

Collaboration for Military Transition Students from Combat to College: It Takes a Community

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Abstract

It will be essential for postsecondary institutions to come up with new ways of providing service delivery to returning veterans with disabilities who will bring with them an entirely new perspective on what it means to have a disability. This emerging disability group will bring with them life experiences that are very unique and vastly different than what has previously been the norm. Postsecondary institutions will be challenged by incoming veterans with disabilities with expectations largely shaped by the military culture. In order to address the unique educational needs of veterans with disabilities, multiple levels of collaboration will be necessary. This article will provide information on current collaborative approaches being successfully utilized by postsecondary institutions involving Disabled Student Services (DSS) and Veterans Service Officer (VSO), campus programs, and community agencies supporting military veterans.

The number of veterans pursuing a postsecondary education is expected to significantly increase (Perry, 2009). This student group will include veterans with disabilities, and may bring expectations and needs which may be different than what has been experienced with prior cohorts of students with disabilities. To address the unique needs of this disability group, a new approach to service delivery is required.

One goal of academia may be the collaborative exchange of ideas. However, actual practice within academia may fall short of an entirely open collaboration as territorial boundaries between disciplines are drawn (Lovett, 2006). Differing frames of reference, competing finances, and the career aspirations of individuals may also decrease collaboration. Despite the common goal to support successful student scholarship, academic student support services, unfortunately, fall victim to similar pitfalls (Brown, 2009). Financial aid, matriculation, student conduct, student health services, disability services, veteran services, or any of the myriad of support services may exist in "silos" disconnected from one another, with diminished ability to achieve truly collaborative support of students, especially students with unique needs. The needs of active duty and returning veterans transitioning from

military service to academic life, particularly with injuries and functional limitations that effect their participation in college, call for a conscious effort to permeate boundaries between college support services and, additionally, collaboration with organizations outside academia.

This paper seeks to describe ways support services practitioners may collaborate with a variety of individuals and groups to meet the needs of military students with disability-related functional limitations transitioning to college. Three levels of collaborative work will be outlined: (a) collaboration between Disabled Student Services (DSS) and Veterans Service Officer (VSO); (b) collaboration within the organizational structure of the academic institution; and (c) collaboration with the community at large. The signature injury of current military actions, traumatic brain injury (TBI), also requires links to federal and local initiatives, which will be described.

Students Transitioning from the Military to College

Descriptions of military culture may be debated but the prevailing view is steeped in the traditions and practices of aggressive masculinity, unhindered aggressiveness (Titunik, 2008). Military service

personnel have been trained to be warriors, ready at all times for duty. The term *disabled* is imbued with a connotation of *not fit*, weak, unable to participate or perform. Not surprisingly, returning veterans with physical and/or psychological injuries do not typically identify themselves as someone who would qualify to receive support and reasonable accommodations through a DSS program.

The standard method for students who are veterans, both injured and uninjured, to establish enrollment certification for educational benefits earned during active service is through each campus' VSO (US Department of Veterans Affairs, 2009). The degree to which the VSO engages with individual students will vary from college to college. For example, the VSO might be assigned to roles other than working with veterans, active duty personnel, or dependents. The VSO may be a clerk performing multiple duties in the Admissions department or may be a professional assigned solely to veteran issues, such as an academic advisement counselor with unique training and experience with veteran affairs.

To support those returning with psychological and/or physical injuries, such as post traumatic stress disorder (PTSD), TBI, or orthopedic injuries, DSS providers must establish a collaborative relationship with their VSO. The initial relationship may be one of exchanging information. For example, the VSO might share military terminology and culture with the DSS provider, while the DSS personnel might describe the signs and symptoms of PTSD or TBI. Each has much information to offer to the other, because in general, VSO's know little about the types of services and accommodations available through a DSS program. Likewise, DSS specialists know little about military life, educational benefits through the Montgomery GI Bill, redeployment orders, and training credits. A strong working relationship is necessary to bridge the gap between students' reluctance to seek DSS services and the benefits of managing their functional limitations with appropriate accommodations and support. The relationship can also prepare the DSS specialist to provide a climate of understanding for these students, a basic building block for effective support.

