefits, however, in consideration of the open question responses; others had experienced frustration and dissatisfaction with different aspects of using the GI Bill.

At the time of the study, the majority of veterans surveyed (91.09%) were receiving benefits under the Post-9/11 GI Bill, while a small percentage of student veterans were enrolled in the VR&E benefits program for veterans with service-connected disabilities (6.88%). Nearly 40% of the survey respondents reported having a service-connected disability rating of 10% or

greater and would be eligible to apply for the VR&E benefits, yet only a very small percentage of veterans chose this option. Several respondents explained that they did not feel they had been provided enough guidance and information about all VA educational benefits programs at the time of separation from the military and expressed that (provided information) they might have chosen the VR&E program. Some respondents were frustrated by a lack of available information about the advantages of different VA educational programs and expressed dissatisfaction with the lack of knowledgeable staff at campus veterans' offices.

Respondents' program-related comments included concerns about the length of total entitlement under the Post-9/11 GI Bill (36 months) and frustration with the GI Bill requirement of maintaining full-time enrollment to receive the Basic Allowance for Housing (BAH) stipend. Although the GI Bill, BAH is considered to be generous when compared to monthly stipends offered under previous benefit programs (Radford, 2009) many veterans with families still must seek outside employment to make ends meet. Respondents commented about the financial hardship that resulted when the BAH payments arrived late or did not arrive. Veterans and their families have a need for financial stability as they enter colleges and universities and some have found the stress of financial worries to be an impediment to successful academic progress.

Study respondents expressed that it was difficult to maintain full-time class enrollment, a GI Bill requirement for receiving the BAH stipend, while working part or full-time jobs. Additionally, completing a 4-year degree within the 36 months allowed under the GI Bill may be infeasible for working veteran students and those who find full-time enrollment too demanding because of limitations related to physical, cognitive, and psychological disabilities.

Respondents expressed a need for support from staff and employees at veteran's services offices on campus and also from the VA, especially related to questions about

educational benefits. On-campus veterans' services providers should be versed in the differences between the VA educational benefits programs, and ready to help provide veterans with the information necessary to make informed choices about which program best suits their individual needs. The Department of Veterans' Affairs must continue to remove bureaucratic obstacles, including streamlining paperwork and ensuring prompt payment of BAH benefits. Many respondents expressed frustration with inadequate written and telephone communications between themselves and the VA local and federal educational program offices.

Future research may further reveal growing veterans' dissatisfaction, or increased satisfaction with benefits and University veterans' services, social service programs, and changes in VA benefits policies. Another important area for future study will be research that is focused on the graduation and employment outcomes of veterans who have used their GI Bill Benefits, as well as tracking the drop-out and incompleteness rates of veterans using either VA benefits programs. By asking veterans about their current experiences of receiving and using the Post-9/11 GI Bill benefits and VR&E services, veterans' services providers will be better prepared to (a) provide accurate benefits information to veterans, (b) to advocate for improvements to benefits programs and, (c) to assist student veterans on campus to achieve their educational goals and life's ambitions.

### **Limitations**

There were several major limitations to this study. First, since this was a convenience sample and included only veterans enrolled in one four-year university in the Pacific Northwest region, no generalization may be made to broader populations. The study is also limited by its sample of only veterans from a four-year state funded university that has excluded input from veterans attending community colleges and vocational training schools. Another population that

is not represented in this study are those veterans who are attending private, for-profit colleges. Researcher bias may have existed in the interpretation of qualitative data due to the first author's life experiences with family members who are veterans.

#### Implication for rehabilitation counselors and rehabilitation counseling educators

Veterans returning from combat in the wars in Iraq and Afghanistan are individuals with a myriad of rehabilitation and reintegration needs. Rehabilitation counselors working with this population must understand veterans' complex physiological conditions and functional impairments related to orthopedic injuries, amputations, hearing and vision loss, traumatic brain injuries, respiratory injuries, and chronic pain. Psychological injuries may include post-traumatic stress disorder, depression, anxiety, suicidality, cognitive deficits, and adjustment disorders. In many cases, veterans have experienced co-occurring physiological and psychological symptoms and may also have substance abuse problems (Uomoto, 2009).

Rehabilitation counselors and those who provide training to rehabilitation professionals must strive to gain an understanding of the unique disability issues of veterans as well as learn about the psychosocial aspects of veterans' rehabilitation and reintegration needs. Understanding veterans and military populations as a unique culture is paramount to building trust with veteran clients. Service members returning to civilian life after conforming to and living in a military culture often experience a sense of alienation from the civilian world and require time and support from family, friends and professionals upon homecoming.

Rehabilitation counselors, rehabilitation counseling educators, and educators who work with returning veterans as they enter into higher educational programs must consider physiological, psychological, and psycho-social issues that may become barriers to successful entry, progress, and completion of educational goals. Additionally, counselors must become

proficient in understanding and providing information to veterans and their families about Federal, State, and other benefits programs available to veterans. In the coming years, veterans who have served in the recent conflicts will be best served by rehabilitation professionals who have acquired the necessary training and skills to facilitate veterans' successful completion of educational goals that lead to sustainable and appropriate employment.

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## Chapter 3

### **A Brief Introduction to Chapter 3**

#### **Student Veterans With and Without Disabilities: Use of Educational Benefits, Psychosocial and Health Status, and Experiences in Post-Secondary Education**

Informed by the results of the survey of student veterans conducted in 2011 [included by permission of the authors (Bell, Boland, Dudgeon, & Johnson, 2013)] we decided to add additional questions and do a follow-up survey to understand how demographics may have changed over the course of two years. We wanted to find out if student veterans would still express satisfaction with their VA benefits and also if they had additional concerns or frustrations with the programs, procedures, and available support from the VA and university faculty, staff and students. Using item banks borrowed from the National Institute of Health, Patient Reported Outcome Measures (PROMIS<sup>®</sup>) we hoped to gain more specific understanding about student veterans' self-reported opinions of their own physical and mental health. The results of the second survey are presented in the following paper.

## Abstract

**Objective:** A survey of student veterans was conducted to gather descriptive information and views about experiences on campus; perceptions of physical, medical, and mental health conditions; and satisfaction with VA educational benefits. **Method:** 245 veterans receiving education benefits from the Department of Veterans Affairs and attending one of two public universities and one community college participated in the investigation. Participants completed a survey using structured and unstructured response formats that assessed disability status, satisfaction with educational benefits, satisfaction with social roles, perception of physical function, anxiety, depression, sleep quality, pain interference, general cognition, executive function, and demographics. Independent samples t-tests were used to examine the differences between the scores of participants who reported they had a service-connected disability and those who reported no disability. Standard qualitative methods were used to code and analyze written responses in open-question field(s). **Results:** The mean age of the participants was 33.5 years (8.99 SD). Male students made up 80% of the student veterans. Forty percent of the participants indicated they had a service-connected disability rating or pending claim for disability. Most were using the Post-9/11 GI Bill benefits while 11% reported using the VA Vocational Rehabilitation benefit. In comparison to US population norms on self-report measures (i.e., PROMIS<sup>®</sup>), veterans' scores for cognition-general function and cognition-executive function were significantly lower, and scores for anxiety, depression, fatigue, and sleep disturbance were different from the US norms. Veterans with disabilities had significantly lower, general cognition and executive function scores than veterans who indicated they did not have a disability. Veterans expressed gratitude for and acknowledgment of opportunities provided by the VA benefits in written comments, and also provided comments about problems with benefit

payments resulting in financial hardship. Veterans expressed difficulties with social interaction on campus. **Conclusion:** Student veterans have complex bio-psycho-social and economic needs that (appear to) pose a threat to their ability to complete post-secondary degrees leading to successful, sustainable employment. To ensure academic success, student veterans (likely) require additional support and resources that go beyond the benefits granted under the Post-9/11 GI Bill program.

**Keywords:** education benefits; cognitive functional impairment; self-reported health assessment; barriers to degree completion

### **Plain Language summary of chapter 3**

#### **Student Veterans With and Without Disabilities: Use of Educational Benefits, Psychosocial and Health Status, and Experiences in Post-Secondary Education**

A survey questionnaire was sent by email to veterans who were enrolled in classes at two universities. The purpose of the research was to collect information that might help us to understand how student veterans are doing after leaving the military and going back to school. We used the same survey questions that we had used in an earlier study and added some more questions about physical and mental health.

The results from the survey indicated that more veterans were using Vocational Rehabilitation benefits than before; and while most of the answers to other questions about gender, race, and disability were very similar to the earlier study data, we noticed some differences and gained new information in this study. Some changes included, a larger percentage of veterans who were now using the VR&E benefits, and differences between student veterans with disabilities compared to those who did not report having a disability.

The results of our study suggested that student veterans might have more anxiety, depression, pain, and problems with memory than other people in the United States population. The survey results also suggested that student veterans who reported that they did have a disability might experience more problems with memory, concentration, and ability to organize than the veterans who did not have a disability.

The veterans who answered this survey also had a chance to write about any feelings or thoughts about being veterans attending university. Some of the most common complaints from the veterans were about money problems; as well as problems with understanding their benefits;

late payment of monthly benefits; and money problems during the breaks between quarters when the veterans do not receive education benefit payments.

### Chapter 3

#### **STUDENT VETERANS WITH AND WITHOUT DISABILITIES: USE OF EDUCATIONAL BENEFITS, PSYCHOSOCIAL AND HEALTH STATUS, AND EXPERIENCES IN POST-SECONDARY EDUCATION**

In 2009, the Veterans Educational Assistance Act of 2008 (Post-9/11 GI Bill; Pub. L. 110-252) became available to qualifying service men and women who had served on active duty in United States military operations following September 11, 2001. The roll-out of the new educational benefit program has been a popular option for returning veterans and, to date, it is estimated that nearly 1 million veterans and their dependents have accessed benefits, including payment of tuition and other college expenses as well as a monthly allowance paid to qualifying veterans during the months they are enrolled in school (National Center for Veterans Analysis and Statistics, 2010). The numbers of veterans attending institutions of higher education using Department of Veterans' Affairs (VA) educational benefits is impressive; however, there has been a dearth of information about challenges encountered by student veterans while using VA education benefits (Church, 2009; Ellison et al., 2012).

Researchers have identified several factors that may put first-time civilian students at risk of not completing a higher educational degree (Ackerman, DiRamio, & Mitchel, 2009; Branker, 2009; Elliot, Gonzales, & Larsen, 2011). Like other students, veterans pursuing a postsecondary education may experience difficulty adjusting to full-time academic schedules, challenging coursework, exams, and managing personal finances (Ackerman et al., 2009). Not unlike other non-traditional students who face integration problems when entering post-secondary educational environments, veterans enter college with multiple risk factors that may interfere with degree completion, including: being of older age, financial difficulties, maintaining part-time or full-time employment, and managing additional responsibilities of family life that may

include dependent children (Wurster, Rinaldi, Woods, & Liu, 2013). However, in spite of certain similarities, the challenges encountered by service men and women when transitioning from active duty service to college or university campuses are significantly different than for traditional college-aged students (Rudd & Bryan, 2011).

Veterans who have been immersed in military culture, often in a combat environment, have issues and concerns that naïve non-military students and faculty members may never fully understand (Brown & Gross, 2011). As a sub-population of students with unique needs, veterans may become frustrated when attempting to communicate both academically and socially with fellow students who have little knowledge or understanding of military life (Kim & Cole, 2013; Shea & Fishback, 2012). Most importantly, a substantial number of veterans returning from the recent wars may experience additional barriers to academic success as a result of limitations caused by injuries sustained while serving in the military (Church, 2009; Ellison et al., 2012; Rumann & Hamrick, 2010).

