ABSTRACT: Veterans and service members bring great strengths and diversity to our college campuses through their training and experiences in the military. However, the transition from military service to academic life can also present acute and long-term challenges for student veterans. Many veterans entering the college environment have difficulty assimilating and often cannot relate to the views and behaviors of their peers. Some servicemen and women are concurrently addressing severe symptoms resulting from their physical and/or emotional injuries while attempting to navigate the day to day obstacles that all students face. Others are forced to reconcile negativity or insensitivity from students, faculty, and university staff. Deficits in resources and support on campus can cause student veteran population to feel distressed and alienated. Campuses are encouraged to follow established best practices to provide the support and resources to promote academic and personal success to this important and diverse student population. This article briefly reviews these issues and provides recommendations to campuses.

“School is really hard, but I wonder if my fellow students realize that being a team leader during my tours in Iraq and Afghanistan when I was in my early 20’s was much harder. Sometimes it seems like I appreciate being in college more than other students do who did not serve in the military.”

Anthony Perez, U.S. Army

Student veterans have a wide range of talents and life experiences that can enhance the university classroom as well as some unique concerns. Over the past decade, more than two million U. S. troops have deployed overseas to combat zones in Iraq, Afghanistan, and surrounding areas. The Department of Defense predicts a 20% increase annually of veterans attending college over the next decade. As providers of medical and mental health care to college students we have the opportunity to work with those who also served in the U.S. military. Men and women with military service bring their unique talents and challenges to institutes of higher education (Church, 2009).

The Servicemen’s Readjustment Act of 1944, more commonly known as the GI Bill of Rights, authorized funds for education and training of military veterans returning from war. This benefit was significantly upgraded in 2008 with the Veterans Educational Assistance Act (Post-9/11 GI Bill). One million veterans from the current wars have already entered colleges on the new GI Bill (www.studentveterans.org).
Who are our student veterans?

Literally hours following the terrorist attacks on September 11, 2001, students across America started to alter their academic goals in order to serve in the Armed Forces. More than a decade later the trend of voluntary service continues but with combat operations coming to an end and the downsizing of the Department of Defense, veterans are returning to college classrooms at an unprecedented rate. Men and women who served in the military bring numerous strengths to our campuses. They have extensive training and experience in a wide range of skills and trades. They tend to be more disciplined, team-oriented, and self-motivated than their civilian counterparts. Leadership skills have been instilled and tested in intensely stressful situations (Church, 2009).

With the average enlistment period of three to six years, military veterans entering institutions of higher learning are considered nontraditional students. They are typically older than the traditional college-aged (18-22) student. Many of our veterans are more likely to be transfer students from community colleges. These students are also more likely to be married and/or have children and are also more likely to be financially independent from their parents. All of these factors could contribute to the complexity of veterans’ experiences on college campuses in comparison to younger students who are in different phases of life and have less “worldly” experience. These traits can often be factors in why student veterans feel misunderstood or significantly different from younger students (Vance & Miller, 2009).

The veteran community is not homogeneous. It is important to recognize and acknowledge the diversity within the veteran population. For example, this younger generation of service members could be more identified with their branch of service or campaign in which they served rather than the term “veteran.” Here is a brief overview of some of the other terms that these students may use to identify their type of service.
Every service member’s experience in the military is unique. It is not uncommon for both active and reserve veterans to have experienced multiple deployments and participated in intense combat operations while others may have completed their term of service from the continental United States. With a nonexistent “frontline,” it is likely that both male and female service members that have deployed in support of combat operations have experienced some level of trauma. Regardless of where and when our veterans have served, they lived a stressful and challenging lifestyle.
Medical and Mental Health Concerns

This is a brief review of a few things to consider as you provide some form of medical and/or mental health services to college students including military veterans. All of the following information represents the best practices in treatment of military-related conditions that is provided by the Department of Veterans Affairs and the National Center for PTSD (Zinzow et al. 2012; http://www.ptsd.va.gov/)