As Church (2008) noted, "nondisclosure of limitations is a huge issue" (p. 4) in part because students do not want to be labeled as disabled with the same potential for disability stigmatization in society. The non-disclosure of a student's disability has always

been ingrained in the everyday work of DSS providers. However, the concerns many veterans with disabilities have regarding disclosure of their disability status are of particular concern. It is likely that many veterans will be utilizing their college education to start new careers in fields such as security and law enforcement and, thereby, leveraging their military training into civilian life. These are fields with background checks unforgiving of any disability history.

Each veteran with a disability will need to be reassured that we can provide them with an extremely high level of confidentiality and that this can be demonstrated to them by explaining procedures for the release of disability documentation and how such information is appropriately stored. This is often the first step of many towards earning the ultimate trust of a veteran with a disability. DSS providers would be wise in not promising more than they can deliver to a veteran and making sure that confidentiality protocols are followed closely.

Military transition students feel most comfortable with each other. Peer support is particularly valued because military training and culture has the unit of individuals relying on one another for safety and, literally, for life and limb when in combat. DSS personnel must be aware that a lack of trust or a history of success and respectful support with service providers will be readily shared within the peer student-veteran networks.

Collaboration within the Academic Institution

Institution-wide committees. Optimizing the success of students who have functional limitations transitioning from the military is an institutional responsibility. A unified approach enlisting all components of the institution can be facilitated through a campus-wide collaboration directed by the highest administrative authority, such as the college president and/or the academic senate. This directive may include the formation of an interdepartmental committee charged with creating a campus climate conducive to the success of all military transition students including those with disabilities/injuries.

At California State University, San Marcos (CSUSM) such a committee is chaired by the Vice President for Student Affairs and is comprised of representatives from Counseling, Disabled Student Services, Admissions, Career Services, Veterans Office, faculty, students, and from the veteran's community.

Crucial to gaining the trust of the veteran students at CSUSM was the establishment of obtainable short and long term goals. Some goals, such as priority registration for active duty personnel and veterans, may be readily achievable and at little cost to the institution. Other goals, such as the development of a Veterans Center with staff and facility expenses, required long-term planning and fund raising.

Student groups and voices. Current and past student veterans may be a source of information about the unique barriers to success on a specific college campus. In 2008 a panel of college students who are veterans with disabilities presented their experiences to the California Association of Postsecondary Education and Disability Convention (CAPED; Panelists, 2008). The students stated that the attitudes of other students and faculty were the greatest barriers to becoming part of the academic community. They described instances of other students asking inappropriate questions about their military service, accusations about their role in military engagements, and insensitive statements by professors in class about the military and its missions.

Student voices are a powerful method for ensuring that the campus climate is welcoming and productive for military transition students. A national resource is Student Veterans of America (SVA), a coalition of student veterans groups from college campuses across the United States. Founded in January 2008, SVA works to develop new student groups, coordinate between existing student groups, and advocate on behalf of student veterans at the local, state, and national level. Representatives from the SVA are available to consult with anyone interested in establishing a formal Student Veterans Club on campus. The establishment of such a group will provide the campus with access to a long list of potential veterans who can be called upon to take part in on-campus training programs for faculty and staff. It is much more effective to have actual veterans talking about their experiences in the classroom. Faculty and staff typically respond more favorably when hearing from actual student veterans about what is working and not working for them in the classroom and what can be done to improve the campus climate. The DSS provider can be present to talk more about the programs and services that are available to veterans with a disability and how this particular group of disabled individuals is one that is just starting to truly emerge on college campuses and will bring with them a new set of challenges.

Faculty and staff training. Through in-service training of campus personnel or professional development opportunities, faculty and staff become aware of the unique challenges of this student population. Faculty and staff must be trained in the common disability-related adjustments that are most prevalent with combat injuries. For example, those with PTSD require classroom seating preferences or may need to leave the classroom to get relief from anxiety symptoms. Students with mild TBI may not know the full extent of their limitations until they return to school. Faculty may be the first to encourage student veterans with suspected disabilities to seek reasonable accommodations through DSS. It is important for campuses to offer faculty workshops and prepare them with an understanding of the common issues veterans may bring to the classroom. For universal access and to encourage broad faculty participation, campuses should offer the workshops online. The degree to which DSS is involved in such training should depend upon the level of increased awareness and competence with this new professional challenge.