### **Effects of war**

The wars in Iraq and Afghanistan often referred to as Operation Iraqi Freedom (OIF), and Operation Enduring Freedom (OEF), have taken a particularly weighty toll on service members of the United States Armed Services. The total number of individual deployments to Iraq or Afghanistan since September 11, 2001 has been estimated to be 3.3 million – this number reflects the fact that over 2 million individual service members had deployed (as of October 2009) and nearly 800,000 had deployed multiple times (Baiocchi, 2013; Zinzow, Britt, McFadden, Burnette, & Gillispie, 2012).

Experience with traumatizing events during combat operations in the wars in Iraq and Afghanistan has included: exposure to multiple traumatic events such as urban guerilla warfare;

frequent civilian casualties; car bombs explosions; suicide bombings; improvised explosive devices (IEDs); and roadside bombs – particularly roadside bombs designed to detonate and destroy convoy vehicles. Because of improved and timely medical care, rapid evacuation to medical facilities, and upgraded personal and vehicle protective armor, many service members are now surviving injuries that would likely have been fatal in previous wars (Belmont et al., 2010; Girona et al., 2009).

Although the total veteran population in the United States has been declining since 1985, the number of veterans with service-connected disabilities has steadily increased. Since 2001, the largest group of veterans with service-connected disabilities included those who had been awarded their first disability rating decision from the VA. A growing proportion of this group of veterans have disability ratings of 50% or higher, and veterans' Compensation and Pension examiners have awarded higher initial ratings compared with veterans' initial ratings in the previous two decades (National Center for Veterans Analysis and Statistics 2014).

### **Readjustment problems**

Following deployment, returning service members often feel anxious and overwhelmed, as they have attempted to resume family and community roles as veterans and civilians. Service members have experienced the stress of traditional combat events, the constant fear of injury and death, hazardous environmental conditions, exposure to chemical toxins, and sexual abuse or assault during deployment in the wars in Iraq and Afghanistan (Fontana & Rosenheck, 2008; Hoge et al., 2004; Tanielian & Jaycox, 2008). Nearly one third of those deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have come from National Guard and Reserve military units. Unlike any other conflict in American history, these

military members have faced multiple deployments and have been deployed frequently, with limited dwell or rest time between deployments (Renshaw, 2010).

### **Prevalence of disabilities**

Multiple studies of soldiers and marines who have been deployed to Iraq in support of Operation Iraqi Freedom (OIF) have reported 70% to 86% were engaged in a firefight; and as many as 55% to 58% had experienced an IED blast (Clark, Bair, Buckenmaier, Girona, & Walker, 2007; Hoge et al., 2004; U.S. Department of the Army, Office of the Surgeon General, 2010; Zinzow et al., 2012). Exposure to combat and other war-related traumatic events has contributed to the prevalence of mental health problems in the cohort of veterans who served in recent wars. Research studies have suggested that from 18% to 45% of returning OEF/OIF soldiers may have Post Traumatic Stress Disorder (PTSD) (Hoge et al., 2004; Tanielian & Jaycox, 2008; Vasterling, Verfaellie, & Sullivan, 2009).

### **Barriers to reintegration**

Homecoming can be both physically and emotionally exhausting for veterans and their family members (Bowling & Sherman, 2008). According to Friedman (2006) and Uomoto and Williams (2009), readjustment or reentry to civilian life after war zone deployment is a complex process that varies widely among service members in symptom manifestation and time course (Walker, Clark, & Sanders, 2010).

In 2011, the Pew Research Center conducted a survey of 712 military veterans who had served on active duty after September 11, 2001. According to the survey results, 44 percent of the respondents indicated they had experienced difficulties adjusting to civilian life after leaving military service. Nearly half (48%) indicated they had experienced strain in family relations since coming home. In response to the Pew survey, nearly four-in-ten OEF/OIF veterans

reported they believed they had PTSD, and of these, one in four reported they were still having nightmares or flashbacks. Half of the respondents (52%) said they had experienced emotionally traumatic or distressing experiences while in the military. One-in-six said they were seriously injured during their time in the service with most of the injuries occurring in combat (Taylor et al., 2011). Recent research about veterans' readjustment has primarily focused on psychosocial adjustment after return from active duty service, especially related to PTSD (Demers, 2011). In recent years, major depression, post-concussion syndrome (PCS) or mild traumatic brain injury, alcohol and substance abuse, and co-occurring pain have been recognized as a combination of health conditions that have been unique to the OIF/OEF population (Walker et al., 2010).

### **Functional impairment due to disability**

Recent data and current reports have drawn national attention to the prevalence of neuropsychiatric conditions of returning members of United States military operations, and the cognitive problems often associated with PTSD and TBI (Capehart & Bass, 2012; Carlson et al., 2010; Church, 2009; Elliot, Gonzalez & Larsen, 2011; Hoge, Auchterlonie, & Milliken, 2006; Lapierre, Schwegler, & Labauve, 2007). In a recent study, researchers measured functional impairment due to depression and found that nearly all soldiers who reported PTSD symptoms also reported having functional impairment, with increasing symptoms at the 3- and 12-month post-deployment time points (Thomas et al., 2010). According to the findings from this and other recent studies, the prevalence of mental health problems among many veterans has been found to increase, even as long as 12-months post-deployment (Grieger et al., 2006).

Other co-morbid conditions, including chronic pain, fatigue, and sleep disturbance, may interact or overlap with PTSD or TBI and lead to greater impaired functioning (Macera et al., 2012; Morasco et al., 2013; Otis et al., 2010; Walker et al., 2010). Veterans with PTSD have

often experienced decline in memory, due to a diminished ability to concentrate (Capehart & Bass, 2012; Polak, Witteveen, Reitsma, & Olf, 2012). In a study assessing the effects of PTSD on functional impairments in cognition, Geuze, Vermetten, de Kloet, Hijman, and Westenberg (2009) found that veterans with PTSD scored lower than age-matched veterans without PTSD on measures of memory performance and immediate and delayed verbal memory (p. 9-11).

Major depressive disorder has often accompanied PTSD symptoms, contributing to further functional limitations for veterans. In a recent study, researchers measured functional impairment due to depression and found that nearly all soldiers who reported PTSD symptoms also reported having some functional impairment considered “very difficult” or “extremely difficult” with increasing symptoms at the 3 and 12-month post-deployment time points (Thomas et al., 2010).

PTSD has also been associated with social anxiety disorder, and individuals who have co-occurring PTSD and social anxiety disorder have been found to be at higher risk for major depressive disorder and greater suicide risk, as well as greater distress and functional impairment in physical, mental, and social functioning (Collimore, Carleton, Hoffman, & Asmundson, 2010).

Although few clinical studies have successfully differentiated between TBI and PTSD, in general, individuals with TBI have complained of headaches, fatigue, irritability, dizziness, and memory and attention deficits (Difede & Barchas, 2010). Chronic or persistent residual symptoms of TBI have been referred to as post-concussive syndrome (PCS) and may persist or worsen. Symptoms of PCS include headaches, concentration and memory problems, insomnia and vestibular deficits, and/or irritability (Girona et al., 2009; Lew et al., 2008; Lux, 2007).

Individuals with more severe TBI injuries may exhibit long-term neuropsychological

impairment in the areas of attention, memory and learning, executive function, language and communication, visual – spatial skills, and processing speed (Brenner et al., 2009; Lux, 2007). Manifestation of PTSD with comorbid major depressive disorder has been associated with psychological trauma **and** sustaining a mild traumatic brain injury (mTBI), contributing to further functional limitations for veterans with TBI.

While the VA has implemented post-combat TBI screening for returning veterans, there are several reasons why the symptoms presenting in a veteran with TBI or mTBI may be undiagnosed. Lack of physician training and misperceptions of blast injury biomechanics may result in attribution of cognitive symptoms to psychiatric causes alone. In the case of a soldier who has been hospitalized for multiple life-threatening injuries, evaluation for TBI may be overlooked due to treatment of orthopedic, vascular, or pulmonary injuries. Misinformation about TBI, including the erroneous belief that brain injury can only occur if there is a loss of consciousness, also threatens the consideration of TBI as the cause of psychiatric symptoms (Capehart & Bass, 2012).

### **Other challenges**

The dynamics of readjustment and the rehabilitation needs of military members must be considered in the context of military, cultural, environmental, political, medical, and psychological variables. This may be especially true for those who have recently transitioned from active duty to civilian/veteran status. Increasingly, a growing consensus among rehabilitation health care providers is that post-combat disorders are best understood and treated from a bio-psychosocial perspective (Uomoto & Williams, 2009; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009; Sayer, et al., 2009; Sigford, 2008). Most veterans and service members with combat-related trauma or *poly-trauma* have multiple health conditions that may

include neuropsychiatric, psychological, orthopedic, and other physiological wounds that require comprehensive, interdisciplinary care (Angrist, 1993; Madeus, Miller & Vance, 2009).

Student veterans have experienced feelings of *not fitting in*; feeling *different* than non-veterans; and social *alienation* from the general student population (Ackerman, DiRamio, Mitchell, 2009; Gonzalez & Larsen, 2011; Lifton, 1992; Nichols-Casebolt, 2012). Veterans are members of a distinct cultural group with ethos and experiences that may be primarily known to the general public by how they are portrayed in news and print media. Veterans of the recent wars, not unlike American veterans of previous conflicts, may be regarded by non-veterans as *The Other* or as members of a group who have experiences that are different than the *known* cultural experiences of the norm group (Beauvoir, 1949).

Media coverage has expanded public understanding and concern for veterans' physical and mental health conditions, however movies, documentaries, and news headlines have contributed to a widespread public attribution of characteristics to veterans with PTSD, that include irrational behavior, anger, and dangerousness (Corrigan & Penn, 1999, Williams, 2014). The civilian cultural assignment of meaning, especially the belief that veterans with PTSD are mentally unstable and dangerous (Mittal, Blevins, Drummond, Corrigan, Curran & Sullivan, 2013) has likely contributed to student veterans' perceived and real experiences of alienation on college and university campuses (Dror, Corrigan, Britt, & Langford, 2012; Gonzalez & Larsen, 2011; Norden, 1994).

Compounding the barriers associated with physical and mental health disabilities, veterans and their families often experience financial insecurity when active duty service ends. Monthly stipend payments provided by the Post-9/11 GI Bill may essentially serve to extend the monthly housing allowance to a student veteran and his/her family; however, the pay is not as

reliable as active duty Basic Allowance for Housing (BAH). The full BAH monthly payment may be reduced or stopped for a variety of reasons including: no pay during school break periods, ½ pay for veterans attending on-line only programs, and reduction in allowance for less than full-time enrollment. Student veterans may decide to take on full- or part-time employment due to recurrent financial uncertainty (Wurster et al., 2013).

Since the implementation of the Post-9/11 GI Bill in 2009, the Department of Veterans Affairs has paid for nearly one million veterans of the wars in Iraq and Afghanistan to attend colleges and universities (Department of Veterans Affairs, 2014). However, at the time of this study, there had been no known efforts by the Department of Veterans Affairs to track retention and graduation rates of veterans using the GI Bill (Fain, 2013; Government Accountability Office [GAO], 2013; Wagner, Cave, & Winston, 2013). Continuing research is critical to understand how the barriers student veterans encounter may impede the achievement of their educational goals.

In this study, the attitudes of student veterans with respect to types of veterans' educational benefits, academic and other educational supports, interactions with student peers, and self-reported emotional and cognitive status will be examined.

