

## **Case Study: A Hispanic Combat Veteran Returns to College**

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### **Abstract**

This exploratory case study focuses on a returning Hispanic combat veteran and his perceptions and experiences regarding transition from a military setting to a higher education setting. Focus is placed on a cohort-based transition educational program of studies designed to provide coping skills that foster resiliency so as to minimize stigmatization and traditional psychological interventions while increasing the likelihood of retention and graduation. While this study looks at a single individual attending the program, his perceptions advise to the efficacy of such an endeavor for returning veterans.

Keywords: Combat veteran, College, PTSD

### **Introduction**

Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom have produced casualty rates of killed or wounded that are lower than those of past wars. But, mental health conditions and cognitive impairments resulting from deployment experiences have instead surfaced as invisible wounds of war (Tanielian & Jaycox, 2008). The intent of this exploratory case study is to provide insight into a Hispanic combat veteran's process of transition from post-deployment to higher education. Emphasis is directed to questions and uncertainties that could be

factors when developing educational programs or interacting with returning combat veterans in an educational setting. Hence, a chronological format with focus on educational endeavors and lifestyle considers: (a) early goals, (b) educational opportunities, (c) educational exploration, (d) career counseling, (e) common characteristics and disparities shared with colleagues, (f) changes resulting from exposure to the SERV program, (g) high and low points when in the SERV program, and (h) subsequent future goals.

### Method

The chronological exploratory approach of this case study used an interview process consisting of an open-ended written survey and oral interactions. The survey addressed the stated objectives through a series of questions that served as a point-of-departure for further oral interactions that occurred three times over a span of one month. Given the subject's preference, a voice recorder and email was used between sessions to elaborate or re-address discussion occurring during the meeting times.

### Background

The subject of the study, hereafter referred to as M40, is a 37 year old male who has been honorably discharged from the USMC after serving in active combat in Iraq. M40 is married, has two children, and is employed by a leading national retailer as he attends classes. He joined the Marines two months after he was laid off from his job as a supervisor at the regional airport. He was a Marine for nearly nine years and served in the initial ground invasion of Baghdad in 2003. In Iraq, he sustained knee and shoulder wounds in combat ending his service as a highly decorated member of a sniper team. M40 has received outpatient treatment for the symptoms of

post-traumatic stress disorder (PTSD). Symptoms can include flashbacks, night sweats, insomnia, agitation, and hypervigilance (Kornman, 2007). Other conditions stemming from PTSD include drinking or drug problems, feelings of hopelessness, employment problems, relationships problems, and adverse physical symptoms (Friedman, 2006; Walser, 2004). Additionally, Pole, Best, Metzler, and Marmar, (2005) and Marsella, Friedman, Gerrity, and Scurfield (1996) argue that Hispanics are at greater risk of PTSD and readjustment compounded by traditional ethnic issues. As a consequence this population may subsequently have greater problems with memory and concentration; skills that are essential for academic success.

Nearly 20 percent of military service members who have returned from Iraq and Afghanistan report symptoms of posttraumatic stress disorder or major depression, yet only slightly more than half have sought treatment (Tanielian & Jaycox, 2008). Researchers also found about 19 percent of returning service members report possible traumatic brain injury while deployed, with seven percent reporting both a probable brain injury and current PTSD or major depression (Tanielian & Jaycox, 2008). Individuals who serve in the Army and the Marine Corps are more likely than others to have had a TBI. Veterans with probable PTSD or major depression seek care at about the same rate as the civilian population, and, just as in the civilian population, many of the afflicted individuals were not receiving treatment (Tanielian & Jaycox, 2008).

## Focus

### *Early goals*

Cantrell and Dean (2005) appropriately assert “homecoming is a process, not a single event.” And, like many returning soldiers, M40 faced an uncertain future regarding vocation and

lifestyle indicating “I had no idea of what I was going to do or how I was going to fit in or live in the general populous.” This uncertainty extended to core values, such as family, with M40 stating “my son didn’t even know who I was.” Returning personnel often have difficulty being around children (Tanielian & Jaycox, 2008). MacDonald, Chamberlain, Long, and Flett (1999) found that those individuals with PTSD symptoms have greater interpersonal problems (e.g., difficulties expressing intimacy, lack of sociability), and poorer marital and family relationships as well. There was, however, clearly a sense of vocational duty in that his military training and experience were exemplary and had application in such disciplines as police work. Yet, this opportunity of interest was elusive, if not impossible, due to physical injuries incurred in combat.

What was evident was the desire to return to the familiar in Iraq. The strong sense of meaning and purpose found in the war zone, the ability to protect buddies, and missing this sense of purpose are the identifiable and familiar as is “the rush” associated with combat environments (Woll, 2008). Soldiers returning to garrison life after extended combat deployments may have difficulty adjusting, and may seek the adrenaline rush they have grown accustomed to in combat environments (Bradner, 2008). The absence of the combat rush led M40 to attempt to create a similar reaction by, for example, riding motorcycles with fellow soldiers at speeds in excess of 165 mph on deserted stretches of highway, or by numbing the desire through alcohol consumption. Jacobson et al. (2008) found significantly increased risks of new-onset heavy drinking and other alcohol-related problems among personnel deployed with combat exposures as compared to those non-deployed. Regardless, with M40 there always existed a sense of responsibility and propriety, where, for example, he and group adhered to posted speed limits in school zones indicating “[we] didn’t want to hurt any kids.”

### *Educational Opportunities*

The prospect of higher education was not immediately viable largely because of the abyss that existed between M40's conception of the world as manifested through combat experiences and those of the civilians attending school. M40's statement "I knew I would have nothing in common with anyone ... especially because of the job I did in the Corps" echoes that of other returning veterans (Armstrong, Best, & Domenici, 2006). This disdain was further compounded by the desire to avoid crowded uncontrolled settings, perhaps a vestige of PTSD or a combat soldier's vigilance (Monson, Friedman & La Bash, 2007; Tanielian & Jaycox, 2008).

### *Educational Exploration*

M40 states "We all talked about school when we got out ... it was mostly just talk ... [we] just wanted to feel normal." Many in his platoon had jobs waiting and M40 states "...guys from my platoon already had jobs waiting for them, most were cops so they didn't think of school ... just getting back out on the streets ... [we] all talked of the same rush." This was a particularly bitter disappointment as M40 had been accepted to police academy just days prior to his USMC call-up and physical injuries and pending surgeries now made this an unattainable goal. M40 states "I simply felt cheated out of my chance to do what I was trained to do."

Other problems thwarted the prospect of school. M40 states "I couldn't sleep and I had a family that didn't understand me." Additionally, M40 dealt with anger but was careful not to direct it towards the family as indicated "I was glad I was never physical towards them ... just destruction of walls and other [nearby] items." Research indicates that some of the more

common types of reactions that returning veterans disclose are difficulty readjusting to family life, hyperalertness, sleep problems, and anger (Schnurr, Green, Kaltman, 2007; Tanielian and Jaycox, 2008). Indeed, research dating from the Vietnam era veterans, argues the most painful immediate problems center around relationships and the desire for meaningful emotional involvement (Herndon and Law, 1986).

“All I thought of was what the hell do I do now” endured and a reluctance to concede to his injuries brought about attempts at retraining in welding and machine tool technologies through the community college. But, again realization that physical injuries loomed as problematic for a successful long-term career caused him to concede. And, half of M40’s GI Bill had been expended. The new GI Bill, signed into law on June 30, 2008, awards veterans who have served for three years on active duty after September 11, 2001 funds that now cover the cost of in-state tuition at the most expensive public college in that veteran’s state (McBain, 2008).

What emerged was an interest in mathematics and a profound desire to complete a program of study. Also emerging was an imperative of cohort education where M40 states “I would have had to have classes with people that had been there, but not just there, but actually have done things similar to what I had done.”

### *Career Counseling*

Career counseling was not immediately available to M40 as he was recovering from physical injuries. M40 states “I lived in a hotel for six months with nothing to do but drink ... didn’t help much. Not everyone gets that special treatment, and believe me, you don’t want it.” Yet, M40

felt that the career counseling might have been desirable as an early focus upon waiting for discharge. Ideally, veterans are to be provided four major services: career counseling, vocational testing and assessment, referral to other appropriate agencies, and case management and follow-up (Quick, Ebberwein, & Krieschok, 1996).

### *Common Characteristics and Disparities Shared with Colleagues*

M40 states “All of the vets I have come into contact ... seem to feel the same way I did ... I know I am not alone.” Although this sense of commonness or veteranism provides reassurance, it does not dispel the reality that, as M40 states “... doesn’t make things easier ... it just placed me in the same category as all the returning vets.” The development of effective cohesion between soldiers is one the strengths in the prevention of psychological breakdown due to the extreme circumstances under which it develops (Helmus & Glenn, 2005; Woll, 2008).