On-Campus Mentors. Colleges may identify current employees who have served in the military who work in administration, faculty and staff. A pool of potential mentors and resource specialists may emerge from those identified. Those who have experienced combat are particularly trusted by returning combat veterans and those employees who have served may create a more welcoming face for the institution with those who are transitioning into the academic community. An effective method to increase inclusion of students with disabilities is the use of faculty and administrators as “resource mentor” networks (Rohland et al., 2003).

Technical standards. Creation of “technical standards” for courses and programs of study requires a deliberative and collaborative process to outline the essential content of coursework and programs (Madaus, 2000). Recognition of the needs of veterans with functional limitations within that process may prove to bridge a dialogue between faculty and DS providers in ways that ultimately improve access for all students with disabilities. For example, the adoption of *Universal Design* instructional methods may remove barriers for this and all other disability groups.

Community and System-wide Collaboration

There are numerous community-based entities, both public and private, which exist to support active

duty, reserve, and veteran service members and many ways that colleges may create productive working relationships with these entities. A Community Advisory Board, or “Think Tank” (DO-IT, 2008), comprised of VA, DOD, veterans community groups, for example, Disabled American Veterans (DAV) or Veterans of Foreign Wars (VFW), Vets Center, and National Veterans Foundation representatives, in collaboration with college specialists, such as the ADA/504 Compliance Officer, VSO, Disabled Students Services, Financial Aid, Health Services, Career Services, Academic Advising, Outreach, may be a useful way to stimulate working relationships, identify needs, create shared projects, and support transitions to careers. Colleges may want to raise awareness on their campuses of active duty and veterans with and without disabilities through special events, particularly Veterans Day and/or Memorial Day events. Community group representatives can be an integral part of such events. Symposia, or speaker’s forums, with sessions highlighting topical concerns of active duty and veterans on campus, are another way to improve communication and understanding throughout campus life and forge working relationships with community-based entities.

At the state level. Perhaps the most powerful method of propagating institutional change toward the treatment of veterans with and without disabilities is to have it mandated by the highest authority. Within the California State University system, Governor Schwarzenegger sent out a clear directive to all publically-funded postsecondary institutions to significantly increase the number of veterans utilizing the Montgomery GI Bill and to make the educational programs more accessible and veteran-friendly (California State, 2007). A formal body, called the “*Troops to College*” *Oversight Committee*, was established to discuss educational issues between California’s public colleges and universities and the military, identify best practices, develop common goals, and measure progress toward those goals. The Committee recommended that:

1. A Veteran Support Team should be created on each campus with each evaluating what works best for them;
2. Access to Disabled Students Services must be achieved for those, due to their combat service, who have physical and/or emotional injuries;

3. An open line of communication between the student, the VSO and DSS Services is crucial for a timely identification and proper handling of disabled veteran entitlements (California State Veteran’s Support Team Guide, 2007).

With Veterans Affairs. At the federal level, the US Department of Education, in its letter to service members, pointed out that the standards used by Veterans Affairs (VA) to review disability claims are different from the definition of disability in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). The federal Office of Civil Rights (OCR) noted that “a finding by the military or VA that a veteran is entitled to disability-related benefits or services does not mean that he or she is automatically entitled to receive academic adjustments in a postsecondary setting” (Office of the Assistant Secretary, 2008). The importance of effective communication between postsecondary and military or VA entities cannot be overstated, if the student is not to fall into a bureaucratic tangle of differing rules and regulations. There are so many ways that a veteran with a disability can lose some or all of their educational benefits that it makes good sense for the DSS service provider to establish a solid working relationship with their campus VSO and their local Department of Veterans Affairs Vocational Rehabilitation Counselor. This relationship will be critical so that the DSS provider can work in tandem with the campus VSO and Veterans Vocational Rehabilitation Counselor to ensure everyone has the information required to keep the veteran appropriately served. This is especially true when the veteran with a disability has to withdraw from a class due to their disability. The DSS service provider has to communicate the rationale for such a move very clearly to both the campus SVO and if applicable, the Veterans Vocational Rehabilitation Counselor. Another example is when the severely disabled student veteran is assigned an *extended evaluation* status by the VA Vocational Rehabilitation with progress documented by qualified DSS specialists.