### **Methods**

Veterans attending one public Tier 1 research university and one public regional university were recruited to participate in the study. Approval was obtained from the institutional review boards of both universities, and all requirements were met to protect the human subject's rights. Inclusion criteria for this survey were:

- 1) Veterans who were currently attending classes at 2 public universities, and one community college

2) Veterans who were receiving Department of Veterans' Affairs (VA) benefits under VA Vocational Rehabilitation & Employment Services (Chapter 31) or the Post- 9/11 GI Bill (Chapter 33).

### **Delivery of survey**

The survey was delivered to potential participants at the first university and the community college participants by email invitation. A list of email addresses of veterans enrolled as students at the first university was obtained through the Office of the Registrar, Academic Data Management Office; and a list of email addresses of veterans enrolled as students at the community college was obtained through the Human Subjects review office. An email with link to the survey tool and basic information about the study was sent. The participants were asked to follow a link and take the survey if they chose to do so, which was considered as implied consent to participate. If participants chose to respond, their survey responses were maintained as anonymous with no data linked to the individual participant. As requested by the Veterans' Certifying Official at the second university, the survey was distributed by the Veterans' Services office to all student veterans by email invitations that included a link to the survey instrument.

All veterans who did not respond in the first seven days of the survey were contacted again via email (students at the first university and community college received an email reminder sent via the campus Web survey tool and student veterans at the second university received an email reminder from the Veterans' Certifying Official). After the designated three-week survey period, the survey became inactive and was no longer available to participants. The email addresses of the students attending the first university became unavailable to the researcher at this time. The veterans' services representative at the second university managed the emailed

delivery of the survey to student veterans and therefore was the only person who had access to the student veterans' email addresses.

## **Instruments**

The survey instrument included questions from an earlier survey conducted in 2010 (Bell, Boland, Dudgeon, & Johnson, 2013). The survey questionnaire was designed as a web-based study, using the tailored design method (Dillman, Smyth, & Christian, 2009) and included questions about demographic characteristics of participants, service-connected disability status, choice of VA education benefits, and satisfaction with VA education benefits.

Two unstructured response formats were included in the survey questionnaire to 1) gather written comments from participants about their satisfaction with, or other comments about, their experiences as student veterans and, 2) gather written comments from participants about the survey itself. The survey also included the PROMIS-29 Profile version 1.0 assessment.

PROMIS© was funded by the NIH to establish a national resource for precise measurement of patient reported symptoms, functioning, and health-related quality of life. PROMIS measures provide a common metric for assessment of physical function, pain, fatigue, emotional distress, social function, and sleep/wake disturbance. PROMIS instruments were developed using Item Response Theory (IRT) and have been found to be reliable and valid. More information about the PROMIS instruments can be found at [www.nihpromis.org](http://www.nihpromis.org).

The PROMIS - 29 questionnaire includes short-forms from 7 core PROMIS domains of depression, anxiety, physical function, fatigue, pain interference, sleep disturbance, satisfaction with social roles, and an eleven-point question on pain disturbance. These domains measure the impact of the chronic and acute health conditions that are characteristic and common among

returning veterans. The conceptual definitions of each PROMIS test domain are listed in Table 3.1.

Table 3.1

*Patient Reported Outcome Measures (PROMIS) Health Domains- Definitions*

Health Domain	Definitions
Physical function	One’s ability to carry out various activities that require physical capability, ranging from self-care (activities of daily living) to more vigorous activities that require increasing degrees of mobility, strength or endurance
Depression	Negative mood (e.g., sadness, guilt), decrease in positive affect (e.g., loss of interest), information-processing deficits (e.g., self-criticism, worthlessness), and negative social cognition (e.g., loneliness, interpersonal alienation)
Anxiety	Fear (e.g., fearfulness, feelings of panic), anxious misery (e.g., worry, dread) hyperarousal (e.g., tension, nervousness, restlessness), and somatic symptoms related to arousal (e.g., cardiovascular symptoms, dizziness)
Fatigue	Overwhelming, debilitating, and sustained sense of exhaustion that decreases one’s ability to carry out daily activities, including the ability to work effectively and to function at one’s usual level in family or social roles
Sleep disturbance	Sleep quality, sleep depth, and restoration associated with sleep; perceived difficulties with getting to sleep or staying asleep; and perceptions of the adequacy of and satisfaction with sleep
Satisfaction with social roles	Involvement in, and satisfaction with, one’s usual social roles in life’s situations and activities
Pain Interference	[Pain] an unpleasant sensory and emotional experience associated with actual or potential tissue damage. [Interference] impact on physical, mental, and social activities; and behaviors one engages in to avoid, minimize, or reduce pain

The Neurology Quality of Life Measurement (Neuro-QOL) Item Bank version 1.0. short forms for Applied Cognition – General Concerns, and Applied Cognition – Executive Function were also included. Neuro-QOL patient reported outcome measures were developed using methodology similar to PROMIS and have well demonstrated reliability and validity [(National

Institute of Neurological Disorders and Stroke (NINDS)]. Conceptual definitions of Cognition – General Concerns and Cognition Executive Function test domains are listed in Table 3.2.

Table 3.2

*Neuro-QOL Health Domains*

Neuro-QOL Health Domain	Definition
Applied Cognition Executive Function	Perceived difficulties in applications of mental function related to planning, organizing, calculating, working with memory and learning
Applied Cognition- General Concerns	Perceived difficulties in everyday cognitive abilities such as memory, attention and decision-making.

**Participants**

The participants (N=245) included veterans enrolled as students at two universities and one community college. The average age of survey respondents was 33.5 years with a standard deviation of 8.99 and approximately 80 percent of the participants were men. The majority of the respondents were currently using the Post-9/11 GI Bill benefits (78%) and a lesser number of veterans (11%) reported they were receiving Vocational Rehabilitation and Education benefits, while the remaining respondents (11%) indicated they were using “other benefits”.

Approximately 40% of the student veterans reported they had received a service-connected disability rating of 10% or greater from the Department of Veterans Affairs upon leaving active-duty status. As compared to the undergraduate student population at the community college and two universities, the survey respondents in general were older and more likely to be Caucasian.

**Data Analysis**

**Quantitative data**

Analyses included descriptive statistics of the study sample, including demographic information and disability status. Independent-samples *t*-tests were used to compare physical function, anxiety, depression, fatigue, sleep disruption, satisfaction with social role, pain intensity, executive function, and general cognitive function between participants who indicated they had a disability rating, or had filed a claim for disability that was pending a rating decision, and participants who reported they did not have, or did not know if they had a disability. Analyses were conducted using SPSS version 22 (SPSS, Inc., Chicago, IL).

### **Qualitative data**

The first author and a doctoral student reviewed the written comments. The researchers first identified concepts in the written excerpts and coded the data – the coded data were grouped together and then reduced to identify themes and subthemes. The researchers then compared the results and resolved disagreements in coding by achieving consensus through discussion.

### **Results**

Invitations to participate in the survey were sent to a total of 1,379 student veterans from one Tier 1 University, one regional public university, and one community college. None of the emails were returned to the researcher as undeliverable and it was presumed that the intended participants received the email invitations. The researcher collected 205 usable responses from the first university, 31 responses from the second university, and 9 responses from the community college. The total of all responses was 245, for an overall response rate of approximately 18 percent. There were 75 survey respondents who provided individual written comments to unstructured response format questions.

## Demographics

Approximately 80% of respondents were male, 73% identified themselves as White, and the average age was 33.5 ( $SD=8.98$ ) years. 34% were graduate students, approximately 25% seniors, 22% juniors, 6% were sophomores, 4% were first year students, and approximately 9% chose “Other” as their response (Table 3.3).

Table 3.3

### *Demographic Characteristics of Student Veterans*

<hr/>			
Age	$M = 33.47^a$	$SD = 8.98$	
<b>Gender</b>		Frequency	Percentage
Male		195	79.6
Female		50	20.4
<b>Ethnicity</b>			
American Indian or Alaska Native		7	2.9
Asian		14	5.7
Black or African American		12	4.9
Hispanic or Latino		10	4.1
Native Hawaiian or Other Pacific Islander		2	.8
White or Caucasian		179	73.1
Other		13	5.3
Prefer not to answer		7	2.9
No response		1	.4
<b>Student status</b>			
Freshman		10	4.1
Sophomore		15	6.1
Junior		55	22.4
Senior		60	24.5
Graduate student		83	33.9
Other		21	8.5
Prefer not to answer		1	.50

<sup>a</sup> Range = 18 – 64 years

## Disability status

Among the N=245 participants, 98 veterans (40%) reported service-connected disabilities, 19 of the veterans (approximately 8%) reported that they were waiting for a pending

VA disability claim decision, and 8 of respondents (3%) reported they “Did not know” if they had a disability while 120 (49%) reported no disability (Table 3.4).

Table 3.4

*Status of Student Veterans’ Disability Rating From VA*

<b>Disability Status</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	98	40%
No	120	49%
Rating decision pending	19	7.8%
Don’t know	8	3.3%
	245	100%
Non service-connected disability	4	1.6%
Service-connected disability rated 0%	9	3.7%
Service-connected disability rated 10%>	95	38.8%
Don’t know	15	6.1%
Not applicable	122	49.8%

**Educational benefits**

Most respondents were receiving Post-9/11 GI Bill benefits 190 (approximately 78%), whereas others were in the VR&E benefits program 27 (approximately 11%) or reported using “other” educational benefits 27 (approximately 11%). A large majority of respondents 208 (approximately 85%) strongly agreed or agreed with the statement “I am satisfied with my educational benefits program,” whereas some 18 (approximately 7%) either disagreed or strongly disagreed; 15 (approximately 6%) neither agreed nor disagreed; and 4 (2%) chose not to answer. A smaller majority 151 (approximately 62%) indicated they either agreed or strongly agreed that “applying for VA educational benefits was easy,” whereas others 50 (20.5%) disagreed or strongly disagreed with the statement and 43 (17.5%) neither agreed nor disagreed with this the statement. In response to the question “I feel confident that my education will provide me with the skills I need to find suitable employment in the future,” 208 (approximately 85%) of

respondents either agreed or strongly agreed, 9 (approximately 4%) of the respondents either disagreed or strongly disagreed, and 27 (11%) neither agreed nor disagreed (Table 3.5).

Table 3.5

*Student Veterans' Educational Benefits*

<b>Educational benefits</b>	<b>Frequency</b>	<b>Percentage</b>
Post-9/11 GI Bill	190	77.6
Vocational Rehabilitation and Employment	27	11
Other	26	10.6
Did not answer	2	.8
 <i>I am satisfied with my education benefits</i>		
Strongly agree	107	43.7
Agree	101	41.2
Neither agree nor disagree	15	6.1
Disagree	16	6.5
Strongly disagree	2	.8
Did not answer	4	1.6
 <i>The process of applying for educational benefits was easy</i>		
Strongly agree	59	24.1
Agree	92	37.6
Neither agree nor disagree	43	17.6
Disagree	40	16.3
Strongly disagree	10	4.1
Did not answer	1	.4
 <i>I feel confident that my education will provide me with the skills I need to find suitable employment in the future</i>		
Strongly agree	123	50.2
Agree	85	34.7
Neither agree nor disagree	27	11
Disagree	7	2.9
Strongly disagree	2	.8
Did not answer	1	.4

### Benefit choice and disability status

Twenty seven veterans receiving VR&E benefits (11% of the sample) reported that they had received a disability rating from the VA, and of the veterans who were receiving the Post-9/11 GI Bill benefits, 86 veterans (35%) had a disability rating or were awaiting VA decision on a pending disability claim, and 126 (52%) reported they did not have or did not know if they had a disability rating. Of the veterans who reported they were using “Other” educational benefits, 4 (.63%) indicated they had a disability rating and 22 (8.98%) reported they did not have a disability rating. Eight respondents did not answer this question (3.26%) (Table 3.6).