### *Changes Resulting from Exposure to the SERV Program*

The Supportive Education Programs for Returning Veterans (SERV) cohort-based classes are designed to transition veterans into a college setting and increase the likelihood of retention and graduation rates. The curriculum establishes an academic and social framework designed to improve concentration, memory, problem solving, and learning, while minimizing social isolation. The SERV program was appealing to M40 because the classes would be limited to veterans. But, M40 still struggled with his past as he states “I thought what the hell. I’m going to try this and see what comes of it ... since everything so far had gone bad.” PTSD, depression, or TBI is indeed likely to affect success in attaining future educational goals; research suggests individuals with anxiety disorders are less likely to complete high school, high school graduates

were less likely to enter college, and college entrants were less likely to complete college (Kessler, Foster, Saunders, & Stang., 1995).

The transition courses, presented at the time of M40's introduction were the Resiliency and the Teaching-Learning classes. Resiliency-related measures have been shown to be effective longitudinal predictors of college adjustment and graduation (Mathis & Lecci, 1999; Lifton, Seay, & Bushko, 2000). The courses were intended to foster social change, physical, psychological, and academic improvement. M40 relates that the classes brought about changes in perception and attitude noting "I was different ... [but] there are ways around the stereotype that people have of vets". Regarding the "non-military life", M40 notes empowerment in the form of "information to take home to my family so they could understand where I was coming from." These changes were also reflected in M40's ability to focus and socialize with others without feeling awkward, such as faculty, where he states "I was able to speak to my teachers more freely ... that I might need to leave class from time to time to regain composure."

### *High and Low Points in SERV*

The UA population is overwhelmingly young and presents differently to an older and more experienced veteran as M40 states, in dealing with counselors, "I didn't care to be spoken [to] like an eighteen year old just out of high school ... I didn't want special treatment, I just wanted people to treat me like a man." He felt his instructors and the University VA representative were caring and supportive, but counselors were not as encouraging when he was told by one counselor "... [You] have to have talent to make it in that field." This kind of interaction bared earlier concerns of failure and of "why I shouldn't go to school" and is quite contrary to methods



practiced by the military. By example, the treatment for battle fatigue has often been summarized by the four “R”s: Reassurance of a quick recovery from a confident and authoritative source; Respite from intense stressors; Replenishment; and Restoration of perspective and confidence through conversation and working (Helmus & Glenn, 2005).

Despite these issues M40 notes “I have definitely changed as a result of the classes ... working in large groups, and just socializing with others.” M40 specifically indicates improvement with earlier obstacles including the ability to stay focused on tasks. He has overcome the fears of sitting in a class and “... worrying if someone is seeing him as an outsider or just another student.” M40 notes “... I am able to go home and talk to family about experiences rather than ... avoiding them ... [to] include not only the ones found at school but those that come from inside.”

Academically, M40 indicates improvements in time management, study habits, retention, and preparing for tests with less test anxiety. Yet, M40 emphatically indicates “... and most of all ... I fit in once again”. He notes “without the right instructors who truly care I would have never finished these courses or even thought of continuing my education.” While definitions of mentorship vary, faculty-student mentoring has been shown to improve Grade Point Average (GPA) and lower dropout rates (Jacobi, 1991; Campbell & Campbell, 1997).

### *Future Goals*

M40’s attitude is simply that perseverance is paramount for success regardless of the time commitment and in the face of tribulations. He states “No matter how long it takes to reach my

goal, I just need to keep plugging away ... even though I may have the thought of saying ... forget it.”

### Conclusion

The current SERV curriculum includes three cohort-based classes that are purposefully designed to increase the likelihood of retention and the graduation rate of veterans in college settings by establishing an academic and social framework designed to improve concentration, memory, problem solving, and learning, while minimizing social isolation. While this study looks at a single individual attending the program, his perceptions advise to the efficacy of such an endeavor for returning veterans but also reveal the complexity of transition that educational institutions need to address to adequately foster academic success for this population. Success will subsequently identify the institution as veteran friendly and likely attract a population of returning veterans who will be identified as mature, motivated, and mission oriented in attaining a viable education leading to reintegration into civilian life.