With medical facilities serving the military and veterans. VA or Department of Defense (DOD) facilities associated with service branches, such as naval or army hospitals are in proximity of many college campuses. Previously most DSS offices have had little contact with the rehabilitation specialists at these institutions.

Be aware that many individuals entered into

military service planning to earn education benefits for college and that the injured service member may not have any idea of the ways that educational goals may now be achieved. Furthermore, the medical specialists may not be knowledgeable about the myriad of academic accommodations and technical support options that are possible. Therefore, colleges should broaden the scope of their outreach and recruitment activities to include such facilities with dialogue with the rehabilitation specialists. A quote from Lt. Colonel David Rabb, VA Palo Alto Health Care System, presenting at a California professional conference for postsecondary service providers, illustrates the importance of collaboration, "When it comes to supporting our combat veterans and their families, it will take more than DOD and the VA; it takes a community" (Rabb, 2008).

One method used by CSUSM was to offer a workshop for either mental health providers or social workers at the United States Veterans Hospital at La Jolla, California. The workshop focused on transition issues and solutions with injured service personnel. Such a workshop may be conducted by a team, including Admissions, the VSO Office, DSS, and Academic Advisement/Counseling. Another approach used by Santa Monica College was to offer a *transition* curriculum, such as study strategies and assistive technology, for patient groups at a medical facility, ideally instructed by a team from DSS and the VSO Office.

Vets Centers, affiliated with the US Department of Veterans Affairs, have become commonplace throughout the nation. They provide peer and professional counseling for combat service veterans with PTSD, those with sexual assault trauma during active duty and their families, in a non-medical setting. Campuses may establish a collaborative relationship with their local Vet Center; they can provide ongoing counseling support for student veterans who qualify and are also a source of potential referrals to DSS as well.

With graduate education programs. Many professional training programs, such as social work, psychology, and occupational therapy, must place their students in supervised internships prior to licensure. Injured veterans issues have been featured recently in numerous professional journals, such as the American Psychological Association (Packard, 2007) and the American Occupational Therapy Association (Erickson et al., 2008), with recognition that this population will require specialized professional intervention. Supervision and training of such interns within DSS offices, under the

appropriate professional supervision, should be explored to expand the pool of professionals well versed in the needs of this population as they attend college.

Collaboration and Traumatic Brain Injury

A signature injury of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) service members is TBI (Tanielian & Jaycock, 2008). Colleges and universities may work collaboratively with state, federal and private initiatives that focus on the specialized needs of those with TBI. Two such initiatives are described here.

Traumatic Brain Injury Act. In 1996, Congress passed the Traumatic Brain Injury Act (P.L. 104-166) authorizing the Department of Health and Human Services, Health Resources and Services Administration (HRSA) to grant funds to States to build infrastructure capacity, develop and evaluate service integration models, establish policy, and secure financial support for lasting systems change. Between 1997 and 2008, 48 States, two Territories, plus the District of Columbia received at least one State agency grant (HRSA, 2008). President Bush signed the Reauthorization of the TBI Act of 2008 (P.L. 110-206), April 28, 2008, which included a new subsection with emphasis on military and veterans' populations returning to civilian life with TBI. States are currently applying for grants under the new legislation. DSS with its unique community integration role should contribute to these future projects.

Brain Injury Association of America. Brain Injury Association of America (BIAA) (2008) is a leading national organization that serves and represents individuals, families and professionals who are touched by TBI. Together with its network of more than 40 chartered state affiliates, as well as hundreds of local chapters and support groups across the country, the BIAA provides information, education and support to assist those with TBI and their families. DSS may draw on these community-based resource referrals for students and their families, especially in regions without fully developed VA outreach.

Conclusion

Postsecondary institutions should establish cutting edge collaborative relationships with a wide variety of both on-campus units and off-campus military support programs in order to help veterans with disabilities make the often difficult transition from the battlefield

to the classroom successfully.

The ultimate goal of all collaborations focused on active duty and veterans with injuries is effective support of a group of students who deserve our attention. These students have served our nation, and they should have a fair chance to succeed with their educational goals.

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