Polytrauma

It is obvious that service members can be injured in combat conditions. However, many more service members are actually injured during training exercises and other accidents, which may result in problems that persist and may be seen in campus health centers. Polytrauma, which is often sustained during blast-related injuries (e.g., Improvised Explosive Devices; mortar attacks), include:

- Traumatic limb amputation
- Nerve damage
- Burns
- Wounds
- Fractures
- Vestibular damage - problems with balance and gait
- Vision loss
- Hearing loss/tinnitus
- Chronic pain
- Exposure to neurotoxins

Traumatic Brain Injury (TBI)

The following Practice Guidelines for Management of Concussion/mTBI are from http://www.ptsd.va.gov/professional/pages/traumatic-brain-injury-ptsd.asp

To date, over 500,000 service members have been diagnosed with mild TBI (mTBI) over the past decade. In fact, TBI, which is a concussive shockwave injury, is considered to be the “signature wound” of the current wars. Concussion/mTBI is an injury with a time-limited and predictable course. Chronic post-concussive symptoms can be grouped into three categories: 1) somatic (headache, tinnitus, insomnia, etc.); 2) cognitive (memory, attention and concentration

✓ CAMPUS CHECK – Veterans’ Certifying Official

Curious about how many veterans are on your campus? Every campus must have a Veterans’ Certifying Official to assure that veterans’ documentation is appropriately managed so they can receive their GI Bill benefits. This person is likely to be in the Registrar’s office and will be able to provide you with the number of veterans on your campus.
difficulties); and 3) emotional/behavioral (irritability, depression, anxiety, behavioral dyscontrol). Currently, the VA encourages a “recovery message” during prognosis discussion, symptom management, coordination of care with other providers, and inclusion of the family in treatment planning (Halbauer, Ashford, Zeitzer, Adamson, Lew, & Yesvage, 2009).

Posttraumatic Stress Disorder (PTSD)

“Not all wounds are visible.”

You may have heard the terms shell shock, combat fatigue, soldier’s heart, and the “thousand yard stare.” It is well-recognized that combat veterans are vulnerable to developing PTSD and co-occurring disorders from their military experiences. It is important to remember that not all veterans serve in combat or ever deploy to a warzone; however, they may still be exposed to other traumatic life events.

PTSD as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) can clearly be a disabling condition that interferes with veterans’ ability to function overall. The syndrome is characterized by clusters of symptoms: Avoidance, Intrusive Re-experiencing, and Hyperarousal, all of which are distressing enough to cause significant impairments in social or occupational functioning. However, these similar problems could be recognized potentially as a natural response to experiencing the horrors of war and not “psychopathology.” Therefore, clinicians need to assess for both exposure to traumatic life events as well as related symptoms. While it is important to screen every veteran for trauma-related problems including PTSD, depression, and substance abuse, it should not be assumed that every veteran has PTSD. This assumption can turn veterans away from clinical services.

It is important to note that there are substantial changes to the PTSD diagnosis in the DSM-5 from the DSM-IV-TR, including moving it from under Anxiety Disorders to the new category of Trauma and Stress Related Disorders. There is no longer the requirement for a specific emotional response of fear, hopelessness, or horror. There is the new Criterion D of Negative Alterations in Cognitions and Mood Associated with the Traumatic Events, beginning or worsening after the traumatic events occurred. There is also a new specifier of with or without dissociative symptoms of depersonalization and/or derealization.
Military Sexual Trauma

Sexual assault and harassment are an insidious part of the civilian world. Recent events have painted an even more disturbing picture of the extent to which sexual harassment and assault are parts of the military culture. It is extremely important to screen every service member and veteran for history of sexual assault of any kind. The Veterans Health Administration has implemented “Universal Screening” in all of their outpatient clinics so that it becomes a standard part of the initial medical exam for women and men. It will be important to refer this person to other campus resources that address these issues, as would be done with other patients. [http://www.ptsd.va.gov/professional/pages/military-sexual-trauma.asp](http://www.ptsd.va.gov/professional/pages/military-sexual-trauma.asp)

Substance Abuse

Substance abuse is a persistent concern in the treatment of the veteran population. Binge drinking is a part of the military culture and can often persist after discharge with nothing to curb it. After discharge, the consequences seem minimized when there is less accountability for daily actions and responsibilities. These behaviors are important to assess and treat, particularly when considering benzodiazepine and/or opiates.