Table 3.6

<i>Student Veterans With and Without Disabilities / Education Benefits Used</i>				
	Post-9/11 GI Bill	VR&E services	Other	Total
Has Disability or pending disability claim	86 (35.1%)	27 (11.02%)	4 (.02%)	117 (47.75%)
Does not have disability or don't know	98 (40%)	0	22 (8.97%)	120 (48.97%)
Missing				8 (3.26%)
<b>Total</b>	<b>184</b>	<b>27</b>	<b>26</b>	<b>245</b>

### Symptoms and QOL indicators

Descriptive statistics for the PROMIS-29 and Neuro-QOL measures are presented in Table 3.7 for the student veteran participants at the two universities and one community college (N=245). Figure 3.1 depicts mean differences from general population norm scores in all domains.

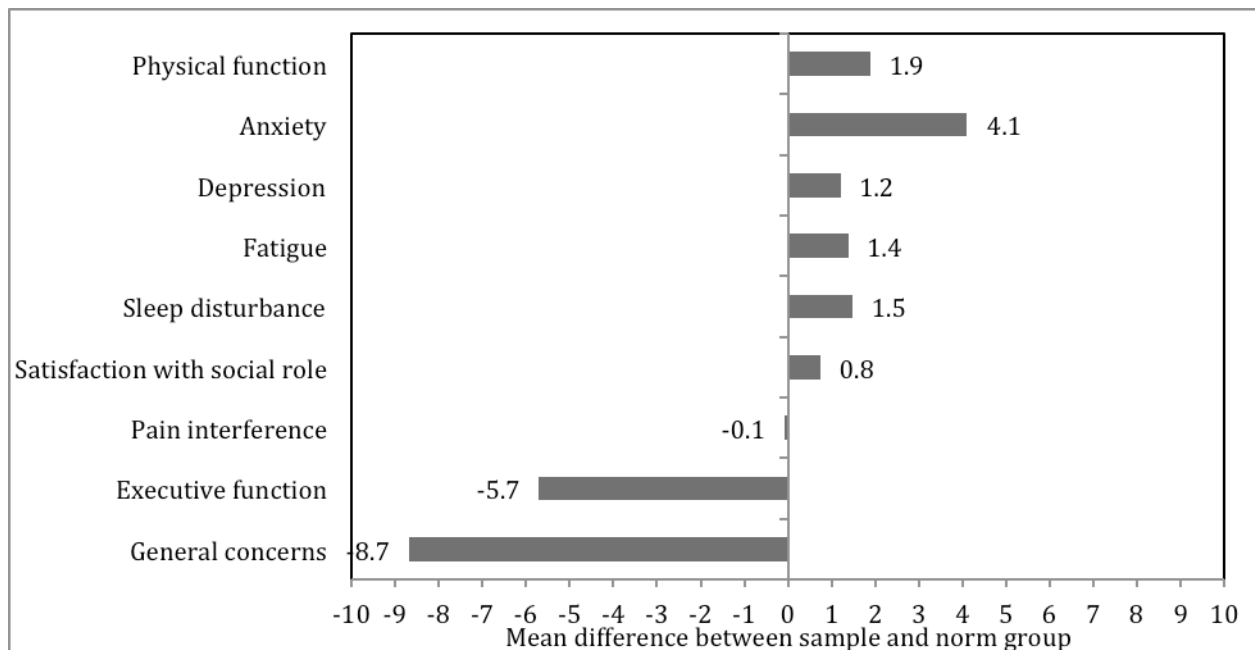
Table 3.7

*Means and Medians for the PROMIS – 29, Neuro-QOL Patient Reported Outcome Instruments in Student Veterans at UW, EWU, and WCC*

INSTRUMENTS	N	Mean + SD	Median (range)
PROMIS-29 physical functioning	241	51.89 + 7.11	56.90 (29.10-56.90)
PROMIS-29 anxiety	242	54.10 + 9.63	53.70 (40.30-81.60)
PROMIS-29 depression	241	51.20 + 9.29	51.80 (41.00-79.40)
PROMIS-29 fatigue	242	51.38 + 9.54	51.00 (33.70-75.80)
PROMIS-29 pain interference	243	49.91 + 8.78	49.60 (41.60-75.60)
PROMIS-29 sleep disturbance	227	51.48 + 8.64	52.40 (32.00-73.30)
PROMIS-29 satisfaction with social role	242	50.75 + 8.92	51.60 (29.00-64.10)
Neuro-QOL Cognition General	239	41.31 + 7.81	41.10 (20.00-59.30)
Neuro-QOL Cognition-Executive Functions	236	44.30 + 9.40	44.60 (13.10-57.60)

Figure 3.1

*Mean Differences from the Norm Group in All Domains*



There were statistically significant but very small differences from the general population in scores for physical function, depression, fatigue, and sleep. The statistically significant difference in anxiety scores approach half a standard deviation and clinical significance. Veterans reported substantially more concerns about cognitive function ( $M = 41.31$ ) and executive function ( $M = 44.30$ ) than the PROMIS US general population (Table 3.8).

Table 3.8

*Symptom Levels in a Sample of Student Veterans at UW, EWU, and WCC Compared to a US Normative Sample*

Symptom Domain	Student Veterans				US Normative Sample			<i>t</i>
	<i>N</i>	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>	median	
Physical function	241	51.89	7.11	56.90	50.00	10.00	50.73	4.12*
Anxiety	242	54.10	9.63	53.70	50.00	10.00	49.09	6.62*
Depression	241	51.20	9.29	51.80	50.00	10.00	48.58	2.01*
Fatigue	242	51.38	9.54	51.00	50.00	10.00	49.47	2.24*
Sleep disturbance	227	51.48	8.64	52.40	50.00	10.00	49.33	2.59*
Satisfaction with social role	242	50.75	8.92	51.60	50.00	10.00	51.14	1.31
Pain interference	243	49.91	8.78	49.60	50.00	10.00	48.31	-0.16
Executive function	236	44.30	9.40	44.60	50.00	10.00	47.76	-9.32*
General concerns	239	41.31	7.81	41.10	50.00	10.00	46.62	-17.21*

### Comparison of veterans with disability and without disability

The differences between scores for veterans with and without disabilities were significant for all scales with veterans with disabilities reporting higher levels of concern. The differences between groups for all domains were small but statistically significant except for Physical Function and Pain Interference where the differences were half a standard deviation or higher and may be clinically significant (Yost, Eton, Garcia, & Cella, 2011) (see Table 3.9).

Table 3.9

Comparison of PROMIS and Neuro-Qol Scores: University Veterans With and Without Disabilities

	<u>Has disability</u>			<u>No disability</u>		<i>t</i>
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Physical function	241	48.43	8.08	55.14	3.86	-8.295*
Anxiety	242	56.63	9.95	51.79	8.74	4.022*
Depression	241	53.00	9.67	49.58	8.65	2.894*
Fatigue	242	53.14	9.50	49.74	9.30	2.182*
Sleep Disturbance	227	53.97	8.73	49.09	7.87	4.423*
Satisfaction with social role	242	49.08	9.35	52.28	8.23	-2.828*
Pain Interference	243	54.07	8.94	46.09	6.66	7.929*
Cognition-Executive function	236	42.60	9.82	45.90	8.72	-2.735*
Cognition-General Concerns	239	40.05	7.69	42.47	7.75	-2.422*

$p = \leq .05$

### Qualitative Data

After reviewing the content of open-ended responses, study investigators identified 3 broad thematic categories 1) perceived opportunity provided by educational benefits 2) problems using VA educational benefits 3) challenges of social reintegration. Categories, including sub-themes are discussed separately; however the challenges described in the narrative comments are frequently interrelated and often influence each other.

#### Opportunities

A number of participants commented about the higher educational opportunities that VA educational benefits had provided. Some veterans clearly stated that they would not have been able to pursue a post-secondary academic degree without VA education benefits. For example, one veteran wrote, “The Post-9/11 GI Bill has been great. I wouldn’t be finishing my degree

without it,” and another stated, “The G I Bill can support this education. There is no way I would be able to afford this degree without it.”

### **Problems using VA educational benefits**

While many of the respondents felt the VA benefits and the college degree they hoped to complete were critical for future opportunities, others expressed dissatisfaction because of problems they had experienced as they attempted to use their benefits. Some of the veterans’ complaints about benefits were related to frustrating administrative processes including paperwork problems, insufficient information about their current and alternative benefits programs, and communication problems with the national VA and/or the campus veterans’ representatives. For example: “The VA education benefits program is certainly a great idea, but extremely poorly implemented...The VA also needs to come up with a solution for the insane processing times. Finally, the [campus veterans’] center needs to be replaced with competent and caring employees.”

Some veterans described problems with accessing information from the VA and from campus VA representatives about using their VA educational benefits. Participants found it difficult to access information about how to choose the most beneficial benefit program. As one veteran explained, “No one can really explained the advantages to the veteran regarding the use of Voc. Rehab versus GI Bill and I think I made the wrong decision.” Veterans have been frustrated by the difficulty of finding answers to their VA benefits questions. Another example: “The 800 number for the VA GI Bill is often busy and/or my call is dropped because they don't have enough lines open. In addition, I have gotten conflicting information on more than one occasion, making it difficult to make informed decisions regarding my education.”

Student veterans found administrative processes and cumbersome paperwork complicated using VA educational benefits. Veterans commented frequently about delays in receiving their subsistence allowance payments, often due to administrative errors in paperwork processing. Veterans commented about the lack of information that was provided to them regarding delays in subsistence pay. A veteran explained: “It would be nice if information about VA benefits were more accessible. Specifically, when payments do not arrive on time, it would be nice to know that the VA received my paperwork.” Another veteran explained his frustration with how the GI Bill was administered: “The GI Bill is an absolutely wonderful benefit administered in an incredibly poor fashion.

### **Limitations of the benefit provisions**

Some veterans expressed concern that their access to educational benefits may be limited by inherently restrictive parameters of the benefits programs. For example, the Post- 9/11 GI Bill benefit provides a total of 36 months of entitlement to participating veterans – a period of time that may be considered marginal for completion of a 4-year degree. One respondent said, “Easy to use, I just wish it would last longer because my benefits expire in a year and I have a year and a half until I get my bachelors.” A similar comment by another veteran was, “I only wish that for future service members the GI bill would be extended for a full 4 year degree rather [than] having vets prepare to the last bit of their degree, this could discourage some who may not be in a financial position to finish.”

The time limit to use the Post-9/11 GI Bill benefits is 15 years from the last day of active duty. Some veterans felt that this time frame was too restrictive and would limit their options should they want to wait to pursue an educational goal after the 15-year period had expired. One

respondent asked, “Why is there a time limit on granted benefits awarded? Who could say that I won’t be able to complete a degree if I start after ten years from the issue date of my benefit?”

### **Financial problems**

Veterans described a variety of reasons they had experienced financial strain and or hardship while attending universities using VA educational benefits. Several veterans commented about the suspension of BAH (Basic Allowance for Housing) payments during break periods. Veterans complained that the loss of income for several weeks when classes were not in session created a financial hardship for themselves and their families. One veteran wrote, “I have issues with the reduction of the housing stipend. It’s ridiculous to pay only for the days that class is in session. If you are a full-time student, especially with a family, you pay living expenses 365 days a year, not just the days classes are running.”

Many student veterans rely solely on their GI Bill stipend for income while attending school and find the monthly amount inadequate to cover all of the family bills. The limited amount of available funds and uncertainty of when to expect the payment each month contribute to concerns about financial security for many veterans and their families. For example one veteran stated, “Since I am dependent on the GI Bill for income, I am running behind on my bills and rent since the GI Bill takes 3-4 weeks after the quarter starts before I receive any payment.” Some veterans reported they had to maintain part or full time work in addition to full time academic status to meet the financial demands of their households. Several veterans commented that the BAH stipend was often not enough to pay all of the bills. One veteran explained, “Very dissatisfied with the process of receiving BAH. The VA requires us to be full time students to obtain BAH, being a full time student offers minimal opportunity to gain another type of income.

We rely specifically on BAH for primary income, and some months get shorted for half months of enrollment.”

### **Problems related to disabilities**

Participants commented about the effects of PTSD, and other mental health conditions and how these disabilities may have contributed to challenges they have encountered as students. Some veterans acknowledged the impact of cognitive and emotional injuries on the student veterans’ population in general, rather than discuss their own experiences with PTSD and/or TBI. Some examples of veterans’ general expressions of concern are, “More needs to be done to connect veterans with the programs out there. More coaching needs to be made available to really help those who have challenges such as mTBI or other unique challenges.”

A number of respondents provided comments about how they had been personally impacted by symptoms associated with TBI, PTSD, and other mental health conditions. Several veterans discussed how mental health symptoms and resultant cognitive impairments had magnified existing problems, and indicated that financial and academic demands were particularly challenging for those who had service-connected PTSD, TBI, or other mental health conditions. For example, “I find it extremely overwhelming to be a full time student to be able to receive full time benefits and BAH while still trying to overcome PTSD issues.” Another veteran commented, “Having a requirement of 3 classes, and trying to maintain a sustainable job to pay expenses, and dealing with underlying PTSD issues has made it almost impossible to keep [my] sanity.”

Veterans also expressed frustration with perceived deficits in their academic skills due to memory loss or other cognitive impairments. One veteran expressed concern about his/her own possible cognitive limitations, “Sometimes I’m concerned that my mental cognitive abilities have

changed since being in the Army. Other times I wonder if I'm just being paranoid because there is so much talk about mTBI and other non-physical injury related mental problems in the military.”

### **Challenges related to social re-integration**

Several veterans stated that they did not feel comfortable on campus, and felt that non-veteran students had stereotyped and misjudged them. Others expressed problems with communicating and socializing with other non-veteran students on and off campus and complained about isolation from others because of lack of civilian understanding and willingness to interact with veterans.

Participants described their perceptions of being treated differently by both students and faculty members based on their veteran status. One veteran said, “People did not treat me too differently until they found out (whether I said it in class or someone told them) that I was an Iraq vet. I felt like people were off-put by my veteran status. I can't say I liked everyone that much myself, especially being older and a crazy war vet, but it seemed like people would look at me differently after they knew where I'd been.” Another veteran felt that faculty members were not aware of the challenges student veterans may encounter related to mental health problems and stated, “...they should also educate teachers and professors the difficulties of how overwhelming it can be to be in a classroom for a soldier transitioning to a student, and shouldn't be reprimanded if they need to be excused for mental health issues.”

Students with a military background enter higher education equipped with different skills than typical undergraduate students. One veteran provided a comment about ambiguous perceptions of veterans' technological abilities in this way, “I find it insulting, veterans must prove they can use a computer when a great deal of the military is more high tech than the

schools.” One veteran stated, “One aspect of being a veteran on campus, is feeling like a grown-up amidst children. That was the hardest transition.”

### **Discussion**

This study was designed to ask further questions that were addressed in our previously published work (Bell, Boland, Dudgeon, & Johnson, 2013). In general, participants’ responses about satisfaction with VA educational benefits were quite similar to the earlier survey responses. In the current study we learned more about the respondents’ perceptions of their own health – especially related to physical function; mental health status – including anxiety and depression; perceptions of the quality of their sleep; how pain disrupts their daily activities; and perceptions of their own cognitive function. We also analyzed veterans’ comments about their perceptions of how other students and staff related to them as veterans who are now students. Most importantly, our overall interest was to identify problems that may become barriers to veterans’ pursuit and achievement of their educational goals.

#### **Veterans’ satisfaction**

Similar to the prior survey (Bell, Dudgeon, Boland, & Johnson, 2013), most veterans responded in the survey that they were satisfied with their educational benefits and, in the written comments; respondents stated they were appreciative of the opportunities that the benefits had provided. Veterans expressed that VA educational benefits had been the essential reason they were able to seek a higher educational degree. Like the prior survey, veterans also provided comments that revealed general dissatisfaction, as well as specific complaints about VA benefits. The open-ended question provided the respondents with a forum to voice both positive and negative comments about using their VA benefits. Respondents to this study expressed frustration with late subsistence allowance payments; cumbersome VA paperwork processes;

lack of accurate information about best choice of benefits; and concerns about not being able to complete a four-year degree in the 36 months provided by the Post-9/11 GI Bill.

As in the prior survey (Bell, et al., 2013) respondents complained that they found it necessary to find part or full-time employment because the monthly subsistence allowance, paid to student veterans using both the Post- 9/11 GI Bill and VR&E benefits did not provide enough money each month to meet all family expenses. Veterans commonly identified financial hardship and having to divide time between studies and work, as a barrier to staying in school. In contrast to the results of the structured question that indicated most veterans were confident that their education would result in future employment, some respondents contributed comments stating they were not sure that the skills the education provided will lead to a suitable job. The majority of respondents were using the Post-9/11 GI Bill although the percentage of veterans using VR&E benefits had increased since the first survey in 2011 from approximately 7% to 11%.

### **Disabilities**

At the time the survey was conducted, approximately 40 percent of the veterans who responded indicated they had been awarded a service-connected disability rating from the VA upon separation from the military. The frequency of veterans with disabilities in the current survey population is consistent with results from current and earlier studies that have estimated 15% to 45% of service members from the wars would acquire physical and/or psychological injuries in the war (Hoge et al., 2004; National Center for Veterans Analyses and Statistics, 2010; Shea & Fishback, 2012)

### **Veterans' self-reported perception of current health status**

Only very small differences between veterans and the general population were found in scores in some domains of the PROMIS 29. However, scores reflecting perception of anxiety, were significantly higher for veterans than the general population, and approached half a standard deviation.

When comparing veterans with and without disabilities, the differences in some of the scores were substantial. Most significantly, pain interference scores for veterans with disabilities were nearly one standard deviation higher than for veterans without disabilities; and physical function scores were over one half a standard deviation lower for veterans with disabilities when compared to veterans without. Other recent studies of veterans who have comorbid PTSD and TBI conditions have indicated that major depression, anxiety, sleep deprivation, alcohol and substance abuse, chronic pain, anxiety and social isolation were among the most common causes of disability and functional impairment in the latest population of returning veterans (Hoge, et al., 2004; Tanielian & Jaycox, 2008; Vasterling, Verfaellie, & Sullivan, 2009).

In the written comments, survey respondents discussed the effects of PTSD in their daily lives as students, with several respondents describing the degree of difficulty that they experienced because of PTSD symptoms; while trying to meet academic, family, financial, and healthcare demands.

### **Cognitive complaints**

Differences were found between the Neuro-QOL scores for General Cognition and Executive Function. Respondents with disability ratings reported more concerns about general cognition and executive function. This may be consistent with their narrative reports and is

consistent with current studies of veterans with general cognition and executive function impairment related to PTSD and TBI diagnoses (Shea & Fishback, 2012).

### **Social experiences**

Veterans' contributed responses about social experiences, included comments about being perceived as different, by both non-military students and faculty members. Researchers have identified patterns of alienation of veterans on campus; social isolation; lack of understanding about veterans issues from faculty and students; and outright discrimination toward veterans from civilian students, faculty, and staff (Ackerman et al., 2009; Britt et al., 2007; DiRamio & Ackerman, 2008; Elliot, Gonzalez & Larsen, 2010). Most frequently, veterans' comments included reflections about a perceived lack of understanding of veterans' mental health issues and need for accommodations, including time to attend medical and mental health appointments; perceived lack of respect from instructors and fellow students for veterans' technological skills and knowledge gained while in the military; and a lack of understanding of military culture and veterans' issues in general by non-military students and faculty alike.

### **Financial problems**

A common theme of financial hardship was frequently expressed in the written comments. Financial insecurity may contribute to and confound mental health and sleep related conditions including: depression, anxiety, sleep disturbance, and fatigue. It also seems likely that worry about financial status may have an impact on cognitive processes, including memory, ability to concentrate, and ability to stay focused on academic tasks. Written comments about delays in benefit payments, ambiguity about how to use benefits, and financial strains experienced by student veterans and their family members were commonly mentioned.

## **Limitations**

It is important to note the limitations of this study. The survey was administered at two public 4-year universities and one community college and did not include data from other institutions of higher education including, vocational technical schools, private colleges and universities, online institutions, and for-profit schools. Survey participants were mostly white male veterans whose disability conditions and survey responses may not be representative of those veterans enrolled in other post-secondary education venues; veterans of color; women veterans; and veterans attending colleges in other regions of the country. Because our survey was confined to two state public universities, and one community college and no sampling strategy was invoked, the results cannot be generalized.

We do not know how veterans who chose to respond to the survey invitation differed from those who did not respond, therefore a potential for nonresponse bias exists. The implementation procedures for administering the survey differed between the three participating institutions with survey instruments sent out by the second university's certifying official rather than through the campus Web tool as for the first university and community college invitees. This procedural difference may have had unknown effects on the response rates and decisions to respond between the three schools.

The primary researcher brings a lifetime of experience to this study as the daughter of a WWII combat Marine, the wife of a retired Navy veteran, and the mother of a United States Army veteran who was deployed for 15 months to Iraq during combat operations in 2008 and 2009. The first author's personal perspective may have helped to inform the interpretation of the qualitative data as well as creating bias in her interpretations. Peer-review by others throughout the investigation was carried out to limit any effects of prejudice or partiality.

## **Conclusion**

To the first author's knowledge, this study was one of the first to address student veterans' self-reports about their physical, emotional, social, and cognitive health concerns as recipients of educational benefits provided by the Post-9/11 GI Bill. The results of this study may spur future studies and help inform policy-makers to ensure continued improvement of veterans' benefits programs.

Perhaps the most critical knowledge to be drawn from this study was an added understanding of barriers student veterans face in higher education. Forty percent of all the respondents indicated they had a disability rating, but nearly 35 percent of veterans who are currently using Post-9/11 GI Bill benefits reported having a service-connected disability and presumably would have been eligible for VR&E. Even with the added provisions that included (not inclusive) more potential months of entitlement, vocational counseling, and ongoing support from an assigned Vocational Rehabilitation Counselor, a relatively small number of veterans had chosen to access services provided by the Chapter 31 benefit program.

We have found that student veterans with and without disabilities have higher levels of perceived anxiety and more concerns about general cognitive function than people in general, and are in need of support as they enter into higher education after their military service has ended. As frequently expressed in written comments, student veterans described distress related to financial hardship and social isolation on campuses. It appears that veterans with disabilities perceived greater impairments of physical function and impairments of general cognition; higher levels of anxiety and chronic pain; and reported poorer sleep quality than veterans without disabilities.

The effects of any of these conditions, alone or in combination may impede a veteran's

ability to succeed in an educational program. It is likely that all veterans returning to college would profit from support in the post-secondary environment, and that veterans with disabilities may be especially vulnerable and would benefit from the case management and counseling they would receive under VR&E services.

There is a need now and in the future for researchers to continue to explore the success and failure rates of degree completion for veterans using VA educational benefits. Ongoing tracking of veterans with disabilities using both the GI Bill and Vocational Rehabilitation programs may be key to determining how best to ensure successful completion of higher educational goals. Continuing research to track employment outcomes after degree completion, dropout rates, exhaustion of benefits before program completion, and unemployment and homeless rates of veterans from the OEF/OIF wars is necessary to ensure continued funding of VA programs designed to assist veterans in transition.

Knowing that veterans are most grateful for the opportunities that their educational benefits have provided may bring reassurance to government policy makers and education officials; however, it is critically important at this time to pay attention to what veterans have to say about the problems they have encountered and how these problems may have created, or may continue to create barriers to completion of academic programs. Veterans and their families now face complex bio-psychosocial challenges that may impede successful reintegration into civilian life, as they once knew it. At this time and in the coming years, researchers from all disciplines must collaborate to further understand veterans' issues. The information gathered in comprehensive research studies must inform major stakeholders and lead to improvements in policies and benefits that ensure successful readjustment and a positive future for America's veterans.

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## **Chapter 4**

### **A Brief Introduction to Chapter 4**

### **Proposed Educational Curriculum to Enhance Rehabilitation Counselors' and Human Services Professionals' Knowledge of Critical Veterans Issues**

Rehabilitation counselors and other human services professionals, who provide care, and facilitate veterans' access to and use of VA benefits, and other services, are in need of specialized training for optimal care of this unique population. Rationale for adding a veterans' studies course to required curriculum in Rehabilitation Counseling programs, as well as a suggested curriculum plan will be presented in the following Chapter.

### **Abstract**

This purpose of this article is to address the increasing need for rehabilitation counselor training to better prepare rehabilitation counselors to provide services to military service members, veterans, and their families. Associated curriculum content specific to this population might include: understanding military culture, military families, disabilities, education, and benefits. The highlighted topics will enhance understanding of veterans' issues in rehabilitation education, and address development of a curriculum based on CORE standards.

## **Plain Language summary of chapter 4**

### **Proposed Educational Curriculum to Enhance Rehabilitation Counselors' and Human Services Professionals' Knowledge of Critical Veterans Issues**

This chapter is written to explain the idea behind developing a new college course for students in human services, social work, or rehabilitation counseling programs. The course has been designed for human services students to develop knowledge of military culture, military families, and a broad understanding of veterans' concerns as they prepare to deliver services to people in the military and veterans' communities. The chapter outlines many of the areas of interest that apply to veterans' populations, and a syllabus or course outline is included at the end of the article.

## Chapter 4

### **UNDERSTANDING THE NEEDS OF VETERANS: PROPOSED CURRICULA TO ENHANCE REHABILITATION COUNSELORS' KNOWLEDGE OF CRITICAL VETERANS' ISSUES**

As with any population of individuals with newly acquired, or chronic disability conditions, providing care to the men and women who have served in the United States Armed Services has required healthcare, rehabilitation specialists, and community services providers to become knowledgeable of ongoing and changing rehabilitation needs of homecoming veterans. The history of care for military casualties – defined as those who are physically wounded, injured, chronically ill, or mentally incapacitated (Rostker, 2013) has encompassed a complex study of changing societal norms, attitudes about disability, and the evolution of rehabilitation services over the course of hundreds of years.

At this time in history, the need for competently trained rehabilitation professionals is urgent and growing (Government Accountability Office, [GAO], 2009). Civilian rehabilitation care providers often lack familiarity with military culture and may be unprepared and unskilled in their ability to respond to veteran clients (Frain, Bethel, & Bishop, 2010; Ruzek, Schnurr, Vasterling, & Friedman, 2011; Reger, M., Etherage, Reger, G., & Gahm, 2008).

Increased professional awareness and development of best practices in treating veterans with PTSD and other combat stress disorders, and traumatic brain injury (TBI) has grown in recent years with advances in knowledge about the mental health consequences of exposure to war-zone trauma (Butler, Hurley, & Taber, 2011; Vasterling, et al., 2010). Although growing public awareness of veterans' issues and an exclusive body of research has attempted to clarify and focus attention on current trends and concerns, veterans' issues continue to garner little sustained public attention. According to one study, some 84% of post 9/11 veterans have

reported that the civilian public does not understand the problems faced by today's military members and their families (Taylor, 2011). Additionally, veterans have expressed concern that civilian medical and mental health care professionals are not adequately prepared to understand or relate to veterans' experiences (Cornish, Thys, Vogel & Wade, 2014).

Professional rehabilitation counselors who provide services to veterans must not only have a strong understanding of the many challenges to reintegration that veterans experience, but must also understand that veterans possess strengths and skill sets that can enhance their potential for success in educational and occupational endeavors. Military training teaches skills and abilities that include strong teamwork and leadership skills, technological knowledge, perseverance, self-discipline, and myriad other transferrable skills and areas of expertise (Demers, 2011; Hassan, Jackson, Lindsay, McCabe & Sanders, 2010).

After World War I, the Federal Board for Vocational Education was created to provide services and training to veterans to enable them to become productive members of society after the war (Rostker, 2013). The growth of vocational rehabilitation services provided to veterans after the First World War was a catalyst for later legislation that resulted in the birth of civilian vocational rehabilitation programs including the Smith-Hughes National Vocational Education Act (1917); Soldier's Rehabilitation Act (1918), and the Smith-Fess Vocational Rehabilitation Act (1920). Over time, the body of knowledge about veterans' medical, psychological, and vocational rehabilitation needs and services has expanded, as research and experience have informed new efforts to establish best-practices services and plans of care. Comprehensive, interdisciplinary care, or a model of holistic care for veterans has been endorsed and recommended by rehabilitation professionals who have provided care on the "front-lines" at Department of Veterans Affairs Medical Centers (VAMCs), as veterans report for treatment and

support when their military service has come to an end (Uomoto & Williams, 2009; Walker, Clark & Sanders, 2010).

In the coming years, service providers, including rehabilitation counselors, must have a comprehensive understanding and on-going interest in disabling conditions; both visible and non-apparent as they are uniquely experienced by veterans, as well as an understanding of military culture; psychosocial issues of veterans with mental health concerns; and a basic knowledge of the Department of Veterans Affairs (DVA) system that many veterans access for care and benefits (Frain et al., 2013; Reger, M., Etherage, Reger, G., & Gahm, 2008).

Rehabilitation counselors may work with veterans in many capacities including: State Vocational Rehabilitation (DVR) services; as rehabilitation counselors working in healthcare settings - Veterans Healthcare Administration (VHA); as rehabilitation counselors at the Veterans Benefits Administration (VBA); on college and university campuses; and in long-term care, or rehabilitation facilities that provide care for veterans. The purpose of this article is to discuss the intersection of veterans with disabilities and rehabilitation counselor education and to explore how we might increase counselor knowledge, and improve pre-service training through development of new curricula in rehabilitation counseling education.

### **Intersection of veterans with disabilities and rehabilitation counseling education**

A search of online sites revealed very few publications on rehabilitation counseling and veterans from January of 2009 to March of 2015 including: five publications found on EBSCO; five publications found on PsychInfo; and three recently published textbooks (or chapters) related to Rehabilitation Counseling and veterans' issues (Degeneffe, Tucker & Griffin, 2015; Martz, 2010; Millington & Marini, 2014; Whealin & DeCarvalho, 2008. Journal articles from other disciplines including social work (Carlson, Stromwall, & Lietz, 2013; Savitsky,

Illingworth, & DuLaney, 2009), education (Sander, 2012), psychology (Whiteman, Barry, Mroczek & Wadsworth, 2013), and epidemiology (Boyko, Koepsell, Gaziano, Horner, & Feussner, 2000) were found in a search for literature related to veterans and rehabilitation or reintegration.

Rehabilitation counseling journal articles about current veterans' issues and the need for up-to-date curricula have generally addressed the need for counselor training especially related to veterans and PTSD, mental health care, traumatic brain injury, and employment, while less content has addressed the threshold issues of understanding military and veterans' culture and the importance of civilian counselors' competency in these and other veteran specific issues (Burke, Degeneffe, & Olney, 2009; Frain, Bethel, & Bishop, 2010; Reger, M., Etherage, Reger, G., & Gahm, 2008).

### **Council On Rehabilitation Education (CORE) standards**

The Council on Rehabilitation Education (CORE) standards for rehabilitation counseling programs, Section C.2: Psychosocial Aspects of Disability and Cultural Diversity, knowledge domains include:

**C.2.3** Implications of cultural and individual diversity, including cultural, disability, gender, sexual orientation, and aging issues

**C.2.3.a** Provide rehabilitation counseling services in a manner that reflects an understanding of psychosocial influences, cultural beliefs and values, and diversity issues that may affect the rehabilitation process.

**C.2.3.b.** Identify the influences of cultural, gender, sexual orientation, aging, and disability differences and integrate this knowledge into practice.

**C.2.3.c.** Articulate an understanding of the role of ethnic/racial and other diversity

characteristics such as spirituality and religion, and socio-economic status in groups, family, and society.

Rehabilitation counselors have an ethical responsibility to provide services to consumers that include respect for and recognition of different cultural groups and their cultural uniqueness (Standard C.2.3). Although training of healthcare and rehabilitation professionals has incorporated information about cultural awareness – infusing understanding and respect for cultural diversity into the curriculum (Balcazar, Suarez-Balcazar, & Taylor-Ritzler, 2009); inclusion of veterans as members of a distinct cultural group with unique norms and beliefs has gone lacking in rehabilitation counseling studies as well as the field of psychology (Moore, 2010). New rehabilitation counselors are expected to master Outcomes of Knowledge areas and demonstrate an ability to *understand, practice, articulate, apply, and explain* best practices for working with diverse populations (CORE, 2010). Counselor understanding of veterans as a culturally diverse population should not be an exception.

### **Military culture**

After serving as members of the United States armed services, veterans maintain loyalty to military customs, norms of behavior and traditions, and embrace a heritage of military history. As professionals serving a long established American community and culture, rehabilitation counselors must have a comprehensive cultural understanding of military language, values, and mindset – including an appreciation of military history, to build rapport and establish a respectful alliance with the veterans they serve. Adding to the complexity of providing services to veterans, health care and other care providers have a responsibility to consider socio-political, cultural, and current economic factors that have a direct or indirect effect on the lives of veterans and their families.

## **Veterans and disability**

From a cultural perspective, the concept of disability in the veterans' community evokes a profoundly different significance than the non-veteran community's perception of disability. Professionals providing services and support for veterans as they re-enter an academic environment, will benefit from the knowledge that veterans may be reluctant to recognize issues related to disability because of the training they have received in the military (Griffin & Stein, 2015). Trained to be warriors, veterans have been part of a culture that values strength, resilience, courage, and self sacrifice. In training, soldiers learn to associate disability with one's ability, or lack of ability to perform a duty and, for veterans, admitting to having a psychological problem is fraught with anxiety about being negatively stigmatized by the general public. Potential detrimental effects of stigmatization may include misperceptions of veterans' behaviors and idiosyncrasies by the civilian community, resulting in barriers to employment opportunities after leaving military service (Britt, Green-Shortridge, & Castro, 2007; Griffin & Stein, 2015; Reger, M., Etherage, Reger, G., & Gahm, 2008).

Conversely, universal design or the "social model of disability" holds the non-accessible environment accountable for maintaining structural and attitudinal barriers to community access — rather than finding problems with the individual with disabilities (Oliver, 1990); and this difference in world views should be included and emphasized in any curriculum or training of professionals who will provide support for disabled veterans.

### **Readjustment and psychosocial rehabilitation**

Psychosocial rehabilitation for veterans is often associated with finding a purpose in life; developing and maintaining fulfilling interpersonal relationships; entering employment or pursuing education; and restoring full participation in community life (Sayer, et al., 2011).

Rehabilitation counselors working with transitioning veterans often become part of a larger care team and, by providing referrals and collaborating with other VHA and VBA care providers, can help to ensure that veterans are provided with the support and resources they need for successful readjustment after active duty service.

Service men and women transition out of active duty service and become civilians within a short period of months or weeks. Although the Department of Defense has implemented brief programs prior to separation to provide information about leaving the military, including help with preparing resumes and seeking employment, the need for more comprehensive preparation for re-entering civilian life is evident (Ackerman, DiRamio, & Garza Mitchell, 2009).

Veterans with service-connected injuries often face months of medical and/or psychological rehabilitation before it is feasible to enter an educational program or to engage in a search for employment (Ellison, et al., 2012). Veterans face multiple challenges transitioning from active duty service to civilian life, and successful readjustment is often associated with job retraining, technical or vocational training, or completion of higher educational degrees to obtain gainful employment (Frain, Bethel, & Bishop, 2010; Griffin & Stein, 2015).

### **Barriers to veterans' rehabilitation**

CORE Knowledge domain C.2.1. a., defines a counselor's ability to – *Identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer's rehabilitation.*

### **Veteran specific disabilities**

Successful rehabilitation of veterans may depend on the counselor's knowledge of the specific environmental factors that present barriers to successful rehabilitation. The incidence of traumatic brain injuries (TBI) has been remarkably high since combat operations began in

Afghanistan and Iraq, and other mental health conditions related to traumatic experiences have been commonly diagnosed as comorbid conditions (Capehart & Bass, 2012). While posttraumatic stress disorder (PTSD) has been one of the most commonly co-occurring conditions with TBI, other manifestations of psychological distress such as anxiety, adjustment disorder, major depressive disorder, and mood regulation problems, and substance abuse, have been diagnosed and treated in increasing numbers (Walker, Clark, & Sanders, 2010).

### **Interpersonal relationships**

The demographic profile of military personnel has changed dramatically in the last 10 years. Approximately 53% of active duty military members are married, nearly 15 % are women, and it has been estimated that of the service members who have been deployed to Iraq and Afghanistan, 1 million are parents of young children (O'Donnell, Begg, Lipson & Elvander, 2011). The results of a study of male Army soldiers and their female spouses or partners, indicated that soldiers' trauma symptoms were significantly related to their own and their partner's marital satisfaction; and contributed to symptoms of anxiety in their children (Nelson Goff, Crow, Reisbig & Hamilton, 2007). Family members of veterans with disabilities may experience a number of difficulties including: social isolation, depression, anxiety, family role changes, increased responsibility for household management and parenting duties, and the stress of financial instability. Rehabilitation counselors will better serve veteran clients if they consider the potential adverse effects of trauma related mental health symptoms on members of the veteran's family and integrate family counseling techniques, when appropriate, in their work with veterans (Moore & Penk, 2011; O'Donnell, et al., 2011; Tunac De Pedro, et al., 2011).

### **Stigma**

Fear of mental health stigma has been identified as a major barrier to veterans' willingness to obtain treatment for mental health problems (Griffin & Stein, 2015; Hoge et al., 2004; Held & Owens, 2012). Active duty military members are trained in a culture that inculcates an image of toughness, machismo, and strength. Veterans have expressed fears that others, including family members, friends, and fellow service members, would regard them as "weak" incompetent, or lazy if they sought help for PTSD (Sayer et al., 2009). Veterans and their families may resist or deny a diagnosis of psychological problems or cognitive impairments residual to traumatic brain injury out of fear of stigma that might jeopardize the veteran's employment opportunities and threaten family financial security (O'Donnell, et al., 2011). Rehabilitation counselors who express genuine empathy, and understanding of the veteran's reluctance to disclose personal feelings related to traumatic events may help to reduce concerns about stigma. Counselors can normalize PTSD symptoms by acknowledging that adaptive behaviors such as hypervigilance were appropriate in a combat environment and are rarely used to adapt to everyday life after leaving military service (Moore & Penk, 2011).

## **Employment**

As designated by the VHA and Department of Defense (DoD) best practices guidelines for psychosocial rehabilitation of veterans, an important rehabilitation goal of VHA Mental Health Services, is to support the veteran's option to work or to be involved in production of some kind. Many veterans have experienced difficulties in readjusting to civilian life, including challenges with social relations, problems keeping a job, and completing tasks required for home, school or work (Sayer, et al., 2010).

As a fundamental principle of the rehabilitation counseling profession, employment is frequently the most important avenue to community reintegration and self-sustainment for many

veterans when they come home (Frain, Bethel & Bishop, 2010). Rehabilitation counselors have significant training and skills to help veterans with disabilities make the transition from war to civilian life, and additional awareness of and respect for veterans' culture may do much to bridge gaps in trust and lead to positive employment outcomes.

Perhaps most important for rehabilitation counselors without military cultural experience, an understanding of the jobs that veterans' performed while on active duty, and the transferable skills and experiences they have acquired in their military careers, as well as veterans' technical and leadership expertise must all be honored and considered when exploring civilian employment. Additionally, helping veterans and prospective employers to understand various laws, including the Americans with Disabilities Act (ADA) and the Uniformed Services Employment and Reemployment Act (USERRA) (Pub.L. 103-353) and the legal processes and protections that may be crucial to veterans' employment and reintegration are part of a rehabilitation counselor's most important responsibilities (Frain, et al., 2010).

### **Veterans' benefits**

Rehabilitation counselors should have a working knowledge of the benefits and services available to veterans and their families, and should be prepared to direct veterans to resources such as Vet Centers, VA Medical Centers, Veterans Service Organizations, and state employment assistance programs that exist within the veteran's local community. After separation from the military, many veterans are unaware that they may be eligible for benefits and services provided by the Department of Veterans Affairs and other veterans service organizations and may not be maximizing their use of benefits (Bell, Boland, Dudgeon & Johnson, 2013). Many separating veterans need information about how to apply for VA disability compensation, educational benefits, and employment assistance programs, and

knowledgeable counselors can help to demystify the complexity of the bureaucratic processes that may hamper a veteran's willingness to apply for the benefits they may be entitled to (Savitsky, Illingworth & DuLaney, 2009).

## **Conclusion**

This article has addressed the need for the education and training of rehabilitation counselors about military culture and issues that affect the lives of military members and veteran populations. Schools with Master's programs in Rehabilitation Counseling must incorporate curriculum that address the specific needs of the veterans' population, to adequately prepare knowledgeable counselors who will be prepared to assist veterans as they transition to civilian life.

To address these concerns, a curriculum has been developed and deployed for undergraduate Human Services students and graduate students in a CORE accredited rehabilitation counseling program. An iterative design approach was taken and the course was four times revised based on instructor experience, faculty input, and student feedback. The course was taught in both distance and mixed formats (i.e., a combination of distance and "live"). The general topic areas are: A. Introduction to History of Veterans' Rehabilitation, B. The Culture of the Military, C. Military Families, D. PTSD, E. Traumatic Brain Injury, F. Military Sexual Trauma, G. Substance Abuse, H. Homelessness, I. Domestic Violence, J. Incarceration, K. Diversity in the Military, L. Barriers to Employment, M. Resources and Benefits, N. Veterans and Disability. A sample course description and overview is presented in appendix A. We expect that this course can be presented as stand alone, or modules can be integrated into other courses.

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## Appendix A

### Human Services/ Rehabilitation Counseling Program Veterans' Issues Course Syllabus

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#### Course Overview

- This course will provide information and weekly discussion about veterans' issues including readjustment, rehabilitation, disabilities, and Department of Veterans' Affairs benefits programs.
  - The course will include a broad review of the history of veterans' disabilities and will provide the opportunity to learn about and discuss physical, psychological, and social rehabilitation issues specific to American veterans.
  - An emphasis on rehabilitation strategies will be integrated into the course content to focus on appropriate rehabilitation plans for veterans with disabilities.
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#### Course Objectives

- You will demonstrate an understanding of vocational rehabilitation for veterans and acquire knowledge about the history of veterans' rehabilitation services in the United States.
- You will develop an understanding of the history of Post Traumatic Stress Disorder (PTSD) including the Diagnostic and Statistical Manual-IV (DSM IV) PTSD diagnostic criteria, and demonstrate knowledge of psychological rehabilitation of veterans with PTSD.
- You will demonstrate knowledge of service connected disabilities and functional limitations resulting from individual disabilities.
- You will demonstrate knowledge about issues related to diverse populations in the military, including women, and veterans from minority backgrounds.
- You will be able to discuss Department of Veterans' Affairs and veterans' benefits programs.
- You will demonstrate an understanding of the barriers to employment faced by veterans including: difficulty with readjustment, stigma, and social attitudes.
- You will demonstrate an understanding of veterans' problems including: substance abuse, homelessness, suicide, domestic violence, and incarceration.

## **Class Meetings**

- Due dates and times indicate when I expect to receive your completed assignments.
- I will respond to your questions and concerns and participate in discussions by asking questions and responding to your discussion comments.
- The course will utilize a variety of instructional methods such as PowerPoint lectures, scholarly journal articles, quality Internet resources, in-class and on-line discussions.
- If you would like to meet with me in person at anytime during the quarter, send me an email so that we can arrange for a meeting time and location. I will be available for face-to-face meetings or phone meetings as I am available. The topics we will cover can be disturbing and/or overwhelming at times. Please contact me if you would like to discuss the topics or your reactions to them.

## **Learning environment**

This course will be conducted on a Wednesday to Tuesday format. The lecture material will be posted on Wednesday morning each week and you will have until the following Tuesday night (midnight) to read, complete weekly writing assignments, and post comments on the discussion board.

You are expected to engage in critical thinking skills to evaluate your own values and attitudes as well as those of your peers, and to create an atmosphere of encouragement, honesty, and congruity, that is focused on learning. Acknowledging the sensitive and often emotional nature of veterans' experiences, the political nature of war, and different opinions concerning veterans' services, it is important that we conduct discussions in this class in a strictly respectful and professional manner. Please abide by the rules of Netiquette and be respectful of others at all times in the class discussion board.

## **Reasonable accommodations**

If you have a documented disability that may interfere with learning in this course you should negotiate a reasonable accommodation with Disabled Student Services during the first few weeks of the course.

## **Course Requirements**

### **Response papers**

**Guidelines for Responses to Required Readings:** Responses to textbook chapter readings will be submitted every week. The length of response papers should be no more than 2 pages, double-spaced. Response papers can take a variety of forms, and it is expected that they will be more than a simple summary of the readings. They should contain adequate information about the assigned chapters and

clarify your ideas or critique. Please submit your response papers to me by Tuesday midnight. (3 points each)

**(Total= 30 Points)**

**Research Paper.** A final research paper is to be completed by the end of the course. You can choose from any of the topics we have discussed in previous weeks or a topic of your choosing, upon my approval. Topics should focus on one area of interest related to veterans, rehabilitation, disability, education, and/or employment. You may discuss the advantages and disadvantages of VA individual benefits programs, the details of services provided, the social/political context at the time of the benefit's initiation, and/or other relevant details about a particular benefit program and its impact on the lives of veterans. This paper will be 8 to 10 pages in length, APA format, and include references from at least 5 peer-reviewed professional journal articles. **(Total 40 points)**

1) Submit your topic of choice for your final research paper for my approval on or before the end of week 4.

2) Submit a completed draft of your research paper. A rough draft is not a finished product, however it should contain all of the parts of your final paper. It should show the development of the organization of your paper: (a) introduction (b) thesis (c) body paragraphs with claims and supporting evidence, (d) conclusion, and (e) reference list in APA format.

**You may insert a placeholder comment to indicate your thinking process if needed.**

Example: *I will add a paragraph here to strengthen this claim.*

I will return your draft to you with my comments by August 3<sup>rd</sup> for the final revision. (10 points)

**Note:** Topic choice approval and submission of your rough draft are **required** steps to help you develop your final research paper.

### **Class Participation**

- All students must participate in discussion in the class posting assignments.  
The discussion board is one way in which we will share, clarify, and explore ideas.  
Since the course is almost entirely conducted by distance education format, you will use the discussion board often in the course of the nine-week period.
- The weekly online discussions will be related to the journal articles and reading assignments posted every week. I will post a set of questions for you to respond to.
- You will make at least three (3) substantive entries weekly, on three (3) different dates to questions posted by the instructor and directly related to the text chapter readings.
- The first posting must be completed by Friday midnight.

- You will be graded on the basis of your participation (regularity, number, and timeliness) and the quality (new information or comments relative to the ongoing topic and discussion) of your postings.
- Comments are expected to be thoughtful and insightful, reflecting both critical thinking skills, knowledge of the subject, or professional experiences. Responses and questions should challenge ideas while reflecting courtesy and respect for the other students.
- Lecture materials and discussion questions will be posted each Wednesday.
- Grading of your postings will be based on the following criteria:  
There are eight weeks that require student postings.

- Three \*quality statements posted at three different times during the week (Wednesday to Tuesday with the first posting no later than Friday midnight = **5 Points**
- Three quality statements posted on different days but failing to meet Friday, midnight deadline = **3 Points**
- Two quality statements posted on two different days = **2 Points**
- Two statements posted on the same day = **1 Point**
- One quality statement = **0 Points**

\* A quality statement is defined as an original question or comment related to the weekly readings or a substantive response to your classmates' original or ongoing discussion thread. I will notify you via e-mail if your postings do not meet the "quality" criteria. **(Total 35 Points)**

### Student Outcomes/Evaluation

Class online discussions, weekly response papers, and the final research paper will be the strategies employed to achieve course-learning objectives. It is expected that you will read the assigned materials and will be prepared to discuss the topic. You are expected to take responsibility for your learning and contact me (the instructor) with any issues, questions or problems that arise throughout the term.

Assignment or participation	Possible total points
Weekly Response Papers	24
Class Participation- Discussion board	36
Final Research Paper	40
Total	100

Grade	Grade (percentage/pts)
A	93-100
A-	90-92
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	73-76
C-	70-72
D+	67-69
D	63-66
D-	60-62
F	60 or below

### Grading Criteria

- You are expected to support the learning community through the use of active listening skills, dialogue, empathy, genuine interest, and unconditional positive regard for each other.
- You will contribute to the learning community by raising issues and concepts related to the reading, the course competencies and objectives, and by being enthusiastic and committed learners.
- Written work should be word-processed and double-spaced. Spelling, grammar, and punctuation are to be correct and you should proof read assignments before submitting them. (Weekly online postings do not have to be double-spaced).
- Readings are to be completed on time.
- Assignments are to be submitted on or before the due date indicated. Failure to submit assignments will result in a loss of 10% of points per week late, beginning with the date the assignment is overdue. For example, a paper due Tuesday that is turned in anytime after the Tuesday due date, up to and including the following Tuesday, will lose 10% of points.

## Course Schedule

Week	Topics	Readings-Assignments
Week 1	Course introduction and overview <ul style="list-style-type: none"> <li>• Review requirements and assignments</li> <li>• Introduction to history of veterans' rehabilitation</li> </ul>	Assigned readings from text
Week 2	<ul style="list-style-type: none"> <li>• History of veterans in US</li> <li>• Military Service Members</li> </ul>	Assigned readings from text Articles posted on Blackboard <i>Response paper due</i> <b>Final research paper topic due</b>
Week 3	<ul style="list-style-type: none"> <li>• The Culture of the Military</li> <li>• Military Families</li> </ul>	Articles posted on Blackboard
Week 4	<ul style="list-style-type: none"> <li>• PTSD</li> <li>• Traumatic brain injury (TBI)</li> <li>• Military Sexual Trauma (MST)</li> </ul>	Assigned readings from text Articles posted on Blackboard <i>Response paper due</i>
Week 5	Disconnections: <ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Domestic violence</li> <li>• Homelessness</li> <li>• Incarceration</li> </ul>	Articles posted on Blackboard <i>Response paper due</i>
Week 6	Diversity in the military: <ul style="list-style-type: none"> <li>• Women veterans</li> <li>• Veterans from minority backgrounds</li> </ul>	Articles posted on Blackboard
Week 7	Barriers to Employment: <ul style="list-style-type: none"> <li>• Stigma</li> <li>• Re-adjustment to civilian life</li> </ul>	Assigned readings from text Articles posted on Blackboard
Week 8	VA Benefits: <ul style="list-style-type: none"> <li>• Educational Benefits</li> <li>• Vocational Rehabilitation</li> </ul>	Assigned readings from text Articles posted on Blackboard <i>Response paper due</i>
Week 9	Service connected disabilities: <ul style="list-style-type: none"> <li>• Psychological disabilities</li> <li>• Physiological disabilities</li> </ul>	Assigned readings from text

## **Chapter 5**

### **CONCLUSION**

This project began in 2008 as a desire to understand the imminent needs of a population of veterans who had yet to return, en masse, from the battlefields of Iraq and Afghanistan. With growing knowledge of the physical and neuropsychological injuries that service members in the wars were experiencing, it seemed to be an area of dire importance for healthcare and rehabilitation professionals to anticipate and to prepare for with evidence-based proficiency. As history will have it, the proficiency and fervor of mental health and military health professionals has ebbed and flowed over the last decade, at the whims of agency policies, budgetary restraints, and political agendas.

The first survey of student veterans that took place in the fall of 2010 was conducted as a pilot study to explore the reality of student veterans by collecting and analyzing both descriptive and narrative data. The timing of the survey was critical, as we approached the prospective participants who had completed only a few academic quarters of higher education using the new Post-9/11 GI Bill. To our surprise, the response to our survey was strong, and approximately 40% of those who received the emailed survey provided completed responses. Moreover, many survey respondents offered narrative responses in the open question format that was included in the survey.

Based on our analyses, we learned that most of the veterans who responded to the survey were using the Post-9/11 GI Bill; approximately 40% of the respondents reported they had a service-connected disability, and most respondents indicated they were generally satisfied with their benefits. After we coded and analyzed the narrative comments the survey respondents

provided, we came to a deeper level of understanding of the reality of student veterans in our chosen sample.

Narrative comments were categorized into 3 broad areas including 1) programmatic comments 2) process related comments and 3) support related comments. Through our coding and careful analyses of the veterans written comments, we learned that there were multiple areas of concern and frustration that veterans were willing to elaborate on, in the open comment forum. Thus, the first survey, published in a national Rehabilitation Counseling, academic journal (Bell, Boland, Dudgeon & Johnson, 2013) informed the development of survey number two, conducted nearly two years later.

We planned our second study based on a careful review of existing and developing research. For the second study, we used the same survey instrument that we had previously used, and added item banks to gather self-reported perceptions of general health and mental health domains, borrowed from the National Institute of Health, PROMIS and Neuro-QOL projects (NIH, PROMIS & Neuro-QOL, 2010). The second survey was administered through procedures similar to the first, however a second state university was included in the study. The response to survey number two was not as robust as the first, however the information we obtained proved to be very interesting.

Not surprisingly, because of the limitations of months (36) of entitlement under the Post-9/11 GI Bill, descriptive statistics indicated that the proportion of student veterans who were accessing Department of Veterans Affairs Vocational Rehabilitation service program had grown compared to the percentage of veterans using the Post-9/11 GI Bill benefits. In many respects, the narrative comments offered by respondents were generally similar to those that had been coded two years before. Veterans written comments included more expressed concern related to

financial struggles using VA educational benefits; concerns about the provisions of the benefits, as well as appreciation and gratitude for the opportunities the benefits provided.

The NIH measures included item banks related to self-report of physical function, depression, anxiety, fatigue, social function, and pain interference; and the Neuro-QOL item banks included questions related to General Cognition, and Cognition- Executive Function. These measures were chosen based on an expanding body of literature about the short term and sometimes long-term cognitive effects of PTSD and TBI, as well as co-occurring detrimental mental and cognitive health effects of exposure to war trauma.

In the end, the results from the second survey of student veterans provided results that attempted to answer some of the research questions proposed at the inception of the studies. The questions were difficult to answer in the early days of this research, and are still challenging after gathering data based on an academic immersion into research about emerging veterans' issues.

### **Research Questions**

“How to accommodate the numbers of veterans returning to the civilian sector during an economic downturn?” The results of our research studies have confirmed the urgency of economic stability for veterans and their families. While numerous initiatives and private foundations and businesses have stepped up to hire veterans, the need for access to good jobs for veterans is on going.

“If education benefits were promised to volunteers as an incentive to join the war effort, how are those who are using the benefits fairing?” The answer to this question is subjective and vague. Numerous studies have been conducted in recent years to investigate the graduation rates and employment rates of veterans who have used the Post-9/11 GI Bill after separation from active duty. Depending on the entity interpreting the research results, the rates of graduation

vary from a low of 15% at some schools to a high of 56% at other institutions. The proliferation of for-profit schools and predatory schools who claim not-for-profit status has resulted in skewed reporting of graduation rates, and exploitation of separating military members who have fallen prey to predatory recruiting efforts of businesses, masquerading as schools, to capture federal VA monies by enrolling VA funded veterans.

A question more specific to available benefits: “Is the GI Bill adequate enough to help ameliorate the complex effects of military service on veterans who are now showing up on U.S. campuses?” Based on the responses from our survey participants, it appears that the Post-9/11 GI Bill was appreciated by most student veterans, however we are not able to evaluate the long-term benefits of receiving Post-9/11 GI Bill benefits. Our research also indicated that the GI Bill benefits did not adequately cover expenses for student veterans with families and ongoing financial needs. It appeared that the duration of the benefit entitlement of 36 months would not provide enough time for veterans with disabilities, neuropsychiatric impairments, and limited resources to finish a program of studies, required to obtain a college degree.

And finally: “Based on the current evidence, what will be the new best practices for Rehabilitation Counselors and Human Services providers; and how will curriculum, coursework, and training programs be enhanced to facilitate successful rehabilitation and reintegration outcomes for veterans and their families?” As researchers, Frain, Bishop, & Bethel (2010) noted in their paper assessing rehabilitation counseling services that may be needed for returning veterans with disabilities (Post- 9/11) in the coming years, this author confirms the stated and often underestimated need for counseling professionals with expertise and knowledge about how best to provide services to military veterans.

It is critical that rehabilitation counselor educators be familiar with veterans' issues regarding re-entry to post-secondary education, community living, and employment. Rehabilitation counselors working in many settings are well positioned to provide counsel and assistance to veterans. Through pre-service and continuing education, rehabilitation counselors can acquire at least a basic familiarity with the issues.

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