### References

- Armstrong, K., Best, S., & Domenici, P. (2006). *Courage after fire*. Berkley: Ulysses Press.
- Bradner, W. (2008, Sept 11). Army to test Warrior Adventure Quest, to replace ‘the rush’. *Northwest Guardian*.
- Campbell, T. A., & Campbell, D. E. (1997). Faculty/student mentor program: Effects on academic performance and retention. *Research in Higher Education*, 38, 727-742.
- Cantrell, B. C., & Dean, C. (2005). *Down range to Iraq and back*. Seattle: Wordsmith Books.
- Friedman, M. J. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *American Journal of Psychiatry*, 163(4), 586-593.

Herndon, A. D., & Law, J. G. (1986). Post-traumatic stress and the family: A multimethod approach to counseling. In C. R. Figley (Ed.), *Trauma and its wake. Traumatic stress theory, research, and intervention*. (Vol II). New York: Brunner Mazel Inc.

Helmus, T., & Glenn, R. (2005). *Steeling the mind: Combat stress reactions and their implications for urban warfare*. Santa Monica, CA: RAND Corporation.

Jacobi M. (1991). Mentoring and undergraduate academic success: A literature review. *Review of Educational Research*, 61, 505–532.

Jacobson, I. G., Ryan, M. A. K., Hooper T. I., Smith, T. C., Amoroso, P. J., Boyko, E. J., Gackstetter, G. D., Wells, T. S., Jacobson, & Bell, N. S. (2008). Alcohol use and alcohol-related problems before and after military combat deployment. *JAMA*, 300(6), 663-675.

Kessler, R. C., Foster C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry*, 152(7), 1026-1032.

Kornman, S. (2007, May 7). Tucson combat vets buffeted by memories. *Tucson Citizen*.

Lifton, D., E., Seay, S., & Bushko, A. (2000). Can student "Hardiness" serve as an indicator of likely persistence to graduation? Baseline results from a longitudinal study. *Academic Exchange Quarterly*, 4(2), 73.

MacDonald, C., Chamberlain, K., Long, N., & Flett. R. (1999). Posttraumatic stress disorder and interpersonal functioning in Vietnam War veterans: A mediational model. *Journal of Traumatic Stress*, 12(4), 701–707.

Marsella, A.J., Friedman, M.J., Gerrity, E.T. & Scurfield, R.M. (Eds.). (1996). *Ethnocultural aspects of posttraumatic stress disorder: Issues, research and clinical applications*. Washington, D.C.: American Psychological Association.

Mathis, M. & Lecci, L. (1999). Hardiness and college adjustment: Identifying students in needs of service. *Journal of College Student Development*, 40(3), 305-309.

McBain, L. (2008). When johnny [or janelle] comes marching home. *Perspectives*, 1 – 19.

Monson, C. M., Friedman, M. J., & La Bash, H. A. J. (2007). A psychological history of PTSD. In M. J. Friedman, T. M. Keane & P. A. Resick (Eds.), *Handbook of PTSD: Science and practice*. New York, NY: Guilford Press.

Pole, N., Best, S.R., Metzler, T. & Marmar, C.R. (2005). Why Are Hispanics at Greater for Risk for PTSD? *Cultural Diversity and Ethnic Minority Psychology*, 11(2), 144-161.

Quick, M., Ebberwein, C., & Krieshok, T. (1996). Vocational rehabilitation with a V.A. medical center. Paper presented at the annual meeting of the American Psychological Association. (Retrieved November 6, 2008 from Online Source, ERIC No. ED408519).

Schnurr, P. P., Green, B. L., & Kaltman, S. (2007). Trauma exposure and physical health. In M. J. Friedman, T. M. Keane & P. A. Resick (Eds.), *Handbook of PTSD: Science and practice*. New York, NY: Guilford Press.

Tanielian, T. & Jaycox, L. (Eds). (2008). *Invisible wounds of war*. Santa Monica, CA: RAND Corporation.

Walser, R. D. (2004). Stress, trauma, and alcohol and drug use a national center for PTSD fact sheet. *The Iraq War Clinician Guide*, 2nd ed. National Center for PTSD, 195-196. Retrieved from [http://ncptsd.va.gov/ncmain/ncdocs/handouts/iraq\\_clinician\\_guide\\_app\\_j4.pdf](http://ncptsd.va.gov/ncmain/ncdocs/handouts/iraq_clinician_guide_app_j4.pdf)

Woll, P. (2008). *Finding Balance After the War Zone: Considerations in the Treatment of Post-Deployment Stress Effects*. Great Lakes Addiction Technology Transfer Center and Human Priorities.