✓ CAMPUS CHECK – Know the resources but also the people:

What mental health and substance abuse treatment services, if any, are available on your campus? It is definitely helpful to know if anyone on the staff of Counseling Services or Student Health is a veteran or has training/experience in working with military service members and veterans. These colleagues can be great resources for consultation and referral.

Suicide Prevention

Suicide is the second leading cause of death among all college students. It is now clearly recognized that suicide is a serious and growing problem in the veteran community. Veterans are considered a vulnerable population as are other underrepresented groups on campus. It is essential to screen veterans for suicidal thoughts or attempts, both current and past (Kang, 2008).

Referrals to mental health professionals on- or off-campus are strongly recommended, as well as recruiting other staff or family to assist in follow-up with the referral. There are numerous resources available for veterans in both in-person and virtual formats, far more than there were a decade ago. Instilling hope and reducing isolation by providing them with these services can have a very positive impact on treatment compliance and outcomes.

✓ CAMPUS CHECK – Suicide Prevention resources:

Does your campus have any kind of suicide prevention-related programming or bystander training? Check with your Counseling Services or Dean of Students office. You can receive free brochures and other materials regarding crisis services for veterans by contacting [http://www.veteranscrisisline.net/](http://www.veteranscrisisline.net/).
**Treatment Guidelines**

Gold Standards of treatment for PTSD and related syndromes include individual therapy, group counseling, family involvement, and medication management (Ruzek, Schnurr, & Friedman, 2011). Complementary and alternative medicine is also frequently used now including yoga, acupuncture, and therapeutic massage.

It is recommended that at least one of your clinicians at your Counseling Center and Student Health have specific training on the assessment and treatment of veterans and military-related concerns. Ideally, all of your staff would have at least some exposure to basic veteran culture, mental health, and medical concerns as those highlighted in this article. [http://www.healthquality.va.gov/ptsd/CPGSummaryFINALMgmtofPTSDfinal021413.pdf](http://www.healthquality.va.gov/ptsd/CPGSummaryFINALMgmtofPTSDfinal021413.pdf)

**What does it mean to have a service-connected disability?**

Service-connected disability compensation is a non-taxable monetary benefit paid to veterans who are disabled as a result of a medical or psychiatric injury/illness that was incurred or aggravated during active military service. The level of service-connected disability is rated from 0% to 100%, temporary or permanent.

It should be noted that the VA has very strict guidelines specifically for the assessment and diagnosis of PTSD for the purposes of receiving service-connected disability. They require a comprehensive psychological evaluation and extensive report to support a claim for disability related to PTSD. They do not typically accept the results of a clinical interview alone. The specific guidelines for the required assessment protocol and comprehensive report can be found in this document: [http://benefits.va.gov/PREDISCHARGE/DOCS/disexam43.pdf](http://benefits.va.gov/PREDISCHARGE/DOCS/disexam43.pdf)

**Additional Resources**

It is vital to elicit social support for veterans as they have a greater tendency to feel alienated on a college campus and may withdraw from others. Part of the medical and mental health intervention can be helping veterans connect to people who can support them in their recovery. By increasing your knowledge and awareness in reading articles like this, you can really improve the academic and interpersonal success of our student veterans. There are now numerous governmental and non-profit organizations available for veterans and their families. A quick internet search can even be done in your office for immediate campus and community referrals. We encourage you to take a few extra minutes with student veterans to provide them with information and resources to improve their changes of academic and personal success at your institution.

**For More Information:**

If you would like additional information beyond what is available in the resources provided in this article, these authors are available for consultation regarding your current or needed resources for student veterans. We can provide training to medical, mental health, and administrative staff. We offer training onsite as well as distance learning in the webinar format. Please contact Kirsten.olson@sa.ucsb.edu or 805-893-3321 for more information.
References:


