

Veteran Integration to Academic Leadership & Supported Education

VITAL-SEd

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Introduction to VITAL-SEd

I. BACKGROUND

A. Student Veterans and Their Health Care Needs

B. VITAL-SEd Mission and Overview

C. VITAL Outcomes

II. HISTORY OF THE VITAL-SED SERVICE IN THEORY AND PRACTICE

A. Foundations of the VITAL-SEd Service

B. Programmatic Precursors to the VITAL-SEd Service

III. READER'S GUIDE AND MANUAL CONTENTS

I. Background

A. Student Veterans and Their Health Care Needs

Since 2001, nearly 200,000 service members have been transitioning out of the military and re-entering civilian life each year (Pollard et al., 2015). For many of these new Veterans, advancing their education is an important step following their military service. One-third of returning Veterans have entered or re-entered college using the Post-9/11 GI Bill since its start in 2009 (Bradbard et al., 2014). According to the most recent estimate, 850,000 Veterans are currently enrolled in schools, in addition to a quarter-million Active Duty/Reserves/National Guard service members (Molina & Morse, 2015). Education is an essential stepping-stone to later community integration, including improved employment opportunities, stable housing, family and social roles and other outcomes. Promoting academic success, health and wellness and community reintegration for returning Veterans are vital goals (Armstrong, Best, & Domenici, 2013).

Veterans bring unique sets of skills and strengths to the college setting and to their educational development (National Center for PTSD, 2012). However, some student Veterans may also come to school with significant challenges that may impact their day-to-day functioning and affect academic performance. Following military service, Veterans have health and mental health conditions at elevated rates compared to the general population (Ramchand, Schell, Jaycox, & Tanielian, 2011). As a result, Veterans may face challenges that are cognitive (e.g., affecting memory, attention), perceptual (e.g., affecting vision, pain sensitivity), physical (e.g., traumatic brain injury, pain), or emotional/behavioral (e.g., PTSD, depression, substance use). Symptoms can be magnified by stress, fatigue, medication side effects and other factors and thus complicate academic studies and functioning in other domains (Church, 2009).

For many recent Veterans, physical health and mental health conditions are under-diagnosed and under-treated (Schell and Tanielian, 2011) despite the effectiveness of available treatments (Spelman, Hunt, Seal, & Burgo-Black, 2012; U.S. Department of Veterans Affairs, 2016). For the most recent cohort of 2.7 million Post-9/11 Veterans, including those who are not VA-connected, an estimated 10-20% have PTSD and/or major depression (Fulton et al., 2014; Kok, Herrell, Thomas, & Hoge, 2012). Less than a third of Veterans outside the VA are estimated to have received any mental health treatment at all for probable PTSD (30%) or probable depression (25%) (Elbogen et al., 2013). Many Veterans do not report problems and do not seek treatment and over half of Veterans who have a mental health need may not perceive a need for mental health services, which precludes engagement in treatment services (National Academies of Sciences, Engineering and Medicine, 2018). Similarly, underdiagnosed and under-treated are: depression (Brown, Creel, Engel, Herrell, & Hoge, 2011), suicidality (Yacobi, Fruchter, Mann, & Shelef, 2013), mild traumatic brain injury or mTBI (Bosco, Murphy, & Clark, 2013; Gradus et al., 2015), pain (Gironda, Clark, Massengale, & Walker, 2006) and sleep difficulties (Plumb, Peachey, & Zelman, 2014). Veterans and student Service Members earn postsecondary degrees at a similar rate to their civilian counterparts, but they have a slower completion rate. This is worrisome since the GI Bill benefits will only cover four years of education (Cate, 2014; Million Records

Project).

Services for student Veterans can be crucial to achieve their educational goals and reintegrate successfully in the community following military service (Borsari et al., 2016). Preventing delayed health service engagement and academic failure is necessary to avert costly losses to Veterans, their families and communities and later more intensive rehabilitation.

Colleges represent strategic settings for VA providers to reach many Veterans, particularly recent Veterans for whom general outreach efforts have not been effective. Recognition of the importance of advancing educational opportunities for Veterans goes as far back as the original GI Bill which provided hundreds of thousands of World War II Veterans the opportunity to go to college. This initial commitment to Veteran education was re-instituted in the passage of the Post-9/11 GI Bill, which has greatly expanded tuition coverage and also provides housing and book stipends. VITAL-SEd affirms that commitment to Veterans' education and Veterans' lives.

B. VITAL-SEd Mission and Overview

The mission of the **Veterans Integration to Academic Leadership and Supported Education (VITAL-SEd) Services** is twofold: 1) to support student Veterans who are having significant academic difficulties so that they can continue their schooling successfully and reach their educational objectives and 2) discover and address unmet healthcare needs by facilitating access to and utilization of VA and community-based health and mental healthcare services.

VITAL-SEd combines and expands upon elements of both the VITAL (Veterans Integration to Academic Leadership) and VetSEd (Veteran supported education) Programs. For the former VITAL-SEd providers are specially trained to provide intensive, strategic and individualized supported education services.

The goals of VITAL-SEd providers are:

- ✓ Initiate engagement
- ✓ Identify needs
- ✓ Address barriers to care (which can include stigma associated with help-seeking and expectations that services will be unhelpful)
- ✓ Begin successful engagement with needed available services
- ✓ Facilitate ongoing use of effective healthcare services

The VITAL-SEd model is patterned in large part on the VITAL program at the VA Bedford Healthcare System in Bedford, MA. Unlike other VITAL programs, Bedford's program expanded responsibilities of the VITAL provider to include the provision of hands-on individualized supported education as an engagement tool at three campuses. The design was based on the recognition that a more strategic approach is needed to reach Veterans for whom general outreach efforts have not been effective. Given that mental health problems such as depression, anxiety and PTSD impact educational functioning, by addressing a Veteran's felt need for education sup-

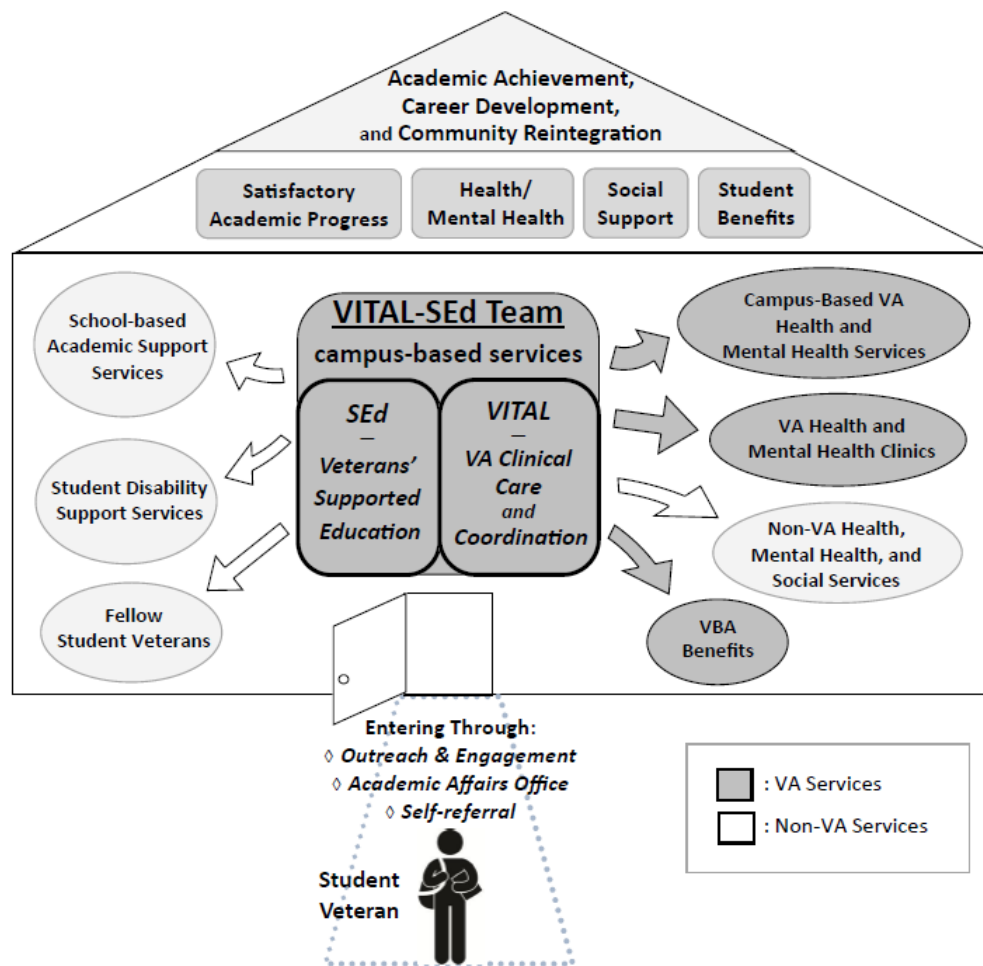
ports, there arises a natural opportunity to discover underlying mental health challenges and then to use a helping relationship to facilitate entry into treatment.

Bedford VITAL services also include assistance with academic oriented supports that is, obtaining reasonable accommodations, identifying college support services and working with Professors as essential aspects of outreach and engagement of Veterans. In this context, it was not necessary for Veterans to report mental health symptoms to obtain assistance from VITAL. Through the course of providing Veterans with what they need when they need it, VITAL staff have an opportunity to develop a rapport and trust with the Veteran, as well as an ongoing assessment of other needs the Veteran may have. As these needs are identified, VITAL staff assists Veterans with identifying mental health problems and entering treatment.

VITAL also serves as a one-stop shop for student Veterans with problems with housing, financial challenges, VA benefits, relationships with parents, significant others and friends, even if the Veteran is doing well academically. This particular design of services is consistent with the VA's strategic goal of increasing access to needed services and the concept of no wrong door. Thus, no matter what concerns a student Veteran presents with, VITAL staff can provide support and direct assistance including connections to VA and non-VA providers.

An overview of the VITAL-SEd program is show in Figure 1. Student Veterans engage with the VITAL-SEd team via outreach or self-referral, or by recommendation of the Academic Affairs Office. Guided by the VITAL-SEd mission, the team of providers works actively with each individual Veteran to attain satisfactory academic progress, health/mental health, social supports and student benefits. The VITAL-SEd team addresses each of these domains to support the Veteran's achievement of their academic and career goals and promote successful community reintegration.

Figure 1. Academic Achievement, Career Development and Community Reintegration



C. VITAL Outcomes

Program evaluation data from the VITAL Services have shown its practices to be quite successful in increasing Veterans' participation in needed health and mental health services. In the first three years of the VITAL outreach program at the VA Bedford Healthcare System, VITAL enrolled 253 Veterans, with an average face-to-face service of 132 Veterans per semester. Of those served, 55% (N=140), had not previously registered for VA care and more than half of those (56%, N=79) became engaged (e.g., attended at least one appointment) in needed VA primary care or mental healthcare as a direct result of the Bedford VITAL program. Enrollment numbers have stayed consistent over time (242 in 2018). Similar findings are anticipated for VITAL-SEd (Crossman et al., 2019).

II. History of the VITAL-SEd Service in Theory and Practice

The design of the VITAL-SEd service is the product of research, theory and practice that has evolved over recent decades and is applied by the authors to the Post-9/11 Veteran popula-

tion. Provided below, in Figures 2 and 3, are brief descriptions of each of these elements.

FIGURE 2. FOUNDATIONS OF THE VITAL-SED SERVICE

1. Supported education programs for Non-Veterans with Serious Mental Illness
2. The Veteran Supported Education Needs Assessment
3. Supported Employment – An Evidence-based Practice
4. Psychiatric Rehabilitation and the Choose, Get, Keep Process
5. Recovery Framework and Peer Support

FIGURE 3. PROGRAMMATIC PRECURSORS TO THE VITAL-SED SERVICE

1. Veterans Integration to Academic Leadership (VITAL)
2. Veterans Supported Education Service (VetSEd)

A. Foundations of the VITAL-SEd Service

VITAL-SEd is founded upon five service models and rehabilitation principles described below:

Supported Education Programs for Non-Veterans with Serious Mental Illness

Supported education (SEd) is a well-studied approach for assisting persons with serious mental illness who may face difficulties in achieving educational goals. SEd has been defined as supports provided “to assist people with psychiatric disabilities to take advantage of skill, career, educational and inter-personal development opportunities within post-secondary educational environments” (Collins, Bybee, & Mowbray, 1998, p. 597). Many studies have demonstrated the effectiveness of SEd Practice (Cook & Solomon, 1993; Hoffman & Mastrianni, 1993; Mowbray, et al., 2005; Unger, 1993; Unger, Pardee, & Shafer, 2000; Weiner, 1998).

The goals of supported education can include (Collins, Bybee, & Mowbray, 1998):

- ✓ Achieving an educational objective (e.g., training certificate or degree)
- ✓ Improving educational competencies (such as literacy, study skills, or time management)
- ✓ Support to navigate the educational environment (such as with applications/forms, or to obtain financial assistance)
- ✓ Improving attitude and motivation

The Veteran Supported Education Needs Assessment

The civilian models of supported education hold promise for addressing the challenges of persons with mental health conditions with an educational goal. However, little was known about how such a service should be designed or adapted for Veterans. To address this knowledge gap, a needs assessment to inform the design of such a service was undertaken at the VA Bedford Healthcare System in Bedford, MA (Ellison, Mueller, Smelson et al., 2012). Focus groups with 31 Veterans identified key concerns/issues and needs and these helped to define VITAL-SEd's objectives and design as outlined in Figure 4 below.

FIGURE 4. KEY CONCERNS AND NEEDS

Challenges to Educational Attainment:

- Planning for and enrolling in school
- Obtaining GI Bill education benefits
- Financial issues
- Impact of mental health symptoms
- Loss of social networks
- Adjusting from military to civilian culture
- Outreach and support to access and use clinical services
- Other related issues

Recommendations for Supported Education and Rehabilitation Services:

- Age-appropriate outreach and services
- Peer support
- Veteran-driven intensity of services including one-on-one assistance
- VITAL-SEd integration with a clinical team and VA clinical programs

Recommendations for Colleges and for College/VA Integration:

- Formal student Veteran organization
- Informal student Veteran social events
- Trainings for Professors and college administrators about Veterans' concerns and challenges

Educational Accommodations for Veterans

- Excused absences from class for appointments
- Extra time to complete assignments
- Assistive technology
- Notetakers, assistants, or other aids
- Preferential seating registration

Supported Employment: An Evidence-Based Practice

In recent decades, a variety of program approaches have been developed and tested to promote the community integration of civilians with serious mental illnesses. These approaches have encouraged the acquisition of valued social roles such as that of worker, tenant, or student. One approach with established effectiveness in leading to success with employment is Supported Employment (Becker & Drake, 2003; Bond, 2004). There are many natural affinities and parallels between supported employment and supported education. We have adopted primary principles from supported employment and embedded them into VITAL-SEd. Among these are:

- Focus on participation in community, fully integrated settings (that is, schools)
- The importance of consumer preference
- Varying intensity of support according to need and without pre-defined limits
- Community-integrated support services
- Provision of benefits counseling
- Zero-exclusion policy

Psychiatric Rehabilitation and the Choose, Get, Keep Process

VITAL-SEd also draws on the larger field of psychiatric rehabilitation to structure the supported education intervention. Being a psychiatric rehabilitation intervention, VITAL-SEd is “based on recovery-oriented values, while helping individuals to change (that is, building skills) or changing the environment (that is, supports) in relation to achieving a specific preferred role” (Farkas & Anthony, 2010, p. 114). The Choose, Get, Keep (CGK) framework of psychiatric rehabilitation was originally implemented in civilian populations, but the same principles can also be applied to student Veterans. This framework “guides providers to develop a personal connection with individuals ...with serious mental illnesses to choose, get and keep a preferred role valued by society” (p. 115).

Recovery Framework and Peer Support

A formative principle for supported education both within and outside of Veteran populations is that of recovery and the use of Peer support. Recovery has been described by the Substance Abuse and Mental Health Services Administration (SAMHSA) (2012) as “a process of change through which individuals work to improve their own health and well-being, live a self-directed life and strive to achieve their full potential” (p. 3). For many Veterans who are re-entering civilian life, educational attainment is a critical step towards achieving their full potential. SAMHSA identifies education (and employment) as core component of recovery. Educational support is a major component of recovery services. Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VA mental health service delivery (U.S. Department of Veterans Affairs, 2008) and recovery is the stated aim of VA mental health services. Important to both recovery and rehabilitation are notions of self-determination or choice and functional outcomes in valued social roles.

SAMHSA also identifies Peer supports as instrumental to recovery-oriented services. Peer support is described by SAMHSA as the “sharing of experiential knowledge, skills and social learning wherein Peers encourage and engage others in recovery” (Substance Abuse and Mental Health Services Administration, 2012). A review of research on Peer delivered services (Chinman, Young, Hassell, & Davidson, 2006) shows that Peer services can reduce in-patient service utilization, substance abuse, social isolation and psychiatric symptoms by role-modeling community living, enhancing social networks and improving adherence to and participation in treatment. The employment of Peers in mental health services has also been embraced by the VA. In the past decade, the VA has embraced the incorporation of Peer support in mental health services and is now one of the largest service systems to have established Peer positions in mental health services. In 2008, VA released the Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics (U.S. Department of Veterans Affairs, 2008) which states that all Veterans with serious mental illnesses must have access to Peer support.

B. Programmatic Precursors to the VITAL-SEd Service

The following two programs preceded VITAL-SEd and inspired key approaches to the VITAL-SEd program:

Veterans Integration to Academic Leadership (VITAL)

VITAL’s mission is to provide excellent healthcare and improve the overall mental health of Veterans, while supporting their successful integration into college and university campuses through: a) promotion of positive cohesion between Veterans and the entire learning community through campus and community clinical education and training; b) seamless access to VA healthcare services and on-campus clinical counseling; and c) providing efficient care coordination of all available services (Prins et al., 2012). As each campus and each Veteran student is different, flexibility is required to enhance academic retention and meet any healthcare needs. VITAL strives to offer on-campus clinical care and coordination, to improve understanding of Veterans’ unique strengths and challenges through education and training on campuses and to collaborate effectively with local VA Medical Centers, Veterans Benefits Administration, campus faculty and staff and community resources to better address the unique factors facing our student Veterans.

Veterans Supported Education Service (VetSEd)

The Veterans Supported Education (VetSEd) services are based on the VetSEd manual (Ellison et al., 2012). This service offered by the Compensated Work Therapy (CWT) program is designed for Veterans enrolled in VA clinical programs (e.g., Outpatient Mental Health, Domiciliary, Transitional Residence, VA Supported Housing) who have an education goal. The service is available to Veterans in any stage of pursuing education, including those considering school, starting school, or currently enrolled in school. The service involves individualized assistance with all tasks related to a Veteran’s education goal (e.g., choosing a career, creating an education plan, obtaining funding, enrolling in a training program, time management, utilizing campus resources, obtaining educational accommodations), similar to the Supported Employment model. It is designed to be implemented by CWT Peer Specialists, but can also be provided by

other CWT staff. It is a mobile, Veteran-centered model, in which services are provided at the frequency and duration needed and desired by the Veteran.

III. Reader's Guide and Manual Contents



This manual has four parts that are intended for different audiences and that cover different domains of understanding, practicing and implementing the VITAL-SEd service.

Part One

Part One is an overview of the Veterans Integration to Academic Leadership and Supported Education Service (VITAL-SEd) which provides a succinct, yet comprehensive summary of the key features. The important components and characteristics of VITAL-SEd and foundational elements that guided VITAL-SEd development are outlined. Part One will offer administrators, program directors, school services staff, VITAL-SEd providers and supervisors and other VA providers an understanding of the VITAL-SEd Program and its development.

Part Two

Part Two is intended both for VITAL-SEd providers delivering the service and for the clinical supervisors overseeing delivery of the service. Part Two contains a training manual which describes components of the VITAL-SEd process and provides structure and guidelines for service delivery. It details the process of outreach and engagement of student Veterans, characteristics of effective providers, how to facilitate access to needed healthcare for Veterans and the clinical coordination involved.

Part Three

Part Three is intended for both VITAL-SEd providers and clinical supervisors and outlines tactics and strategies for providing the service. This section contains exercises to be used during training sessions. While Parts Two and Three offer a hands-on guide for the training and preparation of VITAL-SEd providers, it is best that clinical supervisors also review this section for training and ongoing supervision purposes. Worksheets that are to be used by the VITAL-SEd providers while delivering services to Veterans can be found in the Appendices and include exercises to create an education tactics plan and different strategies to be utilized in meeting academic challenges.

Part Four

Part Four is a guide to service delivery and implementation. There are recommendations for service administrators and program directors on topics such as staffing, equipment and initial outreach and connection to post-secondary schools. This part includes a section on assessing the fidelity of the services to the VITAL-SEd principles and practices. Lastly, additional relevant material is appended.

Part One: Key Characteristics of VITAL-SEd

I. INTRODUCTION TO PART ONE

II. VITAL-SEd KEY CHARACTERISTICS

A. Population Served

B. VITAL-SEd Referral and Engagement Process

C. Campus-Based, Mobile Service

D. Driven By Veteran Choice

E. Variable Service Intensity, Assessment and Time Unlimited Support

F. Individualized and Flexible Supports

G. Utilizing Peer Specialist Services

H. Facilitating Access to VA Health Care Services

I. Clinical Integration

J. Engaging Other Key Players

I. Introduction to Part One

Part One provides a brief, yet comprehensive overview of the VITAL-SEd service and is designed specifically for administrators and program designers. VITAL-SEd providers and their supervisors should also read Part One as a helpful introduction to the overall approach. Described are the key characteristics such as: target population, engagement process, facilitating access to healthcare services and utilizing Peer support.

II. VITAL-SEd Key Characteristics

A. Population Served

VITAL-SEd services are intended to engage and assist student Veterans who are experiencing significant academic difficulties that may lead to potential school failure or drop out. VITAL-SEd has been specifically designed to meet the needs of these Veterans who require more intensive educational supports to manage their studies and remain on-track to successfully achieve their educational goals. VITAL-SEd may be particularly helpful to Veterans who have health and mental health conditions that underlie struggles at school. These may include disorders such as depression, PTSD, substance use, TBI, learning disabilities, serious mental illness, anxiety and neurological disorders.

Thus, this service is not limited to Veterans with specific health or mental health diagnoses. Rather, we use broad and inclusive eligibility criteria per Figure 5. In Supported Employment, any student Veteran who is seeking support to succeed in school and is experiencing impairments that lead to functional limitations (that is difficulties in obtaining and sustaining education) is eligible for VITAL-SEd; there are no requirements or assessment thresholds needed such as readiness, motivation or potential to succeed academically.

FIGURE 5. VITAL-SED ELIGIBILITY CRITERIA

- ✓ Veterans enrolled in school who have a goal of remaining in school and are en-rolled either part time or full-time.
- ✓ Veterans at-risk of losing their student status.
 - i *At risk status may be due to academic probation, unsatisfactory academic progress, or self-reported concern of maintaining matriculation.*

B. VITAL-SEd Referral and Engagement Process

VITAL-SEd advertises their services directly to Veterans by being present on-campus, participating in campus education and outreach events, such as orientation and campus health and career fairs. In addition, VITAL-SEd may use a variety of strategies to meet Veterans who may be in need of intensive education and support services. One mechanism is by educating the school staff and faculty about the services so they can make referrals. Possible referral sources

include: coordinating with offices that monitor students' academic progress, offices of student disability services, counseling centers, et cetera. VITAL-SEd providers who have Veterans referred to them by school personnel should inquire whether or not the Veteran is aware of the referral and the school official's impression of the Veteran's perception of the referral issue. VITAL-SEd providers should be thoughtful about how to raise the issue with the Veteran as well as when/where it would be appropriate to do so and this may be dependent upon the urgency of the matter. VITAL-SEd providers can rely on their clinical skills to tactfully approach the situation, especially if they do not have a previously-established relationship with the referred Veteran (see Part 2, Section III: Characteristics and Approaches of VITAL-SEd Providers). VITAL-SEd is a service in which a provider develops a personal connection with a Veteran and assists them with all aspects related to achievement of their educational goal. Thus, engagement is a key step to be achieved prior to a VITAL-SEd provider assisting the student Veteran with their goals.

VITAL-SEd employs a bi-directional engagement process. On the one hand, by targeting Veterans who are at-risk academically, VITAL-SEd can speak to the Veteran's felt need for help with school. VITAL-SEd can respond directly to problems such as time management, memory issues, or difficulty acquiring academic accommodations. By responding to the Veteran's felt needs, a personal and trusting relationship is built with the VITAL-SEd provider. Through that relationship, VITAL-SEd is designed to assist Veterans in obtaining assessment and treatment for physical health, mental health and other issues that are interfering with their educational success. Many Veterans (recent Veterans in particular) may have undiagnosed health conditions or mental health conditions that significantly interfere with and challenge functioning in school. These Veterans are not likely to refer to themselves as having a difficulty with their mental health. Rather, they may talk about having academic difficulties because of unspecified problems such as with concentration, memory, sleep, motivation, staying focused, staying on task, feeling anxious around people, making decisions, impulse control, pain, or other issues. This can lead to a natural exploration of underlying health and mental healthcare issues that warrant clinical intervention. In this way, VITAL-SEd providers can address attitudinal barriers to healthcare services.

Conversely, Veterans may come in with non-academic presenting problems. For example, many have problems with their GI Bill benefits, financial issues, or family issues. Due to VITAL-SEd's relationship with the school and certifying official, as well as with the Veterans Benefits Administration, VITAL-SEd providers can immediately respond to these expressed needs and in that way begin to build a trusting relationship. As the relationship progresses, it may lead to addressing the academic concerns that a Veteran may have and facilitate engagement with the supported education services that VITAL-SEd can provide.

C. Campus-Based, Mobile Service

Over recent decades it has become standard practice for rehabilitation services to be provided in normalized settings that are completely integrated into the community. Similarly, VITAL-SEd supports the Veteran to succeed in "real" educational programs. These settings are fully integrated, normalized academic and training environments, rather than substantially separate classrooms and/or programs. The term "real" educational programs refers to community-based, accredited schools and training programs that are available to the public and that would qual-

ify for GI Bill benefits.

Like supported employment (Becker & Drake, 2003), VITAL-SEd is designed to be “mobile,” meaning that supports can travel with the Veteran, not only on-campus but off-campus when needed. On-campus support may include accompanying the Veteran to the Registrar’s Office to straighten out an add/drop problem, to a Professor’s office hours to discuss getting extra assistance, or to the College Counseling Center or Disabilities Service office to obtain services. Off-campus support may include accompanying the Veteran to the VA Medical Center or Community-Based Outpatient Clinic (CBOC), Veterans Benefit Administration (VBA) offices, or community-based health providers. Being mobile requires the VITAL-SEd providers to have access to government vehicles and equipment (cell phones and/or laptops) because they will be spending most of their time at the school and at other locations in the community, away from VA settings.

D. Driven By Veteran Choice

A central tenet of psychiatric rehabilitation programs is that goals, activities and services should be completely voluntary and driven by individual preference. This tenet is both values-based (the right thing to do) and outcomes-based (the effective thing to do). This principle is consistent with other evidence-based practices in rehabilitation such as Supported Employment (Bond, 1998, 2004).

E. Variable Service Intensity, Assessment and Time Unlimited Support

Innovative practices in mental health and rehabilitation services include services that vary in intensity. This is in keeping with the “up and down” nature of mental health and, for Veterans, the “up and down” process of reintegration into civilian life. Veteran needs can vary over time and support may be needed over the long term, given that reintegration to civilian life and adjustment to mental health conditions are processes that stretch over many years. Accordingly, VITAL-SEd services can increase or decrease in response to the Veteran’s needs at any given time. For example, more services may be needed during the first few weeks of class to get organized for the semester, but these needs may then wane for weeks and wax during exam times.

VITAL-SEd also involves continuous assessment of the Veteran’s needs. Unlike typical school-based services, the work of the VITAL-SEd provider does not end when the Veteran successfully completes a semester. To prevent setbacks, on-going interaction may be needed as the school career progresses. School systems have built-in mechanisms to regularly collect data about progress; these include test scores and course grades. However, VITAL-SEd assessment is not limited to academic performance. Other needs of the Veteran related to successful educational goal attainment are also assessed continuously. Some possible needs might include further development of interpersonal skills (e.g., socializing with fellow students) and problem-solving skills (e.g., steps for obtaining educational accommodations and assessing gains).

Lastly, like other psychosocial services, VITAL-SEd is best conceived as being time-unlimited, that is, continuing despite occasions of disengagement and reengagement with an education program (Becker & Drake, 2003). There should be an “open door policy” allowing a Veteran to

resume services easily following any service drop-out. Thus, VITAL-SEd providers deliver support that increases or decreases in intensity according to the Veteran's needs and with the mutual understanding that academic success and reintegration into civilian life are part of an ongoing journey.

F. Individualized and Flexible Supports

VITAL-SEd is designed to be primarily an individualized service. Given that academic problems and unmet healthcare needs are specific to each Veteran served, so too will be the particular supports provided. Hence, this model uses a flexible "whatever it takes" support strategy. Some Veterans may need help learning to use the public transportation system, some may need help accessing benefits and others may need referrals for family services.

G. Utilizing Peer Specialist Services

Peer Specialists are an essential component of VITAL-SEd services. Peers can validate a Veteran's experiences and struggles in a different way than a civilian clinician can, because the Peer has lived through some of the same experiences. As one Peer Specialist noted, "we look at each other as family and it is easier to divulge stuff to family than to a stranger." Student Veterans will likely feel more comfortable opening up to a Peer and the Peer can actively listen, empathize and sit with the distressed student. When problems are identified, Peers are able to "tell it straight" and let the student know that admitting they are experiencing a mental or emotional challenge doesn't mean that they can't still function and be successful. Peers may have been through very similar struggles and can attest that it is possible to come through the other side and be successful.

Veterans may distrust the VA and civilians in general. For example, in the military, there is always a sense of urgency and student Veterans will bring this sense of urgency with them to school and other domains. VITAL-SEd offers fast and convenient care that makes sense, because it fits in with that sense of urgency. In general, things in the civilian world move more slowly than in the military world and Peers can remind student Veterans of this fact.

Peer Specialists serve as a bridge or liaison between the student Veteran, the school and the VA system. This is further enhanced by the fact that Peers are able to identify as a student, as well as a patient and an employee of the VA. The figure on the next page (Figure 6) describes the variety of ways that Peer Specialists support the engagement and utilization of VITAL-SEd services by student Veterans.

FIGURE 6. FUNCTIONS OF PEER PROVIDERS IN VITAL-SED

- Mentor/guide to navigating the civilian world
- Bridge between school and student
- Bridge between VA services and student
- Use of common language
- Acts as translator: military to civilian
- Validation and personal understanding of struggles

In a larger sense, Peer Specialists can serve as a connection from military service to this new environment of civilian life. As one Peer Specialist explained to a fellow Veteran, “How are you presenting yourself to the world? The world isn’t going to change to accommodate you. You need to figure out how to operate out in the world, in a way that doesn’t make you give up what is important to you. This is your chance to rebuild on your terms.”

Disclosure and mentorship by Peer Specialists can help the student Veteran to examine their difficulties and the root causes of them. In addition, Peer Specialists can guide other Veterans through the problem-solving process; successfully navigate difficulties they encounter in the transition to college and to civilian life more generally.

H. Facilitating Access to VA Health Care Services

In 2012, more than 1 million Veterans or family members have used the GI Bill to attend college or training with \$30 billion in payments since its passage (Washington, DC: Office of Public Affairs Media Relations, 2013). VITAL programs were based on knowledge that colleges provide a strategic setting to reach Post-9/11 Veterans and to facilitate access to needed healthcare services. Many of the newly returning Veterans enrolled in school face significant health and mental health challenges (California Department of Mental Health, 2010; National Center for Veterans Analysis and Statistics, 2011; Taber & Hurley, 2009; Tanielian et al., 2008; Taylor, 2011; U.S. Department of Education, 2011). However, many of these Veterans do not present themselves for mental health treatment or rehabilitation. Failures and delays in entering needed treatment result in clinical and personal losses that lead to negative impacts on community integration (Karney et al., 2008; Seal et al., 2009) and the eventual need for more intensive rehabilitation.

For those with mental health conditions, reluctance to access treatment often due to the significant stigma attached to having mental health problems (Burnam et al., 2009; Hoge et al., 2004; Sareen et al., 2007; Tanielian et al., 2008; Zivin et al., 2014). Additionally, Veterans, particularly younger Veterans, often complain about the VA as a slow-moving, complex bureaucratic institution that is unable to swiftly respond to Veteran needs in a timely manner. Many Veterans express frustration and anger about having to deal with and navigate excessive red-tape, layers of bureaucracy, services in siloes and rigid policies and regulations. Because of such organiza-

tional barriers, the VA may not be perceived as a user-friendly healthcare system. Thus, many Veterans, particularly Post-9/11 Veterans, avoid using the VA for care.

VITAL-SEd is designed to facilitate access to needed healthcare by addressing stigma-related barriers through the supportive relationship with the VITAL-SEd provider. VITAL-SEd is also designed to operate in ways that are in striking contrast to the image of the VA as an unresponsive bureaucracy. Some of these features are included in Figure 7.

FIGURE 7. VITAL-SEd METHODS TO FACILITATE HEALTH CARE ACCESS

- Walk-in visits
- Rapid registration for care and scheduling for appointments
- Assistance with resolving problems and/or delays with benefits claims
- Approachable staff who are comfortable working outside the traditional provider-patient roles
- Outreach to Veterans in school and in the community rather than waiting for Veterans to come to the VA Medical Center
- Educational support services that address immediate concerns of Student Veterans
- Use multiple means for engagement and outreach (see page 30, Age-appropriate engagement)

By offering these features, VITAL-SEd providers go against stereotypes and thus, offer an alternate picture of VA healthcare services. This encourages Veterans to engage first with VITAL-SEd and ultimately directly with VA healthcare services.

I. Clinical Integration

VITAL-SEd is predicated on clinical integration. A majority of Veterans with serious academic difficulties may not yet have accessed needed health services. These Veterans may not have had an assessment of a health or mental health condition, or they may not have obtained treatment/services to address significant problems. It is the responsibility of the VITAL-SEd provider to not only engage the Veteran but also maintain their connections with VA clinical teams. The goal of these connections is to provide a seamless experience for the Veteran and reduce the potential for frustration, miscommunication, unaddressed expectations and drop out from treatment.

In order to begin integrating care for the Veteran, part of the VITAL-SEd engagement process may include exploration of the source of the sleep problem and initial psychoeducation about sleep hygiene. In this way, the VITAL-SEd provider is developing the trust and rapport needed to be able to connect the Veteran with a someone who can provide evidence-based treatment. Such providers may provide cognitive behavioral therapy for insomnia (CBT-I), address under-

lying causes of sleep disturbance such as anxiety and PTSD, refer a Veteran for a sleep study evaluation and/or prescribe medication to address nightmares or difficulty falling or staying asleep. The VITAL-SEd provider will then follow-up with the Veteran about the extent to which their concerns about sleep have been addressed and encouraging re-connection and follow-up when needed.

J. Engaging Other Key Players

After a student Veteran identifies concerns and needs, a VITAL-SEd provider can discuss available supports and services with the Veteran. VITAL-SEd can be helpful for making needed referrals, but the VITAL-SEd provider should not become the one delivering all needed services. If the Veteran chooses to do so, the VITAL-SEd provider can help the Veteran to contact and engage their preferred services and supports. The VITAL-SEd provider may also help the Veteran to identify important members of the individual Veteran's network. These individuals can include family members (e.g., current spouses and children, extended family, or parents), friends, staff from the educational setting (instructors, administrators) and other VA, VBA or community health or rehabilitation providers who are involved with the Veteran. The VITAL-SEd provider will need to be skilled in developing awareness and knowledge of these various players and resources (VA and non-VA) and in bringing their perspectives and services together to assist Veterans with their education goals.



TALKING POINTS:

Integrating Clinical Referrals Into VITAL-SEd

While discussing time management strategies with Jason, an OIF Veteran, he describes that he has been having a hard time getting his coursework done. During your meeting, he yawns multiple times, is slumped down in his chair and looks lethargic and exhausted. Below are some suggested areas to explore that might help with treatment or referrals as needed:

- ☐ Assess both the quality and quantity of the Jason's sleep, on weekdays and weekends
- ☐ Assess for possible co-occurring psychological and/or physical conditions
- ☐ Provide educational materials on causes and treatments of insomnia, or other resources as needed
- ☐ Describe sleep hygiene, self-management methods, or potential referrals
- ☐ Make sure that decision-making with patient is collaborative and ask about the Jason's preferences and opinions about treatments

Part Two: Training Manual for VITAL-SEd Providers and Clinical Supervisors

I. INTRODUCTION TO PART TWO

II. ENGAGEMENT AND OUTREACH

A. Engaging Student Veterans

B. Becoming Part of the Environment and Maintaining an Active Presence

III. CHARACTERISTICS AND APPROACHES OF VITAL-SEd PROVIDERS

IV. FACILITATING ACCESS TO NEEDED HEALTH CARE SERVICES

A. Knowing the Population

B. Assessing Whether Veterans Have Unmet Health Care Needs

C. Methods for Facilitating Health Care

D. Putting It Together

V. CLINICAL COORDINATION

A. Integrating with Clinicians

B. Emergency Planning

I. Introduction to Part Two

Part Two is intended both for VITAL-SEd providers delivering the service and for the clinical supervisors overseeing delivery of the service. In Part Two you will find a manual which describes components of the VITAL-SEd process, provides structure and guidelines for service delivery and contains exercises to be used during training sessions. Worksheets to be used while delivering services to Veterans can be found in the Appendices. In Part Two we describe the following:

FIGURE 8. KEY CHARACTERISTICS

- Engagement and Outreach
- Characteristics and Approaches of the VITAL-SEd Provider
- Facilitating Access to Needed Health Care Services
- Clinical Coordination

II. Engagement and Outreach

The first step of any VITAL-SEd process is to outreach to and engage key players. There are specific strategies that will help in the engagement process. These are described below, first for Veterans and then for campus staff and faculty.

A. Engaging Student Veterans

The job of the VITAL-SEd provider is to reach out to Veterans, engage them and offer support and help to address their presenting needs. Part of your job as a VITAL-SEd provider is to identify, contact and stay in contact with student Veterans who are struggling in school, but who may not be accessing and benefiting from available services. Listed below are the essential practices for engaging Veterans in VITAL-SEd services.

Building Rapport

Veterans are likely to ask the provider if they are a Veteran. It is important that the provider answers according to their level of comfort but should share that they are not a Veteran if that is the case. If the provider is not a Veteran but has Veterans in their family and is comfortable disclosing this, doing so might continue to foster the relationship between provider and Veteran.

Providers will also benefit from engaging in conversations related to topics of interest for student Veterans. These may include discussing local and national sports, television shows, movies and other popular culture themes and topics. These may also include more emotionally charged topics such as politics, gun control and the military. Student Veterans may also ask providers personal questions like where they are from or where they live. VITAL-SEd providers can seek supervision and consultation to help navigate boundaries with Veterans.

Veterans may be testing the providers with these topics and questions to see how they will respond. A provider should consider how he/she will respond to various topics and situations ahead of time and ensure that they respond in an authentic, non-judgmental and open-minded manner. If the provider is a clinician, he/she may have been trained to answer such questions in an evasive manner. Although this often works in a typical outpatient treatment setting, the Veteran population is likely to see an evasive answer as guarded, which is likely to negatively affect the initial rapport building.

If the provider is able to contribute to these conversations, the Veterans may be more likely to engage with this provider, or the VA now, or in the future. In contrast, if a provider presents as judgmental or uncomfortable with certain topics, Veterans might be less likely to value that provider's input or expertise and might even see the provider as "anti-military" or at the very least not, pro-military. Either stance is likely to decrease the likelihood of a Veteran requesting services through a provider, or even engaging with them in any meaningful way. In addition to testing providers about certain topics, Veterans may also directly acknowledge that the provider is trying to gain the trust of Veterans and might see this as infiltration. The Veteran may make direct comments to the provider and might draw attention to the provider's intentions.

Once the provider meets with a Veteran on a one-to-one basis, he/she will need to continue building rapport. The provider is likely to already have some credibility because the Veteran was willing to meet with them, but the rapport building is still crucial in these initial meetings. The Veteran might have various difficulties that the provider thinks could be the focus of treatment (that is, PTSD, substance abuse), but the focus must be on what the Veteran wants to work on, with the exception of risk. Identifying and assisting them with their felt needs will validate their experience and strengthen the relationship between Veteran and provider. Veterans are also more likely than other populations to ask providers direct questions and expect direct responses. The Veteran may ask these direct questions in a group setting while Veterans are still feeling the provider out or in a one-on-one setting after the provider has been vetted.



TALKING POINTS:

Building Rapport with Student Veterans

Gaining rapport with Student Veterans can sometimes be difficult, especially if you have not been in the military. For example, a non-Veteran VITAL-SEd provider was meeting with students at a Veteran community event on campus, one Veteran told the provider, "I know what you're doing" and referenced that the provider was using "terrorist tactics to infiltrate us here." Though this was a surprising statement, the provider was still able to connect with this Veteran by remaining non-defensive, using humor to connect and listening to their concerns about the VA and VITAL-SEd. By meeting the Veteran, validating without colluding and responding to the Veteran with respect and curiosity, the provider was able to connect with the Veteran and help them understand that VITAL-SEd is part of the VA's effort to become Veteran-responsive and customer-service oriented.

Combatting VA Stigma

Veterans, particularly younger Veterans, often complain about the VA as a slow moving complex bureaucratic institution that is unable to swiftly respond to Veteran needs in a timely manner. Many Veterans express frustration and anger about having to deal with and navigate excessive red-tape, layers of bureaucracy, siloed services and rigid policies and regulations. Because of its organizational barriers, the VA is not perceived as a user-friendly healthcare system. Thus, many Veterans, particularly Post-9/11 Veterans, avoid using the VA for care until they have exhausted other more flexible and accessible options for addressing their healthcare needs.

VITAL-SEd is designed specifically to operate in ways that are in striking contrast to this image of the VA as an unresponsive bureaucracy. Some of these features include:

- Services offered on college campuses
- Walk-in visits on campus
- Rapid registration for care and scheduling for appointments
- Assistance with resolving problems and/or delays with benefits claims
- Approachable staff who are comfortable working outside the traditional provider-patient roles
- Outreach to Veterans in the community rather than waiting for Veterans to come to the VA Medical Center
- Educational support services that address immediate concerns and felt needs of Student Veterans

Age-Appropriate Engagement

A consideration for outreach and engagement of Post-9/11 Veterans is their age and what this implies for how VITAL-SEd services are delivered. Over 40% of Post-9/11 Veterans are under the age of 30 and many individuals who use VITAL-SEd services will be young adults. Research has shown that the needs of younger individuals and of younger Veterans differ from that of adults who have more life experiences (Ellison et al., 2011). Not all Veterans that you serve will be younger, but these are examples of ways to engage younger Veterans who may be more difficult to engage. It will be important that you keep age differences in mind and modify your interactions accordingly. Here we discuss use of technology, age-appropriate outreach and the development of independent living skills.

- a.** Present day young adults have grown-up with social media, web-searches and videogames. You need to be familiar with internet-based approaches to important functions such as applying for Veteran benefits or searching college websites. Be prepared to work with the Veteran while they are on a computer.
- b.** Young Veterans will also appreciate engagement at the sites and locales that are natural for them and their age groups, such as at college-sponsored sporting or music events. A

primary mode of contact for younger Veterans is by texting so you may find that this is the best way to engage young adult Veterans. However, check with your Hospital's policy about being able to do so. Veterans may prefer more convenient options for meeting such as video appointments (e.g., through the VA Video Connect –Video on Demand app that allows them to attend appointments while at home or in other private settings). Veterans who have created a My HealtheVet account can use the platform to view upcoming appointments, request new appointments, or cancel appointments. They can use a “secure messaging” feature that allows them to send messages to their providers for non-urgent, non-emergency health related questions or routine administrative questions, to update providers on their health condition, or to request VA referrals and medication renewals. They can also use the app to track their health (e.g., vitals, lab results, food and activity journals, et cetera.) Veterans can enroll in VEText in order to be sent a text reminder for their appointments (text messaging rates may apply depending on the individual's cell phone plan).

Be aware that some of the youngest Veterans may not have lived independently as a civilian before service. They may have entered the service right out of high school and thus entered a highly structured environment in which they did not have to deal with civilian issues such as finding housing, accessing transportation, running a household budget, or planning and organizing meals. Thus, you may find that in order to be successful in school, some Veterans will need resources to help with these essential skills for community living. Utilize natural supports (such as the Veteran's friends and family), clinical providers (such as social workers) and Veteran advocates (such as local Veteran Agents or Disabled America Veterans [DAV]), to identify and connect with needed resources and supports in these areas.

Engaging Veterans at-risk of Academic Failure

One of the most direct ways to connect with Veterans who represent the target population of VITAL-SEd (Veterans who are at-risk of losing their student status) is to work with the campus services and departments responsible for academic probation. Academic probation and academic suspension represent two levels of academic disciplinary actions. Being on academic probation can refer to a student who has a GPA of 2.0 or below for 1 semester and academic suspension occurs after a student has 2 semesters of a GPA of lower than a 2.0 (criteria for probation will vary by school). Being on academic probation is a “warning”, whereas academic suspension can mean that the student has to follow specific procedures to re-enroll in classes. Each college campus has specific rules and regulations. In addition, some schools may hold academic suspension hearings, or have a “Students At-risk” Board. Becoming involved with the procedures the school currently has in place for at-risk students will be critical to serving this population.

Each school may have their own regulations and policies about student information that they may disclose to you as a service provider and may outline procedures for contacting Veterans. For example, some schools may allow you to directly contact Veterans who are currently on academic probation or at-risk for being placed on academic probation. Other schools will allow you to prepare a letter or brochure that they will mail to these Veterans. Yet other schools may allow you to meet with Veterans when they are attending evaluations or services that are mandatory for students on academic probation.

However, just connecting with Veterans through the school's procedures for academic probation is not sufficient for many reasons. First, waiting until this point to engage Veterans may be too late. It takes time for Veterans to be able to access and utilize services for enough time to make sufficient progress for maintaining school matriculation. In addition, not all Veterans at-risk for drop out will be identified in this way; they may be passing their classes but experiencing other significant problems (financial, housing, sleep, pain, et cetera.) that could lead to leaving school even though they are academically on track. In addition, even when directly referred by the school, Veterans may not engage in VITAL-SEd services when they are initially offered, especially if this is the first time they have heard of them. For these circumstances, other VITAL-SEd outreach processes described below are necessary.

Using Peer Outreach

The Peer Support model can be very effective for engaging Veterans in VITAL-SEd. Peer Specialists have a level of credibility and trustworthiness that is already present because of their shared affiliation with student Veterans. Peers can relay information about the program in a way that normalizes the student Veteran's experiences and addresses the barriers they may feel to seeking help. The active presence of Peer Specialists will greatly enhance the effectiveness of a VITAL-SEd program for Student Veterans. A different type of Peer outreach occurs from Veterans who have successfully utilized VITAL-SEd services and would recommend them to others. These word-of-mouth referrals can be a powerful motivator to use the services as they have been valued by another Veteran.

B. Becoming Part of the Environment and Maintaining an Active Presence

Building Relationships with Campus Personnel

Building connections to several campus offices, services and organizations is a fundamental step for VITAL-SEd providers. Many campus staff may not know about VITAL-SEd's presence and services, or about the unique needs of student Veterans and how to serve them. This can mean introducing yourself and the VITAL-SEd program and continuing to visit them to grow familiarity, understanding and communication that will help when you advocate together with or on behalf of a student Veteran. It is also useful, in turn, to learn about the campus office/organization's procedures and key staff. This increases clarity and efficiency and reduces frustration. Campus staff are also valuable sources of referrals. They will be better able to recall and recommend your services if there is a personal connection to you and VITAL-SEd services.

In the course of your work, you will be interacting with and developing relationships with:

- a. **The Certifying Official.** Connecting with the Certifying Official on campus can be helpful for engaging student Veterans. Veterans meet with this official to certify their G.I. Bill benefits, complete paperwork for the G.I. bill, discuss enrollment, et cetera. If you have a relationship with the certifying official, they may be willing to introduce the Veteran to you or provide a "warm handoff" to you after meeting with them. Having the VITAL-SEd office in close proximity to the certifying official can help this to happen.

b. The Veteran Center. A critical partner on campus is the Veterans Center (if there is one). The Veterans Center is a place where you can co-locate and/or meet and engage Veterans. You can work together to sponsor events, develop trainings for faculty and staff and broker additional services. Understanding each other's roles/capabilities and concerns/difficulties, where you each lend expertise and how you can help one another and work together is an important piece of your work on campus. It's important to maintain confidentiality in order to preserve the trust of the Veteran.

c. Student Veteran Organizations. Occasionally attending Student Veteran organization meetings and clarifying VITAL-SEd's services is an essential outreach activity. Attending Veterans become familiar with you, with common issues/concerns that Veterans have and can address and with how you may be able to help. They are also an important source of referrals and may be able to partner with you to raise awareness with tabling, visiting speakers and other events. They may also have a budget (through the school) to create student activities.

d. Academic Affairs. This department or program may have a slightly different name depending on the school, but this part of the school will be a crucial link to at-risk student Veterans. The staff within this program will be identifying and contacting at-risk students to notify them about academic probation or suspension. They may be able to refer students to VITAL-SEd and also consult with VITAL-SEd to reach out to students directly who are either currently on probation or at-risk of being placed on academic probation.

You may also be working with and developing relationships with other key offices/services. It



TALKING POINTS:

Forming Professional Staff Relationships

When forming professional relationships with campus staff, it can help to be more formal at first. The following are some tips for having successful collaborations with your university colleagues:

- Introduce yourself with your qualifications, your experience in the VA, or military credentials as appropriate. For example, stating "Hi, I'm Dr. X with the VA, this is the service we're providing." This will give legitimacy to your role as a VITAL-SEd provider.
- Obtain useful contacts from the Veteran Service Coordinator; if there is not one available, make contact and schedule meetings with student, Student Affairs, Disability Services, Veteran Academic Advisors, Academic Counselors, Student At Risk Board, Suspension Appeals Office, meet and provide them with handouts and materials for potential referrals.
- Let them know they can contact you directly or invite you to meetings with the Veteran, as well as walk the Veteran directly to you.
- When meeting with college staff, be enthusiastic about the service VITAL-SEd can provide, how it can help them and encourage their feedback on how to engage more Veterans on your particular campus.

is useful to know who you should contact and how the Veteran may go through procedures to get assistance. It is also useful for campus staff at these offices to know how they may briefly describe VITAL-SEd to the student Veteran, when they should refer a Veteran to VITAL-SEd services and how they can reach you. Some of these campus services are:

- The Counseling Center and Student Health Services
- Disability Services, Academic Services/Supports, or the Writing Center
- Career Services
- Financial Aid
- Student Life or Residential Services
- Veteran Center
- Campus Police

Maintaining an Active Presence

Student Veterans may need to see VITAL-SEd staff and come across VITAL-SEd outreach materials many times before they are willing to approach a provider. You can provide access to VITAL-SEd by building relationships with different organizations on campus (see above) and by presenting information to students about the program. Generally, the more time spent on the college campus, the better for maintaining an active presence. If a provider can be at the school two days a week or more, this fosters the relationship between the student Veteran, Certifying Official (other Veteran services on campus) and the VITAL-SEd provider.

VITAL-SEd services can be announced through social media or other electronic bulletins available through the school. Tabling or exhibiting VITAL-SEd at campus-based events is another effective outreach strategy. If possible, have a VITAL-SEd Peer Specialist at the table. Provide plenty of printed materials and “swag” (e.g., pens, stress balls and water bottles) with VITAL-SEd contact information plainly indicated.

The needs of student Veterans at the school may evolve over time with changes in awareness, resources and the Veteran population itself. It may be useful to assess periodically the experience of student Veterans and college staff with the VITAL-SEd program through surveys or focus groups. You can maintain an active presence on campus through multiple channels and mechanisms (see table below).

MAINTAIN AN ACTIVE PRESENCE ON CAMPUS		
✓ School Counseling Centers	✓ Social Media	✓ Tabling events
✓ Disability Centers	✓ Electronic bulletins	✓ Focus groups

✓ Informational presentations to students	✓ Surveys to assess needs	✓ Education and training of staff
✓ Informational presentations to staff/Faculty	✓ Relationship with certifying official and/or Veteran's Center	✓ Formal and informal student Veteran groups/clubs

Engaging Schools & Educating Faculty

School staff, administrators and faculty are important partners in the VITAL-SEd outreach and engagement process. They can identify Veterans at-risk, make recommendations for Veterans to utilize the VITAL-SEd services and provide guidance to the Veterans and the VITAL-SEd provider on ways to address the Veteran's education needs or challenges. In addition, Veterans can be affected by the degree which a campus is viewed as "Veteran-friendly" (Ackerman & DiRamio, 2009; Persky & Oliver, 2010). Therefore, the VITAL-SEd provider's role may involve, for example, helping the school to create, augment, or increase the visibility of a student Veteran Center, promote awareness among faculty about Veteran transition and mental health issues, organizing Veterans student events, et cetera. The following section, "Marketing" VITAL-SEd to the School and to the Veteran, describes strategies that may be helpful as you approach a school system on behalf of a Veteran.

Providing education and training to college staff can be a parallel intervention to the outreach and engagement of Student Veterans. This is a way to become part of the school's culture. If staff can be educated about military culture and the types of problems Student Veterans might be struggling with, then they may interact more compassionately with these students and be more motivated to partner with VITAL-SEd (e.g., an educated staff member might speak with VITAL-SEd prior to taking disciplinary actions when problems do arise with student Veterans).

Holding regular trainings for both administrative staff and faculty should become one part of the VITAL-SEd program for outreach and engagement on campus. You can partner with the school and set up annual or bi-annual trainings to help provide a context to why the student Veteran may be struggling in the academic setting. In these trainings, the VITAL-SEd team can provide some information/data about the various medical and mental health disorders commonly seen within this population. There can also be discussion of unique aspects of this current conflict and then a focus on the day to day struggles in the academic setting. These trainings may include real-life case examples of student Veterans, with audience engagement to provide feedback as to how they would appropriately and effectively intervene.

Additionally, it may be appropriate to work with individual faculty, school committees and/or departments that might interface with the student Veteran population. Faculty, often times, first reach out to the Veteran Coordinators at the school for advice and feedback about a Veteran who may be struggling academically or behaviorally in their classroom. Depending on the relationship with the school, the VITAL-SEd representative may be asked to take part in the discussion with the faculty and in some cases, be a key part in the intervention for the Veteran to become engaged in care.

“Marketing” VITAL-SEd to the School and to the Veteran

Consider developing a “marketing” campaign for VITAL-SEd through social media or through presentations and tabling services in order to engage Veterans or involve school staff. When doing so, a key aspect is to describe the variety of services that VITAL-SEd provides. This may include assistance with: obtaining education accommodations, study skills, time management, VA neuropsychological testing, Peer support, benefits, insurance and financial aid. This can give Veterans many possible reasons for contacting the VITAL-SEd program to learn more about the services offered.

Marketing also continues after the Veteran makes contact with the VITAL-SEd provider. When a Veteran first approaches the VITAL-SEd provider, there are a number of enticements that may make the Veteran more likely to come again or to seek further supports. In your first meetings it is helpful to describe (for Veterans who qualify for these benefits), “These are the benefits available to you: a welcome home bonus, free VA healthcare for 5 years, et cetera. This is available, you don’t have to do it, but if you decide you want to, I’ll set it up for you, or connect you with the person who can help you set it up. We can call together today if you would like.”



TALKING POINTS:

Marketing Example

We partnered with a Student Veteran Organization (SVO) on campus and asked if we could provide a “Pizza & VITAL+” session immediately after a SVO meeting in the campus Veterans Center. Here, we laid out informational brochures and flyers for VITAL-SEd (which we called “VITAL+” since many Veterans at this campus were already familiar with VITAL) and how it could be helpful, offered pizza and a safe place for conversation and were available to informally discuss the service and sign people up if they asked. It’s important for the language used in advertisements for VITAL-SEd to be informal and resonate with student Veterans.

For example, “Do you ever feel like it’s better not to go to class?” may reach more students in need than something more traditional, such as “Are you struggling academically?”

The same principles apply to framing the services offered by VITAL-SEd. In this information session, we included a brochure that stated VITAL+ could help Student Veterans to “cope with civilian classmates, improve grades, budget time and deal with difficult Professors.”

Overlap Between VITAL and VITAL-SEd

It may be helpful if the VITAL-SEd provider can be assisted by a VITAL provider who conducts campus and community clinical education and training and assists interested Veterans with access to the VA, campus and community healthcare services, regardless of their academic risk status. Those Veterans then identified to be at-risk can be connected to the VITAL-SEd provider. If a VITAL provider is not available, then the VITAL-SEd provider will need to balance their time

between engaging and assessing Veterans who may or may not be at-risk and with providing intensive, direct educational support services to those who are at-risk.

III. Characteristics and Approaches of VITAL-SEd Providers

Ultimately, the success of the VITAL-SEd services is dependent on the success of the relationship between the provider and the Veteran. To build a successful relationship with a student Veteran these provider characteristics are important:

FIGURE 9. FEATURES OF THE VITAL-SEd PROVIDER

1. Consistency
2. Flexibility
3. Openness
4. Casual, friendly, conversational style
5. Normalize their experience
6. Be genuine
7. Be flexible
8. Unassuming approach
9. Be transparent
10. Be collaborative
11. Be a persistent, proactive advocate
12. Be fast
13. Plant the seed
14. Follow through
15. Assertive outreach

- ✓ **Consistency:** As a VITAL-SEd provider, you should ensure that you are reliably available on college campuses. Even if you do not have appointments scheduled, it is very important to be at a consistent place on campus at consistent times, to be able to meet with Veterans who may drop-in. This may be in the Veteran Resource Center (or wherever you have office space on campus). Treat time on campus like academic “office hours”. Always be there when you advertise that you will be, so that student Veterans can rely on you.
- ✓ **Flexibility:** In addition to consistent office hours, VITAL-SEd providers should be flexible with their scheduling as indicated. Appointments can range from 10 minutes to 90 minutes or longer. Veterans’ schedules might force them to change the time they meet on a weekly basis; your goal should be to be flexible with your schedule and put their needs first. Student Veterans are likely balancing many different responsibilities, including school, work, family, medical care and others. It is likely that a Veteran might miss a scheduled appointment, run late for an appointment, or “no show” a scheduled appointment. Unlike some medical or service settings that allow only a limited amount of “no shows,” the VITAL-SEd approach is more flexible. If a Veteran is running late and you can start late, it is encouraged that you do so. Additionally, if the appointment runs late, but you do not have another Veteran waiting, you should try to extend your time. Also, if you know the Veteran has an appointment at the VA at some point in the week and if it works with your schedule, you might schedule to see

the Veteran at the VA right before or after their other appointment, in an effort to streamline Veteran's appointments. Allow for extended sessions if needed and intensive services over a short period if needed. Similarly, if the Veteran is finished early, there is no need to fill out a "50-minute hour".

- ✓ **Openness:** When on campus, you will facilitate engagement by interacting with Veterans, mingling with them and starting a dialogue. Having open office hours can promote a sense of community. Veterans are more likely to become comfortable speaking to you and to "stop by" to ask questions related to the VA. This "open door policy" allows Veterans to become accustomed to and relate to you.
- ✓ **Casual, friendly, conversational style:** Use warm, genuine and conversational approaches to talking with Veterans. Avoid coming across as stiff or "overly professional."
- ✓ **Normalize their experience:** Let the student Veteran know that they are not the only one experiencing something.
- ✓ **Be genuine:** Being genuine and present in a session with a Veteran promotes a therapeutic alliance. Maintain eye contact rather than staring at a computer screen when the Veteran is speaking to you.
- ✓ **Unassuming approach:** VITAL-SEd services are offered in the community and the provider should reflect a more casual, laid-back manner. This style is different from that of a "regular" clinician and the provider must be comfortable representing the VA in a community setting. You should try to "blend in." This unassuming approach helps to make the relationship between provider and student Veteran be more like that of equals. Keep in mind that if a student Veteran enjoyed (or did not enjoy) meeting with you, they are likely to share that with others through word of mouth.
- ✓ **Be transparent:** Being transparent with the Veteran allows them to develop trust. Some providers even show the student Veteran the computer screen as they are writing the session notes. Let the Veteran know that the notes are there for them and that they are allowed to review their medical records.
- ✓ **Be collaborative:** A VITAL-SEd provider should be able and willing to collaborate with the student Veteran as well as with the rest of the VITAL-SEd team.
- ✓ **Be a persistent, proactive advocate:** It is very important that providers follow through with what they say they will do. Sometimes this means being resourceful and eliminating the "middle man." For example, if a Veteran has a question about Disability Services, you might accompany the Veteran to the Disability Services office and help them get the answer to their questions.
- ✓ **Be fast:** If the student Veteran says they are ready, call them quickly. Of course, you do not want to rush them, but you don't want them to change their mind either. Veterans tend to have a sense of urgency, as that is how they were trained in the military, so they often want to see progress quickly.
- ✓ **Plant the seed:** Veterans might come in for one or two appointments and then stop com-

ing. It is likely that they will resurface later. If you plant the seed, the student Veteran will know that they can re-engage at a later date without concern for not “keeping in touch.” When they do come back, it is important to ask if there is anything you could have done differently to help them in the past.

- ✓ **Follow through:** The best way to build trust and to address some Veterans’ beliefs of the VA as an unresponsive bureaucracy is to show personal interest and caring and then to follow through on any offers of support. If you make referrals, be sure to follow through with referrals. Check in with the Veteran to see if they have done their part on referrals. If they haven’t, be supportive but not critical. Examine with them what the barriers were to what they needed to do. Be sure that you have kept all of your commitments to the Veterans. If you haven’t, apologize, explain what happened and then try to make amends.
- ✓ **Assertive outreach:** Assertive outreach happens when Veterans disengage from or do not consistently participate in services. When this occurs, outreach includes not only a phone call or letter (or two), but also speaking with other providers of services for that Veteran and letting them know that you are still available if the Veteran would like to continue. Assertive outreach may involve asking a clinician to allow you to use the first or last 5 minutes of their meeting time to check in and see if the Veteran would like to re-engage in VITAL-SEd services. Outreach is continued until a Veteran cannot be located after multiple attempts with diverse sources (at school, through phone calls/e-mails/text/letter, at VA) or specifically asks to be discharged from VITAL-SEd.

For Veterans who clearly want to disengage from services, it is important to honor the Veteran’s choice. However, one can also provide different types of opportunities to re-engage at different times. Don’t assume that disengagement from services means the Veteran is not interested in or unmotivated to pursue education. Disengagement may simply mean that other needs or concerns (such as housing, mental health, physical health, family issues, et cetera.) are more pressing. Sometimes Veterans make statements such as “Since I haven’t seen you for a while, you should probably discharge me,” or “Since it’s been a while, it probably doesn’t make sense to stay in the program.” In these cases, it might be helpful to offer a 15 or 20-minute check-in just to see how things have been going and if the Veteran really wants to continue or not continue in the program. If the Veteran decides not to continue, it is important that you convey the message that they are welcome back at any point and to summarize their strengths and accomplishments while in the program.

IV. Facilitating Access to Needed Health Care Services

A critical function of VITAL-SEd is to assess whether the Veteran has unmet healthcare needs and if so, to facilitate access for this care. A first step in this process is to know the population that you are serving and the healthcare needs they may have. This is explored in this section. In the next we will describe the subtle process of ascertaining the healthcare needs they may have and for facilitating that care.

A. Knowing the Population

Veterans, especially those Veterans returning from the recent Post-9/11 conflicts, have a great

deal of interest in pursuing their educational goals. However, among the influx of returning Veterans, several barriers can stand in the way of educational goal achievement. Veterans with mental health conditions such as depression, anxiety, PTSD and traumatic brain injury who also have a co-occurring substance abuse problem, can face challenges in achieving their educational goals. When you are working with a Veteran, it can be very helpful to understand the type of mental health condition they have, if any. The type of condition may have a great deal to do with the kinds of behaviors you are seeing. Below we discuss common mental health conditions experienced by returning Veterans, how these conditions may affect their pursuit of educational goals and potential resources you can consider using to assist Veterans in overcoming barriers posed by these conditions.

Understanding and Serving Veterans with Trauma and PTSD

Many of the Veterans you work with in VITAL-SEd will have experienced trauma. Trauma refers to the exposure to actual or threatened death, serious injury or sexual violation either through direct experience, witnessing the event, learning that the event occurred to a close family member or close friend, or experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related) (American Psychiatric Association, 2013).

Veterans enrolled in VITAL-SEd may have experienced trauma in military combat, terrorist or IED attacks, serious car accidents, natural disasters, major medical illnesses and injuries and/or military or childhood physical or sexual abuse, assault and violence. The reality is that most Americans (approximately 90%) experience one or more traumas during their lifetime (Kilpatrick et al., 2013). Various stressors related to military service in particular may cause trauma (Seal et al., 2007).

Trauma is an important consideration for VITAL-SEd providers because it can create barriers for Veterans that complicate their ability to reach meaningful life goals such as graduating from college and obtaining a good job

(Ballenger et al., 2000; Felitti et al., 1998; Najavits et al., 1997). Barriers associated with trauma are both internal and external. Internal barriers to dealing with trauma can include symptoms of depression, suicidality and self-harm, anxiety, shame and difficulties relating with family members and friends (Mueser et al., 2002). External barriers include societal messages that label combat Veterans as having “short fuses” or as being “unpredictable” students or employees. In addition, trauma can place returning Veterans at increased risk for other mental health



TALKING POINTS:

Responding to Veteran Disclosure

If a Veteran discloses an experience of trauma to you, it is important not to remain neutral, instead be clear that you are sorry this awful thing happened to them, that they are not at fault and that their distress is absolutely valid and normal. Keep the focus on how the trauma may be impacting them currently (that is, having difficulty concentrating or feeling unsafe in the classroom) instead of discussing details of the trauma.

and social issues, including depression, hopelessness, PTSD, social isolation, domestic violence, suicidality, substance abuse and homelessness.

Though VITAL-SEd providers are not intended to be the primary mental health providers for returning Veterans, it is important for you to have a basic understanding of the ways that trauma may be affecting Veterans you are working with. When Veterans first experience a traumatic event, they may feel numb and detached, as if they are in a “daze.” Their traumatic experiences are painful to think about, so many Veterans do their best to avoid reminders of the trauma; and can feel anxious and on edge. These reactions are normal responses to terrible events and usually resolve themselves when the individual has adequate internal and external resources. However, when these responses persist after the danger has subsided, it can negatively impact functioning. If Veterans have such experiences during the first four weeks after experiencing a traumatic event, they may be dealing with Acute Stress Disorder. Many Veterans who receive follow-up intensive supports and debriefing are able to successfully recover from an acute stress experience and reintegrate back into their military and/or civilian lives. However, some Veterans experience persistent trauma-related barriers that do not diminish over time.

When Veterans continue to experience trauma-related symptoms a month or more after the initial traumatic experience, they may be dealing with PTSD. Symptoms of PTSD are similar to acute stress disorder. Generally speaking, PTSD symptoms fall into three main categories: re-experiencing the trauma (such as through nightmares and intense physical and emotional flashbacks when reminded of the trauma); avoidance of reminders of the trauma; and intense arousal (e.g., difficulty sleeping, anger outbursts and startle reactions). One can imagine that, as a student, Veterans dealing with significant PTSD symptoms may experience difficulties in the classroom as well as on the school campus more broadly. These student Veterans may also look for ways to cope with their PTSD symptoms that provide some relief, but some ways will not be conducive to overall health in the long term. Some individuals turn to certain coping strategies such as isolation and substance abuse, which may further stigmatize these individuals (Briere, 2012).

Accordingly, if you are working with a Veteran who is experiencing trauma-related symptoms, it is worthwhile to ask the Veteran how they are coping with their day-to-day experience inside and outside the classroom. By being attuned to the potential red flags that Veterans experience, you will be better able to connect them with helpful resources. For instance, if you learn that the Veteran is having flashbacks and difficulty sleeping, you may be able to encourage the Veteran to seek additional assistance, via a therapist, health coach or the like. Although you may or may not be trained to provide PTSD treatment, remaining sensitive to trauma symptoms will allow you to make informed decisions on whether or not Veterans need to be referred to specialized services to stabilize PTSD symptoms or to develop the coping skills necessary for educational success. VITAL-SEd providers should know when to refer a Veteran on their caseload for specialized PTSD or trauma-related assessment or treatment. Key examples of such scenarios are as followed in Figure 10.

FIGURE 10. SITUATIONS SUGGESTING A POTENTIAL TREATMENT REFERRAL

- The Veteran has emotional or behavioral problems that are consistent with PTSD (e.g., intense anger, hypervigilance, nightmares).
- You suspect PTSD, but there has been no formal diagnostic assessment.
- The Veteran requests additional PTSD treatment.
- The Veteran struggles with alcohol or substance misuse and has a trauma history.
- School personnel, family members and/or members of the supported education team notice that the Veteran is dissociating (e.g., spacing out, blank stare) in or outside the classroom.

In any of these cases, we suggest that you work closely with your Clinical Supervisor to make an appropriate referral.

Understanding and Serving Veterans with Traumatic Brain Injury (TBI)

It is estimated that 19.5% of the nearly 1.7 million U.S. troops that have deployed to Afghanistan and Iraq since October 2001 have experienced a Traumatic Brain Injury (TBI) during deployment (Tanielian, 2008). Traumatic brain injury occurs when an external force leads to a structural injury and/or physiological disruption of brain function.

The Veteran has likely experienced traumatic brain injury when this traumatic force occurs and if they have also:

- lost or decreased consciousness
- loss of memory preceding or immediately after the event
- confusion, slowed thinking or some other change in mental state during the injury
- changes in neurological functioning (e.g., change in vision, balance, speech problems, et cetera.) that may or may not subside
- a brain lesion (U.S. Department of Veterans Affairs, 2010)

TBI symptoms fall into one of three categories. These categories include a) physical (headaches, issues with sleep, language problems, seizures, loss of sensation, weakness and others); b) cognitive (difficulties with attention, concentration, learning new material, memory, reasoning, judgment and organization); and c) emotional/behavioral (depression, anxiety, irritability, impulsivity and aggression). Among people who have suffered a TBI, some of these symptoms improve very quickly while others take longer or, in some cases, may not fully resolve. A Veteran who has TBI may have some functional limitations that can resemble PTSD and conversely many with PTSD may have some TBI-related functional impairments.

As a VITAL-SEd provider, you are likely to work with some Veterans with TBI. Some of these

Veterans will know they have TBI. Others might be experiencing symptoms that are signs of TBI but may not know that they have TBI. In either event, depending on the location and severity of the Veteran's TBI, these Veterans may experience difficulties in the classroom environment including learning, focusing, remembering new material and speaking up in class. As a VITAL-SEd provider you can assist the Veteran by:

- ✓ Asking the Veteran if they have undergone neuropsychological and/or cognitive testing. Results from such tests can provide invaluable information that can help Veterans and their supporters best tailor learning environments to the needs of individual Veterans.
- ✓ Connecting Veterans diagnosed with TBI to their school's disability services to determine what reasonable accommodations can be made.

As with the discussion of PTSD. above, VITAL-SEd providers are not expected to be a Veteran's primary mental health provider. Accordingly, you are encouraged to stay in close touch with your clinical team to determine possible clinical referrals as you work with Veterans who may be experiencing signs or symptoms of TBI.

Understanding and Serving Veterans with Substance Use

The prevalence of problem drinking and other substance use on college campuses has been an ongoing public health concern (US Department of Health and Human Services, 2000, 2010). Despite national concern and attention, research suggests very little change in recent student alcohol consumption (SAMHSA, 2007). Similarly, heavy drinking among military personnel has also remained consistent since 2002 (Bray & Hourani, 2007). Problematic substance use can lead to academic failure, increased mental health difficulties, injury and interpersonal problems.

Student Veterans are significantly more likely than their non-Veteran counterparts to engage in high-risk drinking and to ride in a car with an impaired driver. However, some research suggests that Veterans are less likely to use marijuana than non-Student Veterans (Widome et al., 2011). Male student Veterans may be at greatest risk for developing alcohol dependence and are less likely to seek treatment for this condition than female and civilian student counterparts. Among student Veterans, binge drinking is significantly linked to problematic drinking as well as depression, anxiety and



TALKING POINTS:

Attending to Substance Use Issues

As a VITAL-SEd provider hoping to support Veterans in their academic progress, it is important to listen carefully for signs that substance use issues might be interfering with the Veteran's functioning. Some possible clues into a potential issue might be statements such as, "I keep having these thoughts about what happened to me in the military, but I just drink when that happens," or "I think I might be going out too much, I can barely get my homework finished." Though some might have reticence about disclosing, it is important for the VITAL-SEd provider to explore respectfully and refer as needed.

PTSD. However, these links do not appear to exist for civilian students who engage in binge drinking, suggesting that student Veterans may use drinking (and other substances) as a method to cope with mental health difficulties, or to cope with difficult emotions or memories (Barry et al., 2012; Briere, 2012).

VITAL-SEd providers should know when to refer a Veteran on their caseload for specialized alcohol or substance abuse assessment or treatment. Key examples of such scenarios are as follows:

- The Veteran has experienced academic, legal, or social problems due to their alcohol or substance use such as interference with studying/attending classes; charges such as driving while under the influence; and difficulties with friends and family members due to the Veteran's use of alcohol or substances.
- You suspect the Veteran utilizes alcohol or substances as a coping mechanism for handling stress or symptoms of PTSD or depression.
- The Veteran requests alcohol/substance abuse assessment or treatment.

Behavioral addictions, such as pathological gambling, may also be an area of concern for some Veterans. In any of these cases, we suggest that you work closely with your Clinical Supervisor to make an appropriate referral. Some VITAL-SEd providers may also be licensed clinicians, such as psychologists, social workers, et cetera. and may choose to utilize motivational interviewing, harm reduction, or psychoeducation about alcohol/substance abuse in increasing the likelihood that a Veteran will engage in treatment for these concerns. For more information about how best to work with student Veterans who are experiencing problematic substance use, please refer to Core Competencies of the VITAL-SEd Provider in **Appendix I**.

B. Assessing Whether Veterans Have Unmet Health Care Needs

Many Veterans will resist talking about their unmet healthcare needs and especially whether they have mental healthcare needs. There are many barriers to Veterans recognizing that they may have mental health needs and acknowledging it with a VA provider. Some of these are: internalized stigma and shame about having a mental illness; fear of being unable to manage oneself without help; avoiding looking weak to others; and fears that seeking help will hurt one's employment prospects. Some student Veterans will be openly skeptical of the help that you or the VA could provide and will prefer to "tough it out" without support. One research study found that combat Veterans who met criteria for a mental disorder were twice as likely as those without a mental disorder to identify potential barriers to mental health services, including stigmatization (Hoge et al., 2004). So despite needing the mental health services, Veterans with a mental health problem are more likely to identify barriers to treatment and subsequently not seek services. Thus, engagement strategies are especially important for these student Veterans. To navigate these attitudinal barriers to getting help, the VITAL-SEd provider will need several strategies.

First, Address "Felt Needs" or Presenting Problems

The VITAL-SEd provider should begin "where the Veterans is." Asking directly what is bringing

them in and what would they like to get out of meeting is a good first step. Student Veterans may identify a number of difficulties that they want to work on. Their concerns may be academic (See Appendices A and B). For instance, they may be falling behind in completing assignments, have problems with concentration, or may have difficulty relating to other students in the classroom. A common concern is having problems with their GI Bill or other VA benefits. Sometimes the Veteran may have relationship difficulties. They can have other concerns such as income, housing, transportation, or legal issues. The VITAL-SEd provider should first address the most immediate concern of the Veteran. This may require you to use a variety of skills and approaches such as advocating, making referrals, identifying resources, or assisting with accessing resources. By responding to and normalizing their felt needs and immediate concerns, a trusting relationship is built that allows the Veteran to disclose issues that are more difficult or personal.

Use “Felt” Needs to Explore Underlying Issues

As the Veteran describes their “presenting problem,” one can use these as levers to explore the possible underlying issues. If a student comes in for tutoring, the provider can ask, “What’s making it hard for you to do this?” As Veterans describe difficulties with memory or concentration, you can gently and tactfully ask whether they experienced injuries that might be causing these problems. The provider can ask, “What did you do in the military? Were you exposed to blasts or toxic substances?” If they were, one can then suggest that that the problem “be looked into” or suggest that they “get checked out” because that might have something to do with the memory problems that are hindering their ability to do what they want to do -- be successful in college. Following this, the VITAL-SEd provider could help arrange for a neuropsychological assessment. Similarly, one can gently probe for other difficulties such as poor sleep or nightmares that can signal a possible need for PTSD treatment without making the Veteran feel that the provider is suggesting that they have a mental health diagnosis.

VITAL-SEd providers then can use their ready access to VA scheduling and to clinical services on campus (if any) to arrange an assessment for PTSD. When done in the context of helping with their academic concerns or relationship difficulties, this approach can be more palatable to the Veteran. By always dealing with concrete problems and stressing that the VA is there to help the Veteran deal with these issues, the VITAL-SEd provider can help to lower their resistance to scheduling an appointment. Then, by following up to see if the Veteran attended the appointment and assisting with re-scheduling if they did not, the provider is communicating that there is a caring person who is willing and able to help.

It is important to be mindful of the number of referrals placed at once. Oftentimes, student Veterans will report feeling overwhelmed with the amount of appointments that they need to attend in a short period of time. It may be a good idea to start with only one referral at a time unless a Veteran is displaying a significant amount of enthusiasm and interest in multiple referrals.

If the Veteran shows resistance to scheduling an appointment it is important to explore what the barriers are. Remind them that they are entitled to these services because of their service and that the VA is obligated to help them.

Use Peer Support

Sometimes the only way to get a Veteran to be willing to describe their difficulties and potential health challenges is for them to talk with a Peer Specialist who is a VITAL-SEd provider. Peer Specialists have unique knowledge and understanding of what it's like to be a Veteran in need of help. They can empathize with the challenges in ways that other providers cannot. They have the skills to share their own recovery story, including the challenges and barriers to accessing and receiving assistance, in ways that make asking for help acceptable for other Veterans. Peer Specialists can reinforce that participating in services/treatment does not reflect negatively on a Veteran's ability to take care of themselves, their families, or their fellow service members and instead is a sign of strength and courage to be able to recognize when more help is needed in order to reach educational goals.

C. Methods for Facilitating Health Care

Based on the above knowledge, a VITAL-SEd provider may have an indication that the Veteran has unmet healthcare needs. The steps and actions one can take to facilitate access to needed care are in Figure 11.

FIGURE 11. METHODS FOR FACILITATING HEALTH CARE

- > Make referrals to healthcare.
- > Describe the importance of insurance and other benefits.
- > Describe the "Concierge of Services."
- > Utilize VITAL-SEd "mobile" support.
- > Provide psychoeducation.

Making Referrals to Health Care

Referrals for healthcare should take into account a Veteran's preference for where and from whom to receive care, treatment and support. Possible avenues may include: VA hospitals, Community-based Outpatient Clinics (CBOC), Vet Centers, college healthcare providers, community healthcare providers and non-profit organizations that offer support/educational groups. Providing a clinician's direct phone number is crucial, as many Veterans find calling the 800-number overwhelming or off-putting. If they have a provider's direct number they are less likely to become lost or frustrated. Informing the student Veteran of the specific protocol for scheduling and cancelling appointments can also help them remain engaged. These avenues of referral are explained graphically in a flow diagram in the section, VITAL-SEd Mission and Overview.

Link to Primary Care

Sometimes before a Veteran is willing to disclose about any significant health or mental health-

care needs, they are willing to acknowledge a need for primary care services. The VITAL-SEd provider can ask directly if the Veteran has recently seen a primary care physician (PCP). If they do not have an existing PCP, you can encourage the Veteran to obtain primary care services at the VA. You can motivate linkage to primary care services by describing how, if they get sick, rather than going to a clinic on campus, they could have a VA PCP who will know them. Student Veterans might also need to obtain a physical for employment purposes. Let them know that their PCP could do this for them too. If student Veterans need vaccinations before registering for classes, or if vaccinations have expired, they can easily get this done at their PCP's office. The VITAL-SEd provider can assist the student Veteran with acquiring their vaccination record either through their military records or by requesting a titers blood test through a PCP. Often this may be the main reason a student Veteran initially seeks out VITAL-SEd services.

Making Referrals for Specialized Care

Many student Veterans will have needs for other specialized care that VITAL-SEd can facilitate. Here are some common healthcare and related issues and how to help:

- ***Pain:*** Referrals to primary care, primary care behavioral health, or pain clinic at the VA may be appropriate. The Veteran may also be interested in alternative healthcare options which can sometimes be facilitated by VA primary care.
- ***Sleep:*** Psychoeducation about sleep hygiene can be helpful. Referrals to primary care or primary care behavioral health may be appropriate for sleep issues. Providers there may provide medications (if the Veteran is interested in trying them) or Cognitive Behavioral Therapy for Insomnia (CBT-I), an evidence-based practice provided by VA clinicians (and likely available through community providers as well).
- ***Relationship difficulties:*** Referrals to individual or couples counseling may be appropriate. There may also be free or low-cost psychoeducation resources offered in the form of couples' communication and conflict resolution classes or groups offered through either the VA or community providers.
- ***Parenting difficulties:*** Some states have resources for the prevention of cruelty to children. Some states or non-profits have specific resources available to military families in assisting with a successful transition for the entire family when a service member is re-adjusting to civilian and family life following a deployment. Referrals to family counseling, parenting support groups or mentor programs, as well as free resources and classes for parents experiencing difficulty or needing support may be useful here.
- ***PTSD/depression/anxiety/substance abuse:*** Referrals can be made for assessment and individual or group counseling. Local, state and national organizations often have chapters that offer support groups, classes and other resources and some of these may have drop-in groups.
- ***Memory loss/concentration/attention difficulties:*** Referrals can be made for assessment, individual treatment, group treatment, or cognitive rehabilitation services.

Following-Up after Referral

A VITAL-SEd provider's role is not complete in facilitating access to healthcare needs once a referral is made. It is necessary to follow-up with the Veteran as to whether they had difficulty making it to the appointment (if they cancelled or were a no-show) or what their experience was regarding the appointment, especially if they had concerns or expectations that were not met. If the VITAL-SEd provider was the source of a referral and an initial appointment, then they should call the Veteran a few days following a first appointment with another VA provider to check-in and see if additional assistance is necessary in meeting their unmet healthcare needs. Once a Veteran is connected to ongoing treatment (in the case of a referral to physical therapy, occupational therapy, individual or group mental health treatment, or medication management), the VITAL-SEd provider should routinely check-in as to how the other service is going and if the Veteran's needs are being met.

Describe the Importance of Insurance and Other Benefits

One way to link Veterans to needed healthcare services is to describe the value and importance of health insurance. They need to have health insurance due to new federal legislation. Many Veterans will be eligible to obtain insurance through the VA and might have minimal co-pays or even receive free care. Schools often require health insurance and VA care may be free or much cheaper than the student health insurance the school offers. Also, some Veterans might still be on terminal leave and still have insurance through the military, but they might not know it. Inform returning combat Veterans that they receive five years of free healthcare through the VA and that they might be eligible for dental benefits at the VA. Enrolling in VA healthcare can also entitle Veterans to free gym access, employment supports and legal supports.

Describe the "Concierge of Services"

Veterans may be more likely to use healthcare services when they are informed of the number of entry points. Through the VA and sometimes through community-based healthcare services, Veterans can get access to: lifestyle, gym or exercise groups, smoking cessation groups, pain management, benefits and financial planning, as well as formal individual and group therapy for PTSD and other conditions. Describe to the Veteran where they can access these services, including the VA Hospital, Vet Centers and/or CBOCs. You can emphasize that the Veteran is free to choose or "take what he or she likes and to leave the rest".

Utilize VITAL-SEd "Mobile" Support

The VITAL-SEd provider can be the critical link between a Veteran acknowledging a need for healthcare and actually getting it. Providers have the authority and ability to offer transportation to an appointment and/or to accompany a Veteran to appointments. One can also connect the Veteran with the requested service by scheduling an appointment, or even by having a joint meeting or joint telephone call with the potential clinical provider.

Provide Psychoeducation

Individuals who are seeking help are likely to be apprehensive about the therapy process, especially if they do not have prior experience with therapy. For student Veterans who are new

to receiving mental health services, psychoeducation can be an important first step. General information about therapy can be helpful. For example, explain the basics such as how long it might last, limits of confidentiality, what options are available for individual or group therapy, medication management, case management, et cetera. Do not limit information to what is available at the VA, but also include what is available on the college campus, the CBOC, Vet Centers, non-VA clinics, et cetera.

D. Putting It Together

The following graphic is useful in assessing what benefits a person is eligible for based on their status or background:

IF YOU ARE:		Tuition & Fees	Monthly Housing Stipend	Book Stipend	Able to Transfer Benefits	Yellow Ribbon	Relocation Allowance	Licensing & Certification Exams
On Active Duty	YOU	X			X			X
A Guard or Selected Reserve Member		X	X	X	X	X	X	X
A Veteran	QUALIFY	X	X	X		X	X	X
A Spouse (active duty)		X						X
A Spouse (non-active)		X	X	X		X		X
Child (all)	FOR	X	X	X		X		X

(Note: Image used with permission, originally published on Military.com)

The figures on the next page, Figure 12 and 13, present how these efforts of engagement and access to healthcare are put together by the VITAL-SEd provider during initial meetings with the Veteran:

FIGURE 12. INITIAL MEETING

- ✓ Learn about the Veteran and build rapport. Find out what is bringing them in – what are the goals, the barriers?
- ✓ Explain your role and what you can do for them.
- ✓ Empathize with VA reluctance, negative image of VA, et cetera. Demonstrate in practice how VITAL-SEd is different from their previous experiences.
- ✓ o Explain how referrals can help meet academic and personal goals. Explain VA care and what benefits are available; how to connect Veteran to VA or CBOC—set up PCP or benefits appointment if appropriate.
- ✓ Have a binder with information, resources, contact names and numbers.
- ✓ If the Veteran comes in for tutoring, explore for any underlying issue (PTSD, TBI, et cetera.)
- ✓ Ask if it is okay to call and check in about appointments and referrals.
- ✓ The goal of the initial meeting is to plant a seed; the Veteran may not follow up and show up later. Provide them with your schedule and contact information.

FIGURE 13. FOLLOW UP MEETINGS

- ✓ Once the Veteran is enrolled in the VA, start to explore mental healthcare if needed.
- ✓ Follow-through is critical: walk with them to where they need to go. Follow up after first appointment if a referral is made. If an appointment is missed, ask about barriers.
- ✓ Engage in assertive outreach.
- ✓ Develop person-specific education plans with goals and steps to get there.
- ✓ Develop support on campus and resource mapping – time management, coping strategies, accommodations, address stigma.
- ✓ After a meeting, document who the person was, where you met and on which day and the outcome of the meeting.

V. Clinical Coordination

A. Integrating with Clinicians

Given the VITAL-SEd provider's role to facilitate access to and utilization of services for Veterans with unmet health care needs, it will be essential for the VITAL-SEd provider to have regular contact with other VA providers and to coordinate with the appropriate Veteran health resources. Specifically, it is important to connect Student Veterans to health and wellness resources that are convenient for them to engage with on a regular basis. Students may commute to school from several surrounding towns and it is important to reach out to resources in the local communities to find out what services might be available to Veterans. If a CBOC is closer than the nearest VA hospital, find out what services are available to Veterans there and how to best connect them to care. It may be helpful to have a conversation with the Veteran student about how far they are willing to travel for services and then map resources for them within that travel radius.

Important tasks for VITAL-SEd providers in making appropriate referrals include gathering information as to which services require consults, any steps that need to be taken before a consult can be placed, the usual timeline and process for responding and completing the consult, et cetera. The large majority of clinicians will be willing to work with you if they have a good understanding of what you do and how you can be a beneficial partner in their work with the Veteran. Without this understanding, they may be puzzled by your work and perhaps may not support the Veteran's education goal.



TALKING POINTS:

Role Play Exercise for Clinical Consultation

Take two minutes to role play a presentation to a clinical team. The Veteran you serve is feeling anxious about the next semester of school and is worried that it may be too stressful. You want input from the team on handling their worry and you also do not want the team to encourage the Veteran to change their goal about continuing next semester.

- *What information do you need to share with the team to start this conversation?*
- *What questions do you have for the team?*
- *How do you communicate your concern of the Veteran changing their goal due to the worry about stress?*

However, VITAL-SEd practice goes beyond having "as needed" contact with VA providers. The principle for the practice is that the VITAL-SEd provider is integrated with one or more multidisciplinary clinical teams such as an OIF/OEF team (may be known as Transition Care Management Team, or as Returning Veterans Team), a polytrauma team, or an inter-professional healthcare team associated with mental health or primary care behavioral health services. Research has shown that when a clinical team is closely involved in the pursuit of rehabilitation goals, there is greater success (Bond, 2004). In the VA, multidisciplinary or inter-professional teams can ideally serve as a primary home for the VITAL-SEd provider due to the likely need for referrals to a primary care physician, psychiatrist, neuropsychologist, psychologist, social work-

er, or case manager, as well as occupational or physical therapists and other medical personnel.

Your first step toward integrating with your new team should be a formal presentation to the team in conjunction with the chief of whatever clinical division (mental health/psychology/primary care) the team is under. Explain what VITAL-SEd is, how you can contribute to the team and how the work of the team is essential to Veterans success outside the hospital.

The next step is to attend weekly team meetings for the one or two teams with whom you have integrated. Coordinate with the chairperson of this meeting so that you have an opportunity to ask about Veterans you see, to provide a brief update on any important issues and to arrange for individual meetings with clinicians, as needed. This is also a good place to discuss, in advance, new referrals you are thinking of making and related issues.

The team can also serve to assist you in identifying other possible providers when you meet a new Veteran who is struggling at school and are beginning to learn about their educational or health needs. The team can also assist in identifying additional supports based on the Veteran's educational or health needs. For example, if a Veteran has a desire to quit smoking cigarettes, the VITAL-SEd provider can discuss this with the team and consider the various supports that might be available (that is, tobacco cessation therapy, nicotine replacement patches, et cetera.)

If the Veteran is interested, the clinical team can be consulted about possible supports and resources they can provide. These services can then be integrated into the education tactics plan. Additionally, along with consults and referrals to requested services, the VITAL-SEd providers can also complete mental health reminders as indicated. For example, a Veteran may be due for a homelessness screen or alcohol use screen. The VITAL-SEd provider can complete the screener and decide if additional referrals or consults are needed based on the Veteran's responses and their interest in additional referrals. Be sure to ask the Veteran if they are interested in the additional services rather than assuming and just putting in the consult.

Participation in weekly team meetings is particularly important. Not only does a weekly team meeting create a sense of connection for an individual VITAL-SEd provider who spends the majority of their time away from the VA, but it also allows a more clinically-integrated approach to care for our student Veterans. VITAL-SEd providers may need to reinforce to the team the importance and benefits of providing hopeful messages to the Veteran about their rehabilitation goals and the team meeting is a good venue for doing so.

Another way to support clinical integration is to co-sign your progress notes with other providers working with the Veteran. For example, if the Veteran mentions that the medications they take for sleep are not working, or they have been drowsy in the morning, that would be a good note to co-sign with the psychiatrist. If the Veteran mentions that they are experiencing trouble concentrating in class due to intrusive thoughts of trauma, this would be a good note to co-sign with the therapist. Encourage the Veteran's other providers to co-sign you on notes when the Veteran mentions school or anything that might impact the Veteran's vocational goals or school performance. Follow-up phone calls and encrypted e-mails to the Veteran's other providers about shared concerns or issues that the Veteran is experiencing may also be useful in maintaining ongoing communication.

Finally, joint meetings with the Veteran and all members of their support team can occur at

various points during the year or before significant transitions in the Veteran's life (for example, starting a new semester, beginning an internship, the upcoming summer off from classes, et cetera.).

B. Emergency Planning

VITAL-SEd providers will be better prepared to respond to the emergencies experienced by Veterans at the VA or on campus if they have created example emergency plans in advance. It is recommended that the VITAL-SEd supervisor and provider discuss and create emergency plans for the more common emergencies including suicidal/homicidal ideation, loss of housing/homelessness and meeting with a Veteran who appears to be under the influence of alcohol or drugs presenting a risk to safety of themselves or others (e.g., planning on driving home, history of black outs or seizures when drinking, et cetera.)



TALKING POINTS:

Planning for an Emergency Situation

During initial supervision meetings with the VITAL-SEd provider, the VITAL-SEd supervisor may address experiences with emergent situations like suicidal or homicidal ideation, as well as, establish a plan in the event that either should occur. For instance, the following plan may be agreed upon:

In the event that a Veteran indicates that they are suicidal with a clear plan or definite intent, the VITAL-SEd clinical supervisor should be notified and the Veteran should be escorted to their current therapist, if possible. If their therapist is unavailable, the Veteran should be escorted to the walk-in mental health clinic to be seen by the next available clinician. The VITAL-SEd provider should also reach out to the Suicide Prevention Team at their facility to request support. Veterans should not be left alone during this time. The VITAL-SEd provider should stay with the Veteran until they are able to see a mental health clinician for evaluation. The VITAL-SEd provider should also remind Veterans of emergency contact options throughout the VITAL-SEd process as well as during emergency situations. Examples of emergency contact options include: current VA therapist (during business hours), walk-in mental health clinic, 911 and the 24-hour National Veteran Crisis Line, 1-800-273-8255 (TALK).*

i Examples of situations that might qualify as an emergency:

If a Veteran reports:

- "I am having thoughts to leave here and drive my car into a tree"
- "I am having thoughts of shooting myself with a gun"
- "I just can't do this anymore, I might as well kill myself"

*Plans may need to be modified in order to accommodate each facility.

Part Three: Tactics For Providing VITAL-SEd Services

I. INTRODUCTION TO PROVIDING SUPPORTED EDUCATION SERVICES

II. EDUCATION TACTICS PLAN

- A. Elicit the Educational Challenges
- B. Creating the Education Tactics Plan

III. SUPPORTED EDUCATION TACTICS FOR MEETING ACADEMIC CHALLENGES

- A. Adjusting to School
- B. Doing the Academic Work
- C. Getting to the Degree
- D. Student Veterans Participating in Virtual Classrooms

I. Introduction to Providing Supported Education Services

Part Three is intended both for VITAL-SEd providers to create a scaffolded and structured experience for engaging Veterans in the Supported Education service. Having engaged Veterans, you will be simultaneously asking them about their immediate and pressing needs as they define it. When those needs are medical or mental health in nature, you will facilitate access for needed services. Many of the Veterans will present with education related issues. In that case, your job is to provide Supported Education services. These services and the process of identifying the education needs and challenges are described in this section.

In the Appendices are many of the worksheets noted in this section. These worksheets are written for the Veteran to fill out from their perspective. The VITAL-SEd provider should use the worksheets with the Veteran during their sessions. Feel free to make copies of the worksheets for the Veteran. Worksheets are helpful for several reasons. First, they give you as the VITAL-SEd provider an opportunity to bring the concepts from the manual to life in your meetings with Veterans. The worksheets provide a template for complex conversations about the Veteran's goals, financial situation, motivation and experience of self-stigma. Using worksheets makes the Veteran an active member of the process by providing a way for them to explore their own thoughts, goals and situation with a greater degree of independence. For example, a Veteran could choose to take a worksheet home and fill it out by themselves, or the Veteran can decide to work on the worksheet with the VITAL-SEd provider if they want more direct support or assistance. Finally, another benefit of the worksheets is they provide a take-home reminder of the conversations that Veterans can review on their own and use by themselves when the VITAL-SEd provider may not be immediately available. This then furthers the progress that can be made with the VITAL-SEd provider to maximize the time together.

Your first step is to identify the highest priorities of their educational challenges (See Priority Checklist in *Tackling Common Challenges Worksheet* in **Appendix A**). Immediately following this step, you will want to create an Educational Tactics plan with the Veteran. This plan spells out the challenges and the action plan. These two components of VITAL-SEd practice are described below.

II. Education Tactics Plan

The basic process of the VITAL-SEd Supported Education component is to first identify all of the educational challenges the Veteran faces, assist the Veteran with prioritizing them and then to create a tactics plan to address them. However, be aware that some Veterans may resist developing a tactics plan at first especially if there are pressing or urgent problems to resolve first. However, once this urgency is met, the VITAL-SEd provider can encourage the Veteran to take the time to think through a strategy of action to address their academic challenges.

A. Elicit the Educational Challenges

Start by finding out from the Veteran what difficulties they are having with classes or staying in school and/or what's getting in the way and making them think about quitting or think they

may fail. Keep a list of the problems noted by the Veteran. It may also be useful to review the list of common problems reported by student Veterans (see ***Tackling Common Challenges Worksheet*** in **Appendix A**) to see what other concerns the Veteran may have. Having created a list, a next step is prioritizing the list of challenges and barriers. The Veteran may want to consider their list in terms of which are the biggest problems, which are the hardest to resolve, which solutions are the most attainable, which are having the greatest impact on school success, or other considerations. Let the Veteran decide how they want to approach prioritizing their list. However, keep in mind that some challenges may need to be resolved before others can be addressed.

When a Veteran is struggling in class, utilize the ***Tackling Common Challenges Worksheet (Appendix A)*** as a review of the Veteran's other priorities and goals in addition to education, such as housing, finances, employment, family, healthcare (for physical or mental health needs including pain, mobility, PTSD, depression or substance use as a few examples), et cetera. There are two major reasons for collecting this information. The first is so that you can facilitate any needed referrals for services in these other realms. The other major reason for collecting this information is that Veterans are likely to have multiple goals in several areas. Having an open conversation about these other goals and their relative priority will help to clarify the amount of time and effort the Veteran will be able to devote to education. These other goals may influence how quickly and how directly educational goals are pursued. Creating a realistic educational plan that addresses the Veteran's attention to basic needs, in addition to short and long-term goals, is essential to the success of this process. For example, if the Veteran has an immediate need for housing, it may be necessary for the Veteran to be referred to VA and other community providers who can assist with this immediate need before the Veteran feels comfortable focusing on an educational goal. For other Veterans, their need for housing and money to pay bills may be a primary reason for their pursuing education at the current time. Thus, understanding the relationship between the Veteran's educational goals and other goals and priorities in their life allows you to better connect them to needed resources and support them on their education journey.

The box on the next page shows some ways to address common challenges Veterans may describe. ***The Education Tactics Plan Worksheet (Appendix A)*** will discuss how to approach addressing these challenges. There are many worksheets that are part of this manual that may be helpful with some of the concerns that the Veteran may have. Part of the plan could include utilizing the worksheets as appropriate.



TIPS FOR THE CLASSROOM:

- Most Professors have **office hours**; these are set times that they will be available to students in person and you can come to them with questions, concerns, et cetera. Some Professors will have open office hours; others will ask that you schedule a time to meet in advance.
- **While communicating with Professors**, when in doubt, address them as “Professor”. Most Professors prefer email contacts outside of class, but it may be best to catch them in person at the end of class or during office hours to ask questions or to discuss any difficulties you might be having.
- If there is a **Teaching Assistant** for the class, they may also be a good resource, with whom you might be able to spend more time or email more often, to better understand what is taught in class and in books and to ask for one-on-one help.

B. Creating the Education Tactics Plan

This is the plan for actions to take to resolve the issues defined by the Veteran. Ultimately, you and the Veteran will be developing a detailed plan for each barrier. However, you do not need to create them all at once. You can just start with where the Veteran wants to start in terms of how they have prioritized the list of educational challenges. For example, the Veteran may want to start with something relatively easy, such as keeping track of assignments and tests so that they will be better prepared for class and schedule their study time more effectively. Or the Veteran may want to start with something that seems like a bigger problem, such as having trouble sleeping and then having difficulty studying or staying awake in class. For each barrier that the Veteran decides to address, you and the Veteran will need to develop a detailed Tactics Plan that addresses that specific barrier.

If there are a lot of barriers, addressing all of them can seem overwhelming. If possible, tackling one at a time makes the process seem more manageable and less overwhelming. That approach also helps the Veteran to see their progress. However, that being said, the Veteran may want to tackle several issues at once or may want to be ready to immediately start tackling the next thing on his list once they resolve an issue. Let the Veteran make the decision how to proceed.

Using *The Education Tactics Plan Worksheet (Appendix A)*, you will be prepared to answer the questions in Figure 14 as they relate to that particular barrier:

FIGURE 14. EDUCATION TACTICS QUESTIONS

- What is the Veteran going to do?
- When is the Veteran going to do it?
- Where is the Veteran going to do it?
- How is the Veteran going to do it?
- How will the VITAL-SEd provider help?
- Who else besides the VITAL-SEd provider can help? What can they do?
- How will the Veteran know if the plan is working?
- What does the Veteran do if the plan does not work?

When you are creating the plan with the Veteran, it is important to consider addressing the following features of the tactics plan:

- i Collaboration:** Does this plan accurately reflect the Veteran's description of the problem and preference toward addressing it? Collaborative discussions that engage Veterans in identification of steps to address their concerns are indispensable. VITAL-SEd providers should never disempower Veterans by simply developing plans on their own and then asking Veterans to sign them.
- i Language:** When writing plans, use the language of the Veteran. Use quotes from the Veteran to personalize the plan and further facilitate ownership by the Veteran. Also, use clear terms to define the steps and the preferred outcome.
- i Behaviorally specific:** Plans need to be measurable and specific. Specificity will vary, depending on the Veteran and their situation. An example of a step may be: "Within the next week, I will set up a meeting with my Professor to get feedback about my proposed schedule for next year."
- i Realistic:** The tactics plan will include action steps that represent things the Veteran hopes to complete and reflect a valued outcome. However, they should also be realistic and achievable in a given period of time.
- i Positive:** The action steps in the tactics plan should always reflect what the Veteran will do, rather than what they will not do. The steps should also identify responsible parties. It is important to know who will do which tasks on the tactics plan. Noting the person responsible for each step helps the Veteran know who to contact for the service or activity.

III. Supported Education Tactics For Meeting Academic Challenges

In this Section we provide some tactics for meeting many common educational challenges that Veterans may have.

A. Adjusting to School

Transitioning from Military to Civilian Life

The U.S. Military spends a great deal of time and effort preparing Service Members for the transition from civilian to military life, but much less preparing them to return home. When military Service Members finish their tour of duty and return home, there are many different transitions they must negotiate and some may feel that they will never fully re-integrate. Families may have established new routines while the service member was away and Veterans will have to adjust to the new array of choices they will be faced with on a daily basis. The Veteran may have to learn how to obtain services that were previously provided by the military (e.g., health services, insurance, basic necessities). Additionally, the Veteran will have to create their own structure and pacing, when this was previously dictated to them by the military. They may feel that they are starting from the ground up in the civilian world, when in the military they were afforded leadership, continuity and structure. Learning to follow when one used to lead can be difficult and confusing. Skills that served a Veteran well in the military, such as hypervigilance or sealing off emotions, may not be healthy in a civilian environment and may hinder adjustment.

FIGURE 15. VETERANS MAY EXPERIENCE THE FOLLOWING DIFFICULTIES

- Reconnecting with family.
- Joining or creating a community outside of the military.
- Entering school or the workforce.
- Creating structure and adjusting to a different pace of life and work.
- Relating to individuals who do not have a working understanding of what military personnel have experienced.

There are resources available to help Veterans navigate this significant transition from the military to life in the civilian world. Each military branch has a Transition Assistance Program (TAP) which offers individualized support during separation. The DCoE Outreach Center offers 24/7 service for questions about reintegration issues and connection to health services (866-966-1020 or resources@dcoeoutreach.org). The Beyond the Yellow Ribbon Program helps connect Veterans, Service Members and their families to community support, training and other resources in their regional area (www.beyondtheyellowribbon.org).

Engaging the Veteran's Social Support Network

The Veteran's social support network can be very important in assisting the Veteran to successfully pursue an educational goal. Some Veterans may have a variety of friends and family members available for support and others may no longer have the same closeness they had before leaving for active duty. In any case, it is important for you to identify people who can support the Veteran, both emotionally (providing encouragement, someone to bounce ideas off of, someone to listen to, celebrate successes and share struggles), as well as practically (providing transportation occasionally, childcare, a part-time job, time to study, et cetera).

The following *Talking Points* (see next page) is a list of questions to consider when thinking about engaging the Veteran's social network (adapted from Becker & Drake, 2003).



TALKING POINTS:

Questions for Engaging the Veteran's Family and Friends

- How involved are the Veteran's family and friends in supporting the Veteran's education goals?
- Does the Veteran feel they are receiving positive support from their family and friends?
- Has the Veteran discussed the value of positive support with their support system?
- How can you be of assistance in helping the Veteran explain the value of support to the Veteran's family and friends?
- Are the Veteran's family and friends aware of your role as a Peer and the ways you can be of assistance?
- Have you discussed releases of information with the Veteran so that you can speak with family and friends?
- Do the Veteran's family and friends know how to contact you if necessary?
- (If applicable) Does the Veteran have plans for fulfilling family obligations while in school?

To help the Veteran think about the involvement of their family and friends in their education pursuit, you can take the following steps: First, ask the Veteran to list all the significant people in their life, by using ***People in My Life Worksheet (Appendix H)***. Then for each person, ask the Veteran about that person and to what extent they currently are or could be a support for their education. For people the Veteran feels are or would be supportive, ask the Veteran about whether they would feel comfortable talking to them more about how the person could help them with their education. Then ask the Veteran if there is anyone on the list from ***People in My Life Worksheet (Appendix H)*** who has not been supportive of their educational goals. If there is someone, ask the Veteran how this has impacted them and how the Veteran plans to handle

this situation.

For people who are or are not supportive of the Veteran's education goal, it may be helpful to include them in a meeting with you and the Veteran so you can explain their role in helping the Veteran. This also will provide an opportunity for the other person to talk about how they can be helpful and for everyone to talk about how to be on the same team. Use these conversations/meetings to go over the Veteran's response to *People I Want Involved in My Education Goal Worksheet (Appendix H)* and get their feedback on each question, other people the Veteran may want to consider including on the list and plans for ongoing or as-needed meetings and conversations. It is always the Veteran's choice to decide whether or not to share with others that they are working with you. You can assist the Veteran with this decision by talking about the pros/cons of sharing this information with others, but it is always the Veteran's choice.

Managing Work and School Balance

Some Veterans will be struggling in school because they are working, perhaps full-time, citing the reason as family responsibilities or the cost of tuition, books, et cetera. If the Veteran is feeling overwhelmed by working and going to school, then it may be useful for you to complete the *Ups and Downs for Going to School AND Working Worksheet (Appendix D)* with the Veteran. This will help the Veteran weigh the pros and cons of various scenarios.

Some items to consider in making these lists:

- The flexibility of work and class schedules in order to accommodate both.
- The degree to which work positively impacts Veteran's self-esteem and social connections.
- The degree to which work hours and energy spent on work are impacting school.
- Time spent commuting between home, school and work.
- Adequate time for rest, leisure, treatment for mental health or physical health issues and family/friends.
- The number of other people in the Veteran's academic program who work (for some programs and schools, most people do work while going to school and for others it is rare for people to be able to work and go to school due to the requirements).

Once you and the Veteran have started these lists, the Veteran may also seek information from family/friends and school advisors to gather additional feedback and information. The important thing for you and the Veteran to remember is adjustments are possible. For example, the Veteran may be able to get an on campus job, find a less stressful job, cut back work or school schedule, or change their work schedule, et cetera.

Tactics for Benefits and Claims Issues

Some Veterans report injuries due to being in the service and are interested in starting claims for service connected benefits and some Veterans have already started the claims process but

would like an update on their status. Service connected injuries, when determined as such, entitle the Veteran to healthcare for those specific injuries as well as access to other benefits and resources.

- ✓ **eBenefits:** Veterans can create an account with eBenefits, which will help them to apply for and manage various benefits that might be available to them: <https://www.ebenefits.va.gov/ebenefits/homepage>
- ✓ **Veteran Service Officers (VSO):** In Massachusetts, each town has a designated VSO who is available to meet with Veterans and connect them to available resources in regards to benefits and claims. Other states vary in how many VSOs are available, but these local experts can be used as a resource.
- ✓ **Starting a Claim:** It is the VITAL-SEd provider's responsibility to have a list of potential individuals and organizations that can assist with claims issues. This information can often be gathered through your OIF/OEF clinical team, a social work service team, or an outreach team. Make sure to provide the Veteran with several options based on their preferences and location.

You may be able to assist the Veteran with submitting the claim, but if you decide to do this, then please be aware of the potential upsides and downsides. An upside can be increased trust and rapport-building with the Veteran in being able to assist with something for which they highly desire assistance. In addition, in the process of hearing the Veteran's reason for submitting the claim, you may learn about symptoms of certain injuries that can impact their education goals such as PTSD, TBI, depression, pain, tinnitus, et cetera. The downside is that the Veteran may want you to submit documentation for the claim when you have limited information from which to draw due to being new to meeting with the Veteran or the Veteran sharing little about the injury with you. This conflict of wanting to help the Veteran, but not being able to help in the ways the Veteran would prefer may erode trust and rapport. It is important to check with your supervisor about local policies regarding assisting Veterans with submitting claims. Not all departments recommend their staff provide direct assistance with submitting a claim (beyond the "how to" of accessing the form and uploading it/faxing it, et cetera.)

- i Determining the Status of a Claim:** A first step is to see if the Veteran has an online account in which the status of a claim may be checked (some Veterans may not know this website -- [ebenefits.com](https://www.ebenefits.com) -- is available). In order to create an account, the Veteran will need to answer detailed questions generated from their DD214 (discharge papers) and credit report (e.g., dates and locations of service, names of streets they have lived on, types of cars they have owned). Once a Veteran has an account, you can assist them with navigating the website (if needed) and to locate the information they are seeking. This may or may not answer the Veteran's questions about their claim and then it may be necessary to go to the next step. A 21-256ez VA form can be completed if the Veteran has trouble creating an account or the eBenefits website is down. The form can be faxed/mailed to the local Veterans Benefits Administration (VBA) evidence intake center.

As a VITAL-SEd provider, you will be responsible for building relationships within your local VBA office. A good starting point for relationship building is the Vocational Rehabilitation and

Employment (VR&E) office as they process education benefits and some may even be located at the school, also known as VetSuccess on Campus program, or visit the school once per semester as part of their role. You can utilize these contacts to determine the best way to research claims issues in your regional office.

i GI Bill Issues: Veterans present with numerous and a variety of different GI Bill issues. The VITAL-SEd provider can contact the VA Education Department with the Veteran present as they will not speak directly to the VITAL-SEd provider without the Veteran's permission. In order to expedite the Veteran's GI Bill needs, the VITAL-SEd provider should work directly with the school's Veteran's Certifying Official to assist with GI Bill issues as they often have a direct link into VA Education.

Paying for School

Veterans may utilize a range of other sources to pay for living and educational expenses while in school. Some Veterans are eligible for the GI Bill, Vocational Rehabilitation and Employment (VR&E) services from Veterans Benefits Administration, or their state's Rehabilitation Commission for individuals with disabilities. Other Veterans enroll in programs with financial benefits toward a degree with requirements to work for government or non-profits after graduation (for example Cybercorps). Other Veterans choose or need to have other options such as working part-time, or utilizing other income sources (school financial aid packages, Pell Grant, loan/gift from family member, service connection, et cetera.) to pay for school. A Pell Grant, unlike a loan, does not have to be repaid. Federal Pell Grants usually are awarded to undergraduate students who have not earned a bachelor's or a professional degree. The Veteran will have to apply for a Pell Grant every year through the Free Application for Federal Student Aid (FAFSA) website.

Information about the GI Bill, the Yellow Ribbon Program, Pell Grants and Vocational Rehabilitation and Employment (VR&E) can be found in **Benefits Information (Appendix E)**. As these programs do change on a regular basis, please consult the most updated information on their websites.

The first step to address a Veteran's financial concerns is to fill out Worksheet 9: Educational Expenses based on the specific information for their school and academic program. Then the **Current Expenses/Resources/Debts Worksheet (Appendix E)**, addresses other expenses such as food, housing, utilities, transportation, et cetera., as well as listing any current financial resources or debts. Once these worksheets are complete, you can utilize the **Veteran's Current Financial Situation Worksheet (Appendix E)** to pull all the information together.

Now both you and the Veteran have a good idea about the gap between the Veteran's current financial needs and resources. The next step is to complete the **Education Assistance Worksheet (Appendix E)** with information about the financial benefits for which the Veteran is eligible. It is likely that this will require a visit to the school's financial aid office to meet with the Veteran's Representative and discuss the benefits offered by federal, state and private assistance in the forms of loans and grants. The financial aid staff should be helpful in identifying all potential aid sources as well as the pros/cons of using them. For example, grants that do not have to be paid but require a certain grade point average to keep and loans, which do not have this stipulation,

but will have to be paid back after graduation.

Once the ***Education Assistance Worksheet (Appendix E)*** is completed, work with the Veteran to compare all of the information that has been gathered. The Veteran may choose to write up several different Current Expenses/Resources/Debts sheets based on different combinations of financial aid including the GI Bill, grants and loans. Refer to ***Education Assistance Worksheet (Appendix E)*** for questions to review for each different financial aid situation.

Given that there are financial benefits beyond tuition/fees and books covered as part of the Post-9/11 GI Bill, some Veterans may also get education assistance to pay for basic expenses including housing, food, et cetera. However, these payments are only provided during active semesters, not semester breaks and not during the summer unless the Veteran is taking a sufficient number of credits. This “break” in payments may not be a problem. But it may pose a financial hardship if the Veteran is counting on the money from the Post-9/11 GI Bill to pay the rent and buy food. Some things to consider:

- Are there enough courses offered during the summer so that the Veteran can enroll to keep payments coming?
- Does the Veteran have enough in savings to cover rent/food during the breaks between semesters (including the break between fall and spring and for some Veterans, the summer as well)?
- Is there a buffer if the Veteran gets sick or needs to reduce their course load below the minimum amount needed to qualify for the housing allowance?

The Veteran’s ability to have stable housing and adequate food may be impacted if careful attention is not paid to the Veteran’s finances. Additionally, in cases where the Veteran is counting on money from the Post-9/11 GI Bill to pay for a significant percentage of basic needs, a back-up plan is strongly recommended. Work closely with the Veteran to develop a plan early, before starting school, about how to cover the gaps: through savings, financial assistance from a family member or an educational source (federal loan, grant), a part-time job, or some other safety net. One option could be checking in with the State and Town/City Veterans Services and determine if there are any state-specific benefits that would assist with financial needs during school breaks (e.g., Chapter 115 in Massachusetts).

Some Student Veterans may not be service-connected, or may not currently be combat status eligible (if they never served in combat or if their combat status has expired). For these students, a means test through VA would be required by the admissions/enrollment department. This process involves providing information about income and number of dependents to determine the Veteran’s ability to pay for VA healthcare. The VA will then subsidize healthcare costs based on the Veteran’s means test score. Additionally, it could be helpful to consider the pros and cons of enrolling in any locally available low-income healthcare options. For example, in Massachusetts, publicly subsidized healthcare is available through MassHealth for low-income individuals.

Learning about Campus Resources

Many student Veterans may be so narrowly focused on their classes that they are unaware of what the school has to offer in terms of resources, supports and even social/recreational opportunities. However, most schools have a rich supply of supports and resources such as tutoring, Veterans centers, technology support, counseling and wellness centers. Veterans will benefit from a concrete exercise to identify their relevant supports on campus.

Developing Support on Campus and Resource Mapping

A good way to increase support and knowledge about the resources available on campus is to use the ***Navigating a New Campus Handout and Campus Resource Assessment Worksheet*** in **Appendix B**. A sample worksheet is provided in **Appendix B** as well. The worksheet is a valuable tool because it helps map out resources on campus for Veterans to use in order to overcome issues they may be experiencing such as the locations of a Veteran representative or Veteran support groups and social gatherings on campus. By learning about and utilizing these resources, Veterans are better able to achieve their educational goals. Below, in Figure 16, are the steps to take to complete the ***Campus Resource Assessment Worksheet***.

FIGURE 16. STEPS FOR THE CAMPUS RESOURCES ASSESSMENT WORKSHEET

- ✓ Begin by helping the Veteran collect information by reviewing the campus website, visit the campus information help desk and/or do a search for the college's section of Student Veterans of America. These will serve as good starting points for gathering resource/service information.
- ✓ Have the Veteran start filling out all of the information in the column on the right-hand side of the *Campus Resources Assessment Worksheet* (**Appendix B**). You can list websites, locations on-campus, contacts, phones or email addresses, types of services available and so forth.
- ✓ The next part is to have the Veteran check the appropriate boxes under the "Assistance Needed?" section.
- ✓ For the boxes that are checked "Yes", have the Veteran call or email the specific resource /service to gather more detailed information about it.
- ✓ Review the map with the Veteran and discuss what sources of help might be used and when.

Addressing Stigma

In the context of mental illness, "stigmas represent invalidating and poorly justified knowledge structures that lead to discrimination" (Corrigan, 1999, p.766). There are many aspects of a person that might be considered as stigma and these aspects will change depending on the context. For example, in a group of retired Service Members, being a Veteran will not be a stigma,

but will be an aspect of identity that is a source of pride and honor. However, that same identity as a Veteran may be seen as a stigma by a group of people who believe any type of violence is wrong, even in times of war.

Some Veterans feel comfortable talking about their status as a Veteran and their military service, while other Veterans feel that non-Student Veterans and Professors might have misconceptions about them and their service. Veterans may feel uncomfortable revealing their Veteran status to fellow classmates, Professors and other faculty. Veterans may feel that as soon as they start talking with a group of people that are not Veterans, even ordinary conversations are heard differently, once others know they are speaking with a Veteran. The Veteran may imagine or may have experienced situations where Veterans are not treated like everyone else or are perceived as broken or damaged in some way.

There can be other problems related to identifying oneself as a Veteran. For example, many Veterans with PTSD prefer to take that “safe seat” in the back row of the classroom so they can have their back against the wall with no one able to come up behind them. Veterans might feel pressured to disclose their Veteran status and mental health history to obtain a reserved back row seat, particularly in a large lecture course. If the Veteran comes to class late or is otherwise unable to sit in the back row, then they may wind up skipping class, asking people to move, or may sit in the middle of the class, missing half of what is being taught that day.

Acknowledging that one is a Veteran with a mental health condition may lead the Veteran to wonder if “everyone” knows that there is a problem with them. One way to help the Veteran handle expected stigma is to encourage them to connect with a student Veteran resource room or support group and to find fellow Veterans at the school to develop an informal support network. Learning about the experiences of others may help the Veteran decide on their best course of action. In addition, VITAL-SEd providers can work with Veterans to brainstorm other solutions (e.g., arriving to class early).

Veterans with mental health conditions actually can face two concerns: being a Veteran in a campus filled with civilians and having a mental health condition, such as PTSD. People with mental health conditions face the stigma of public attitudes toward mental illness, a problem that is beyond the scope of this manual. But some Veterans may also have internalized public prejudice against individuals with mental health conditions, which is known as self-stigma. Those with self-stigma may feel, “I am a Veteran with mental illness so I must be weak. There is no point in trying to finish school because I am too messed up.”

The various assumptions about negative self-talk and ways of challenging such self-talk are summarized in the ***Stopping Self-Stigma Worksheet (Appendix H)***. We illustrate here with an example from Edgar, a returning Veteran living with TBI and PTSD. The worksheet comprises five steps. First, we begin with a clear statement of the hurtful attitude using the formula.

I must be _____ because _____.

When people talk about themselves with MUSTS it often contributes to negative and irrational feelings. This kind of formula helps persons put their irrational thoughts into words. Like many persons with mental health issues who self-stigmatize, Edgar believed he was a weak person because he sometimes was overwhelmed by his TBI and PTSD.

The next step is to further define the “must” statement as true-false assumptions. One way to do this is to change the statement from a personal “I” belief to a statement that includes “all people like me.” With this in mind, Edgar broke his hurtful belief into:

- All strong people don’t have PTSD.
- Weak means bad. All people who have problems are bad.

The truth of “I” statements is not always clear; however, change it to a general statement about humankind and its falseness becomes evident.

Next, the person challenges these assumptions by asking others whether they believe the two attitudes are true. First, Edgar sought out a circle of trusted people for feedback, in this case a group from After Hours, a Veteran’s social club he attends weekly. Edgar also decided to check with his older sister Connie, mayor of his hometown and someone in whom he has confidence. Edgar was surprised by the response from people at After Hours. Not only did they disagree with the statement that, “Strong people don’t have PTSD,” they all relayed some personal experience with other mental health concerns. Two Veterans, in fact, had been hospitalized like Edgar. Members of After Hours also took exception that struggling with personal problems meant a person is bad. Edgar was especially moved by what Connie said.

*“Are you weak because you struggle with PTSD once in a while?
No way, Edgar. If anything, what you’ve overcome means you’re
a hero. Few people can contend with the symptoms, the hospitals,
the side effects and get back on their feet as well as you.”*

Not only was Connie’s feedback supportive, but also it countered his belief about being of weak mind because of his past psychiatric problems.

The final step is to translate worksheet findings into an attitude that *counters* future hurtful beliefs. Even though Edgar benefitted greatly from feedback by his friends and sister, he is likely to struggle with these self-stigmatizing beliefs again. It is the nature of negative self-talk to come back and try to hurt us. Hence, Edgar put together the various things people said about not being weak into a counter statement he could use against that stigma in the future.

*“I’m not weak or bad because of my PTSD. In
fact, I’m a hero for hanging on.”*

Edgar actually wrote this counter on the back of the calendar listing of his monthly After Hours meetings. When he was alone and experiencing shame, he would pull out the card and read this message to himself.

There are a variety of ways in which the ***Stopping Self-Stigma Worksheet (Appendix H)*** might be used to control hurtful beliefs. You can copy this worksheet out of the book and use it in VITAL-SEd individual mentoring with Veterans to challenge their self-stigmatizing beliefs, reviewing each step of the worksheet one at a time. Other Veterans may want to work on the worksheet individually and report back their progress. An especially useful way to use this worksheet is for a group of Veterans who self-stigmatize to regularly gather and share their counters to this kind of stigma. Many persons are tormented by the same kind of self-stigma

and Veterans who are students may experience unique forms of self-stigma as noted above. Sharing from the worksheet in this manner can help the entire group. Moreover, this kind of group activity facilitates an individual's sense of personal power.

B. Doing the Academic Work

Educational Accommodations

If a Veteran is having trouble at school due to difficulties related to a diagnosed disability, the school is obligated by law to provide extra supports called "educational accommodations." An accommodation is the removal of a barrier to full participation in the educational process. Thus, accommodations can be developed for the classroom, for completing assignments and for taking exams (Souma, Rickerson, & Burgstahler, 2012). It is better to determine the need for an accommodation prior to, rather than after, educational problems occur. Listed below, in Figure 17, are some common accommodations. If you or the Veteran realize that these kind of accommodations may be helpful, you should encourage and assist the Veteran to apply and obtain accommodations.

FIGURE 17. EXAMPLES OF EDUCATIONAL ACCOMMODATIONS

- ✓ Note-takers or tape recording in class
- ✓ Preferred registration or preferred seating in classrooms (this could mean seating at the back of the room or near the door to help with anxiety issues)
- ✓ Allowing a student to not have to answer on the spot questions in class or "spot quizzes"
- ✓ Alternative formats for assignments
- ✓ Extra time to complete assignments or tests without penalties for lateness
- ✓ Allowing time to make up missed work
- ✓ Taking tests in an isolated setting
- ✓ Assistive technology for assignments
- ✓ Advance notice of assignments; advance availability of syllabus
- ✓ Extra check-ins on class work

The following are the basic steps to obtaining educational accommodations (Costa, 2011).

- Find the Disability Services center on campus (typically called "Disability Services"). If there is no disability services center on campus find out through the school's student support services who should be contacted. Set up a meeting to find out about services.
- Get a signed note from the psychiatrist or doctor that states the Veteran's mental health

or other disabling condition. (If you are obtaining this note for the Veteran, you will need a signed Release of Information [ROI]). Always check with disability services to see what kind of documentation they require. Only provide the minimum medical information that the school requires in order to qualify. Bring the note to disability services.

- Tell the person at disability services what steps or actions are needed to accommodate the functional impairments that the disability brings. The doctor and/or other members of the Veteran's care team may be able to provide suggestions on what accommodations would work for the Veteran.
- Someone at disability services will review the accommodations suggested and approve the services and modifications.
- Depending on the school, the Veteran or the disability services staff will provide Professors with the accommodation letter. The accommodation letter will not disclose the specific diagnosis, but will state that the Veteran has a disability that entitles them to receive modifications.
- As needed, go back and make changes to accommodations over time. Different ones may be needed depending on the classes taken.
- Know your rights. While there are many laws and rights describing accommodations for students with disabilities, it is important to be informed and know where to direct others to find this information. The Office for Civil Rights maintains up-to-date information on federal law, regulations and programs designed to protect individual students with disabilities (<http://www.hhs.gov/ocr/>).
- Plan ahead. Although accommodations must be awarded to all who qualify, express the need and provide proper documentation, the awarding of accommodations is a process that will take time.

The Veteran may be reluctant to ask for an accommodation because they may consider it unnecessary, embarrassing, or suggest they are unable to do the work. You may find it helpful to use motivation techniques or some of the suggestions in **section III, 7. Addressing Stigma**. Once the Veteran decides to ask for an accommodation and has an idea of what accommodations may help, you can provide support and guidance as the Veteran goes through the process of requesting accommodations.

Even if the Veteran does not have a diagnosed disability, they may have such a condition. It may be worthwhile for the Veteran to be evaluated to determine if they have some previously undiagnosed mental health condition, neurological condition, learning disability, or other condition that may qualify them for using a note-taker, having extended time for tests, or other accommodations. Of course, even if the Veteran qualifies for an educational accommodation, it is still up to the Veteran to decide whether or not to make the request. The pros and cons of making such a request could be weighed in an **Education Tactics Plan** (See **Appendix A**) to address symptoms that are interfering with success in school.

As a VITAL-SEd provider, try to establish relationships with the Disability Service Counselors

(you can request this meeting with the Veteran center director sooner rather than later). Learn how each school goes about granting accommodations and exactly what/how they want the application to be completed. The more you know, the easier it will make it for the Veteran to be open to utilizing this service.

Time and Task Management

Common issues among student Veterans are time and task management. Veterans may voice that work piles up, that assignments are late or missing, or that they are procrastinating over large projects or studying for exams. The **Education Tactics Plan** can take direct aim at these problems. Time management is an essential skill for any Veteran pursuing educational goals. Below are some simple steps for using time effectively when in school so that you can coach the Veteran on using their schedules. As a VITAL-SEd provider, you should review the steps below with the Veterans on your caseload.

i Creating a Weekly School Schedule. First, review the Veteran's weekly schedule using *School Schedule Worksheet and Sample*

School Schedule (Appendix C) and identify how classes and homework are fitting in with the Veteran's other responsibilities. Lay out the classes and responsibilities (including travel, studying time and "me" time), budgeting time appropriately.

Try to identify the number of hours of outside coursework expected per class and work that into the Veteran's scheduling system. It can be helpful to use a weekly calendar to examine a typical week by reflecting on and recording how the Veteran spent the past week or two. Identify their appointments, work schedule, class time, leisure, family time and any other commitments. Next, make a macro schedule (by the months/day, like a desk calendar) and a micro schedule (by the day and the hour like a daily schedule) that shows upcoming appointments, tests and assignment due dates. Refer to the class syllabi, if necessary. Calendars can be kept on phones or other mobile devices.

Review the syllabus for each class to make sure that the Veteran understands the assignments that are due, required readings, how to contact the instructor, et cetera. If the Veteran is between semesters, focus on the upcoming semester, referring to the **Sample School Schedule in Appendix C**. Time management is an essential skill for any Veteran pursuing educational goals.



TALKING POINTS:

Questions about School Schedules

- How do you currently manage your time and schedule? (For example, do you use an appointment book, an online calendar, try to keep everything in your head?)
- How does your current system work for you?
- In what ways does it work well?
- In what ways does it not work so well?
- What changes do you anticipate making to your scheduling system once you start school?

Below are some simple steps for using time effectively when in school so that you can coach the Veteran on using their schedules. As a VITAL-SEd provider, you should review the steps in Figure 18 with the Veterans on your caseload.

FIGURE 18. TIME AND TASK MANAGEMENT TIPS FOR VETERANS

- Schedule personal time each day. This is alone time for the Veteran to engage in either stress coping techniques or enjoyable activities.
- Delegate tasks that can be handled by others. Ask the Veteran to think about who in their social support network can pick up tasks in order to free up more time for classes and studying (for example, can family members do grocery shopping?)
- Organize time around the class schedule. View the Veteran's class schedule and strategize how to sequence tasks and activities to maximize time (for example, child care drop off can be sequenced with a morning commute to class).
- Learn to recognize mental and physical limitations and learn to say no to extra demands on the Veteran's time, when possible.
- Focus daily on using time in the most efficient manner for education (for example, can the Veteran study while waiting at the laundromat?).
- Set daily educational priorities.
- Continually assess if there are educational or life activities that are wasting time and make adjustments to use time most efficiently.

i Special Considerations for Summer Classes. Summer semesters are often very different from Spring and Fall semesters. At many schools, summer courses are shorter (perhaps only a month long) and more intensive (they might meet more frequently or for longer periods of time) than a regular semester. There are also different requirements for what constitutes full-time study versus part-time study. This plays into how much housing allowance a Veteran will receive for the summer months. It is encouraged that a Veteran work closely with the Veteran Center Director and/or the school Certifying Official to determine the best use of the Veteran's benefits over the summer semesters.

Often students will use the summer months to complete their general electives or less challenging courses as the summer terms are shorter. In Massachusetts, Veterans who elect to not take summer classes may apply to receive Chapter 115 benefits to supplement their income; however this is not available in most other states. Veterans should be aware that the benefits will be attenuated based on the number of credits taken over the summer and that summer semesters still count towards the 36-month limit. Many Veterans will also elect to work over the summer to supplement their income.

Task Management for Large Projects and Exams

One of the most challenging aspects of time management for school is organizing one's time to complete both weekly reading and homework assignments, as well as also preparing for term papers, research projects, group presentations and projects and mid-term and final exams. An important tool for this success can be to use a macro school calendar (whether on paper or electronic). On this calendar, there should be due dates for large projects such as term papers and exams. The next step is to break each of these large tasks into manageable steps. Next, assign due dates for each step. Steps can then be broken into sub steps which can help organize and orient the Veteran to the sequence of tasks needed. Then by working backwards from the due date of the project, identify when each of the major and minor goals needs to be accomplished so that there will be enough time to finish (with some wiggle room in case of emergencies). Work with the Veteran so that these due dates are appropriately inserted into the Veteran's daily calendar in addition to time set aside to also complete weekly homework assignments. Complete this process for each of the major projects on the syllabus.

Encourage the Veteran to use these tactics to remain organized. For example:

- Aim to look at your daily and weekly calendar at least one time per day.
- Keep study materials organized and in the same place.
- Keep a running list of things you need to do. As soon as you think of something, add it to the list. Keep this list in a permanent place where you can't help but notice it.

During regular meetings with Veterans, review the calendar for the next couple of weeks to identify the steps that need to be completed. Use the daily schedule to plot in time for completion of these sub-tasks.

EXAMPLE: TERM PAPER STEPS AND DATES FOR AMERICAN HISTORY CLASS

Steps	Dates
1. Pick a topic	February 1
• Subtasks:	
➤ Review paper guidelines and past topics	January 15
➤ Review assignments from Professor weeks 1-3	January 20
➤ Come up with three potential topic ideas	January 25
➤ Review these options with Professor	January 30
➤ With their feedback, select one option to pursue	February 1
2. Gather research articles	February 28
3. Review articles and books	March 14
4. Outline paper	March 21

5. Write sections of the outline	April 14
6. Review, revise and edit	April 30
7. Hand in Final Paper	May 1

Study Strategies

Veterans' poor study habits may negatively affect their academic success. Evaluating their current habits and educating them about ways to increase their efficiency and productivity could improve their school performance. If Veterans are interested in specific academic assistance, this section can be especially helpful as it provides direct tactics on how to improve study habits while validating the Veteran's experience.

Some considerations for improving study habits are described below:

Paying Attention During Class

While studying, do you notice that you are reviewing material that you don't remember the Professor discussing in class. Many times, individuals "forget" the material that was presented in class. There are a variety of things that might affect one's ability to remember information from a lecture.

- How much you slept the night before?
- What else is going on in your life?
- Two students talking behind you about Call of Duty.
- The Professor's teaching style.

There are many different things that might be competing for your attention at a given time (that is, financial concerns, back pain, lecture material). So, although you are sitting in class listening to a Professor's lecture, you might suddenly realize your mind has wandered and that you missed the last 10 minutes of the lecture. You might have thought you were paying enough attention, but



TALKING POINTS:

Being Compassionate about Our Attention Capacity

Sometimes, Veterans can be hard on themselves or have unrealistically high expectations on how easily and efficiently they should be able to focus or "do it all." Here are some things to remind Veterans of when they start beating themselves up about attentional issues or difficulty multi-tasking.

- Our attention works like a "flashlight" – we will never get out of the dark tunnel if we try to light everything (that is, distractions).
- Instead, we need to make sure our attention flashlight is lighting up the most important information to remember.

i Remember: We can only direct our attention to a couple of things at a time and sometimes just one thing at a time.

now you realize you are lost and are unsure about what the Professor is talking about. One of the simplest ways to help you remember something is to realize the importance of focusing your attention on what you really want to remember.

However, even if you make a conscious effort to pay attention, there is still a variety of things that might negatively affect your attention including your mood, anxiety, stress, hearing or vision issues, nutrition, sleep, drugs and alcohol or many other things. Because we know that physical and mental health are linked, it is important to meet with a healthcare provider and discuss any issues that you think might be affecting your ability to pay attention in class. You might be eligible for academic accommodations as well (See ***academic accommodations section***).

Everyone has difficulty with distractions. Have you ever walked into a room to get something and once you got there realized you forgot why you were there in the first place? Perhaps you got distracted by something, like having to pay the bills or thinking about an upcoming exam. This new thought distracted you from the task at hand. Rather than feeling helpless and thinking that you cannot do anything about it, try to limit the number of distractions when possible.

How Much Time Do I Need To Study?

Students often erroneously think it is best to block large chunks of time in their schedule to complete assignments or study. Logically this makes sense because if you have a lot of work to complete, you assume you will need a lot of time so you attempt to find a 3-4 hour block in your schedule. There are a variety of problems with this strategy. First, student Veterans typically have numerous commitments in their life beyond school (that is, family, work, doctor appointments) so even finding a large chunk of free time in a schedule is difficult. Secondly, if we find this large block of time, but then aren't productive with it, we feel bad and are less likely to be productive going forward. Third and more implicitly, we might put off assignments and studying for this large time block and then are reinforcing avoiding the studying. The longer we go without looking at our assignments or textbooks, the more difficult it will be to engage with the materials once you finally find the time in your schedule to study. In addition, we tend to be inaccurate in estimating how long specific tasks will actually take us.

Studying in smaller chunks of time is a strategy that has been shown to be useful for many people, see Figure 19. Identify times in your schedule when you might be able to study for 20-30 minutes. This might be times between classes or while waiting for a friend for lunch. Keep your materials with you at all times. Our expectations are lower when we block off 20-30 minutes of time versus 3-4 hours of time. Once you have found a 20 to 30 minute block of time to study, schedule it in your calendar. We are more likely to do something if it is in our calendar.

FIGURE 19. BREAK DOWN OVERWHELMING TASKS INTO SMALLER CHUNKS

- If you can answer “then what?” when a task is broken down, this means it can be broken down even further. Once all tasks are broken down, you can estimate how long each task will take, then schedule these into your calendar. You can also practice prioritizing tasks in terms of importance and how time-sensitive it is to complete tasks more efficiently.

While Studying

If you can figure out which times of the day you are most alert, you should try to study during those times. While studying if you find your mind wandering, get up and take a break. Go for a walk or have a glass of water. One major distraction while studying is the use of cell phones. Whether it is checking social media, our email, or just searching the internet, cell phone use tends to be a black hole of time.

FIGURE 20. STRATEGIES FOR REDUCING DISTRACTIONS

- ✓ Try the “Dot Reminder” test and put colored dots on things that you think might be a distraction in your study environment. Whenever you find yourself looking at the dot – ask yourself “am I doing what I’m supposed to be doing?” This colored dot will serve as a cue to get back on task.
- ✓ Implement “distraction delay” – when completing a task, if you find yourself distracted, instead of catering to it, acknowledge it by writing down the distracting thought that came up on a separate sheet of paper so you know you won’t forget to come back to it once your “study time” ends. This dumps out the information you are holding on to, making room for the information at hand to get through.
- ✓ Use reminder alarms - just set the alarm every 10-15 minutes or so when studying (or longer if the attention span is longer) and whenever the alarm goes off, ask yourself “am I doing what I’m supposed to be doing?”

Putting the phone on silent and keeping it out of sight while studying can be an effective study tool. Allow yourself to check it after a 20-30 minute study break.

Many people, especially student Veterans, expect themselves to be perfect. They assume they “should” remember everything someone tells them, or that they “should” be able to concentrate without any problems. These “should” statements often block people from reaching their goals since people end up feeling like they have not done enough. When people struggle to reach their goals they might have negative thoughts about ourselves. People might tell themselves they are not good enough which just makes them feel worse. Of course, everyone has negative thoughts, but it is important to keep in mind that these are just thoughts.

Rather than putting ridiculously high expectations on yourself, make achievable small goals to build a sense of accomplishment and allow yourself to use other strategies to help you remain organized. For example:

- Use an appointment book or calendar to remind yourself of upcoming assignments and exams. Keep in mind the calendar is only helpful if you use it regularly. Aim to look at your calendar at least one time per day.
- Keep study materials organized and in the same place.
- Keep a running list of things you need to do. As soon as you think of something, add it to the list. Keep this list in a permanent place where you cannot help but notice it.

Memory Strategies for Course Success

For student success in classrooms and on exams, it is important that students appropriately store and retrieve information in an organized, meaningful way. Many Veterans report difficulties both retaining and recalling past information from studying. One major issue is that often when studying, we might think we understand or have memorized information - but we can only recognize it when presented in a certain way (that is, knowing the answer is “plasma” in a particular a multiple choice item we have gone over, as opposed to understanding and retaining it as a definition.) Below are four of the most widely used methods for making intentional connections between information to better retrieve it later.

Review Material Immediately After Learning It

The best time to begin the memorization process is soon after learning has taken place. Try this method of quick review, even if you only look over or highlight your notes for five minutes and you will better recall it later as you study. However, remember: the beginning and the end of material is best remembered, so pay close attention to the middle which is likely to be forgotten.

Use Mnemonic Devices

When material is complicated, it may be necessary to use mechanical memory aids. One of the most commonly used is mnemonic devices, or words, a short phrase, or a quick rhyme that help us remember something difficult to memorize. For instance, “Please Excuse My Dear Aunt Sally” or the word PEMDAS is often used to remember the order of operations (Parentheses Exponents Multiplication Division Addition Subtraction).

Chunk Information Thematically

Often, lecture slides and textbooks will present content in bunches that go together. Use that information, or your own organization of how concepts go together, to establish the chain of relationship. For example, writing down all the different bones in the hand in one list and all the different bones in the foot in another, will help you better commit lists to memory (as opposed to having one very long list). By organizing information this way, you will also create links between material that help you retrieve it on a test.

Explain the Material to Someone Else

The quote “to teach is to learn twice” can be particularly helpful when trying to memorize and increase your understanding of content. For example, study with a classmate, if possible and use your own words to explain what you know and remember on a certain topic. Or, if you have a family member or friend willing to help, try and explain the main concepts to them as well (Fogler & Stern, 1998).

Stress Management for Education Settings

It may also be helpful for Veterans to learn stress management techniques like mindfulness, deep breathing, or other similar strategies. Learning to manage stress is a crucial step for success in educational settings. Overwhelming stress can reduce ability to focus and learn new things. It is extremely important to recognize and deal with stress before it becomes overwhelming and causes educational problems. In order to deal with stress, it is helpful for the Veteran to recognize the causes of stress and the signs of stress. When stress is recognized and understood, techniques can be applied to reduce it. Below are some causes, signs and coping strategies for stress.

Causes of Stress

There are numerous causes of stress. Below is a partial list of causes of stress related to education. For Veterans with PTSD, clinical help may be needed to cope with triggers and consequences of exposure to traumatic experiences (see **Part Two: “Knowing the Population”** for more information). For others, you can ask the Veteran to apply the list below to their educational life and identify if these issues are adding stress to the pursuit of educational goals.

- Limited or no personal time or quiet/rest.
- Worry and anxiety about educational failures.
- Difficulties dealing with mental health symptoms on campus.
- Limited time spent on areas outside education related to emotional/physical/spiritual needs.
- Limited social connection with co-students, other Veterans or other people on campus.
- Feeling overwhelmed and stuck in the pursuit of educational goals.
- Too many educational tasks to complete on a daily basis.

Signs of Stress
















There are many indicators of stress. If the Veteran is complaining of any of the stressors below then you can investigate coping strategies that the Veteran may use. Some of these signs may be similar to the symptoms that are due to an underlying mental health condition. It will be helpful to note when there are new or recent signs of stress that can be attributed to the school environment.

- Continual mental exhaustion at the end of the school day.
- Within educational settings, feeling easily frustrated/agitated/angered, bored, overwhelmed, or racing thoughts.
- While pursuing educational goals, continual experience of physical symptoms, such as, headaches, backaches and upset stomach.
- Unable to focus on school work.
- Not feeling rested after sufficient hours of sleep.
- Poor sleep.
- Confused thinking.
- Change in appetite.

Coping Techniques for Stress

There are numerous techniques to deal with educational stress. Below are some evidence-based tools (Matheny et al., 1986) to help Veterans cope with multiple issues. It is best to first discuss the issues the Veteran is facing and then suggest to the Veteran that they try various techniques and find the ones that work best. You can help coach or demonstrate techniques, or help the Veteran to identify community resources that make available some of these stress-busters. Sometimes, it can be particularly helpful to suggest apps and online programs for stress-management and wellness exercises. The VA has developed a series of evidence-based apps and online programming to help Veterans self-manage multiple conditions through coaching, assessment and skill-building.

Online programming for Veterans is available at <https://www.Veterantraining.va.gov/index.asp> and includes programs for Parenting, Anger Management and Sleep Help. You can also connect the Veteran with some popular apps, available for most smart phones, depending on their needs. There are apps for iOS and Android devices and are not intended to replace needed professional care. Here is a list of the most popular options available:

Self-Help Apps: <i>can be used at home, without necessarily being in a specific VA treatment.</i>		
	PTSD Coach	This app can help you learn about and cope with the symptoms related to PTSD that commonly occur following trauma.
	PTSD Family Coach	PTSD Family Coach is an app to support family members of those living with posttraumatic stress disorder (PTSD).
	Mindfulness Coach	This app can help you ground yourself in the present moment can help you cope better with unpleasant thoughts and emotions.
	VetChange	This app is for Veterans and Servicemembers who are concerned about their drinking and want to develop healthier drinking behaviors.
	AIMS for Anger Management	The app for anger management provides opportunities for finding support, the ability to create an anger management plan, anger tracking, and tools to help manage angry reactions.
	CBT-i Coach	This mobile app will help you get the most out of Cognitive Behavioral Therapy for Insomnia to develop good sleep habits and sleep better. It can also help you self-manage your insomnia, without a CBT-I provider.
Treatment Companion Apps: <i>can be used to support progress while in a specific treatment program.</i>		
	CPT Coach	CPT Coach helps you work with your therapist during Cognitive Processing Therapy (CPT). The app helps you keep track of homework, appointments, and PTSD symptoms. CPT Coach is not a self-help tool.
	PE Coach	A mobile app to be used during Prolonged Exposure (PE) therapy with a mental health professional. PE Coach is not a self-help tool.
	ACT Coach	A companion app for use while in Acceptance and Commitment Therapy (ACT). ACT can help you live with unpleasant thoughts and feelings without avoiding them or being controlled by them.
	STAIR Coach	This mobile app is designed to be used when working on Skills Training in Affective & Interpersonal Regulation (STAIR) with a mental health professional. The app includes education and interactive tools to help you manage thoughts and feelings, reminders, and links to support.
Mobile Apps for Additional Difficulties: <i>can be used for skills training and general wellness</i>		
	Mood Coach	Can help you learn and practice Behavioral Activation, it helps you make a plan to boost your mood with positive activities and tracking progress.
	Concussion Coach	This mobile app will help you manage symptoms of concussion, or mild to moderate traumatic brain injury
	Parenting2Go	Helps Veterans and Servicemembers reconnect with their children and strengthen parenting skills.
	Moving Forward	Provides tools to teach problem solving skills to overcome obstacles and deal with stress.
	Stay Quit Coach	A free mobile app that helps you stay quit after you stop smoking with tools to control cravings, reminder messages, and support links.

- List and continually review positive educational successes.
- Maintain a variety of daily school activities.
- Maintain sufficient sleep, practice good sleep hygiene.
- Incorporate quiet and relaxing time in your daily school schedule.
- Develop social networks with classmates, teachers and other campus community members.
- Maintain adequate exercise and diet.
- Engage in diaphragmatic breathing (low and slow).
- Utilize meditation or guided relaxation.
- Try yoga or progressive muscle relaxation.
- Set a daily school work pace that works.
- Access support groups.

Troubleshooting Problems with a Class

One of the most common reasons for a Veteran seeking out or utilizing VITAL-SEd services will be concerns about their performance in a particular class (or a few of them). Some Veterans may have a very good idea of the sources of the difficulty in class, for example, problems with sleep, test anxiety, or study strategies. For other Veterans, the source(s) of the difficulty will not immediately be clear. In these cases, it is recommended that the VITAL-SEd provider complete a course evaluation to explore some of the possible challenges that may be impacting a Veteran's performance.

Course Evaluation Process

In the ***Course Evaluation Process Worksheet (Appendix F)***, the course evaluation process is detailed. It begins with questions about the course requirements and syllabus and includes the following areas to review: class attendance, ability to attend to/focus on class material while in class, understanding the information in the textbook or other course materials, understanding of the information presented in class, participation/active engagement during class, experience with out-of-class assignments (homework, papers, presentations), process for completing class assignments, grades for assignments, experience with tests, process for preparing for tests, test grades, any feedback or suggestions the Veteran has received from the Professor or teaching assistant, et cetera. Part of this evaluation process can also include a meeting with the Professor to discuss the Veteran's progress and get recommendations and feedback.

Meeting with a Professor

The course syllabus should include the mechanisms for meeting with the Professor. Some Professors prefer that a student schedule a time in advance and others encourage students to stop by during their office hours. If this information is not in the syllabus, the Veteran can catch the

Professor in-person at the end of class or during office hours to ask about their preferred way of scheduling a meeting. If there is a Teaching Assistant (TA) for the class, they may also be a good resource to review a Veteran's progress.

Upon completing this review, encourage the Veteran to share their understanding of potential challenges and then ask permission to share your perspective on the situation. When you share your perspective, use conditional words like "might be" or "I am wondering about," as this will make it easier for the Veteran to hear your feedback. This is a common motivational interviewing principle known as "avoiding the righting reflex" (Miller & Rollnick, 2002).

Once you and the Veteran come to an agreement about the specific educational challenges that need to be addressed, ask the Veteran to prioritize the list and then collaboratively create the relevant **Educational Tactics Plans** (see **Appendix A**) to address the concerns. If you have difficulty coming up with specific strategies or steps to address challenges, possible sources of consultation are: your supervisor or clinical team, the Professor or teaching assistant for the class, other class members, an advanced student (junior or senior) in the program, someone from the Veteran's social network, or school offices pertaining to academic assistance (e.g., education accommodations).

Confidentiality

Always discuss with the Veteran whether they prefer to seek out consultation by themselves, with you, or if they would prefer for you to start the process without them present. Make sure to discuss any plans to seek guidance from anyone other than your supervisor or clinical team and complete the appropriate ROI. You may also discuss with the Veteran the option of not mentioning any specific information about them and asking a general question about "a student" having difficulty with understanding the material presented in the textbook.

Significant Problems in Core Courses

You may encounter Veterans who are having significant difficulties in several core courses for their program versus electives/general study courses. The difference is that the Veteran can move on from an elective or general study course and pick something different next time or just "get by" academically without any future consequences besides the impact on their GPA. Veterans who are having significant problems in core courses may need to have a very solid understanding of the concepts presented in the course in order to have the foundation necessary for the next class in the series. Even "getting by" in terms of meeting minimum criteria for prerequisites can lead to an ongoing struggle for all classes in that same category. In these cases, it may be useful to have a conversation with the Veteran about how they came to select their field of study and their thoughts about continuing to pursue it versus considering other options. You may be bringing up something the Veteran has been thinking about for a while, something an advisor, Professor, friend or family member has already said, or it may be the first time the Veteran has heard of the possibility of changing fields of study.

Veterans who express strong commitment to their current major may benefit from education tactics but could be reluctant to use them. You can leverage their commitment to their major by connecting it to accessing help for unmet needs using Motivational Interviewing (see **Appendix I** for a basic overview under **Core Competencies Of The Vital-SEd Provider**; also training

is available through many avenues). This may be a good time to reconsider those educational challenges (re-do *Educational Tactics Plan Worksheet* in **Appendix A**) and evaluate whether there are mental health or physical health issues interfering with school, the need for reasonable accommodations or extra tutoring and assistance, considering whether they can effectively work and go to school at their current course load level, et cetera.

For Veterans who have addressed all relevant education challenges through their **Tactics Plans** and are still experiencing significant difficulties in core classes or for Veterans who express uncertainty or ambivalence about their current major, the section *Evaluating/Re-Evaluating a Major* on page 84, may be useful to begin these kinds of conversations. Further, for Veterans that are re-evaluating whether school is the right option for them at this time, a later section, *Tactics for Transferring or Leaving School* on page 86, can be a helpful guide in this process.

C. Getting to the Degree

Choosing and Registering for Classes and Course Load Considerations

Even if a Veteran is an advanced student, if they are struggling with their current course load, it may be essential to review their plan for taking classes next year and assist with translating what they have learned about themselves as students into decisions for the next semester. For example, a Veteran who has difficulty getting to a certain class due to sleep or transportation difficulties may consider whether taking another class in that same time slot makes sense. There are various ways to support the Veteran in choosing and registering for classes.

Gather Requirements

If possible, the Veteran will want to meet with an advisor or representative of their department to get assistance with prioritizing classes. Whether through an in-person meeting, online information, or other means, assist the Veteran to collect information about the course requirements for their major or course of study. Help the Veteran to note which courses are requirements and pre-requisites for all majors and which focus on the major course of study, which may be taken later in the program. It may be important to complete the general requirements early in the program of study.

- i Satisfactory Academic Progress (SAP)** is a federal policy required for all colleges to determine qualification for federal financial aid. SAP is defined by the individual school and includes Grade Point Average (GPA) and rate of course completion relative to course attempts (U.S. Department of Education, 2011). The number of credits completed takes into account the number of course credits failed, incomplete and withdrawn. SAP is determined by 3 criteria: a) grade point average (GPA) (GPA exceeding 1.7 for 1-12 credits attempted, or GPA of 1.8 for 8 -12 credits attempted, or GPA of 2.0 for above 24 credits attempted); b) at least two thirds of attempted credits are successfully completed; and c) having both a minimum threshold GPA for credits attempted as well as having two thirds of attempted credits successfully completed. A good time to review SAP is at the start or end of a semester to help a Veteran student understand how their cumulative GPA's are calculated and how certain grades are weighted to make an impact on their SAP. Complete the *Transcript Extraction Form (Appendix F)*.

Decide on Criteria

Choosing courses should involve the Veteran's preferences and strengths. Help the Veteran to decide on criteria they will use to decide between courses and conduct an evaluation of strengths.

Consider supporting the Veteran to interview other students and Professors about the workload of the classes being considered and registering for a mix of workloads, formats and perceived ease.

Register for Classes

If the Veteran requests, provide support to complete the registration process, including the section of the class desired. Assist with online registration if they need help. Assist the Veteran to ensure that the class(es) chosen and registered for are paid for by the deadline. Before the first day of classes, it may be helpful to review the locations (in-person) of classrooms so that you know where you are going ahead of time.

Course Load Considerations

As returning Veterans progress toward their educational goals they will undoubtedly face decisions regarding course load. Course load is the number of classes or credit hours a Veteran takes per academic semester or term. Course load is used to determine whether a Veteran is enrolled full- or part-time. As a VITAL-SEd provider, you should ask Veterans about their current or intended course load.

Course Load Relates to Financial Aid and Veteran benefits

For example, for Veterans using the Post-9/11 GI Bill, they can be enrolled in as few as one course per semester and the GI Bill will pay for that course. However, in this instance they will not receive a housing allowance and, regardless of the number of courses completed, the maximum number of months of GI Bill benefits is 36. However, Veterans with a service-connected disability, who are utilizing funding school through VBA's Vocational Rehabilitation and Employment Program (VR&E) may be able to take classes part-time and receive their full housing allowance for 48 months.

Course Load Requirements Vary by Institution and Academic Program

Some programs only allow for full-time enrollment. Veterans can research enrollment requirements of particular academic programs by reviewing school websites and speaking with school representatives.

Course Load Relates to Graduation Date

Most semester-based undergraduate institutions consider four to five classes as a full course load. Classes are broken into credit hours or units. In the semester-based system many classes are worth 3 credit hours. In most cases, students must take more than three classes (or twelve credit hours per semester) to graduate in four years.

Course Load Translates to Time

The more courses the Veteran is enrolled in, the more time they will spend in and out of class pursuing their educational goals. Generally speaking each three-credit course requires 3 hours in class and 6-9 hours of out of class work per week. Out of class study time will vary depending on the Veteran's unique learning style and other factors. A full-time student can expect to spend 24-40 hours per week engaging in academic work. Whether and how this can fit with the Veteran's work and/or family obligations is worth discussing (see **Appendix C** for the ***School Schedule Worksheet*** and for more information on creating a weekly school schedule, as well as a sample school schedule).

Course Load Should Fit with Veteran's Wellness Plan

Though pursuing full-time study has its benefits (e.g., financial aid eligibility and earlier graduation date), working at a slower pace may fit better for Veterans who work and attend college and/or who have learning disabilities or mental health needs. Pursuing educational goals at a slower pace may be well worth it if it translates to Veterans having time to engage in wellness activities (e.g., socializing, family contact, healthcare appointments, et cetera.) and ultimately earning better grades.

Evaluating/Re-Evaluating a Major

When a Veteran is considering changing their major or their degree program, this may be a time to encourage the Veteran to slow down and consider what they have learned about themselves throughout their time in school so far.



TALKING POINTS:

Exploring Course Considerations with Veterans

- Are you an early morning person or a night owl? At what time of day do you perform the best or are most awake?
- What effects will medications or other disability-related concerns have on choosing classes?
- Are you better at writing papers or taking tests? Do you learn best when reading about it, hearing about it, seeing it, or doing it?
- Which of these courses do you expect to be easy for you or hard for you? How do you want to mix more difficult and "easier" courses?
- Do any of the classes you are considering require extensive lab or field experience, which may reduce time available for other classes?
- How close are the classes you are considering, both in terms of timing and in distance on campus?
- What time or other supports do you think you will need in order to switch from one content area to another and from one class to another?
- Are online classes available? What mix of on-campus and online courses is preferable, given your learning style?

Choosing a Career

Choosing a career is twofold: Veterans need information about themselves and they need information about potential careers. They can then match their interests and abilities with careers that offer work opportunities. Veterans need to know what skills they have, what their capabilities are (aptitude) and what they like to do. During the VITAL-SEd process, the provider assists the Veteran with resources so they can choose a career path that matches their own skills and interests and use that information to determine what will be an appropriate educational goal.

Academic History Worksheet (Appendix A) explores the Veteran's educational experience, including areas of strengths and weaknesses. It also includes questions about high school, additional education completed beyond high school, trainings in the military, online courses, completed/attempted college courses and current college courses. This section will help both you and the Veteran review their previous experiences in school and what can be learned from those experiences as they plan for attaining their next educational goal.

Veterans may be able to receive college credits from trainings they completed in the military. They can register online to access their Joint Services Transcript at jst.doded.mil and view their transcript immediately. They can also send an official transcript to the school of their choosing through this website.

For Veterans who have a fairly good idea of their new occupational goal and associated major, the next step would be to review what the Veteran knows about that particular occupation/field of study and where that information was gathered and what additional questions they may want to ask of an academic advisor, senior student in that major, or individual who currently works in the field. Conducting these types of informational interviews may help the Veteran to utilize all relevant information as they prepare for pursuing their new goal.

If the Veteran you are working with is not sure of their new occupational goal you can use ***Questions to Help Determine an Occupational Goal (Appendix G)*** to help them identify their aptitudes and interests. It is important to begin with the final goal in mind. Before starting on an academic journey, they should research the need for various jobs in the Occupational Outlook Handbook (OOH) at www.bls.gov/ooh. Knowing the projected demand for occupations will narrow down the options and help the Veteran to decide which career path to take. The OOH provides a description of the job, the skills required to be successful, the training, education and licenses required, the pay and the expected outlook about whether there will be more applicants than jobs in the next 5 years. The OOH also lists places where workers in different occupations might be employed and provides ideas of places to contact in order to get more information.

A next step is talking to someone who is already working in the field of interest. The OOH often lists trade associations that can be valuable sources of information. The Veteran may also have networking contacts, or the VITAL-SEd provider may have access to people who do that kind of work. Informational interviews with people currently working in a particular field can help the Veteran decide whether that type of job would be a good match for him/her. Taking this initial step can help the Veteran answer specific questions about a particular occupation. Please note that some occupations require a background check as a condition of employment.

Colleges may be able to provide a variety of resources including career assessments and occupational information specific to a particular state (that is, state license requirements, state outlook for different occupations). The VA vocational rehabilitation programs, state rehabilitation offices and state career centers may also have these tools. VA Vocational Rehabilitation Services also include counselors who will help assist in these processes. Formal tests can also be helpful in determining aptitude. Many tests are available in books, on the internet and from specialized testing companies. Ask for help from your clinical supervisor or from a college testing professional if you want to help a Veteran to use and understand one of these tests. Two popular assessments include:

1. **United States Education Services Interest Checklist and Interest Inventory**

www.dsc.wa.gov.au/aces
www.hs.state.az.us/bhs/instruct.html

2. **Career Assessment Inventory**

<http://assessments.ncs.com>
www.candorec.on.ca/services/education/asses.html



Below are other resources that could be helpful to Veterans in determining a new occupational goal:

Employment History Worksheet (Appendix D) asks about the Veteran's experience with paid and unpaid work experiences, including military service. By reviewing the tasks associated with each position held and what the Veteran liked and did not like about each one, you will better understand the Veteran's preferences and background and how these may impact educational goals.

Spare Time Worksheet (Appendix C) explores the Veteran's interests and experiences outside of the academic and work world. How Veterans prefer to spend their non-work time and the types of environments they enjoy can be important information to take into account as they are setting their educational goals. This information is also important in getting to know the Veteran. Knowing what types of activities the Veteran enjoys can help you suggest strategies for the future. For example, if the Veteran plays sports or reads mystery novels for fun, engaging in these activities might be ways for the Veteran to reduce stress while in school.

Tactics for Transferring or Leaving School

A Veteran may complete one course of a study at a school and need to transfer to another school to continue their chosen degree program. A Veteran may also decide that their current school is not a good match for them and decide to pursue a similar or different degree at another school. Other Veterans may decide that school is not a good match for them at this point

in their life and decide to pursue a short-term training/certification program or employment

Each of these situations requires following the school-specific procedures for transferring/leaving the Veteran's current school. By identifying and then completing the required steps by the school, the Veteran can minimize challenges associated with uncompleted responsibilities, for example:

- Debt from leaving school without documenting the reasons, that is, if a Veteran is leaving for health reasons or unexpected family responsibilities, they may be able to leave mid-semester without owing additional tuition to the school or paying back the GI Bill for an uncompleted semester.
- When transferring, even an unreturned library book at the current school can delay the sending of transcripts required for the new school's enrollment process.

The VITAL-SEd provider can serve an essential function of gathering information, assisting with the completion of steps and addressing normative stress that accompanies these situations. Possible campus resources may include the Student's Advisor, Chair of the Student's Department, the Registrar's Office, Dean of Student Services, et cetera. For Veterans that are in the process of selecting a new school (please see ***Choosing a New School and Career Exploration (Appendix G)*** for additional information and relevant worksheets).

Another form of leave that Veterans may experience is withdrawal from the academic semester. The VITAL-SEd provider can work with student Veterans to identify the add/drop deadlines for each semester and check in with them about their academic functioning and well-being prior to the deadline, as dropping classes before that date can avoid completion of withdrawal paperwork. If it is later in the semester and the Veteran is contemplating withdrawing before the end of the semester, as with any other leave from school, the Veteran should be encouraged to consult school personnel such as their Academic Advisors and School Certifying Officials. Considerations that may impact their decision or ability to withdraw from the semester include previous history of withdrawals and implications for academic standing or satisfactory progress, benefits of preserving the GPA rather than acquiring lower grades due to incomplete assignments (which can also impact satisfactory progress/enrollment status) and conditions they would have to meet in order to return from withdrawal. Veterans should also be aware of the aforementioned implications for GI Bill or Chapter 31 vocational rehabilitation benefits such as repayment of fees. The VITAL-SEd provider should provide as much assistance as the Veteran requests including (a) weighing the pros and cons of decisions; (b) gathering and completing paperwork on the Veteran's behalf; and (c) coordinating with other clinical or medical providers, as well as with school personnel. This level of assistance requires an appropriate release of information and discussion with the Veteran of what and how much to share in each situation as well as the pros/cons of disclosure.

D. Student Veterans Participating in Virtual Classrooms

Student Veterans typically decide whether they want to take traditional "in-person" courses, online courses, or some combination of both. Unfortunately, in response to the COVID-19 pandemic, many academic institutions transitioned to courses that were only offered online, thus

limiting the options for all students, including student Veterans. Transitions to 100% remote learning, particularly when students do not have a choice, may bring up feelings of frustration and lack of control. In addition to processing their emotional reaction to the transition, it is also important to explore the following sequentially:

Step 1) Does the student Veteran plan to enroll in the following semester if courses are only offered online? Explore considerations regarding enrollment, different learning styles and how the student Veteran can continue moving toward their educational goals. Discuss with the student Veteran the implications of taking time off or proceeding with the transition to online classes despite concerns.

Step 2) If the student Veteran confirms their plan to enroll, discuss what the virtual format may look like, including differences between online versus traditional classes, as well as various virtual platforms and online resources to prepare for the upcoming semester. Assist the student Veteran with exploring the online platform that will be used. Make sure that the student Veteran is familiar with the platform and feels comfortable in using it.

Step 3) Once the semester begins, explore time management skills and wellness techniques to maximize productivity and increase likelihood of academic success.

Below, we go into more detail regarding each of these steps.

1. Does the student Veteran plan to enroll in classes if they are 100% remote learning? Explore considerations regarding enrollment/continuing toward their educational goals as well as the circumstances or factors that are influencing their decision-making:
 - Student Veterans may plan to continue in school despite the online format; however, it is still important to explore this decision to ensure it is an intentional and informed one.
 - It is helpful to review the student's progress toward completion of their degree and implications of taking time off. For example, students may be required to complete certain introductory or lower level classes before they can proceed to more advanced classes. If the student Veteran takes the semester off or opts not to take an introductory course that is online, it may delay their progress toward degree completion.
 - Exploring the pros and cons of taking online classes is one way to discuss the student Veteran's expectation of the online format. For example, an online biology class where the lab is also online. Does the student feel as if they would be getting the same learning experience by taking this class online or is it possible to postpone that class to another semester when on campus learning is an option?
 - Additionally, exploring the pros and cons of taking the semester off until "in-person" classes resume is appropriate. Student Veterans using Post-9/11 GI Bill or Vocational Rehabilitation & Employment (VR&E; Chapter 31) may feel compelled to remain in school due to financial circumstances and reliance on housing allowance. In other cases, student Veterans may welcome a break from coursework, especially if they are experiencing other stressors or if they have been in school for some time. If student Veterans decide to take the semester off, a conversation about budgeting, finances and employ-

ment is important to have to ensure the Veteran is prepared to be without the housing allowance for a semester.

- Student Veterans may elect to decrease from full-time status to less than full-time status. The fully online format may be more cognitively demanding so decreasing course load may increase chances for academic success. Note that changes in status (that is, full-time, $\frac{3}{4}$ time, more than $\frac{1}{2}$ time, $\frac{1}{2}$ time or less) will affect the housing allowance. Student Veterans and their VITAL-SEd provider can use the GI Bill Comparison tool (<https://www.va.gov/gi-bill-comparison-tool/>) to review differences to allow for financial planning. Additionally, if Veterans are using Vocational Rehabilitation & Employment (VR&E; Chapter 31) benefits, it is encouraged that they discuss changes in their status with their counselor to review implications for repayment of tuition and/or housing allowance. In some cases, the VR&E counselor may be able to make exceptions (e.g., if there is a medical withdrawal, or in the case of COVID-19 pandemic, when classes switched to an online format and student Veterans were not given a choice).
 - In addition to the number of credits (that is, status) affecting housing allowance, there are generally differences between “in-person” and online housing allowance. Reviewing the housing allowance with online versus in-person classes can help ensure the student Veteran knows exactly how much housing allowance they will receive. During the COVID-19 pandemic all courses that were designated as “in-person” but switched to online are eligible for the full allowance, through the December 2020 semester. After that semester, student Veterans are encouraged to review the GI Bill Comparison Tool and confirm with their school’s Certifying Official and/or Veteran Director.
2. Once the student Veteran confirms their plan to enroll, a discussion of what the online format may look like, the differences between online versus traditional classes and the various virtual platforms and resources should occur. Additionally, opportunities for the student Veteran to practice using these platforms will help them to prepare for the upcoming semester.

You’ve Enrolled in 100% Remote Learning, Now What?

- Online courses have a different format than in-person. Professors can choose from a variety of virtual platforms to publish their course materials. Determining which platform Professors will be using (that is, Blackboard, Canvas, Zoom, email, et cetera.) as soon as possible will help the student Veteran be more ready to focus on course content when the semester begins rather than learning to navigate the various platforms, unnecessarily taking time and effort away from the actual course work. The VITAL-SEd providers can help the student Veteran with testing or troubleshooting the platform so that they are prepared. Campus resources such as IT services can also help with this troubleshooting.
- In addition to determining the virtual platform that will be used, it is necessary to determine the course schedule. For example, a three-credit Sociology course may meet on Tuesday and Thursdays from 11:30am-1:00pm with the expectation that the student Veterans will be in the Zoom call every week at those times. On the contrary, there may be a four-credit Precalculus course that has no set weekly meeting time, but rather a

number of modules that must be completed (on their own time) each week.

- Identifying virtual resources being offered by the school prior to the start of the semester is also encouraged. For example, Accessibility Services can still offer academic accommodations in a virtual format. Submitting necessary paperwork as early as is feasible helps to ensure a smooth transition at the beginning of the semester. The goal is to have the accommodations ready by the time the semester starts so that the student Veteran need only to bring accommodations documentation to various Professors. Additionally, closely reviewing syllabi for virtual office hours and the best way to contact Professors with questions is important.
 - There are also online resources offered outside of the academic institutions, specifically Khan Academy, YouTube tutorials, or Google. Not only do such resources aid in learning material, perhaps having it explained in a different way, they also allow student Veterans to move ahead in a course and preview future topics.
 - Creating a physical workspace that is used specifically for schoolwork can help optimize learning. Although this can be a challenge, for example, in a studio apartment, the space may be dual purpose (that is, a kitchen table and a school workspace). Limiting television and other distractions while ensuring a comfortable seat and appropriate counter height to complete schoolwork will create a learning conducive environment. Schoolwork and studying should not be done in or near the bed as this will negatively affect schoolwork as well as sleep. Also, if there are other people living at home, having conversations about noise levels, scheduling break times and perhaps purchasing noise-canceling headphones can minimize distractions.
 - In a 100% remote learning environment, access to technology and having internet capability are especially important; however, limited access may be a barrier for student Veterans. For student Veterans who are using Vocational Rehabilitation & Employment (VR&E; Chapter 31), they should discuss with their VR&E counselor the possibility of having their internet paid for. VR&E can provide technology to help student Veterans succeed academically. It is not uncommon for VR&E to pay for computers, printers, hotspots, Smartpens, or other technology or adaptive equipment if indicated and in-line with the student Veteran's education goals.
 - Student Veterans can also check in with their school to determine if they offer any financial services or support services to facilitate access to technology, such as internet service. During COVID-19, many schools provided students with additional resources when technology was limited at home (e.g., loaning students tablets and software).
 - Whereas previously a lower internet speed would suffice, student Veterans may feel obligated to pay to increase their internet speed as more devices increase the demand on the internet. Student Veterans can reach out to internet providers and ask for promotions for students and/or Veterans, as was the case during the COVID-19 pandemic. It is always important to be aware of the fine print regarding contracts, such as additional fees.
3. Once the semester starts, explore time management skills and wellness techniques to max-

imize productivity and increase likelihood of academic success.

- Maintaining a routine allows for some predictability in the student Veteran's schedule, while also being aware that unexpected events may arise.
- At the beginning of the semester it is important to create a schedule, perhaps on a paper calendar, a desk calendar, or even on a cell phone or tablet, clearly indicating when classes are held as well as any other recurring appointments (e.g., therapy).
- In addition to scheduling time to study and complete schoolwork, scheduling self-care time is just as important. Identifying consistent mealtimes, bedtimes, breaks and exercise help give the student Veteran a realistic picture of what their day might look like. Maintaining a healthy diet and sleep schedule also promote learning.
- Regularly checking the virtual platforms as well as their school email is a habit that should be learned early in the semester. Often Professors communicate strictly through the virtual platforms and email, so if the student Veterans are not checking these mediums regularly, they will likely miss announcements, updates, or ad hoc assignments.
- Due to the online format of classes, it is even more important to ensure student Veterans are taking breaks from their devices. Ideally, there would be a clear separation or break between school and downtime. Veterans should be reminded that just because they can always access email, it does not mean they necessarily should. Turning off the WiFi on devices, silencing or keeping cell phones in another room, helps to create a boundary. There are also potential consequences of extended exposure to electronic devices when taking online classes. Veterans, especially those who have a TBI, may experience headaches or strain on their eyes when using electronic devices for an extended period. There are many free apps available for download that can produce a blue light filter, which may reduce eye strain. However, exposure to this blue light, particularly before bedtime, may result in sleep disturbance. Student Veterans should be provided education about implications of extended exposure to electronic devices. Additionally, student Veterans who have physical limitations or conditions would benefit from education about posture and impact of remaining in seated positions for extended periods of time. There are aides that they can purchase (e.g., ergonomic chairs, padded mousepads, cushions, et cetera.) that may reduce physical strain. There are certainly other conditions that may be negatively impacted by an online class format. VITAL-SEd providers should familiarize themselves with common Veteran conditions (see *Introduction to VITAL-SEd, Section I. Background, A. Student Veterans and their healthcare needs*).
- Suggest that student Veterans find time to get outside and away from their computer and other devices. Being in nature can be especially calming as student Veterans will be spending an increased amount of time in front of a screen for learning. Helping student Veterans find time for hobbies or other non-school related activities can be helpful.
- Although there are online resources available, more planning is involved when classes are online. For example, for an "in-person" course you have frequent access to the Professor through the course meeting time as well as office hours. For online classes, student Veterans will rely more heavily on email and should be prepared for delays in re-

sponses to their emails. Although this can be frustrating, student Veterans should be encouraged to start on assignments as early as possible so that if they have questions, they can email the Professor (or teaching assistant) and give them ample time to respond.

- It is beneficial to maintain communication with Professors regularly and even more so in a virtual learning environment. If the student Veteran notices that they are falling behind on assignments, consistent contact with Professors helps facilitate possible discussions about extensions, incompletes, or other concerns.
- The VITAL-SEd provider should acknowledge the student Veteran's strengths when they are being proactive, persistent, resourceful and motivated to get their questions answered, even if they may be frustrated about not getting a timely response. Student Veterans can discuss this with their VITAL-SEd providers who can also help them draft their emails and plan out timelines for assignment completion (see **Part 3, Tactics for providing VITAL SEd services, Section III. Supported Education Tactics for meeting academic challenges, B. Doing the Academic Work**). Student Veterans can ask Professors in the beginning of the semester what are the expectations about responding to emails. In many cases this information, as well as contact information is provided in the course syllabus.

As demonstrated, there are many considerations for student Veterans participating in online learning, whether initiated by choice or necessitated by institutional or global circumstances. VITAL-SEd providers can support student Veterans with this transition by familiarizing themselves with the implications of online learning. This preparation with student Veterans should incorporate informed decision-making (that is, exploration of pros and cons of online learning; identification of possible psychosocial outcomes associated with taking time off or feeling obligated to proceed despite concerns; connection to academic and vocational resources; awareness of virtual platforms and technological devices; and review of strategies and resources that reinforce health and well-being). Thorough preparation and review of these considerations with student Veterans can facilitate successful transition to online learning or, alternatively, greater acceptance of/satisfaction with decisions to opt out of online learning.

Things to Consider Before Enrolling in Virtual Learning:

- ✓ Have you taken online courses before? How did it go?
- ✓ How many classes do you have left to complete your degree? How many semesters will that take?
- ✓ Are there some courses that would be more conducive to the virtual format?
- ✓ How are you paying for school? Post 9/11 GI Bill? VR&E? Another method?
- ✓ How would taking time off from a full course load impact your financial situation?

Once You've Started Virtual Learning:

- ✓ Determine what platforms Professors are using (i.e. Blackboard, Canvas, Zoom) and try to become familiar with the platform by logging in; if you have difficulty doing so reach out to the Professor.
- ✓ Make it a habit of regularly checking school email account and online platforms.
- ✓ Create a weekly schedule showing standing appointments, course times, etc. Update regularly.
- ✓ Determine what support services are available on campus and determine what resources would be helpful this semester. Find out how to apply for such services and seek support if needed.
- ✓ Review course syllabi and add important events to calendar (i.e., exams, project deadlines and holidays, etc.).
- ✓ Create a physical workspace at home where you can focus on schoolwork.
- ✓ Determine your internet connection and technology needs and if there is financial support for such needs.
- ✓ Create a study schedule, but be flexible and allow for unexpected interruptions and changes (i.e. car break down, child getting sick, etc.)
- ✓ Create a self-care schedule. Be sure to get enough sleep and exercise. Make sure you take screen breaks and get fresh air.

Part Four:

Implementation Toolkit for VITAL-SEd

I. INTRODUCTION TO PART FOUR

II. BACKGROUND

- A. The Need for Education Services for Post-9/11 Veterans
- B. Educational Supports for Veterans and the Post-9/11 GI Bill

III. BUILDING A VITAL-SED PROGRAM AT A NEW CAMPUS

- A. Identify and Meet with School Leadership
- B. Develop a Memorandum of Understanding (MOU)
- C. Consider Telehealth
- D. Consider Building a Mini-VA “One Stop Shop” on Campus
- E. Provide Staff and Faculty Training

IV. SETTING UP VITAL-SED SERVICES

- A. Staffing Major Responsibilities
- B. Building Referrals on Campus
- C. Equipment Needed to Deliver VITAL-SEd

V. TRAINING

VI. SUPERVISION AND FIDELITY MEASURE

- A. Clinical Supervision for VITAL-SEd Providers
- B. Core Element #1: The Supervisory Alliance
- C. Core Element #2: Managing Ethical Issues and Crisis Situations
- D. Core Element #3: Promoting Peer Identity of the VITAL-SEd Provider
- E. Ensuring Fidelity to the VITAL-SEd Treatment Model

I. Introduction to Part Four

Part Four describes practices for implementing the VITAL-SEd program. This can be used to equip administrators or program developers with information they can use to promote SEd services or substantiate the need for them. Covered in Part Four are: the organizational home in the VA, the target population, the referral pool, staffing considerations and supervision and fidelity processes. We begin with providing the background to both the service of Supported Education and the urgent need for recently returning Veterans for this service.

II. Background

A. The Need for Education Services for Post-9/11 Veterans

The recent wars in Iraq and Afghanistan have resulted in an influx of Veterans with mental health conditions who aspire to use the GI Bill to advance their education. Education has long been the avenue to improved employment opportunities and stable community residence for civilians. Similarly, for Veterans, graduation and retention in college can be important parts of successful reintegration to civilian life (Armstrong, Best, & Domenici, 2013). A majority of Veterans have limited college experience or post-secondary degrees (Holder, 2010) and many see military service as a way to attain higher education (Wilson et al., 2000). Despite the promise afforded by the Post-9/11 GI Bill, many Veterans especially those with mental health conditions and co-morbidities such as substance abuse, depression, or traumatic brain injury are challenged to succeed in their educational goals. As many as 60% of new student Veterans are returning from duty with significant Posttraumatic Stress Disorder (PTSD) and/or related psychiatric disabilities. These disabling conditions can challenge Veterans in successfully using the GI Bill and completing post-secondary education or training (Bosari et al., 2016; California Traumatic Brain Injury Board Final Report; Nelson Goff et al., 2007; Radford, 2011; Taber & Hurley, 2007; Tanielian, 2008; Taylor, 2011; U.S. Department of Veterans Affairs, 2011).

Consequently, while many Veterans with PTSD are pursuing their education dreams, many also are dropping out, with some schools reporting very low Veteran student graduation rates. Additionally, one survey discovered that within a 9-month period after enrollment, 37% of part-time and 16% of full-time Student Veterans dropped out (Walton-Radford et al., 2009). Veteran status has also been negatively associated with GPA (Durdella & Kim, 2012). Veterans with disabilities are growing in number on college campuses (Vance & Miller, 2009). However, the American Council of Education (2009) reported that no campuses were planning to expand services for students with disabilities (Miller, 2011).

The challenges posed by mental health conditions for Veterans who are students are formidable. For example, PTSD is associated with a variety of mental health and social role functioning impairments that can impact educational attainment including: depression, substance abuse, suicidal behavior, poor life quality, relationship violence, social avoidance, marital and family problems and job-related impairment (Frueh et al., 2001; Sareen and others 2007; Smith-Osborne 2006; Smith-Osborne, 2009; Steele, Salcedo, & Coley 2010; Stein & McAllister, 2009; Vasterling et al., 2010; Vasterling et al., 2008). More specifically, psychological trauma, such as in PTSD, can result in impaired information processing essential to education advancement (Kot-

ler et al., 2001). Researchers have noted neuropsychological impairment in persons with PTSD and the relationship of impaired cognitive and emotional impaired information processing to PTSD symptoms (Stein & McAllister, 2009). Veterans with mental health conditions and PTSD have been noted to experience challenges on campus, such as: cognitive skills deficits, medication side effects and symptoms such as flashbacks (Church, 2009; Taylor et al., 2006;). While successful treatments for PTSD exist, PTSD can also be chronic and treatments are needed that address the persistence of posttraumatic symptoms (Schnurr, Lunney, Sengupta, & Waelde, 2004).

B. Educational Supports for Veterans and the Post-9/11 GI Bill

The support of education goals for Veterans has long been of interest to VA, going as far back as the Vocational Rehabilitation Act of 1920, the Vocational Rehabilitation Act of 1943 and the Servicemen's Readjustment Act of 1944 (1944 GI Bill) which provided 2.2 million World War II (WWII) Veterans the opportunity to go to college or receive vocational training. The educational benefits of the 1944 GI Bill had exceptional impact on the economy of the United States (Altschuler & Blumin, 2009; Humes, 2006; Mettler, 2005). In 1997, Greenberg wrote "...more than 2.2 million Veterans went to college, about half of who were the first in their families to attend college" (p. 36).

Greenberg (2007) also posited that by "1956 the GI Bill produced 450,000 trained engineers, 240,000 accountants, 238,000 teachers, 91,000 scientists, 67,000 doctors, 22,000 dentists and more than a million other college-educated individuals" (p. 50). Volk (1968) asserts that it "paved the way for the most dramatic enrollment explosion in the history of higher education" (p. 2). Similarly, Carter (1969) credited the 1944 GI Bill with raising the educational aspirations of Americans, making higher education a growth industry of that time. Celis (1994) credits the 1944 GI Bill for the growth in the number of community colleges in America from 58 in 1943 to 328 in 1947, thus increasing the number of institutions of higher education (IHE) available to serve Veterans. Only five years after the end of World War II, four out of five Veterans utilized their benefits. According to a 1956 President's Commission report, "Veterans who used their GI Bill benefits had higher income levels than non-Veterans of similar age, were more likely to be in professional and skilled occupations and were better educated" (President's Commission, 1956, p. 62).

The continued commitment of the nation and VA to supporting Veterans' education goals is evident in the implementation of the Post-9/11 GI Bill. This act has greatly increased the opportunities for Post-9/11 Veterans, including those with psychiatric disabilities, to get educational tuition benefits and stipends for housing and books (Miller, 2011). The Post-9/11 Veterans Educational Assistance Improvements Act of 2010 and the Restoring GI Bill Fairness Act of 2011, greatly expand tuition coverage as well as housing and books stipends for those attending institutions of higher education, as well as Veterans attending technical education institutions.

The uptake of these new educational benefits among Veterans has been strong (Sabo, 2010) with over 40,000 beneficiaries in 2011. Findings from a national college survey conducted by the American Council on Education (2009) in advance of the new GI Bill activation suggested that colleges were anticipating the largest influx of student Veterans since the end of World

War II; over half of the colleges responding to the survey already provided specialized services or had policies addressing the needs of military and Veterans in their student populations, close to half had a dedicated office for serving student Veterans and approximately one third had student Veteran interest organizations. News media have reported that an increasing number of college campuses are developing supports for student Veterans since the passage and activation of the Post-9/11 GI Bill (Khadaroo, 2009), as they experience rapid increases in Veteran enrollment, ranging from 9 to 37% in many colleges and more than doubling in others (Hall, 2009).

Many sectors of American society are responding to the rise of Veteran use of the GI Bill and also their need for assistance with education. Among these are: colleges that attempt to provide a more supportive and “Veteran friendly” environment, Veterans Student Organizations and other advocacy groups that provide support to Veterans going to school and courses that are designed to facilitate the Veteran re-entry to civilian and academic life. The Veterans Health Administration and the Veterans Benefits Administration are also experimenting with different approaches and to support the schooling or training of Veterans with disabilities. VA rehabilitation counselors are daunted by a myriad of challenges and other clinicians “on the ground” also devise responses as Service members who present themselves with a desire to further their education.

At present, educational supports to address these needs are neither systematically available nor authorized in the healthcare/rehabilitation system of VA. Recent research (Miller, 2011) has identified *essential* practices for working with student Veterans with disabilities and student Veterans *without* disabilities. Additionally, research on civilian models of Supported Education suggests that supports to address mental health challenges can improve educational and vocational participation and outcomes. Such supports can improve college retention and the successful use of GI Bill benefits among Veterans. These models and practices spurred the creation of VITAL-SEd and are described in the next section.

III. Building a VITAL-SEd program at a new campus

Administrators of VITAL-SEd will have to cultivate buy-in from a campus to launch an on-site VITAL-SEd program. Steps in this process are pictured and described below.

FIGURE 21. EXAMPLES OF EDUCATIONAL ACCOMMODATIONS

- A. Identify and meet with school leadership
- B. Develop a Memorandum of Understanding (MOU)
- C. Consider telehealth
- D. Consider building a mini-VA “one-stop-shop” on campus
- E. Provide staff and faculty training

A. Identify and Meet with School Leadership

To identify a good prospective school for VITAL-SEd, first make sure the school has at least 100 Veterans eligible for care enrolled. Then consider the following: the presence (or absence) of Student Veteran Organizations on campus, the existence of a Veterans office or certifying official and how open the college or university may be to collaborate with the VA to meet the needs of their student Veterans. Once a specific school has been identified, visit the college and meet with university leadership to suggest a partnership for student Veterans' academic success. If there are student Veteran organizations on campus, meet with them and listen to what they have to say about student Veterans' needs, the administration and the school in general. It is important for the range of college stakeholders to be supportive and available to work with the VITAL-SEd program in order to implement it successfully. Part of this is identifying staff at the college or university who can be true partners in this endeavor and then building and maintaining solid working relationships with them.

B. Develop a Memorandum of Understanding (MOU)

In preparation for this collaboration between the VITAL-SEd program and the college, develop a Memorandum of Understanding, or MoU. This document will lay out the essential aspects of the collaboration, such as office space, equipment, staff access to parking, campus internet, access to school events such as tabling at sports games, other VITAL-SEd's responsibilities, the school's responsibilities and crisis intervention and other procedures. Creation of the MoU can be time consuming and so while it is under discussion, be as flexible and amenable as is appropriate. Also keep in mind the timelines agreed upon and be timely in any needed updates or renewals moving forward. Once finalized, the MoU should be reviewed by legal counsel for language before signing and implementation. With the MoU in place, outreach strategies on campus can begin (please find a sample MoU in **Appendix I**).

C. Consider Telehealth

A VITAL-SEd mission is to facilitate access to unmet, needed healthcare services. To do so, telehealth is an option that should be considered, especially if the college campus is located in a more rural area. For many Veterans, traveling to a VA medical center or another healthcare center for care may be complicated and difficult. They may have some functional impairment(s) that make travel arduous. Additionally, travel time is time taken away from work, school, or family. Clinical Video Telehealth (CVT) uses telehealth technologies to manage care, make diagnoses, perform check-ups and provide care through only virtual contact. Through information technology and telecommunication modalities, VA can also provide delivery of mental health services that require little to no travel for Veterans. For example, with prior arrangements, a Veteran can travel to their local VA community-based outpatient clinic (CBOC) and be set up for a video appointment with their clinician based at another facility. There is also an app called VA Video Connect (Video on Demand) that allows Veterans to meet with their providers from the comfort of their own homes or other private settings. Many Veterans appreciate the convenience afforded by this technology and the ease of its use, as it simply requires the Veteran to access a link to a secure virtual medical room through their personal email. For example, a student may wish to meet with their VITAL-SEd provider or another VA clinician in between

classes. As with all clinical encounters, careful consideration should be made for emergency preparedness. A sample *Needs Assessment, Service Plan and Emergency Plans for Telehealth* can be found in **Appendix I**.

D. Consider Building a Mini-VA “One Stop Shop” on Campus

Having access to a range of VA healthcare services right on campus will greatly facilitate engagement. Some VA’s have a community-based mental health team. This is an interdisciplinary team consisting of one psychiatrist and a variable number of psychologists, social workers, nurses and trainees. The team can serve as an outreach function of a VA’s clinical service and can improve access to care for Veterans experiencing barriers to connecting with VA services. This team might provide: individual therapy, couples and family therapy, case management and care coordination, medication evaluation and management, assessment, Peer support and VA evidence-based psychotherapies for PTSD and substance abuse, all out in the community. The team should meet weekly to consult about new and ongoing therapy cases and also attend weekly VITAL-SEd meetings. In these meetings they can also discuss potential referrals to other services as needed, share announcements about upcoming community events and maintain an open dialogue about any other clinical or non-clinical issues that may be affecting the teams. If your VA does not have a team like the one described, consider building a similar team, connecting Veterans with telehealth or connecting Veterans with providers that already work in the community or the school.

E. Provide Staff and Faculty Training

Providing education and training to college staff can be a parallel intervention to the outreach and engagement of Student Veterans. This is a way to become part of the school’s culture. If staff can be educated about military culture and the types of problems Student Veterans might be struggling with, then they may interact more compassionately with these students and be more motivated to partner with VITAL-SEd (for example, an educated staff member might speak with a VITAL-SEd provider prior to taking disciplinary actions when problems do arise with student Veterans). Holding regular trainings for both administrative staff and faculty should become one component of the VITAL-SEd program on campus.

IV. Setting Up VITAL-SEd Services

A. Staffing Major Responsibilities

In this section, we provide guidance to program administrators on the overall function of the VITAL-SEd provider, their major responsibilities and characteristics and how to recruit and select them. We pay special attention to Veteran Peer Specialists of VITAL-SEd.

Overall Function and Competencies of the VITAL-SEd Provider

The following is a list of the major responsibilities of the VITAL-SEd provider (adapted from Becker & Drake, 2003).

- ✔ Conducts outreach activities at schools and at Veteran and community settings where

young Post-9/11 Veterans may gather such as: Veteran community groups, VA settings, National Guard de-mobilization events, Veterans Outreach Centers and town Veterans Service Offices. If a Veteran Resource Center exists on a campus, the VITAL SEd provider creates and maintains a presence here with an open-door policy.

- ✓ Refers students to Supported Education who are on probation or at risk of loss of academic participation.
- ✓ Provides Supported Education services to Veterans on the college campus or at the VA if preferred by Veteran
- ✓ Engages student Veterans and establishes trusting, collaborative relationships.
- ✓ Assists Veterans in obtaining information, finding and accessing resources and acquiring benefits (e.g., GI Bill, Vocational Rehabilitation, et cetera.) in order for students to make good decisions about education.
- ✓ Provides support and assistance as requested by the Veteran for specific school related concerns, VA issues, or VBA follow ups. For example, a Veteran might want help communicating with campus contacts (e.g., Financial Aid Office, Disability Services), VA healthcare providers (e.g., Primary Care Physician), or VBA (e.g., follow up on disability claims). Advocacy could include, but is not limited to, preparing Veterans for a meeting with an individual, assisting Veteran with needed documentation, contacting provider with Veteran, or accompanying Veteran to scheduled meeting.
- ✓ Assists student Veterans in problem-solving on other factors that impinge on educational attainment such as: interpersonal problems with family or friends, difficulties balancing school/work life, inadequate social support, PTSD or other mental health symptoms, or other reintegration difficulties.
- ✓ Provides individualized follow-along supports to assist Veterans in maintaining matriculation.
- ✓ Provides education and support to Professors/administrators as agreed upon by Student Veterans that may include negotiating accommodations and follow-along contact.
- ✓ Provides outreach services, as necessary to students when they appear to disengage from the service. Uses a variety of methods to provide outreach.
- ✓ Continued collaboration and communication with Veteran's other providers. Include Veteran family members and other supports as indicated by Veteran's preferences.

i A Note about Case Management. Student Veterans may require significant case management services in order to be successful. However, if the VITAL-SEd provider is expected to perform case management duties on an ongoing basis in addition to supporting education goals, it is likely that their time will be fully absorbed by the former at the expense of the latter. Hence, although VITAL-SEd providers may perform some duties identified as "case management" in the beginning as part of engagement, if significant case management is needed on an ongoing basis, then additional supports from the VA

may be needed. Ongoing consultation with your supervisor about these tasks can be helpful.

When evaluating or hiring a VITAL-SEd provider consider these core competencies:

- ✓ Develops positive relationships with educators by learning about their schools/training programs, enrollment practices, et cetera., over multiple visits.
- ✓ Utilizes good student interviewing skills in order to learn about Veteran preferences, past experiences, hopes and concerns regarding education.
- ✓ Effectively collaborates with mental health providers, VR&E counselors, family members and other members of the vocational unit.
- ✓ Utilizes a strengths-based approach when serving students by recognizing each person's skills, experiences, personal values that support education.
- ✓ Employs a recovery-based orientation including the belief that people learn from their experiences, develop new skills and achieve life goals over time.
- ✓ Uses a problem-solving approach when faced with challenging or difficult situations.

If the VITAL-SEd provider is a Peer then they effectively share their own experience as a Veteran to inspire hope and provide a model for recovery and educational success.

Characteristics of VITAL-SEd Providers

In hiring a VITAL-SEd provider, managers should look for specific characteristics that would be a good fit for this type of work. These characteristics might prove more difficult to teach so managers should screen for such characteristics during the interview process.

- **Approachable/energetic/good customer service skills:** the first meeting with a Student Veteran is important for engaging Veterans so providers with an approachable style are more likely to connect with student Veterans.
- **Genuineness:** being genuine and present in session with a Veteran promotes a therapeutic alliance with the student Veteran.
- **Collaborative:** a VITAL-SEd provider should be able and willing to collaborate with the student Veteran as well as with the rest of the VITAL team. Someone who works well with others is likely to succeed in this role. Additionally, a good relationship with staff and faculty at the school as well as staff at the VA will help the VITAL-SEd provider succeed.
- **Comfort with public speaking and willingness to do outreach:** A large part of the VITAL-SEd program involves speaking with community providers, school officials, other clinicians, or in a team setting. The more comfortable an individual feels in these settings, the better.

Hiring VITAL-SEd Providers

VITAL-SEd providers can be hired from a range of disciplines and GS-levels. Possible VITAL-SEd providers could include Psychologists (GS 11-13), Peer Specialists (GS 5-9), Social Workers (GS 9-11), or Vocational Rehabilitations Specialists (GS 9-11). Each discipline will possess unique skills and experience that can positively contribute to the practice. Functional statements and/or position descriptions are included in **Appendix I**. It is recommended that hiring managers note the specific competencies and characteristics of the VITAL-SEd provider and prepare performance based interview questions that reflect the candidate's ability to successfully conduct Veteran-based outreach and engagement, clinical collaboration and connect with community partners. Some guidance in conducting a job interview for VITAL-SEd staff is provided.



TALKING POINTS:

Sample Questions for Candidate Interviews

- Did you have a chance to read about the VITAL-SEd program? Based on that, what do you think a typical day would be like? *(Was the candidate interested enough to read about it? Do they know what they are applying for?)*
- How do/did you go about meeting your education goals? *(What type of academic/resource access skills does the person already possess?)*
- What would you do if one of your students began missing appointments? *(Does the response seem to blame the student or is the candidate using more of a problem-solving approach?)*
- What are your expectations for the people you would serve? *(Does the person have ideas like "People have to work as hard as I did to get an education"?)*
- How would you learn about educational opportunities and what services universities/colleges have to offer? *(Does the person have some creative ideas? Does the candidate think of ways to get out of the office to meet with administrators/Professors or does the candidate suggest websites, only?)*
- How would you build credibility and strengthen relationships with professionals in an educational setting? *(Does the person have ideas such as using face-to-face meetings, following through with things they say they will do, listening to what is important to the person?)*
- Role-play: The candidate is going back to meet with a Professor after the first two weeks of class. The Professor reports that the student is too slow in the course's lab portion. *(Does the candidate ask questions to figure out what is going on? Does the candidate try to figure out how the student's slow speed is affecting the pace of the class? Does the candidate listen carefully to the Professor to learn what is important? What type of solutions do they propose?)*
- Why do you think it would be important to stay in close contact with the mental health team? *(Does the candidate understand how to work as a team member?)*

Adapted from Becker & Drake, 2003

Training for VITAL-SEd Providers

It is important to adequately address key aspects of VITAL-SEd provider responsibilities, as well as reviewing as needed. Below, in Figure 22, are some particularly important topics to cover with new VITAL-SEd providers as they familiarize themselves with their positions.

FIGURE 22. AN ORIENTATION FOR VITAL-SEd PROVIDERS INCLUDES THE FOLLOWING ELEMENTS

- Information about all clinical services offered at your VA medical center and associated Community Based Outpatient Clinics as well as local Vet Centers and college and community health providers.
- Information about all campus resources and the building of a strong relationship with essential campus personnel.
- Connection to a clinical team to discuss referrals and clinical needs of Veterans.
- Direct training, mentoring and observation of the new staff's interaction with clinical teams, school faculty and staff, Veterans and other community partners with feedback as to the extent that the provider is meeting the core competencies of the role (for example was the new staff member genuine, warm, casual, et cetera.).

Employing VITAL-SEd Peer Specialists

We strongly encourage hiring a Veteran as a VITAL-SEd Peer Specialist and/or member of the VITAL-SEd team. The VITAL-SEd Peer Specialist should be a Veteran with lived experience of healthcare issues such as mental health, TBI, substance abuse, or trauma-related problems who is in a stable phase of recovery. If possible, being from the same war era (Post-9/11) would also be beneficial. We recommend that the Veteran have personal experience in acquiring post-secondary education using the VA benefits. Education and experience equivalent to an undergraduate degree in human or social services, mental health or psychology, education, or rehabilitation is preferred. Experience working as a Peer Specialist, perhaps with Peer certification through the VA approved vendor, would be highly desirable. A driver's license and ability to work as an effective team player are essential.

- **Training.** Most Peer Specialists will have a broad knowledge base of military culture and competence. It also helps if the Peer Specialist has experience and familiarity with being a student. Although some individuals may have their own experience with benefits and eligibility, the new Peer Specialist should receive an orientation in which they meet the different teams, including OEF/OIF team, TBI team, Neuropsychology team, CWT, VASH as well as relevant individuals at the colleges, including the certifying official, Disability Services, et cetera. It can be helpful for the Peer Specialist to observe another provider go through the eligibility requirements, similar to the left seat/right format in the military. In practice the person is brought in and "rides along" or observes and shadows the operation. Ultimately they switch and the person who is learning takes the lead and

then the mentor eventually can leave and they can continue on their own.

Appendix I: Core Competencies of the Veteran Peer Specialists, is taken from the Department of Veterans Affairs Peer Specialist Training Manual (U.S. Department of Veterans Affairs, 2011). We append this list for your reference to indicate the full range of competencies that are likewise relevant to the Peer Specialist positions described here.

- **Recruiting.** The domain of mental health Peer support is being increasingly defined and implemented in VA and in mental health systems. You may be able to find good candidates for a VITAL-SEd Peer Specialist among the mental health Peer technicians in your VA and among the Homeless Veterans Supported Employment Peer labor pool. We find that many Veterans are inspired to help their own. One route to obtaining Peer Specialists if there are none at your VA would be to offer Peers opportunities to get certification training and then apply for your positions.

Caseload

This model posits a service intensity to match service need, implying that for some Veterans once a month phone contact may be enough, especially during the “Keep” phase, while others may need many of hours of service in a given week to deal with benefits acquisition or a crisis. On average, we expect that one hour per week of in-person visits will be sufficient. Contact with Veterans can be done by phone or in-person. We use the caseload sizes for supported employment as a framework and suggest a caseload of 1:25. Future testing of the VITAL-SEd model may provide better guidance on caseload.

B. Building Referrals on Campus

Outreach efforts conducted on campus will aid in building a large base of referral sources for the program. Referrals can be sought through outreach to specific Student Veterans that have been identified as struggling academically. They can also be obtained through presence and outreach at Veteran-related activities and periodic information sessions for internal or external groups. An effective Supported Education referral process has minimal barriers to entry. You will increase the number of referrals received if you educate key stakeholders about the role that education can play in recovery from mental health, substance abuse and trauma related problems, tell them about the availability of Supported Education services and make it easy to refer Veterans to your program. Simple referral forms and easy methods of communication among education providers and referral sources are essential in the process. Overall, developing a user-friendly referral process will assist in maintaining a viable program.

C. Equipment Needed to Deliver VITAL-SEd

VITAL-SEd providers will need a car (or access to VA cars) and a “smart” phone with internet or email access. Mobile computer devices are best as these can be used to provide on the spot searching for benefits or information. When VITAL-SEd providers are located on a campus, ideally, they will need office space or at least a designated space and desk. If the desk is in an open space then access to a room where interviews can be held privately is important. It’s best if office spaces are located within or near to any Veteran student center and/or by the Veterans certifying official. The latter can facilitate a “warm hand-off” from the official to VITAL-SEd.

- i Access to a Confidential Space:** Having the option of offering a confidential space for conversation with Veterans is important for allowing Veterans to open up about personal concerns. It also enables private work on these personal concerns immediately, when the Veteran is present and may be open to taking steps with you.
- i Internet and VA Medical Center access:** A key ingredient to VITAL-SEd success is staff access to a computer that can be connected to the local VA hospital or CBOC's encrypted network and thus its scheduling programs and medical records. An internet connection is necessary prior to connecting to the encrypted network. With that, the VITAL-SEd provider can register Veterans to VA immediately as they are speaking in the first visit. Being able to engage Veterans in needed healthcare depends in part on the ability of the VITAL-SEd provider to schedule the Veterans for primary and specialty care assessments and visits on the spot. Access to medical records is important to be able to see if Veterans have kept appointments and if they need follow-up contacts. Additionally, the computer should be able to use the campus login in order to better access school information, registration, class scheduling and grading and assignment systems. Finally, the VITAL-SEd provider needs the ability to park their car on campus and to pass through campus security. This may mean acquiring a school or staff ID for the provider.

V. Training

Training is intended to be delivered in-person to one or more VITAL-SEd providers and their supervisors. We suggest that training sessions be limited to two-three hours per session and that ample time be allowed for discussion and practice. A total of eighteen hours of training can be anticipated. VITAL-SEd providers should have copies of the manual, especially Part Three and the worksheets in the Appendices available during training. The training manual should be used for reference by the VITAL-SEd provider throughout the course of delivering services. In addition to reviewing the VITAL-SEd manual, administrators, clinicians and VITAL-SEd providers are encouraged to contact the authors to arrange trainings on the approach, practices and use of the materials included in this manual.

VI. Supervision

A. Clinical Supervision for VITAL-SEd Providers

Availability of clinical supervision is central to the effectiveness of helping professionals. As helping professionals, VITAL-SEd providers deserve accessible and competent clinical supervision. This section describes four core elements of competent clinical supervision for VITAL-SEd providers to enhance the supervisory relationship and outcomes for Veterans served. Taken together, these core elements not only bolster the supervisory alliance and Veteran outcomes, but also help to ensure fidelity to the VITAL-SEd model.

The role of the VITAL-SEd clinical supervisor is to ensure that the VITAL-SEd provider is partnering effectively with referred Veterans as they move toward achieving their educational goals. The clinical supervisor fulfills their role by tending to the four core elements of competent VITAL-SEd clinical supervision.

B. Core Element #1: The Supervisory Alliance

The alliance between clinical supervisor and VITAL-SEd provider is the starting point for all the work that will occur in supervision. This alliance consists of three essential components: a) the interpersonal style of the relationship; b) the stage of the relationship; and c) the supervisory contract (Holloway, 1999). Generally speaking, clinical supervisors of VITAL-SEd providers who utilize an empowering and collaborative style, who tailor their approach to the stage of the supervisory relationship and who develop a supervisory contract with the VITAL-SEd provider that specifies the nature and tasks of supervision will succeed in their supervisory role.

Empowering Collaborative Style

An empowering and collaborative (EC) supervisory style is one that encourages VITAL-SEd providers to engage in supervision with a sense of curiosity, mutuality and psychological safety. As a supervisor, you can foster EC by utilizing effective communication skills such as open-ended questions and reflective listening. In addition, making space for the VITAL-SEd provider to articulate personally meaningful goals for supervision underscores your commitment to EC. See Example 1 for a personally meaningful goal conversation that includes effective communication. Finally, supervisors promote EC by attending to diversity issues both within and outside the supervisory relationship. Diversity issues include not only differences in race, ethnicity, gender, sexual orientation, age, military status, physical ability, religious/spiritual and mental health consumer experiences, but also includes attention to the power

dynamics between VITAL-SEd providers and supervisors when discussing these issues. Oftentimes the person with the least power in a relationship is the least likely to bring up a diversity concern, for fear that the person with more power might view the issue differently. See below for such a scenario. For more information about broaching issues of diversity in supervision,



TALKING POINTS:

Example One: Responding to Veteran Ambivalence

During supervision, Sarah, a VITAL-SEd provider, mentions that she has questions about responding to Veteran ambivalence.

Sarah: I'm working with several Veterans who seem to struggle to follow through on tasks between meetings that we have identified as important steps to take.

Supervisor: I imagine that might make it difficult to feel like you're moving forward from week to week.

Sarah: Absolutely! I just don't know how to help Vets who set goals such as getting tutoring set up, but then don't follow-up on next steps.

Supervisor: It can be challenging, for sure; however, there are ways of approaching it. Sarah, it sounds like you've identified a learning opportunity in your role as VITAL-SEd provider. Remember in our first few supervision meetings we discussed your list of personally meaningful goals in your VITAL-SEd role and the fact that the list can be updated/edited at any time. I'm curious if learning more about responding to Veteran ambivalence is something you'd like to include on that list?

see Ch. 6, Becoming a Multiculturally Competent Supervisor, in Haynes, Corey and Moulton (2010).

Stage of Supervisory Relationship

Early in the supervisory relationship, the primary aims are to develop the supervisory relationship, assess the VITAL-SEd provider's knowledge skills and abilities and to monitor initial experiences. The supervisor's role can include providing direct feedback, educating the VITAL-SEd provider about policies, practices and procedures and reviewing and signing the supervisory contract, among others.

Later in the supervisory relationship, the primary aim is to foster movement of the VITAL-SEd provider from relying heavily on supervisory guidance to moving toward semi-autonomous VITAL-SEd practice. Haynes, Corey and Moulton (2010) identify the primary struggle in this phase as the supervisee wanting to move forward while the supervisor is wanting to "tread carefully." Supervisory roles and related tasks during this phase include using role-plays, discussing and reviewing potential ethical dilemmas and creating learning opportunities for the VITAL-SEd provider to critically think and struggle with next steps in their work with Veterans. The reader is encouraged to consult with Hayes, Corey and Moulton (2010), Ch. 5 for a thorough review of roles and tasks associated with the phases of supervision.

TALKING POINTS:



Example Two: Responding to Gender Stereotypes

During supervision with a male supervisor, Sarah, a VITAL-SEd provider who is also a Peer, mentions an uncomfortable interaction she had with a non-Veteran college student.

Sarah: The training at Acme Community College this week went fairly well. Most of the audience was receptive to what was shared about Supported Education for Veterans. Some of the discussion after the training was a little off, though.

Supervisor: It sounds like the training went well, but some of the follow-up conversation was out of the ordinary?

Sarah: You could say that. After the training a non-Veteran student approached me and asked what it was like for me to be a woman in the military. I shared some about my Marine service and he mentioned that he was surprised that I had so much responsibility, considering the fact of me being a woman and all.

Supervisor: That sounds like an awkward conversation. How did you respond?

Sarah: I tried to laugh it off, but afterwards really felt put off by the entire conversation.

Supervisor: I can imagine. There are so many gender stereotypes about what women can and can't do. Figuring out how to respond to those stereotypes in a professional way that maintains one's dignity and self-respect is important. I'm curious, have you had the opportunity to talk about your experience of gender stereotypes with other people before?

Sarah: Not really. Sometimes with other women, but mostly not.

Supervisor: Well, I'm really glad we're having an opportunity to discuss this today. I know that there are differences between us in terms of gender, Veteran status, etc; however, I hope supervision is a place where we can discuss and explore areas of difference and how it relates to your work as a VITAL-SEd provider.

Sarah: I would like that as well.

Supervisory Contract

Having a mutual understanding about the roles, responsibilities and expectations of the VITAL-SEd supervisor and provider establishes focus, purpose and clarity in the supervision process. At the beginning of the supervisory relationship, the VITAL-SEd supervisor should go over the following topics with the VITAL-SEd provider:

- Background and expertise of VITAL-SEd supervisor
- Nature and expectations of supervisory relationship
- Importance of diversity issues and their relevance to the supervisory context and VITAL-SEd services more generally
- VITAL-SEd provider's background, expertise and prior experiences with supervision, including as a Peer Specialist, if relevant
- Evaluation process and fidelity measures for VITAL-SEd services
- Boundaries and confidentiality and the relevance of ethical consideration

It is recommended that supervisors be honest about their expertise and frame any expertise gaps as shared learning opportunities for the supervisor and VITAL-SEd provider.

Supervisors are encouraged to broach the topic of evaluation and fidelity processes during the first supervision session. These discussions should be collaborative and mutual in nature, so that the VITAL-SEd provider and supervisor are in agreement about how to provide feedback to the supervisor, how the staff will be evaluated and how fidelity to the VITAL-SEd process will be evaluated. Conversations about diversity issues and ethical considerations are encouraged during initial supervisory sessions. It is expected that these initial supervisory conversations will take more than one meeting and, in fact, these topics should be revisited from time to time during the supervisory experience. These initial conversations set the stage for subsequent supervision sessions, so supervisors and VITAL-SEd providers are encouraged to engage these discussions wholeheartedly. It can also be beneficial for VITAL-SEd supervisors and providers to read articles and book chapters (Haynes, Corey & Moulton, 2010) about supervision, as well as the Depression and Bipolar Support Alliance's (2010) report on Peer Specialist Supervision in VA Mental Health Services if the VITAL-SEd provider is also a Peer.

C. Core Element #2: Managing Ethical Issues and Crisis Situations

VITAL-SEd supervisors are responsible for providing training and supervised experiences that empower VITAL-SEd providers to provide ethical services and manage crisis situations. As noted above, discussions about boundaries, confidentiality and the relevance of ethical considerations should occur within the first few VITAL-SEd supervisory meetings. Review of procedures for managing crisis and emergency situations should also be reviewed.

Confidentiality

As a VITAL-SEd supervisor you have a special role in explaining confidentiality standards as well

as modeling confidentiality in the supervisory relationship. Indeed, confidentiality discussions merit special consideration because opportunities to violate Veteran confidentiality standards are increased because the VITAL-SEd provider spends so much time working between VA and academic and community settings. VITAL-SEd supervisors are encouraged to review the Table below with VITAL-SEd providers as a means of engaging in critical conversations about confidentiality in the VITAL-SEd treatment process.

CONFIDENTIALITY AND VITAL-SEd: DEFINITION, PROCESSES, EXCEPTIONS AND EXAMPLE
Definition
<p><i>Confidentiality</i> is a means of keeping Veteran information, feelings and experiences private.</p>
Processes
<p><i>Confidentiality</i> is promoted by:</p> <ul style="list-style-type: none"> • Adhering to applicable laws, rules and guidelines about confidentiality • Refraining from discussing Veteran private information in public places (that is, elevators, hallways, et cetera.) • Only sharing Veteran private information with VA providers who need to know as well as any non-VA person who the Veteran has allowed you to speak to by signing a Release of Information (ROI) form • Providing informed consent to Veterans so they understand rights and limits to confidentiality
Confidentiality Exceptions Occur When there is Disclosure of
<ul style="list-style-type: none"> • Child abuse • Elder abuse • Desire and/or plan to harm or injure themselves • Desire and/or plan to harm or injure others.
Example
<p>Sam, VITAL-SEd provider, is working with Eric, an OND Veteran attending Acme Community College. Sam is approached by Dr. Smith, the Academic Dean of Acme Community College, who asks Sam if he can provide an update on Eric's progress to him and other staff in academic services. Sam lets Dr. Smith know that he is able to speak about Supported Education in general, but cannot share specifics about any Veteran he is working with, unless the Veteran signs a ROI form.</p>

Managing Crisis and Emergency Situations

VITAL-SEd supervisors serve an essential role in preparing VITAL-SEd providers to manage crisis and emergency situations that occur while providing VITAL-SEd services. Several strategies can be used to foster such preparation. These include: a) developing emergency plans and b) reviewing the additional VA training materials related to crisis and emergency management.

Additional Training Materials

VITAL-SEd supervisors should ensure that all VITAL-SEd providers have completed their local facility's suicide prevention training. In addition, each VA has a Suicide Prevention Coordinator,

who can provide consultation on Veteran safety planning. Lastly, the Department of Veteran Affairs (VA) Peer Specialist Training Manual (U.S. Department of Veterans Affairs, 2010) contains an informative chapter on managing crisis and emergency situations that can be useful for VITAL-SEd supervisors and providers to review and discuss if the VITAL-SEd provider is a Peer. An electronic copy of the training manual is available free of charge. Your facility's Local Recovery Coordinator should have access to the training manual.

D. Core Element #3: Promoting Peer Identity of the VITAL-SEd Provider

For VITAL-SEd providers who are also Peers, this lived experience with mental health recovery and educational attainment is one of their most important strengths as a provider. In fact, providers who are designated as Peers and trained and certified as Peer Specialists, serve a unique role in recovery-oriented systems of care that cannot be replicated through academic training alone. Although staff supervision has been a part of the VA programs for many years, supervision of Peer Specialists in VITAL-SEd presents new challenges to the non-Peer clinical supervisors who are expected to provide individual supervision to Peer Specialists on a weekly basis. Gates and Akabas (2007) identified several challenges typical of cross Peer/non-Peer supervision, including non-Peer supervisors a) "going clinical" in response to a Peer's problem; b) interpreting Peer's work behaviors (that is, taking time off) as symptoms; and c) providing insufficient support in supervision to promote job-related competences, including strategies for successful workplace navigation. The authors noted role conflict, confusion and poorly defined expectations in non-Peer/Peer supervision to be corrosive qualities that threaten the integrity and ongoing vitality of Peer Specialists in healthcare settings.

VITAL-SEd supervisors and Peer Specialists can overcome these challenges by implementing recommendations contained in Core Element #1, as noted above. Yet, we argue that additional attention must be paid by VITAL-SEd supervisors and Peer providers to promoting the "Peer-ness" of VITAL-SEd services. The table below contains a list of practice indicators for Peer identity and Peer drift. Whereas indicators for Peer identity include such things as striving for mutual learning in helping relationships and comfort and ability to use one's recovery story, indicators for Peer drift include discomfort or defensiveness utilizing one's recovery story and drifting toward a more distant and hierarchical approach to service provision. Peer helpers who work in medically oriented settings, as well as settings transitioning from medically to recovery-oriented approaches, are susceptible to Peer drift. This susceptibility is partly due to the historical use of privileging in medical model approaches and related clinical academic training experiences in contrast to recovery-oriented/Veteran-centered approaches that embrace and in fact, center themselves on the experience of Veteran consumers (Smith & Bartholomew, 2006).

STRENGTHS AND CHALLENGES OF BEING A VITAL-SED PEER SPECIALIST	
Peer Identity	Peer Drift
• Comfort using recovery story as tool	• Discomfort using recovery story as tool

<ul style="list-style-type: none"> • Peer VITAL-SEd support relationship as mutual learning experience between provider and Veteran 	<ul style="list-style-type: none"> • VITAL-Sed relationship as opportunity for expert instruction by provider to uninformed Veteran
<ul style="list-style-type: none"> • Focus on Veteran strengths, skills and opportunities 	<ul style="list-style-type: none"> • Focus on Veteran problems, barriers, symptoms and diagnoses
<ul style="list-style-type: none"> • Striving to keep interactions with Veterans simple, authentic and real 	<ul style="list-style-type: none"> • Distant interactional style that focuses more on professional and objective standards than on subjective and flexible human connections
<ul style="list-style-type: none"> • Advocate for Veterans to find their own voices, make self-determined choices and take calculated risks in service of recovery and related attainment of educational goals 	<ul style="list-style-type: none"> • Encourage Veterans to comply with professional advice, defer decisions to others and avoid challenging situations that may be stressful (and “symptom” inducing)
<ul style="list-style-type: none"> • Self-confidence, security and pride about performing Peer support VITAL-SEd role 	<ul style="list-style-type: none"> • Self-doubt, insecurity and shame about performing Peer support VITAL-SEd role

Supervisors and VITAL-SEd Peer Specialists are encouraged to have intentional conversations about the challenges and successes of having and maintaining a Peer identity as a VITAL-SEd Peer Specialist. These conversations are particularly relevant in settings that employ just a few or only one VITAL-SEd Peer Specialist. In such settings it may be useful for the VITAL-SEd Peer Specialist to network with Peer Specialists in the community and at the other VA sites to garner support and validation of their Peer support functions.

E. Ensuring Fidelity to the VITAL-SEd Treatment Model

Fidelity to the VITAL-SEd treatment model can also be ensured when VITAL-SEd supervisors and Peer Specialists prioritize discussions about the application of VITAL-SEd interventions to individual Veterans receiving VITAL-SEd services. Such discussions help VITAL-SEd Peer Specialists frame their interventions and minimize the chance of diverging substantially from the VITAL-SEd treatment approach.

For example, a Veteran may suggest that a meeting focus on problems they are having securing a car loan, when the VITAL-SEd Peer Specialist may want to focus on the Veteran’s poor mid-term grades and risk for academic probation. The role of the supervisor in this case would be to help the VITAL-SEd Peer Specialists devise an intervention that would touch on the Veteran’s car loan concern while linking it and possibly other factors, to Veteran’s poor mid-term grades and academic concerns. In short, VITAL-SEd supervisors should partner with VITAL-SEd Peer Specialists to work in ways that relate to the Supported Education Choose, Get, Keep framework. VITAL-SEd supervisors can track VITAL-SEd Peer Specialists adherence to the VITAL-SEd model via the VITAL-SEd fidelity provided in **Appendix I**.

References

- Adams, J., Rosenheck, R., Gee, L., Seibyl, C. L., & Kushel, M. (2007). Hospitalized younger: a comparison of a national sample of homeless and housed inpatient Veterans. *Journal of Health Care for the Poor and Underserved, 18*(1), 173-184.
- Ackerman, R., & DiRamio, D. (Eds.). (2009). *Creating a Veteran-Friendly Campus: Strategies for Transition and Success: New Directions for Student Services*. John Wiley & Sons.
- Alabama Veterans Initiative (2010). Retrieved from <http://www.alabamaVeterans.us/index.php/education.html>
- Altschuler, G., & Blumin, S. (2009). *The GI Bill: A new deal for Veterans*. New York, NY: Oxford University Press.
- American Council on Education. (2009). *Success for Veterans grant recipients*. Retrieved from <http://www.acenet.edu/AM/Template.cfm?Section=Press>
- American Psychological Association. (2013). *The diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA.
- Americans with Disabilities Act of 1990*, Pub. L. No. 101-336, 104 Stat. 327 as amended (1993). Retrieved from http://www.law.cornell.edu/uscode/html/uscode42/usc_sec_42_00012101----000-.html
- Anthony, W. A., Cohen, M. R., & Farkas, M. D. (1990). *Psychiatric Rehabilitation* (2nd ed.). Boston, MA: Sargent College of Allied Health.
- Armstrong, K., Best, S. & Domenici, P. (2006). *Courage After Fire*. Berkeley, CA: Ulysses Press.
- Armstrong, K., Best, S., & Domenici, P. (2013). *Courage after fire for parents of service members: Strategies for coping when your son or daughter returns from deployment*. Oakland, CA: New Harbinger.
- Ballenger, J. C., Davidson, J. R. T., Lecrubier, Y., Nutt, D. J., Foa, E. B., Kessler, R. C., & McFarlane, A. C. (2000). Consensus statement on posttraumatic stress disorder from the international consensus group on depression and anxiety. *Journal of Clinical Psychiatry, 61*(Suppl 5), 60-66.
- Baker, R., & Pickren, W. (2007). *Psychology and the Department of Veterans Affairs: A historical analysis of training, research, practice and advocacy*. Washington, DC: APA Books.
- Barry, A.E.; Whiteman, S.; Wadsworth, S.M.; Hitt, S. (2012). The alcohol use and associated mental health problems of student service members/Veterans in higher education. *Drugs: education, prevention and policy, 19*(5): 415-425. Doi: 10.3109/09687637.2011.647123
- Becker, D. R., & Drake, R. E. (2003). *A working life for people with severe mental illness* (2nd ed.). Oxford, England: Oxford University Press.
- Bellack, A. S. (2004). Skills training for people with severe mental illness. *Psychiatric Rehabilitation Journal, 27*(4), 375-391.
- Bellack, A. S., Bennett, M., & Gearon, J. (2007). *Behavioral treatment for substance abuse in people with serious and persistent mental illness: A handbook for mental health professionals*. New York, NY: Routledge Publishers.
- Bond, G. R. (1998). Principles of the individual placement and support model: Empirical support. *Psychiatric Rehabilitation Journal, 22*, 11-23.
- Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal, 27*, 345-359.
- Bond, G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. (1997). A fidelity scale for the individual placement and support model of supported employment. *Rehabilitation Counseling Bulletin, 40*, 265-284.
- Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported. *Psychiatric Rehabilitation Journal, 31*(4), 280-290.
- Borsari, B.; Yurasek, A.; Miller, MB; Murphy, J. G.; McDevitt-Murphy, M.E.; Martens, M.P.; Darcy, M.G.; Carey, K.B. (2016). Student Service Members/Veterans on Campus: Challenges for Reintegration, *American Journal of Orthopsychiatry*. Doi: 10.1037/ort0000199.
- Bosco, M. A., Murphy, J. L., & Clark, M. E. (2013). Chronic pain and traumatic brain injury in OEF/OIF service members and Veterans. *Headache: The Journal Of Head And Face Pain, 53*(9), 1518-1522.
- Bradbard, D.A., Maury, R.V., Kimball, M., Wright, J.C.M., LoRe, C.E., Levingston, K., Shiffer, C., Simon-Boyd, G., Taylor, J.A., White, A.M. (2015). Blue Star Families 2014 Military Family Lifestyle Survey:

- Comprehensive Report. Falls Church, VA: Blue Star Families, Inc.
- Bray, R.M.; Hourani, L.L.; Olmsted, K.L.R., and others (2005). *Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel*. Research Triangle Park, NC: RTI International; 2006. RTI/7841/106-FR.
- Briere, J. (2012). Working with trauma: Mindfulness and compassion. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 265-279). New York, NY: Guilford Press.
- Brown, M. C., Creel, A. H., Engel, C. C., Herrell, R. K., & Hoge, C. W. (2011). Factors associated with interest in receiving help for mental health problems in combat Veterans returning from deployment to Iraq. *Journal Of Nervous And Mental Disease*, 199(10), 797-801.
- Brunette, M. F., Mueser, K. T., & Drake, R. E. (2004). A review of research on residential programs for people with severe mental illness and co-occurring substance use disorders. *Drug and Alcohol Review*, 23(4), 471-481.
- Burke-Miller, J. K., Cook, J. A., Grey, D. D., Razzano, L. A., Blyler, C. R., Leff, H. S., & Carey, M. A. (2006). Demographic characteristics and employment among people with severe mental illness in a multisite study. *Community Mental Health Journal*, 42, 143-159.
- Burnam M, Meredith, LS, Tanielian, T, Jaycox, LH. (2008). Mental healthcare for Iraq and Afghanistan war Veterans. *Health Affairs*, 28(3):771-782.
- California Department of Mental Health (2010). Advancing California's Traumatic Brain Injury Service System: Next Steps.
- California Traumatic Brain Injury Advisory Board Final Report (2010). *Advancing California's Traumatic Brain Injury service system: Next step*. Sacramento, CA: California Department of Mental Health.
- Carlson, L. S., Eichler, M. S., Huff, S., & Rapp, C. A. (2003). *A Tale of Two Cities: Best Practices in Supported Education*. Lawrence, KS: The University of Kansas, School of Social Welfare.
- Cate, C. A. (2014). *Million records project: Research from student Veterans of America*. Washington, DC: Student Veterans of America.
- Celis, W. (1994). The GI Bill, 50 years. *New York Times*, p. A20.
- Chinman, M., Young, A. S., Hassell, J. & Davidson, L. (2006). Toward the implementation of mental health consumer provider services. *Journal of Behavioral Health Services & Research*, 33(2), 176-195.
- Church, T. E. (2009). Returning Veterans on campus with war related injuries and the long road back home. *Journal of Postsecondary Education and Disability*, 22(1), 43-52.
- Collins, M., Bybee, D., & Mowbray, C. (1998). Effectiveness of Supported Education for Individuals with Psychiatric Disabilities: Results from an Experimental Study. *Community Mental Health Journal*, 34(6), 595- 613.
- Cook, J. A., Leff, H. S., Blyler, C. R., Gold, P. B., Goldberg, R.W., Mueser, K. T., & Burke-Miller, J. (2005). Results of a multisite randomized trial of supported employment interventions for individuals with severe mental illness. *Archive of General Psychiatry*, 62, 505-512.
- Cook, J. A. & Solomon, M. L. (1993). The community scholar program: an outcome study of Supported Education for students with severe mental illness. *Psychosocial Rehabilitation Journal*, 17(1), 83-97.
- Corrigan, P. W., & Lee, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma, *American Psychologist*, 54(9), 765-776.
- Corrigan, P. W., McCracken, S. G., & Holmes, E. P. (2001). Motivational interviews as goal assessment for persons with psychiatric disability. *Community Mental Health Journal*, 37(2), 113-122.
- Costa, A. (2011) Accommodations for college students with mental health challenges. Transitions RTC, Tip Sheet 2. Worcester, MA: UMMS, Department of Psychiatry. Retrieved from <http://labs.umassmed.edu/transtiosnsRTC>
- Diclemente, C. C. & Prochaska, J. O. (1998). Toward a comprehensive, theoretical model of change. In W. R. Miller & N. Heather (Eds.). *Treating Addictive Behaviors*. New York, NY: Plenum Press.
- Durdella, N. R., & Kim, Y. K. (2012). Understanding patterns of college outcomes among student Veterans. *Journal of Studies in Education*, 2, 109-129. <http://dx.doi.org/10.5296/jse.v2i2.1469>
- Elbogen, E.B., Wagner, H.R., Johnson, S.C., Kinneer, P., Kang, H., Vasterling, J.J., Timko, C., & Beckham, J.C.

- (2013). Are Iraq and Afghanistan Veterans Using Mental Health Services? New Data From a National Random-Sample Survey. *Psychiatric Services* 64:134–141.
- Ellison, M. L., Russinova, Z., Lyass, A., & Rogers, E. S. (2008). Professionals and managers with severe mental illnesses: Findings from a national survey. *The Journal of Nervous and Mental Disease*, 196(3), 179-189.
- Ellison, M. L., Drebing, C., Mueller, L., Delman, J. & Mistler, L. (2011). Vocational and Educational Support for Veterans. *Center for Mental Health Services Research Publications and Presentations*. Paper 458.http://escholarship.umassmed.edu/psych_cmhsr/458
- Ellison, M.L., Mueller, L., Henze, K., Corrigan, P., Larson, J., Kieval, N.E., Sawh. L., & Smelson, D. (2012). The Veteran Supported Education Treatment Manual (VetSEd). Bedford, MA: ENRM Veterans Hospital, Center for Health Quality, Outcomes and Economic Research. link for pdf: https://www.queri.research.va.gov/tools/vetsed/VetSEd_Manual.pdf
- Ellison, M. L., Mueller, L., Smelson, D., Corrigan, P. W., Torres Stone, R. A., Bokhour, B. G., Najavits, L. M., Vessella, J. M., & Drebing, C. (2012). Supporting the education goals of post-9/11 Veterans with self-reported PTSD symptoms: A needs assessment. *Psychiatric Rehabilitation Journal*, 35(3), 167-170.
- Farkas, M. & Anthony, W. (2010). Psychiatric rehabilitation interventions: A review. *International Review of Psychiatry*, 22(2), 114-129.
- Felitti, V. and R., Nordenberg, D., Williamson, D.F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Foa, E. B., Gillihan, S. J., & Bryant, R. A. (2013). Challenges and successes in dissemination of evidence-based treatments for posttraumatic stress: Lessons learned from prolonged exposure therapy for PTSD. *Psychological Science In The Public Interest*, 14(2), 65-111.
- Frueh, C. B., Turner, S. M., Beidel, D. C., & Cahill, S. P. (2001). Assessment of social functioning in combat Veterans with PTSD. *Aggression and Violent Behavior*, 6(1), 79-90.
- Fogler, J. & Stern, L., (1998) *Improving your memory: How to remember what your starting to forget*. Baltimore: The John Hopkins University Press.
- Fulton, J. J., Calhoun, P. S., Wagner, H. R., Schry, A. R., Hair, L. P., Feeling, N., & ... Beckham, J. C. (2015). The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A meta-analysis. *Journal of Anxiety Disorders*, 3198-107.
- Gates, L. B., & Akabas, S. H. (2007). Developing strategies to integrate Peer providers into the staff of mental health agencies. *Administration and Policy in Mental Health & Mental Health Service Research*, 34, 293-306.
- Gironda, R. J., Clark, M. E., Massengale, J. P., & Walker, R. L. (2006). Pain among Veterans of Operations Enduring Freedom and Iraqi Freedom. *Pain Medicine*, 7(4), 339-343.
- Glynn, S., Drebing, C., & Penk, W. (2009). *Psychosocial rehabilitation*. In E. Foa, T. Keane, M. Friedman, & J. Cohen (Editors). *Effective Treatments for PTSD*, (2nd Ed.) New York, NY: Guilford. Goetter, E. M., Bui, E., Ojserkis, R. A., Zakarian, R. J., Brendel, R. W., & Simon, N. M. (2015). A systematic review of dropout from psychotherapy for posttraumatic stress disorder among Iraq and Afghanistan combat Veterans. *Journal of Traumatic Stress*, 28(5), 401-409.
- Gradus, J. L., Wisco, B. E., Luciano, M. T., Iverson, K. M., Marx, B. P., & Street, A. E. (2015). Traumatic brain injury and suicidal ideation among U.S. Operation Enduring Freedom and Operation Iraqi Freedom Veterans. *Journal of Traumatic Stress*, 28(4), 361-365.
- Greenberg, M. (1997). *The GI Bill: The law that changed America*. New York, NY: Lickle Publishing.
- Greenberg, M. (2007). In P. Malamud (Ed.) *Historians in America* (The GI Bill of Rights). Washington, DC: U.S. Department of State.
- Hall, R. G., Foslein-Nash, C., Singh, D. K., Zeiss, R. A., Sanders, K. M., Patry, R., & Leff, R. (2009). A formalized teaching, practice and research partnership with the Veterans Affairs North Texas healthcare system: A model for advancing academic partnerships. *American Journal of Pharmaceutical Education*, 73(8), 141.

- Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical Supervision in the Helping Professions: A Practical Guide*. Pacific Grove, CA: Brookes/Cole-Thomson Learning.
- Hoffman, F. L. & Mastrianni, X. (1993). The role of Supported Education in the inpatient treatment of young adults: a two-site comparison. *Psychosocial Rehabilitation Journal*, 17(1), 109-119.
- Hoge C, Castro, CA, Messer, SC, McGurk, D, Cotting, DI, Koffman, RL. (2004). Combat duty in Iraq and Afghanistan, mental health problems and barriers to care. *New England Journal of Medicine*, 351(1):13-22.
- Hoge, C. W., Grossman, S. H., Auchterlonie, J. L., Riviere, L. A., Milliken, C. S., & Wilk, J. E. (2014). PTSD treatment for soldiers after combat deployment: Low utilization of mental healthcare and reasons for dropout. *Psychiatric Services*, 65(8), 997-1004.
- Holder, K. (2010). The educational attainment of Veterans: 2007. U.S. Census Bureau. Retrieved from <http://www.census.gov/hhes/Veterans/publications/files/Veteranseducation.pdf>
- Humes, E. (2006). *Over here: How the GI Bill transformed the American dream*. New York, NY: Harcourt, Inc.
- Holloway, E. L. (1999). A framework for supervision training. In E. Holloway & M. Carroll (Ed.), *Training counseling supervisors*. London: Sage.
- Jansen, M., Farkas, M., & Penk, W. (Editors) (2007). Editors' commentary on VA's JRRD special issue on psychosocial rehabilitation. *Journal of Rehabilitation Research and Development*, 44(6), vii-xxi.
- Karney B, Rajeev, R, Osilla, KC, Caldarone, LB, Burns, RM (2008). *Invisible Wounds: Predicting the Immediate and Long Term Consequences of Mental Health Problems in Veterans of Operation Enduring Freedom and Operation Iraqi Freedom*: Rand Corporation.
- Kessler, R. C., Sonnega, A., Bromet, E., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archive of General Psychiatry*, 52, 1048-1060.
- Khadaroo, S. T. (2009). Who qualifies under the Post-9/11 GI Bill. *Christian Science Monitor*, 2.
- Kilpatrick, D.G.; Resnick, H. S.; Milanak, M.E.; Miller, M. W.; Keyes, K.M.; Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. *Journal of Traumatic Stress*, 26(5): 537-547. Doi: 10.1002/jts.21848
- Kok, B. C., Herrell, R. K., Thomas, J. L., & Hoge, C. W. (2012). Posttraumatic stress disorder associated with combat service in Iraq or Afghanistan: Reconciling prevalence differences between studies. *Journal Of Nervous And Mental Disease*, 200(5), 444-450.
- Kotler, M., Iancu, I., Efroni, R., & Amir, M. (2001). Anger, impulsivity, social support and suicide risk in patients with Posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 18(3), 162-167.
- Legere, L., Furlong-Norman, K., Gayler, C., & St. Pierre, C. (2009). *Higher education support toolkit: Assisting students with psychiatric disabilities*. Boston, MA: Center for Psychiatric Rehabilitation.
- Mares, A. S., & Rosenheck, R. A. (2007). Disability benefits and clinical outcomes among homeless Veterans with psychiatric and substance abuse problems. *Community Mental Health Journal*, 43(1), 57-74.
- Marlatt, G. A., & Donovan, D. M. (Eds.). (2005). *Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd Ed.). New York, NY: Guilford Press.
- Matheny, K. B., Aycok, D. W., Pugh, J. L., Curlette, W. L., & Silva-Cannella, K. A. (1986). Stress coping. *The Counseling Psychologist*, 14(4), 499-549.
- Mettler, S. (2005). *Soldiers to Citizens: The GI Bill and the making of the greatest generation*. New York, NY: Oxford University Press.
- Miller, W. K. (2011). *Essential practices in student Veterans programs: Serving Veterans and Veterans with disabilities in higher education: A Delphi Study* (Doctoral dissertation). University of Connecticut, Storrs, CT. ProQuest Thesis and Dissertation database (in print).
- Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. New York, NY: Guilford.
- Molina, D., & Morse, A. (2015). *Military-Connected Undergraduates: Exploring Differences Between National Guard, Reserve, Active Duty and Veterans in Higher Education*. Washington, DC: American Council on Education and NASPA – Student Affairs Administrators in Higher Education.
- Mowbray, C. T., Collins, M. E., Bellamy, C. D., McGivern, D. A., Bybee, D., & Szilvagy, S. (2005). *Supported Education for Adults with Psychiatric Disabilities: An Innovation for Social Work and Psychosocial*

- Rehabilitation Practice. *Social Work*, 50(1), 7-21.
- Mowbray, C. T., Moxley, D. P., & Brown, K. S. (1993). A framework for initiating Supported Education programs, *Psychosocial Rehabilitation Journal*, 17, 129-149.
- Mueser, K. T., & Bellack, A. S. (2007). Social skills training: Alive and well? *Journal of Mental Health*, 16, 549-552.
- Mueser, K. T., Rosenber, S. D., Goodman, L. A., & Trumbetta, S. L. (2002). Trauma, PTSD and the course of severe mental illness. *Schizophrenia Research*, 53(1-2), 123-143.
- Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women: A research review. *American Journal on Addictions*, 6, 273-283.
- National Academies of Sciences, Engineering and Medicine. 2018. Evaluation of the Department of Veterans Affairs Mental Health Services. Washington, DC: *The National Academies Press*. doi: <https://doi.org/10.17226/24915>.
- National Center for PTSD. (2012). Why Veterans make good employees. Retrieved from: http://www.va.gov/vetsinworkplace/docs/em_goodemployees.html
- National Center for Veterans Analysis and Statistics. (2011). Educational Attainment of Veterans: 2000 to 2009. Washington, DC.
- Nelson Goff, B.S., Crow, J.R., Reisbig, A.M., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology*, 21, 344-353.
- Office of Public Affairs Media Relations (2013). Post - 9/11 GI Bill Celebrates Fourth Anniversary: Nearly 1 million Veterans, Service members and families benefit. Washington, DC.
- Penk, W., & Flannery, R. (2000). *Psychosocial rehabilitation*. In E. Foa, T. Keane, & M. Friedman (Editors). Effective treatments for PTSD. New York, NY: Guilford Press.
- Persky, K. R., & Oliver, D. E. (2010). Veterans coming home to the community college: Linking research to practice. *Community College Journal of Research and Practice*, 35, 111-120.
- Plumb, T. R., Peachey, J. T., & Zelman, D. C. (2014). Sleep disturbance is common among servicemembers and Veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychological Services*, 11(2), 209-219.
- Pollard, M., Amaral, E., Medelsohn, J., Cefalu, M., Kress, A., & Ross, R. (2015). Demographic Projections. In RAND Health, *Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs* (pp. 33-56). Santa Monica, CA: RAND Corporation.
- President's Commission on Veterans' Pensions. (1956). *Findings and recommendations: Veterans benefits in the United States*. Washington, DC: President's Commission on Veterans' Pensions.
- Prochnik, G. (2006). *Putnam camp: Sigmund Freud, James Jackson Putnam and the Purpose of American Psychology*. New York, NY: Other Press.
- Prins, A.; Spangler, S., Walser, R., Ruzek, J. (2012). VITAL VA Campus Toolkit. <http://www.mentalhealth.va.gov/studentVeteran/aboutus.asp#sthash.pytCMP9L.dpuf>
- Radford, A. (2011). *Military service members and Veterans: A profile of those enrolled in undergraduate and graduate education in 2007-2008*. Washington, DC: National Center for Education Statistics at the Institute of Education Sciences; U.S. Department of Education.
- Ramchand, R., Schell, T. L., Jaycox, L. H., & Tanielian, T. (2011). Epidemiology of trauma events and mental health outcomes among service members deployed to Iraq and Afghanistan. In J. I. Ruzek, P. P. Schnurr, J. J. Vasterling, M. J. Friedman, J. I. Ruzek, P. P. Schnurr, ... M. J. Friedman (Eds.) , *Caring for Veterans with deployment-related stress disorders* (pp. 13-34). Washington, DC, US: American Psychological Association.
- Resnick, S. & Rosenheck, R. (2007). Dissemination of supported employment in Department of Veterans Affairs. *Journal of Rehabilitation Research and Development*, 44(6), 867.
- Restoring GI Bill Fairness Act of 2011, Pub. L. No. 112-26, 125 Stat. 268 (2011). Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-112publ26/pdf/PLAW-112publ26.pdf>
- Rogers, E. S., Anthony, W. A., & Lyass, A. (2006). A randomized clinical trial of psychiatric vocational rehabilitation. *Rehabilitation Counseling Bulletin*, 49, 143-156.
- Sabo, R. (2010). American council on education study gauges success of new GI Bill's education benefits.

- Retrieved Jan. 10, 2011, from <http://www.gibill.com/news/study-gauges-success-of-new-gi-bills-education-benefits-314.html>
- Sareen, J., Cox, B., Stein, M., Afifi, T., Fleet, G., & Asmundson, G. (2007). Physical & mental comorbidity, disability, & suicidal behavior associated with Posttraumatic Stress Disorder. *Psychosomatic Medicine*, 69, 244-248.
- Sareen J, Cox, BJ, Afifi, TO, Stein, MB, Belik, SL, Meadows, G, Asmundson, GJ. (2007). Combat and peacekeeping operations in relation to prevalence of mental disorders and perceived need for mental healthcare: findings from a large representative sample of military personnel. *Archives of General Psychiatry*, 64(7):843-852.
- Schell, T. L., & Tanielian, T. (2011). A needs assessment of New York state Veterans: Final report to the New York State Health Foundation. *RAND Corporation monograph series*. Santa Monica, CA: The RAND Corporation.
- Schnurr, P. P., Lunney, C. A., & Sengupta, A. (2004). Risk factors for the development versus maintenance of posttraumatic stress disorder. *Journal of Traumatic Stress*, 17, 85-95.
- Seal, K., Bertenthal, D., Miner, C., Saunak, S., & Marmar, C. (2007). Bringing the war back home; Mental Health disorders among 103,788 US Veterans returning from Iraq and Afghanistan at Department of Veterans Affairs Facilities. *Archives of Internal Medicine*, 167, 476-482.
- Seal K, Metzler, TJ, Gima, KS, Bertenthal, D, Maguen, S, Marmar, CR. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan Veterans using Department of Veterans Affairs healthcare. *American Journal of Public Health*, 99:1651-1658.
- Section 504 of the 1973 Rehabilitation Act, Pub. L. No. 93-112, 87 Stat. 394 as amended (1973). Retrieved from http://www.law.cornell.edu/uscode/html/uscode29/usc_sec_29_00000794----000-.html
- Servicemen's Readjustment Act of 1944, Pub. L. No. 78-346, § 100-1500, 58 Stat. 284-301 (1944). Retrieved from <http://heinonline.org/HOL/PDFsearchable?handle=hein.statute/sal058&collection=statute&id=306&print=18§ioncount=3&ext=.pdf>
- Smelson, D. A., Sawh, L., Kane, V., Kuhn, J. & Ziedonis, D. (2011). *The MISSION-VET Treatment Manual*. Bedford, MA: Veterans Health Administration.
- Smith, R. C., & Bartholomew, T. (2006). Will hospitals recover?: The implications of a recovery-orientation. *American Journal of Psychiatric Rehabilitation*, 9, 85-100.
- Smith-Osborne, A. (2006). *Mental health risk factors and protective mechanisms for post-secondary educational attainment among young adult Veterans*. (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses database. (UMI 3234452)
- Smith-Osborne, A. (2009). Does the GI Bill support educational attainment for Veterans with disabilities? Implications for current Veterans in resuming civilian life. *Journal of Sociology & Social Welfare*, 36(4), 111-125.
- Spelman, J. F., Hunt, S. C., Seal, K. H., & Burgo-Black, A. L. (2012). Post deployment care for returning combat Veterans. *Journal Of General Internal Medicine*, 27(9), 1200-1209.
- Steele, J., Salcedo, N., & Coley, J. (2010). *Service members in school: Military Veterans' experiences in using the Post-9/11 GI Bill and pursuing postsecondary education*. Washington, DC: American Council on Education.
- Stein, M. & McAllister, T. (2009). Exploring the convergence of Posttraumatic Stress Disorder and mild Traumatic Brain Injury. *American J of Psychiatry*, 166, 768 – 776.
- Souma, A.; Rickerson, N.; Burgstahler, S. (2012). Academic Accommodations for Students with Psychiatric Disabilities: Achieving equal access through accommodations and universal design. DO-IT University of Washington. Seattle, WA.
- Substance Abuse and Mental Health Services Administration (2012). SAMHSA's Working Definition of Recovery. Retrieved from <https://store.samhsa.gov/system/files/pep12-recdef.pdf>
- Substance Abuse and Mental Health Services Administration (2006). *National Consensus Statement on Mental Health Recovery* (DHHS Publication No. SMA05-4129). Retrieved from <http://store.samhsa.gov/product/National-Consensus-Statement-on-Mental-Health-Recovery/SMA05-4129>
- Substance Abuse and Mental Health Services Administration (SAMHSA, Office of Applied Studies) (2007).

- Results from the 2006 national survey on drug use and health: National findings* (DHHS Publication No. SMA 07-4293). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Taber, K., & Hurley, R. (2007). Traumatic axonal injury: Atlas of major pathways. *The Journal of American Neuropsychiatry Clinical Neurosciences*, 19(2), 100-104.
- Tanielian, T. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences and services to assist them* (T. Tanielian & L. Jaycox, Eds.). Santa Monica, CA: Rand Corporation.
- Taylor, S., Wald, J., & Asmundson, G.J. G. (2006). Factors associated with occupational impairment in people seeking treatment for posttraumatic stress disorder. *Canadian Journal of Community Mental Health*, 25, 289-301.
- Taylor, P. (2011). *The military-civilian gap: War and sacrifice in the Post-9/11 Era* (P. Taylor, Ed.). Washington, DC: Pew Research Center: Social & Demographic Trends.
- Taber K, Hurley, R. (2009). PTSD and combat-related injuries: Functional neuroanatomy. *The Journal of Neuroanatomy*, 21(1):iv-4.
- Tsang, H., Lam, P., Ng., B. & Leung, O. (2000). Predictors of employment outcome for people with psychiatric disabilities: a review of the literature since the mid '80s. *The Journal of Rehabilitation*, 66, 19-31.
- Unger, K. (1993). Creating Supported Education programs utilizing existing community resources. *Psychosocial Rehabilitation Journal*, 17(1), 11-24.
- Unger, K. V., Pardee, R. & Shaver, M. S. (2000). Outcomes of post secondary Supported Education programs for people with psychiatric disabilities. *Journal of Vocational Rehabilitation*, 14, 195-199.
- U.S. Department of Education. (2011). Radford A. Military service members and Veterans: A profile of those enrolled in undergraduate and graduate education in 2007-2008. Washington, DC: National Center for Education Statistics at the Institute of Education Sciences.
- US Department of Health and Human Services (2000). *Healthy People 2010* (Vol. 1, 2). Sudbury, MA: Jones and Bartlett.
- US Department of Health and Human Services (2010). *Developing healthy people 2020. Proposed HP2020 objectives: Substance abuse*. Retrieved from <http://www.healthypeople.gov/HP2020/Objectives/TopicArea.aspx?id=46&TopicArea=Substance Abuse>
- U.S. Department of Veterans Affairs. (2008). *VA Handbook 1160.01: Uniform Mental Health Services in VA Medical Centers and Clinics*. Washington, DC: Department of Veterans Affairs.
- U.S. Department of Veterans Affairs. (2011). *Educational attainment of Veterans: 2000 to 2009*. Washington, DC: Author. Retrieved from: http://www.va.gov/vetdata/docs/SpecialReports/education_FINAL.pdf
- U.S. Department of Veterans Affairs. (2011). *Peer Specialist Training Manual*. Washington, DC: Department of Veterans Affairs.
- U.S. Department of Veterans Affairs. (2011). The post 9/11 GI Bill. Retrieved Sept. 10, 2011 from http://www.gibill.va.gov/benefits/post_911_gibill/index.html
- U.S. Department of Veterans Affairs. (2016). VA/DoD Clinical Practice Guidelines. Retrieved from: <http://www.healthquality.va.gov/>
- Vance, M., & Miller W. K. (2009). Serving wounded warriors: Current practices in postsecondary education. *Journal of Postsecondary Education and Disability*, 21(1), 18-35.
- Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, C. W., Heeren, T., King, L. A. & King, D. W. (2010). PTSD symptom increases in Iraq-deployed soldiers: Comparison with nondeployed soldiers and associations with baseline symptoms, deployment experiences and post deployment stress. *Journal of Traumatic Studies*, 23(1), 41-51.
- Vasterling, J. J., Schumm, J., Proctor, S. P., Gentry, E., King, D. W. & King, L. A. (2008). Posttraumatic stress disorder and health functioning in a non-treatment-seeking sample of Iraq war Veterans: A prospective analysis. *Journal of Rehabilitation Research and Development*, 45(3), 347-58.
- Vaughan, C. A., Schell, T. L., Tanielian, T., Jaycox, L. H., & Marshall, G. N. (2014). Prevalence of mental health problems among Iraq and Afghanistan Veterans who have and have not received VA services. *Psychiatric Services*, 65(6), 833-835.
- Vocational Rehabilitation Act of 1920*, Pub. L. No. 66-236, § 1, 41 Stat. 735 (1920). Retrieved from <http://heinonline.org/HOL/PDFsearchable?handle=hein.statute/>

- al041&collection=statute&id=759&print=4§ioncount=5&ext=.pdf
Vocational Rehabilitation Act of 1943, Pub. L. No. 78-16, § 1, 48 Stat. 8 (1943).
 Retrieved from <http://heinonline.org/HOL/PDFsearchable?handle=hein.statutesal057&collection=statute&id=59&print=3§ioncount=3&ext=.pdf>
- Volk, R. (1968). *Alternative methods to funding higher education*. Berkley, CA: The Carnegie Commission.
- Walton-Radford, A., Wun, J., & Weko, T. (2009). *Issue tables: A profile of military service members and Veterans in higher education*. Washington, DC: National Center for Education Statistics.
- Weiner, G. (1998). 'Here a little, there a little': Equal opportunities policies in higher education in the UK. *Studies in Higher Education*, 23(3), 321-333.
- Widome, R.; Laska, M.N.; Gulden, A.; Fu, S.S.; Lust, K. (2011). Health Risk Behaviors of Afghanistan and Iraq War Veterans Attending College. *American Journal of Population Health*. 26(2), 101-108. Doi: 10.4278/ajhp.090826-QUAN-278.
- Wilson, M., Greenlees, J., Hagerty, T., Helba, C., & Hintze, D.W. (2000). *Youth Attitude Tracking Study 1999 Propensity and Advertising Report*. Arlington, VA: Defense Manpower Data Center.
- Yacobi, A., Fruchter, E., Mann, J. J., & Shelef, L. (2013). Differentiating army suicide attempters from psychologically treated and untreated soldiers: A demographic, psychological and stress-reaction characterization. *Journal Of Affective Disorders*, 150(2), 300-305.
- Zivin K, Eisenberg, D, Gollust, SE, Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders*, 117:180-185.

Appendix A: Education Tactics and Goal Setting

1. Academic History Worksheet
2. Tackling Common Challenges Worksheet
3. Education Tactics Plan Worksheet
4. Sample Educational Roadmap
5. Education Change Worksheet

ACADEMIC HISTORY WORKSHEET

When did you last attend college, take courses while in the military, or have other training?

How many credits have you earned? What degree program were you in? What type of training did you do?

What would you say you learned from that experience about college or training?

What was your experience like with the classes you took?

For each class, what did you find was the easiest part of the class? Which part was the most difficult?

Appendix A: Education Tactics and Goal Setting

Were there any classes that you had to withdraw or take an incomplete? How did you come to the decision to withdraw? What were the challenges in completing the course during the semester?

What were your grades or final results in the classes you completed?

What was your experience with the college or training environment?

What was your high school experience like?

What were your grades like?

How long ago were you in high school?

Appendix A: Education Tactics and Goal Setting

How did you spend your time outside of class?

- | | |
|---|--|
| <input type="checkbox"/> working | <input type="checkbox"/> art/music |
| <input type="checkbox"/> homework, studying | <input type="checkbox"/> volunteering/community service |
| <input type="checkbox"/> athletics/sports/fitness | <input type="checkbox"/> school organizations/leadership |
| <input type="checkbox"/> time with friends | <input type="checkbox"/> JROTC/military prep |
| <input type="checkbox"/> other hobbies (fishing, cars, et cetera.): _____ | |

How did you do in core courses like math and English? How do you feel about your skills in these areas?

Math:

Writing:

Did you ever take the pre-SAT (PSAT), SAT, ACT, or any college assessment test? What were your scores on these tests?

PSAT:

SAT/ACT:

Other:

Based on your past educational experiences, what would you say are your strengths in pursuing your education goals?

Based on your past education experiences, what concerns do you have about pursuing your education goals?

Related to your Supported Education work, is there anything that I have not asked you about that you think it is important for me to know?

TACKLING COMMON CHALLENGES WORKSHEET

Here are some common challenges that Veterans sometimes face:

- | | | |
|---|---|--|
| <input type="checkbox"/> Paying for School | <input type="checkbox"/> Time Management | <input type="checkbox"/> Lack of Support |
| <input type="checkbox"/> Course Load Considerations | <input type="checkbox"/> Problems in a Specific Class | <input type="checkbox"/> Study Strategies |
| <input type="checkbox"/> Learning about Campus | <input type="checkbox"/> Reasonable Accommodations | <input type="checkbox"/> Addressing Stigma |
| <input type="checkbox"/> Choosing and Registering for Classes | <input type="checkbox"/> Managing Work & School Resources | <input type="checkbox"/> Stress Management in School Setting |
| <input type="checkbox"/> Benefits and Claims, Including the GI Bill | <input type="checkbox"/> Transitioning from Military to Civilian Life | <input type="checkbox"/> Evaluating or Reevaluating a Major |

After identifying some challenges, consider: on a scale of 1-10, where 1 is NOT AT ALL and 10 is DEFINITELY a priority, how focused are you on the following life aspects **right now**?

LIFE DOMAIN	PRIORITY LEVEL
Education	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Housing	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Work	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Leisure	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Social Supports	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Physical Health	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Mental Health	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Spirituality	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Legal Situation	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Financial Situation	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Family	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Other: _____	1-----2-----3-----4-----5-----6-----7-----8-----9-----10

EDUCATION TACTICS PLAN WORKSHEET

PRIORITIZED LIST OF EDUCATIONAL BARRIERS:

1. _____

2. _____

3. _____

ADDRESSING BARRIER #1:

	PLAN OF ACTION
TIMELINE	
STEPS TO ADDRESS THIS BARRIER	
HOW WILL VITAL-SED PROVIDER SUPPORT THIS PLAN OF ACTION?	
BACK-UP PLAN	

PREFERRED OUTCOME: _____

ADDRESSING BARRIER #2:	
	PLAN OF ACTION
TIMELINE	
STEPS TO ADDRESS THIS BARRIER	
HOW WILL VITAL-SED PROVIDER SUPPORT THIS PLAN OF ACTION?	
BACK-UP PLAN	

PREFERRED OUTCOME: _____

ADDRESSING BARRIER #3:	
	PLAN OF ACTION
TIMELINE	
STEPS TO ADDRESS THIS BARRIER	
HOW WILL VITAL-SED PROVIDER SUPPORT THIS PLAN OF ACTION?	
BACK-UP PLAN	

PREFERRED OUTCOME: _____

SAMPLE EDUCATIONAL ROAD MAP

My current educational goal:

I want to go back to school and get my HVAC license

Why is that goal important to me?

So I can find a good job working with my hands and provide for my family. After I get some experience I might want to open my own business.

When do I want to achieve this goal?

About 2-3 years.

What are all the possible steps I need to take to complete this goal?

- *Identify schools with a good reputation and a good job placement rate for HVAC (1 month)*
- *Find out how much my GI Bill will cover for tuition (1 month)*
- *Decide which schools I can afford (1 month)*
- *Find out how I apply to that school (1 month)*
- *Apply to the school (3 months)*
- *Get accepted and enroll (3 months)*
- *Get my schedule for the first semester (3 months)*
- *Start classes (3 months)*
- *Do well in classes to progress to next class (6 months)*
- *Complete all school requirements (in about 2 years)*
- *Find a job (in about 2 years)*

What steps needs to be done first?

Mark which steps I need to take in next 1 month with a 1.

Mark which steps I need to take in next 3 month with a 3.

Mark which steps I need to take in next 6 month with a 6.

3-Month Educational Plan

Overall Educational Goal:

Figure out which school will give the best training to get a good job, a school I can afford and then enroll in that school (and hopefully start classes)

Target date for Overall Goal:

3 to 4 months

What steps do I need to take in the next 3 months? (list here)

- Identify schools with a good reputation and a good job placement rate for HVAC. (1 month)*
- Find out how much my GI Bill will cover for tuition. (1 month)*
- Decide which schools I can afford. (1 month)*
- Find out how I apply to that school (1 month)*
- Apply to the school (3 months)*
- Get accepted and enroll (3 months)*
- Get my schedule for the first semester (3 months)*
- Start classes (3 months)*

For each step:

What will I do to achieve this goal?

What will my VITAL-SEd provider do to achieve this goal?

Who can help me with this goal and what they can do to help?

What difficulties might I anticipate?

What will I do if I have trouble meeting this goal?

Step:

- Identify schools with a good reputation and a good job placement rate for HVAC. (1 month)*

Appendix A: Education Tactics and Goal Setting

What will I do?

- I will ask my buddies with HVAC licenses where they went to school and what they thought of it.
- I will search online for school with HVAC programs near me.
- I will complete My Personal Criteria for Schools/Training Programs Checklist so that I have a good idea of what aspects of a school are most important to me
- I will review the School Choice Checklist: Possible Questions for Campus Visit and list additional questions I have about each school

What will VITAL-SEd provider do?

- We will look online to identify different schools in the area and their graduation and placement rates.
- We will go over my list of school criteria (Question to Help Determine an Occupational Goal worksheet)
- We will go visit schools I am interested in and fill in the My Personal Criteria for Schools/ Training Programs Questionnaire

Who else can help and what can they do to help?

My friends and family can ask questions about what I have learned so far about schools and they might come up with questions I need to have answered that I didn't think about.

What will I do if I have trouble meeting this goal?

I will ask my VITAL-SEd provider or my friends who already have done this for help.

Step:

- Find out how much my GI Bill will cover for tuition. (1 month)

What will I do to achieve this goal?

I will look at the GI Bill web site on my own to review the information I can find about the funding available to me.

What will my VITAL-SEd provider do to achieve this goal?

- We will look over the GI Bill web site together and figure out how much I am eligible to receive for tuition and housing Education Assistance worksheet.
- We will complete the Educational Expenses Worksheet with the top 2 schools I am interested in
- We will meet with the two schools certifying officials to review both worksheet, to ensure we have the information correct.

Who can help me with this goal and what they can do to help?

If the GI Bill doesn't cover all of my school expenses, I will talk to the financial aid office about additional grants, work study and loans.

What will I do if I have trouble meeting this goal?

I am very interested in finding out how much the GI Bill will fund while I am in school, so I don't think I will have any trouble meeting this goal. However, if it is not as much as I thought, then I might be disappointed and much less excited about continuing the process. If this happens, my VITAL-SEd provider will help me remember why I want to go to school by completing the Ups and Downs for Going to School worksheet.

Step:

- *Decide which schools I can afford. (1 month)*

What will I do to achieve this goal?

I will fill out Current Expenses/Resources/Debts Worksheet and: Veteran's Current Financial Situation Worksheet.

What will my VITAL-SEd Provider do to achieve this goal?

- *We are going to fill out an UPDATED Current Expenses/Resources/Debts Worksheet and the Veteran's Current Financial Situation Worksheet including the benefits I will get from the GI Bill and the expenses for school.*
- *We look at this for the top two schools I am interested in and see if one meets my budget better.*
- *If there is a big difference between the final costs of the two schools for me, then we will review My Personal Criteria for Schools/Training Programs Checklist to see how important that differences is compared to other differences in the schools.*

Who can help me with this goal and what they can do to help?

- *Some of my friends who went to school took out loans and other friends worked during school in addition to the GI Bill. I will talk to people who did both to help me make a decision about which of those or some combination will be right for me.*
- *My VITAL-SEd provider could help me fill out Ups and Downs for Going to School and Ups and Downs for Going to School and Working Worksheet.*

What will I do if I have trouble meeting this goal?

- *I usually don't like thinking and planning about money, I usually "spend today, worry about it tomorrow." So this goal and the next goal are likely to be the toughest for me. If I get stuck on these goals, I will work more with my VITAL-SEd provider to help keep me motivated to keep going. I will ask for support from family and friends*

Appendix A: Education Tactics and Goal Setting

Step:

- Find out how I apply to that school (1 month)

What will I do to achieve this goal?

Talk to the admissions counselor

What will my VITAL-SEd provider do to achieve this goal?

I don't think they will need to do anything.

Who can help me with this goal and what they can do to help?

The school admissions office should be happy to help me with this

What will I do if I have trouble meeting this goal?

Ask my VITAL-SEd provider if I am having trouble, but I think this will be easy.

Step:

- Apply to the school (3 months)

What will I do to achieve this goal?

- Complete Task List for Applying to School/Training Program worksheet, so that I have a list of everything I need to do to apply
- Work on each section one at a time.

What will my VITAL-SEd Provider do to achieve this goal?

When I complete each task on the list review results together and plan for next step

Who can help me with this goal and what they can do to help?

Sometimes I put things off if they seem too difficult, so I am asking my VITAL-SEd provider to check in with me if something is taking longer than it should, I may need some assistance or some motivation to get the task started. Once I started, it is usually easier for me to actually work on it.

What will I do if I have trouble meeting this goal?

- If I have questions, the admissions office should be able to answer them.
- I can also ask my uncle who completed school a while ago; he might have some tips or advice.

Step:

- Get accepted and enroll (3 months)

Appendix A: Education Tactics and Goal Setting

What will I do to achieve this goal?

- *First, wait to hear if I am accepted.*
- *Review the requirements for courses from the admission book*
- *Meet with an advisor to help select my classes*

What will my VITAL-SEd provider do to achieve this goal?

Come with me to meet my advisor and help me select my courses. I'm sure there is going to be a lot of information in this meeting and it would be good to have someone else to hear it.

Who can help me with this goal and what they can do to help?

- *My advisor will help me know which classes I need to take first*
- *My VITAL-SEd provider will help me pick a schedule that works best for my health and wellness*

What will I do if I have trouble meeting this goal?

If I can't get the classes I need or want, I will make sure to involve my advisor and VITAL-SEd provider

Step:

- *Get my schedule for the first semester (3 months)*

What will I do to achieve this goal?

Once I have signed up for classes, I will fill out a weekly schedule (School Schedule Worksheet)

What will my VITAL-SEd provider do to achieve this goal?

Review my schedule with me; make sure I have enough time to study for classes, sleep, relaxation and spending time with family/friends.

Who can help me with this goal and what they can do to help?

I think this will be fairly easy, won't need much help.

What will I do if I have trouble meeting this goal?

n/a

Step:

- *Start classes (3 months)*

What will I do to achieve this goal?

Actually go to class

Appendix A: Education Tactics and Goal Setting

What will my VITAL-SEd provider do to achieve this goal?

- *Check in a lot during my first week of class*
- *Who can help me with this goal and what they can do to help?*
- *I will let all my family and friends know that am starting school so they can support me by asking about school and encouraging me*

What will I do if I have trouble meeting this goal?

Call my VITAL-SEd provider right way, I can't start out on the wrong foot. If I am having trouble, I need to get help ASAP.

Six Month Educational Plan

Overall Educational Goal:

Do well in classes. Complete the first semester with a B minus or better average.

Target date for Overall Goal:

Complete the first semester.

What steps do I need to take in the next 6 months? (list here)

- Figure out how symptoms of PTSD might get in my way at school and identify ways to cope with this*
- Make sure I get all of my assignments done on time*
- Feel comfortable at school*
- Manage stress well so I can focus on what I need to do*

For each step:

- Figure out how symptoms of PTSD might get in my way at school and identify ways to cope with this*

What will I do to achieve this goal?

I will talk to the other Veterans in my PTSD group and my individual therapist about how my PTSD might impact my progress at school and get their ideas of what I can do about it.

What will my VITAL-SEd Provider do to achieve this goal?

- We will use Campus Resource Assessment Worksheet to figure out what types of school services I would be interested in or would be helpful to me. My VITAL-SEd provider will help me find out how to get information about these services.*
- Once we have the information, we can work together to see what services I want to use.*

Who can help me with this goal and what they can do to help?

- The school counseling office, the school support services for students with disabilities and the certifying official for GI benefits might know of additional services or supports that can help.*

What will I do if I have trouble meeting this goal?

- I will let my support people (family, friends, VITAL-SEd provider and therapist) know that whatever I am doing is not working so they can help.*

Step:

- Make sure I get all of my assignments done on time*

What will I do to achieve this goal?

I will look at my current weekly schedule and make sure I can enter in enough time to review the assigned readings before class, complete any required homework and time in advance to

spend on large projects like term papers.

What will my VITAL-SEd Provider do to achieve this goal?

- Help me translate my syllabi into an overall calendar of what I need to do when.
- Help me break up larger projects into smaller tasks with due dates.
- Go over my weekly schedule with me to see if I missed anything.

Who can help me with this goal and what they can do to help?

- If we are not sure about the steps for a large project, we can ask the Professor of the class.
- I will let me friends know that if they see my playing video games when I should be studying, it is ok to remind me.

What will I do if I have trouble meeting this goal?

If I start running out of time to complete weekly assignments (including my own deadlines for smaller parts of large projects), then I will let my VITAL-SEd provider know right away so they can help me troubleshoot my weekly schedule and see how I can better get things done on time. I don't want to wait until half way through the semester to try and fix the problem.

Step:

- Feel comfortable at school

What will I do to achieve this goal?

- When I am at school, I will take note if I hear that someone else is a Veteran in conversation. I will introduce myself to them.
- I will check out different clubs or activities at school that I might be interested in. I may or may not have time to actually participate in the activities, but I can just learn more about them and see if I meet anyone I feel comfortable with.
- If I have trouble meeting people I feel comfortable with, I let my VITAL-SEd provider know.

What will my VITAL-SEd provider do to achieve this goal?

- We will use Campus Resource Assessment Worksheet to figure out what types of school services I would be interested in or would be helpful to me. My VITAL-SEd provider will help me find out how to get information about these services.
- Once we have the information, we can work together to see what services I want to use.
- If I am not feeling comfortable because I was I think other people are thinking about me, we can use Stopping Self-Stigma Worksheet.

Who can help me with this goal and what they can do to help?

We might find campus clubs or services related to Veterans that might be able to help. The school certifying official might also help me to connect with other Veterans or services that

Appendix A: Education Tactics and Goal Setting

might be useful.

What will I do if I have trouble meeting this goal?

I could ask my friends outside of school for advice. I could also talk to the Veterans in my PTSD group and my individual therapist about it.

Step:

- *Manage stress well so I can focus on what I need to do*

What will I do to achieve this goal?

- *I will continue to play basketball, go to the gym and enjoy movie night with m friends because when I exercise and spending time with friends, I feel less stressed overall.*
- *I will note when stress is getting in the way of sleep, going to class, or getting assignments done on time.*
- *I will make a list of things that help me feel less stressed like taking a walk, interacting with friends online or texts and listening to music. I will use these strategies when I am feeling stressed.*

What will my VITAL-SEd provider do to achieve this goal?

- *Help me identify my personal signs of stress*
- *Assist in adding to my list of things that help me feel less stressed.*

Who can help me with this goal and what they can do to help?

My friends, Veterans in my PTSD group and my therapist all probably know my signs of stress (even ones I may not think of). I can also ask for their ideas of how to handles stress.

What will I do if I have trouble meeting this goal?

I will let my support people (family, friends, VITAL-SEd provider, therapist) know that whatever I am doing is not working so they can help.

EDUCATION CHANGE WORKSHEET

The education changes I want to make (or continue to make) are:

The reasons I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know my plan is working if:

Some things that could interfere with my plan are:

What I will do if the plan isn't working:

Appendix B:

Orienting to School

1. Campus Resources Assessment Worksheet
2. Campus Resources Assessment Example
3. Navigating a New Campus Handout

CAMPUS RESOURCES ASSESSMENT WORKSHEET

(adapted from Legere, Furlong-Norman, Gayler, & St. Pierre, 2009)

STUDENT NAME:	DATE:			
CAMPUS RESOURCE/ SERVICE	ASSISTANCE NEEDED?		NOTES AND PREFERENCES	CONTACT INFORMATION
Accommodations or disability support services	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Financial Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Veteran Supports on Campus; Veteran's Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Veteran Student Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Academic Services and Support (tutoring)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Career Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

CAMPUS RESOURCES ASSESSMENT EXAMPLE

From <https://cpr.bu.edu/wp-content/uploads/2011/09/Higher-Education-Support-Toolkit.pdf>

Student Name: <i>Jane Doe</i>	Date: <i>8/26/08</i>	
Campus Resource/Service	Assistance Needed?	Notes and Preferences
Accommodations <i>Office of Disability Services http://www.bu.edu/disability/</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Checked website and scheduled initial appt. for 09/03/08</i>
<i>Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University.</i>		<i>Follow-up on 09/10/08</i>
Financial Aid <i>Office of Financial Assistance http://www.bu.edu/financial/</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Need to review financial status for academic year</i>
<i>This office offers comprehensive financial aid services to undergraduate students and their families. This office administers grants, scholarships, loans, and part-time employment funding. We also provide information to help students and their families make thoughtful decisions about options for financing a Boston University undergraduate education.</i>		
Housing <i>The Office of Housing Resources http://www.bu.edu/housing/</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>This office provides information on a range of housing options, FRQS, summer housing, etc.</i>		
Residence Life <i>Office of Residence Life http://www.bu.edu/reslife/</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>This office is designed to support student life in and out of the classroom.</i>		

Campus Resources Assessment Example

Student Name: <i>Jane Doe</i>	Date: <i>8/26/08</i>	
Campus Resource/Service	Assistance Needed?	Notes and Preferences
Academic Services and Support		
<i>Educational Resource Center</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>The ERC provides academic support programs to the Boston University community</i>		
<i>http://www.bu.edu/erc/index.html</i>		
<i>Peer Tutoring to complement classroom experience</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Writing Center to assist with all aspects of the writing process</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Set up initial appt. for 09/17/08</i>
<i>Language link to provide small groups to practice foreign language skills</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Workshops to provide opportunity to learn how to become more successful academically</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Scheduled to attend first workshop 09/24/08</i>
<i>Contingent Aid Program to design and implement educational goals</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Freshman and Transfer Resource Advisor</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Office of the Dean of Students</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Not at this time, but revisit in October/November</i>
<i>This office provides orientation, mentoring and counseling programs to effectively engage students in academic and intellectual work, community service, and other activities that will enrich their time at the university</i>		
<i>http://www.bu.edu/dos/</i>		

Campus Resources Assessment Example

Student Name: Jane Doe		Date: 8/26/08	
Campus Resource/Service		Assistance Needed?	Notes and Preferences
Student Health Services <i>http://www.bu.edu/shs/</i> <i>Student Health Services includes a medical service, behavioral medicine service by appointment or on an emergency basis, a crisis intervention counselor and chiropractic care.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>would like to have a contact person for counseling services</i> <i>Set up initial appt. for week of 09/22/08</i>	
University Service Center <i>http://www.bu.edu/usc/</i> <i>This office assists with concerns which are of a more complex or unique nature, or which may require the cooperation of several administrative offices to resolve; including the Registrar's Office, Student Accounting Services, Financial Assistance, and other administrative and academic offices. This office handles leaves of absence and withdrawals for undergraduate degree students.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Career Services <i>Office of Career Services</i> <i>http://www.bu.edu/careers/</i> <i>This office assists in all aspects of your career search from the time you enter the University and choose a major to the time you leave the University and accept your first position.</i> <i>Career workshops</i> <i>Employer Information Sessions</i> <i>On-campus interviewing</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Campus Resource Assessment Form

Student Name:		Date:	
Campus Resource/Service	Assistance Needed?	Notes and Preferences	
Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Financial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residence Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		

NAVIGATING A NEW CAMPUS HANDOUT

	IMPORTANT LANDMARKS & OFFICES
The Student Union/ Commons	Often an area where students mingle and relax between classes. Student activities and information tables are often held here.
The Bookstore	To obtain textbooks, notebooks, calendars, school supplies, graduation regalia, college gear/souvenirs.
The Gymnasium	Often free access for students. There may be organized intramural programs and classes.
Bursar's Office	This office handles the college financials. So, if you need a refund or need to send in a check- it goes to the Bursar's office.
Registrar's Office	Basically, the gateway office for everything else- you can contact them if you need transcripts, to transfer credits and for help enrolling in new classes or dropping classes.
Financial Aid Office	This is the office you would submit financial aid applications to and contact for information about financial aid awards. They may be able to provide some financial aid counseling. This section of the college website should have downloadable forms so you don't need to go to the office in person and wait in line.

	HEALTH SPECIFIC SERVICES
Student Health Center	Students are able to receive discounted or free medical services here.
Counseling Center	Students are able to receive discounted or free counseling.
Disability Services	Promotes and advocates for access to the curriculum, campus facilities, programs and technology, by: a) Identifying and addressing physical, communication and informational barriers and b) Providing individualized accommodations and support services. Professors are given instructions, but are not provided with reasons for the accommodations.

	RESOURCES FOR ACADEMIC SUCCESS
The Writing Center	Staff here will proofread your essays, resume and other assignments and provide you with corrections and suggestions. They can work regularly with you to outline and complete papers. If your campus has a writing center, their services are often free for enrolled students.
Academic Services/ Support	This is where you can obtain a tutor in a specific subject or class. Staff there are also trained to help with organizing, planning, studying and other skills to successfully complete tasks and coursework. These services are free for students.
Academic Advisors	These are Professors who formally meet with students each semester to review and help plan your course selections for next semester. They may discuss with you your academic status, goals and progress towards graduation to help make sure you have the required classes and are on track to reach your goals. Although they are often assigned when you enter school, you are able to request a change to another advisor who may be a better fit (perhaps one within your major). This is usually an opt-out service.
Academic Review Committee (or similar)	A committee consisting of a small group of Professors, deans and students. At the end of each semester, this committee meets with students who are below a certain grade-point average. The committee meets together with the student to better understand the student's situation. The committee they may clarify steps that are required for the student to remain in good standing and recommend measures/services that may help the student to achieve their goals.
Library	Students often need to obtain a library card once enrolled and then will have access to (A) books, journals/magazines and online databases for research, (B) computers, email, word-processing (C) copiers and scanners and possibly video/audio equipment. Some Professors will reserve course-required (and course-recommended) books or readings that you can check out at the front desk for a few hours at a time. The library can also sometimes provide private rooms for quiet studying or to work on projects with a group.
Computer Center	Often open long hours, where you can complete coursework and work with other specialized computer programs. Sometimes staff will be available to help with computer issues.

	LIFE ON CAMPUS & AFTERWARDS
Veteran's Center/ Office	This is where you would find a benefits certifying official, VA work study, a Veteran Student lounge.
Veteran Student Groups	Often there are student led Veteran clubs/groups on campus, they differ depending on the college.
Student Organizations	Other student organizations also plan and host events. These can include: seminars and panels, informational tabling, cultural and fun activities, volunteering, advocacy and other community activities.
Career Services	This office aids both students and alumni with resume help, interviewing skills, job fairs and other career development possibilities. You can call and set up a consultation appointment for free.

Appendix C: Time and Task Management Materials

1. School Schedule Worksheet
2. Sample School Schedule
3. Spare Time Worksheet

SCHOOL SCHEDULE WORKSHEET

Fall Schedule for _____

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
7-8am							
8-9am							
9-10am							
10-11am							
11-12pm							
12-1pm							
1-2pm							
2-3pm							
3-4pm							
4-5pm							
5-6pm							
6-7pm							
7-8pm							
8-9pm							
9-10pm							
10-11pm							
11-12am							

SAMPLE SCHOOL SCHEDULE

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
7-8am	Get ready for school	Get ready/ Breakfast	Get ready for school	Get Ready/ Breakfast	Get ready/ Breakfast	Sleep	Sleep
8-9am	Breakfast with Sam	History Class	Breakfast with Sam	History Class	Biology Lab	Get ready/ Breakfast	Get ready/ Breakfast
9-10am	Math Class	Biology Class	Math Class	Biology Class	Biology Lab	Work	Study Time
10-11am	English Class	Do biology readings	English Class	Do biology readings	Biology Lab	Work	Study Time
11-12pm	Math Homework	Biology readings/ Answer questions	Math Homework	Biology readings/ Answer questions	Lunch	Work	Lunch/ Study Time
12-1pm	Lunch	History readings/ Questions	Lunch	History readings/ Questions	Individual Therapy	Work	Study Time
1-2pm	Prepare English homework	Lunch	Prepare English homework	Lunch	Draft biology lab report	Work	Study Time
2-3pm	Writing Tutor	PTSD Group	Writing Tutor		Finalize lab report	Work	Spend time with family
3-4pm	Gym	Basketball Pickup Games	Gym	Basketball Pickup Games	Gym	Work	Spend time with family
4-5pm		Basketball		Basketball	Dinner		Spend time with family
5-6pm	Dinner/ Get ready for work	Dinner	Dinner/ Get ready for work	Dinner			Dinner/ Spend time with family
6-7pm	Work	Study time	Work	Study time			TV and do laundry
7-8pm	Work	Study Time	Work	Study time			TV and do laundry
8-9pm	Work		Work		Movie Night		Finish Laundry, Clean up Apartment
9-10pm	Work		Work		Movie Night		Clean up Apartment
10-11pm	Review readings for Tuesday class	Review readings for Wednesday class	Review readings for Thursday class	Review readings for Friday class	Movie Night		Review readings for Monday class

SPARE TIME WORKSHEET

WHAT DO YOU DO IN YOUR SPARE TIME?	
What would you like to do in your spare time?	
What types of books and magazines do you read?	
What types of television shows do you watch?	
Do you prefer to be indoors or outdoors?	
Do you like to be around people or are you fine with working quietly by yourself?	
What are your hobbies?	
What are your personal strengths?	

Appendix D:

Work/School Balance

1. Ups and Downs for Going to School and Not Working Worksheet
2. Ups and Downs for Going to School AND Working Worksheet
3. Employment History Worksheet

UPS AND DOWNS FOR GOING TO SCHOOL AND NOT WORKING WORKSHEET
--

	UPS	DOWNS
GOING TO SCHOOL ONLY		
DAILY		
SHORT-TERM		
LONG TERM		

UPS AND DOWNS FOR GOING TO SCHOOL AND WORKING WORKSHEET
--

	UPS	DOWNS
GOING TO SCHOOL AND WORKING		
DAILY		
SHORT-TERM		
LONG TERM		

EMPLOYMENT HISTORY WORKSHEET

WHAT JOBS HAVE YOU HAD? WHAT SKILLS WERE REQUIRED?		WHAT DID YOU LIKE AND DISLIKE ABOUT EACH POSITION?	
JOB	SKILLS	LIKE ABOUT THIS JOB	DISLIKE ABOUT THIS JOB

Appendix E: Paying for School

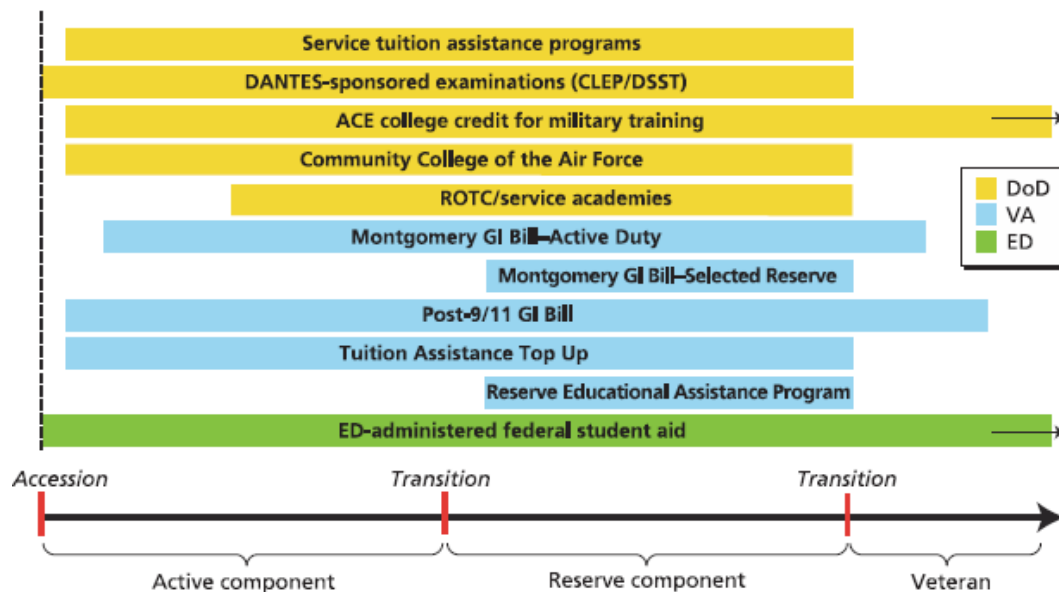
1. Benefits Information
2. Educational Expenses Worksheet
3. Current Resources/Expenses/Debts Worksheet
4. Veteran's Current Financial Situation Worksheet
5. Education Assistance Worksheet

BENEFITS INFORMATION

Financial benefits are essential for a Veteran to be able to successfully return to school. There is a range of available benefits. Thus, careful consideration and exploration of them is needed. Assistance in understanding benefits and what to apply for can help Veterans sift through what can be a confusing and frustrating process. In order to help Veterans most effectively, it is best that you are armed with basic knowledge of available benefits. You should always confirm the information provided here with the most up-to-date information on the specific Web sites for each program, which are also provided for your convenience. Information on these programs at: <http://benefits.va.gov/gibill/>

Several differences exist between available VA or DoD education benefits for members of the National Guard, Reservists, Active Duty and Veterans. The table below (Buryk et al., 2015) shows that available benefits vary by military status and time in service.

Organizational Oversight and Individual Lifetime Eligibility Requirements for Federal Educational Assistance Programs⁹



NOTE: Active component members may transition directly to veteran status, and reserve component members may not have prior active component service.

Reserve component members may accrue Montgomery GI Bill-Active Duty or Post-9/11 GI Bill for qualifying service on active duty. Tuition Assistance Top Up benefits may only be used while on qualifying active duty. Navy and Marine reserve component members can access Tuition Assistance only while on qualifying active duty.

RAND RR664-4.1

Military-connected students may have access to several educational benefits at once. Moreover, education programs available to active duty individuals may also be available to reservists and members of the National Guard (typically known as the reserve component) with qualifying active duty service. These programs include the Montgomery GI Bill-Active Duty, Tuition Assistance and Post-9/11 GI Bill.

Additionally, there are instances when education benefits are only available to the Reserve component; these include the Montgomery GI Bill-Selected Reserve and the Reserve Educational

Assistance Program. Service member eligibility for education benefits depends, in large part, on the lifecycle of the military-connected individual and often, VA or DoD education benefits are available in tandem.

There are two major sources of educational support for Post-9/11 Veterans, which can be used together. These are the Post-9/11 GI Bill and the Vocational Rehabilitation and Employment program (VR&E). Each is briefly described in this section, in addition to several other programs.

POST-9/11 GI BILL BENEFIT (CHAPTER 33)

The Post-9/11 GI Bill covers a percentage (up to 100%) of in-state tuition and fees for **public colleges/institutions**. Benefits percentage depends on length of service and might vary for classes online or on-campus. The GI Bill also provides a housing allowance and book stipend. An estimate of your benefits can be found at:

<https://www.vets.gov/gi-bill-comparison-tool>

Qualifications:

- Served on active duty after September 10, 2001, in support of a contingency operation under federal authority for a minimum of 90 consecutive days. This includes Veterans, Active Duty, National Guard and Reserve components.
- Veterans may also be eligible if they were honorably discharged from active duty for a service-connected disability after serving 30 continuous days after Sept. 10, 2001.
- Must have received an honorable discharge. Veterans who received discharges due to a preexisting medical condition, not-service-related disability, or hardship may qualify for the GI Bill. Veterans should contact their local Veterans Benefits Administration office for additional information. Veterans with general or other than honorable discharges may file an appeal to change their discharge. Veterans groups such as the Disabled American Veterans (DAV), Order of the Purple Heart and Local Veterans Service Agents may be able to assist with this process.
- 36 months of active duty service would allow for 100% of the allowable benefits under the Post-9/11 GI Bill.
- Generally, coverage expires 15 years after last discharge/separation.
- Veterans may take a break from using the GI Bill at any time (provided they complete classes that are in progress) without penalty.

Details on Benefits:

- Keep in mind that benefits for National Guard or Reservists will be different than what we have listed below. Based on the length of active duty service, eligible participants can receive a percentage of:
- Cost of **in-state tuition and fees at public institutions**, paid directly to the school. Approved training under the Post-9/11 GI Bill includes graduate and undergraduate degrees, vocational/technical training, on-the-job training, flight training, correspondence training, licensing and national testing programs and tutorial assistance, as well as some other programs.
- Veterans may also receive up to a certain amount toward tuition and fee costs through the Yellow Ribbon Program (described below) at **private or foreign institutions** and towards **out-of-state tuition.**
- Monthly housing allowance* equal to the basic allowance for housing payable to a military E-5

with dependents, in the same ZIP code as the primary school. This stipend amount depends on the number of credits the percentage

- Yearly books and supplies stipend of up to \$1,000 per year,
- A one-time payment of \$500 paid to certain individuals relocating from highly rural areas and
- A modified living stipend to students who are enrolled in distance learning (online) education programs.
- The Post-9/11 GI Bill also offers some service members the opportunity to transfer their GI Bill to dependents.

Details on Housing Allowance/Stipend:

- Housing allowance is not payable to individuals pursuing training at half time or less and is not payable to active duty service members.
- In order to receive the full amount of the housing stipend for their length of service, Veterans must be considered full-time students. Veterans who are enrolled at 51-99% a full-time course load are eligible for a corresponding percentage of their housing allowance. For example, Veterans who are at 61% time in school receive 70% of their housing allowance.
- Veterans are **only eligible** for this benefit **over the 36 months that they are enrolled** in a school. So, if a Veteran chooses to take fewer credits, they still only receive 36 months of benefits.

Details if a Veteran Fails or Drops a class:

- **If the Veteran fails a class, they do not have to pay back money** from the GI Bill.
- **If the Veteran withdraws from a class or drops out of school**, they **may be required to pay back money for tuition, housing allowance, books.**
- **Note: This may not be required in the event of mental or physical health issues, childcare issues, death or serious illness of a family member, et cetera.** Veterans should be encouraged to seek information from their school's Vet Center Director, or VITAL staff. These individuals will be able to connect them with Veterans Benefits Administration office if they are considering dropping a class beyond the drop-add deadline, or withdrawing from school.

How to apply:

- **VONAPP online** at: <https://www.ebenefits.va.gov/ebenefits/vonapp> or **VA form 1990** <http://www.vba.va.gov/pubs/forms/VBA-22-1990-ARE.pdf>

Once found to be eligible, the Veteran will be given a certificate of eligibility to present to the school. (It could take a month or so to get this in the mail.) Some schools only require a DD214 in order to enroll in classes.

Additional information can be found at <http://www.benefits.va.gov/gibill/> or by calling 1-888-GI-BILL-1 (1-888-442-4551).

POST-9/11 GI BILL YELLOW RIBBON PROGRAM (ALSO UNDER CHAPTER 33)

Covers a portion of tuition and fees for **private and foreign colleges/institutions and for out-of-state tuition**. The amount covered depends on the institution.

Qualifications:

- You must qualify for the maximum benefit rate under the Post-9/11 GI Bill
- You must not be on active duty or a spouse using transferred entitlement. (Child transferees of active duty Service members may be eligible if the service member is qualified at the 100% rate.)
- Your school must agree to participate in the Yellow Ribbon Program
- Your school must have not offered Yellow Ribbon to more than the maximum number of individuals, as stated in their participation agreement.

Details:

Yellow Ribbon schools may have an assigned person to deal with the paper work and help figure out the class load.

- To learn more about the Yellow Ribbon Program, visit: http://www.benefits.va.gov/gibill/yellow_ribbon.asp

VOCATIONAL REHABILITATION & EMPLOYMENT (VR&E) CHAPTER 31, NATIONAL BENEFIT:

This program assists Veterans with service-connected disabilities to prepare for, find and keep suitable jobs. If a Veteran has an SC rating, they will be given an initial meeting with a Vocational Rehab Counselor (V&RC) to assess abilities and goals and develop a rehabilitation plan. This plan outlines the services to be provided. The VA may cover the costs of some school or training programs in pursuit of a vocational goal.

Note that VR&E can often be used together with the Post-9/11 GI Bill to fund education. This can be a very valuable resource for some of the Veterans you are helping. More info is at: <http://www.benefits.va.gov/vocrehab/index.asp>

Qualifications:

- Honorable discharge
- 10% Service Connected (SC) Disability Rating with an employment handicap, or 10% SC Rating with a serious employment handicap. (An employment handicap exists if an SC disability impairs the ability to prepare for, obtain and maintain suitable career employment.)
 - Veteran may be eligible for a Memo Rating through the VA if they are applying simultaneously for both an SC rating and Vocational Rehab within the first year of discharge.
 - Current service members may also be eligible to apply if they
 - Expect to receive an honorable discharge upon separation
 - Obtain a memorandum rating of 20% or more service connected disability from VA

More info for current service members is at: http://www.va.gov/opa/publications/benefits_book.asp

- **Application has to be within 12 years of receiving an SC rating.** But for Veterans having a serious employment handicap, there is no time limit.

Veterans may receive:

- **Up to 48 months of educational benefits** (rather than 36 months of benefits through the Post-9/11 GI Bill). This can be extended based on the vocational goal of the individual Veteran.

Appendix E: Paying for School

- Basic Housing Allowance (BAH) will be the same as with the Post-9/11 GI Bill if eligible. If not, there is a monthly stipend.
- **If a Veteran is less than 100% on their Post-9/11 GI Bill (Chapter 33) benefit, signing up with Vocational Rehab would increase the percentage to the 100% allowable rate** to cover school-related costs.
- Access to VA Dental as it relates to the vocational goal.
- Additional benefits such as payment of all required books, fees and supplies as well as other supportive services.
- Assistance with other education and career counseling, on-the-job training and job placements and benefits coaching.

Developing a VR&E Plan:

- A VR&E plan is an individualized outline of services, resources and criteria that will be used to achieve employment and/or independent living goals. The plan is updated as needed to assist the Veteran to achieve their goals.
- Depending on their circumstances, Veterans will work with their V&RC to select one of the following five tracks of services:
- Reemployment (with a former employer)
- Direct job placement services for new employment
- Self-employment
- Employment through long term services including on the job training, college and other training
- Independent living services
- After a plan is developed and signed, a V&RC or case manager will continue to work with the Veteran to implement the plan towards their goals. The V&RC or case manager will provide ongoing counseling, assistance and coordination of services such as tutorial assistance, training in job-seeking skills, medical and dental referrals, adjustment counseling, payment of training allowance, if applicable and other services as required.
- In those cases where Veterans are found not to be eligible for VR&E, the V&RC assists with locating other resources to address any rehabilitation and employment needs identified during the evaluation. Referrals can include state vocational rehabilitation programs, Department of Labor employment programs for disabled Veterans and state, federal or local agencies providing services for employment or small business development, internet-based resources for rehabilitation and employment and information about applying for financial aid.

How to Apply:

- **i Complete VA Form 1900** <http://www.vba.va.gov/pubs/forms/VBA-28-1900-ARE.pdf> **or go through eBenefits online:** <https://www.ebenefits.va.gov/ebenefits/about/feature?feature=vocational-rehabilitation-and-employment>

Additional VR&E information is at: <http://www.benefits.va.gov/vocrehab>

USING VR&E AND POST-9/11 GI BILL TOGETHER

Veterans should be aware that the maximum length of time of benefits through the Post- 9/11 GI Bill is 36 months of school enrollment (not counting breaks between semesters). In general, the

usual maximum amount of benefits for education through VR&E is typically 48 months (although this can be extended if the Veteran's employment goal is approved from the beginning to take longer than 48 months to achieve in terms of the schooling required). However, Veterans should be cautioned that these benefit programs run concurrently. Therefore, if a Veteran is eligible for both the Post-9/11 GI Bill and the VR&E program and they use one of these programs, months are subtracted from both programs.

Example 1

Mr. O'Sullivan uses 24 months of the GI Bill to get an Associate's degree in human services. He then only has 24 months remaining in his V&RE benefits to get his Bachelor's degree.

Example 2

Ms. Fuertes uses the VR&E Veteran Success program to get her bachelor's degree in Engineering and uses 40 months of benefits to achieve that. If she later plans to get her Master's degree, she will not have any months left in her GI Bill because she has already exceeded the 36 months of benefits available in that program.

RESERVE EDUCATIONAL ASSISTANCE PROGRAM (REAP)

REAP is a Department of Defense program that provides educational assistance to members of the National Guard and Reserve components. The National Defense Authorization Act of 2016 ended REAP on Nov. 25, 2015. Some individuals will remain eligible for REAP benefits until November 25, 2019, while others are no longer eligible. The Post-9/11 GI Bill may in many cases provide a greater benefit than REAP. To change over to the Post-9/11 GI Bill, you can contact the Education Call Center at: <http://www.benefits.va.gov/gibill/reap.asp>

Current REAP beneficiaries

Veterans who were attending an educational institution on November 24, 2015, or during the last semester, quarter, or term ending prior to that date, are eligible to continue to receive REAP benefits until November 25, 2019.

Details:

- Maximum full-time entitlement is 36 months.
- Benefit rate is a portion of the MGIB-AD three-year enlistment rate.
- For more information visit: <http://www.benefits.va.gov/gibill/reap.asp>

SUPPORTED SERVICES FOR VETERANS AND FAMILIES (SSVF):

Housing and Financial Assistance for very low-income Veteran individuals/families.

Qualifications:

- Either the Veteran or spouse of a Veteran is the head of household.
- **"Very low-income"**: Household income does not exceed 50% of area median income. (Current income limits are found at: <http://www.huduser.org/portal/datasets/il.html>)
- **"Literally homeless"** as:
 - An individual/family lacking a fixed, regular and adequate nighttime residence.

(This includes shelters, transitional housing and hotels/motels paid for by charitable organizations or government programs for low-income individuals. Individuals also qualify if they were literally homeless before entering an institution and are discharged less than 90 days after.

OR

- Residing in permanent housing and at risk of becoming *literally homeless* if they were to lose assistance.

Details:

With a Housing-First approach, SSVF treats stable housing as the first and primary need for Veteran individuals/households. Other issues impacting the household are addressed as housing is obtained.

Veteran individuals/families receive:

1. Outreach and Case management
2. Connection to VA benefits and programs
3. Connection to public benefits and mainstream, community resources
4. Temporary Financial Assistance (TFA) to obtain services that may include:
 - Healthcare services
 - Daily living services
 - Personal financial planning services
 - Transportation services
 - Fiduciary and payee services
 - Legal services
 - Child care services
 - Housing counseling services

Program information at:

http://www.va.gov/homeless/ssvf/index.asp?page=/home/general_program_info_regs
http://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_May2016.pdf



How to Apply:

For SSVF services in Massachusetts, contact an organization below:

ORGANIZATION NAME	COUNTIES SERVED	INTAKE PHONE #	EMAIL/WEBSITE
Lynn Housing Authority Development Group, Inc.	Essex County & Middlesex County	781-581-8632	fhousing@lhand.org
Soldier On, Inc.	Berkshire, Hampshire, Franklin	413-582-3059	info@wesoldieron.org

Veterans Northeast Outreach Center, Inc.	Essex and Middlesex Counties, MA,	978-372-3626	www.vneoc.org/northeast-division
Veterans, Inc.	Worcester County	800-482-2565	info@Veteransinc.org
Vietnam Veterans Workshop, Inc.	Suffolk, Essex, Middlesex, Norfolk & Bristol Counties. City of Boston	617-371-1850	nechv.org
Volunteers of America of Massachusetts, Inc.	Suffolk, Middlesex, Plymouth, Norfolk, Balance of State	617-447-4287	Veteran@voamass.org

MASSACHUSETTS STATE ANNUITY FOR SERVICE CONNECTED VETERANS WHO ARE BLIND, PARAPLEGIC, OR 100% DISABLED.

Details:

Provides a \$2,000 annuity in two installments.

Information at: <http://www.mass.gov/Veterans/benefits-and-services/bonus/annuity.html>

The application form is at: <http://www.mass.gov/Veterans/docs/annuityVeteran.pdf>

WELCOME HOME BONUS

Qualifications:

- Eligible service dates: September 11, 2001 to the present.
- Six months **DOMICILE** in Massachusetts immediately prior to entry into the Armed Forces.
- Discharge must be under honorable conditions.

Details:

- 1st time active service in Iraq or Afghanistan: \$1000 (one time)
- EITHER
 - 1st time 6 months stateside active service (*Active service shall not include active duty for training in the Army National Guard, Air National Guard or reserves*): \$500 (one time)
- OR
 - 1st time 6 months foreign active service **OCONUS (OUTSIDE CONTIGUOUS US)**, AK & HI: \$500. The law allows eligible individuals to receive **EITHER** \$500 stateside bonus **OR** \$500 overseas bonus.
- Subsequent Iraq or Afghanistan: \$500
- Subsequent 6 months foreign service **OCONUS**, AK & HI: \$250

How to Apply:

[Application for Discharged/Veteran Status Application Form](#)

[Application for Active Status Application Form](#)

Further info at: <http://www.mass.gov/treasury/Veterans/>

VETERAN'S BENEFITS ADMINISTRATION (VBA)

Qualifications:

- Any Veteran who was injured while on active duty.
- Assists Veterans with requesting an increase in benefits.

Details:

Applications for the following Benefits are through the VBA:

- Compensation
- Education and Training
- Vocational Rehab and Employment
- Home Loans
- Life Insurance
- Pension
- Services for Veterans Transitioning from Active Service
- Services for Special Groups (including Gulf War Veterans, Veterans of other wars, Women Veterans, LGBTQ Veterans, Native American Veterans, Minority Veterans, Homeless Veterans, Incarcerated Veterans, et cetera.)

Information at: <http://benefits.va.gov/benefits/>

Application instructions at: <http://benefits.va.gov/BENEFITS/Applying.asp>

For a Veterans Benefits Timetable summarizing services and time limits:

<http://www.vba.va.gov/pubs/forms/VBA-27-0501-ARE.pdf>

How to Apply:

Through eBenefits, you can manage a lot of your benefits applications:

https://www.ebenefits.va.gov/ecms-proxy/document/ebenefits-liferay/dynamic-content/ebenefits/assets/downloads/eBenefits_factsheet.pdf

Apply through eBenefits: <https://www.ebenefits.va.gov/ebenefits/homepage>

If at all possible, set up an eBenefits account together with the Veteran at the initial meeting, since this is a very good portal for all benefits.

Or with a paper application, VA form 21-526:

<http://www.vba.va.gov/pubs/forms/VBA-21-526-ARE.pdf>

For information about Compensation Benefits:

<http://www.benefits.va.gov/compensation/index.asp>

For a Compensation and Pension application:

<http://www.vba.va.gov/pubs/forms/VBA-21-526-ARE.pdf>

For a non-Service Connected Pension application:

<http://www.vba.va.gov/pubs/forms/VBA-21-527EZ-ARE.pdf>

The following resources offer some overview about financing education.

- <http://todaysmilitary.com/living/paying-for-college>
- <http://www.militaryonesource.mil/education-and-employment/higher-education-for-service-members>
- <http://www.finaid.org/military/Veterans.phtml>

Other Financial Aid Information

- Search www.studentaid.ed.gov/scholarship to find general scholarships.
- <https://www.careeronestop.org/toolkit/training/find-scholarships.aspx>
- <http://offers.military.com/v/scholarships/flow/>
- <https://www.scholarships.com/financial-aid/college-scholarships/scholarships-by-type/military-scholarships/>
- Please search the web further for more resources, for Veterans, Active Duty, Reserves/National Guard, military spouses and military families.

Federal Student Loan Info, that may be helpful to have :

- <https://studentaid.ed.gov/sa/sites/default/files/military-student-loan-benefits.pdf>
- To understand why federal student loans are a better option than private loans, read: <https://studentaid.ed.gov/sa/types/loans/federal-versus-private>
- "Use Your Federal Student Loans: Learn the Basics and Manage Your Debt" at www.studentaid.ed.gov/repayingpub will help the Veteran determine which loans to accept and how much to borrow (for those who need to borrow loans).
- <https://studentaid.ed.gov/sa/sites/default/files/federal-student-aid-for-adult-students.pdf>

For Information on Tax Benefits for Education:

Go to www.irs.gov and read IRS Publication 970, "Tax Benefits for Education" to see how the Veteran might benefit from federal income tax credits for education expenses.

EDUCATIONAL EXPENSES WORKSHEET

EDUCATION EXPENSES	PER SEMESTER (4 MONTHS)
Tuition	
Fees	
Books	
Program/Lab Fees	
School Supplies (notebooks, binders)	
Equipment	
Laptop	
Software	
Graphing calculator	
Audio Recorder	
Transportation/Parking for School	
Other (list):	
Other (list):	
Other (list):	
TOTAL	

CURRENT RESOURCES/EXPENSES/DEBTS WORKSHEET

CURRENT EXPENSES	PER MONTH	PER SEMESTER (4 MONTHS)
Housing		
Utilities		
Food: Basic (groceries)		
Toiletries (toothpaste, shaving items, et cetera.)		
Clothes (including doing laundry or dry cleaning)		
Transportation (car payments, insurance, gas, et cetera.)		
Health care (co-pays, medicines, gym membership)		
Entertainment (tickets, DVDs, games, gambling, et cetera.)		
Food - Extra (restaurants, take out, coffee)		
Cigarettes		
Savings		
Child care		
Phone		
Other (list):		
TOTAL		

Appendix E: Paying for School

CURRENT DEBT	TOTAL OWED	INTEREST RATE	MONTHLY PAYMENTS	PAYMENTS PER SEMESTER (4 MONTHS)
Credit card debt				
Car Loan				
House Loan				
Personal Loan				
Loan from Family/Friends				
Legal debt				
Utility debt				
Student loan				
Other (list):				
TOTAL				

CURRENT RESOURCES	PER MONTH	PAYMENTS PER SEMESTER (4 MONTHS)
Income from Work		
Income from Other Sources		
Checking Account		
Savings Account		
Other (list):		
Other (list):		
Other (list):		
TOTAL		

VETERAN'S CURRENT FINANCIAL SITUATION WORKSHEET
--

Compare the totals for Current Resources and Current Expenses.

Is the Veteran able to afford basic expenses (housing, food, clothing, healthcare, et cetera.)?

Is the Veteran able to afford additional expenses (entertainment, cigarettes, et cetera.)?

Is the Veteran currently able to save money?

Does the Veteran have debt that is currently accruing interest

Does the Veteran have the financial resources to make payments on those debts right now?

If not, what are the consequences (financial and legal) of not making payments of those debts?

EDUCATION ASSISTANCE WORKSHEET

EDUCATION ASSISTANCE	PER MONTH	PER SEMESTER (BASED ON ENDING DATE OF SEMESTER**)
Post-9/11 GI Bill		
Tuition/Fees		
Housing**		
Books		
Montgomery GI Bill		
Voc Rehab – VR&E/Veteran Success		
Tuition/Fees		
Housing**		
Books		
Equipment		
Voc Rehab – State Program		
Tuition/Fees		
Books		
Equipment		
Federal Grants		
Federal Loans		
Other (list):		
Other (list):		
Other (list):		
TOTAL		

**Break or interval pay is no longer payable under any of the VA education benefit program unless under an Executive Order of the President or due to an emergency, such as a natural disaster or strike.

This means that when your semester ends (for example December 15th), your housing allowance is paid for the first 15 days of December only and begins again when your next semester begins (for example January 10th) and is paid for the remaining days of January.

Appendix F:

Problem Solving for Academic Difficulties

1. Background Relevant to Education Worksheet
2. Course Evaluation Process Worksheet
3. Education Questionnaire
4. Transcript Extraction Form
5. Stages of Change Interview for Continuing with Education Worksheet

BACKGROUND RELEVANT TO EDUCATION WORKSHEET

How do you think your experiences since high school have impacted your readiness to return to school?

Military service:

Family relationships (marriage, divorce, kids, deaths, illnesses):

Other:

In what ways have your experiences made you more ready for school or other types of training?

Military:

Family:

Injuries:

PTSD:

Found out I was good at or interested in...

Work experiences:

Found out I did not want to...

In what ways have your experiences made it more challenging to go back to school?

Military:

Family:

TBI:

PTSD:

Substance abuse:

Other injuries:

Self-confidence:

Work schedule:

Age/life situation:

COURSE EVALUATION PROCESS WORKSHEET
--

Summary of course requirements:

Areas to review:

1. Class attendance:

2. Ability to attend to/focus on class material while in class:

3. Understanding the information in the textbook or other course materials:

4. Understanding of the information presented in class:

5. Participation/active engagement during class:

6. Experience with out of class assignments (homework, papers, presentations) and grades on assignments:

7. Process for completing class assignments:

8. Experience with tests and test grades:

9. Process for preparing for tests:

10. Any feedback from the Professor or Teaching Assistant:

TRANSCRIPT EXTRACTION FORM

SECTION A: GRADE POINT AVERAGE WORKSHEET

Month/Year of Semester: _____

Course #	Letter Grade	Numerical Grade	X	Credits	Grade Points
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____
_____	_____	_____	X	_____ =	_____

Totals (Credits/Grade points) _____

Divide Grade Points by number of Credits = Term GPA = _____

SECTION B: SEMESTER SUMMARY

A. Term GPA: _____

B. Credits Attempted: _____

C. Credits Completed: _____

D. All attempted credits this semester were I, W, or F? _____ Yes _____ No

E. Credits Needed for Degree (Line F from Last Follow-up/Line I from Baseline): _____

F. Credits Remaining for Completion of Degree (Line E minus Line C): _____

G. Was degree achievable during study period (Line K from Baseline)? _____ Yes _____ No

H. Was degree completed during this semester? _____ Yes _____ No

Date: _____

STAGES OF CHANGE INTERVIEW FOR CONTINUING WITH EDUCATION WORKSHEET

Name _____ Interviewer _____ Date _____

I'd like to talk to you about school and ask you some questions. We will talk about things you may be doing to stay in school. We will also talk about things that are making you feel like quitting school.

Do you want to stay in school right now?

YES

What are you doing?

List activities here

_____ number of months participating in activity

_____ If less than six months in activity: **ACTION STAGE**

_____ If more than six months in activity: **MAINTENANCE STAGE**

Have you stopped doing these things in the past month?

_____ If yes: **RELAPSE STAGE**

MAYBE/NO

What are pros and cons?

Pros

Cons

Do the pros outweigh the cons?

_____ If no pros to change: **PRECONTEMPLATION STAGE**

_____ If cons > pros: **CONTEMPLATION STAGE**

_____ If pros > cons: **DETERMINATION/ PREPARATION STAGE**

Appendix G:

Choosing a New School and Career Exploration

1. Comparison of School/Training Settings
2. Task List for Applying to School/Training Program Worksheet
3. Sample Task List for Applying to School/ Training Program
4. Choosing a New School
5. Choosing an Occupational Goal Information
6. Questions to Help Determine an Occupational Goal Worksheet
7. My Personal Criteria for Schools/Training Programs Checklist
8. My Personal Criteria for Schools/Training Programs Questionnaire
9. School Choice Checklist: Possible Questions for Campus Visit

COMPARISON OF SCHOOL/TRAINING SETTINGS			
	COMMUNITY & JUNIOR COLLEGES	PROPRIETARY SCHOOLS	FOUR-YEAR COLLEGES & UNIVERSITIES
Type of Degrees Offered	Associate's Certificates	Graduate-level Bachelor's Associate's Certificates	Bachelor's
Degree Length	Up to two years	Varying	Four years
Type of Student It Attracts	Non-traditional; Often those with a few years in the workforce	Non-traditional; Often those looking for specialized training	Traditional
Campus Life	Very weak	Very weak	Very strong
On-campus Housing Available?	Rarely	Rarely	Yes; May include fraternities and sororities; Room and board added to cost of tuition
Services Available	Tutoring Disability support Counseling services	Job-placement services	Very wide range including tutoring, disability support, counseling, health, & housing; Some starting to develop Veteran-specific services
Course Scheduling	Very flexible	Flexible	Less flexible, though some schools now offering evening/weekend classes
Extras	Many have relationships with four-year schools so you can begin education at one college and finish their degree at a four-year institution	Consider job placement & graduation rates when deciding on which school to attend as these vary greatly from school to school	Sports teams; Wide arrange of students clubs and organizations

Online & Distance Learning – any type of learning and teaching that is supported by technology

- Some schools offer classes & even entire degrees that are based 100% online
- May include real-time video of course lectures
- Most allow students to self-pace (go online & complete work whenever it's convenient)
- Requires good computer skills and self-motivation
- Offered by all types of schools/colleges/universities

TASK LIST FOR APPLYING TO SCHOOL/TRAINING PROGRAM
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REQUIREMENT	TASKS	SUBTASKS	DATE REQUIRED	MONITORING

<p align="center">SAMPLE TASK LIST FOR APPLYING TO SCHOOL/TRAINING PROGRAM</p>

REQUIREMENT	TASKS	SUBTASKS	DATE REQUIRED	MONITORING
Send grades/transcript to school	Contact school	<ol style="list-style-type: none"> Find high school phone# Call HS and ask for department that handles sending transcripts Request form to request transcript Find address of college Fill out and make copy of form Send form to college 	<ol style="list-style-type: none"> 3/12 3/12 3/12 3/15 3/16 3/17 	<p>See VITAL-SEd practitioner for support to call HS on 3/12</p> <p>Bring copy of form to meeting on 3/18</p>

CHOOSING A NEW SCHOOL

THE CHOOSE PHASE OF VITAL-SED

During the **Choose** phase of VITAL-SEd, you are helping Veterans with those activities that are necessary for beginning school. As the name implies, this phase is guided by Veteran choice. Although you will be guiding and assisting Veterans in choosing appropriate activities that facilitate achieving their educational goals, ultimately, the choice always belongs to the Veteran. During the Choose phase, your primary role will be to assist the Veteran in creating an education tactics plan or roadmap (see **Appendix B**) that includes necessary steps to begin and complete school. For example, activities during the Choose phase of VITAL-SEd include: internet searches of schools and programs, arranging campus tours, meeting with admission counselors, setting up career testing and preparing for school placement exams.

Core activities during the choose phase are listed below. Exercises and case examples are provided throughout this section. Worksheets that accompany Choose activities are included in Section Seven.

Core Activities During the Choose Phase

- A. Preparing Veterans for School
- B. Set an Educational Goal and Creating an Educational Plan
- C. Choosing a School/Training Setting and Program

A. Enrolling/Getting Admitted to School

Once the school program is picked and the finances for going to school are worked out, the next big step is applying to the school and registering for classes.

1. Applying to Schools

Make a Task List

Support the Veteran to get and review the application(s). Assist the Veteran in looking over each application and making a list of the information, materials and requirements needed to complete it. The Veteran may benefit from a task list, outlining the number of sub-tasks required to complete each piece. See *Task List for Applying to School/Training Program (Appendix G)* and a sample Task List in **Appendix G**. Note that monitoring or support functions can be added to the Task List, to give the Veteran a vehicle through which to be accountable and supported throughout the process. The application process itself can be overwhelming and Veterans may not have the experience, knowledge or skills they need to apply to school. Additional supports peppered throughout the process may help the Veteran fully participate in the process.

Gather Information

Help the Veteran to make a list of the information and materials they will need to have on hand when applying to the school. Examples of important materials include the application(s) for school, a resume of work, military and educational experience, lists of awards received, clubs participated in, languages spoken, interests and hobbies, et cetera. In particular, scores from SAT and other college admission boards may need to be sent.

Write Essays

Support the Veteran to write required essays. Make sure to check each application to understand the particular requirements of each school. Essays should be written by the Veteran, about the Veteran's experiences, in a way that make the Veteran stand out in a crowd of applicants. The VITAL-SEd Peer Specialist may work with the Veteran to explore which experiences may be useful to write about and may offer to be a reader of the essay(s) to give feedback before it is submitted. The Veteran may want to have more than one person read the essays and other supports, including natural supports, should be included. The Veteran should be additionally supported to get grammar and spelling assistance, since sloppy essays will not promote the Veteran as a potential student.

Letters of Reference

Help the Veteran to check the application requirements pertaining to letters of reference. This task may be broken down into additional sub-tasks to include the following (not an exhaustive list):

- brainstorming of potential people to ask for a reference
- contacting the potential references by phone or email
- sending any pertinent information about the Veteran to references
- filling out the applicant portion of the reference form (if applicable)
- sending the reference form (if applicable) to references
- reminding/prompting references
- sending of thank you notes/e-mails to references

Preparation for Interviews

Some schools and colleges will require an interview and some may invite students to go for an interview to add to the application, if desired. Whether or not to set up an optional interview is a very personal decision and may be based in part on the perceived strength of the application and potential presentation in the interview. For many, the interview adds a human element to an application that is not strong on its own. For others, the interview may pose barriers and stressors that may get in the way of a strong application. The VITAL-SEd Peer Specialist should explore with the Veteran the pros and cons of requesting an interview and consult with the school or application packet about the requirements. If an interview is indicated, work with the Veteran to prepare for the interview. This can be done in a mock-interview format, where you help anticipate the questions that will be asked of the Veteran and outline particular points to be made in the interview that highlight the Veteran's strengths. In addition, if there are behaviors or circumstances that may be of concern to an Admissions Counselor, the VITAL-SEd Peer Specialist should also work with the Veteran to prepare responses to potential concerns (see examples in chart below). Accommodations may be made for the VITAL-SEd Peer Specialist to be present for the interview as needed.

EXAMPLE BEHAVIOR OR CIRCUMSTANCE	EXAMPLES OF POTENTIAL CONCERNS	EXAMPLE POTENTIAL RESPONSES
Veteran presents with extreme shyness, hesitant to speak up	That Veteran will be too shy to “make it” in the school environment	“Though I am shy when talking with people, I am a hard worker and was very efficient at getting my work done on my own in the military”
Veteran’s grades	That Veteran will not be able to “handle” the workload at school	“I was young and distracted when in high school and my grades may reflect that. My years in the military have taught me discipline that will help me as a more mature student”

Track the Application Process

Assist the Veteran to not only prepare the applications, but also to track the applications submitted. Encourage the Veteran to bring letters and e-mails to the VITAL-SEd Peer Specialist’s attention so that the Veteran can be supported to respond to any missing pieces and to respond to acceptances and any further decisions in a timely manner.

If the Veteran is Not Accepted into a Program

Work with the Veteran to explore their options. The Veteran may want to request information from the Admissions Office(s) to get feedback on their application. The Admissions Counselor may have suggestions for future application to the same school, or may be able to pinpoint problem areas to be addressed (for example taking courses currently to show ability to get good grades, retaking of college entrance exams, starting at another college with intent to transfer, et cetera.). Assist the Veteran to identify next steps and identify timelines to offer structure and hope.

B. Preparing Veterans to Start School

This section covers academic readiness and placement exams; two important topics in preparing the Veteran to start school.

1. Academic Readiness

Understandably, many Veterans are worried about meeting the demands of the academic environment after being away from school for a period of time. The Department of Education defines a student who is “at risk” of dropping out of college as one who “has been out of high school or dropped out of a program of postsecondary education for five years or more.” A majority of Veterans qualify as “at-risk” students just because of the length of time they have been out of the classroom. However, when that risk is compounded by PTSD, TBI or multiple health problems, the Veteran can have a severely reduced ability to learn and/or retain knowledge. It is important to recognize that many Veterans may be hesitant to identify themselves as an “at-risk student” or understand the role of academic supports provided within colleges. Veterans with mental health disorders, substance abuse disorders and/or trauma-related disorders, may have a history of negative school experiences or, if they had positive experiences, they may feel like they no longer have the same skills and abilities to succeed in school. The place to start the conversation of academic readiness is to explore the experience a Veteran had in high school or college prior to military service is the first. See *Academic History Worksheet* (Appendix A) to guide

this conversation. As a VITAL-SEd Peer Specialist, you should use this information gathered during Intake and academic readiness to develop their educational plan. For example, if a Veteran states that math was a problem in high school, then this could indicate that some math tutoring might be a good idea prior to taking college placement exams. Another step to take to ensure the Veteran is academically prepared for college is to locate their high school transcript or diploma. If the Veteran does not have a diploma, it would be a good step for them to obtain a General Education Development (GED) certificate. Information can be found by searching online for “GED certificate” and your state’s name.

2. Placement Exams

Many colleges use placement exams that assess core skills such as Math and English to determine if the student is ready for college level work. Prospective students may need to take these tests and obtain a certain score in order to start taking college courses. Students who score under a certain level may need to take refresher courses in pre-college level Math and English before they are allowed to take college courses for credit. If this is the case, the Veteran may be eligible for a lower percentage of the GI Bill benefit because these courses will not count towards their college course load.

Many community colleges offer free practice assessment tests online or in computer centers on campus. Practice assessments offer an opportunity for Veterans to obtain a realistic look at their skills, identify strengths and current weaknesses and to then develop a plan to address those identified weaknesses. Additionally, community college advisors can meet with Veterans who have completed practice assessments and provide feedback, if necessary, about ways to further develop their skills, including free online exercises, workbooks, et cetera.

Veterans may experience a great deal of anxiety or ambivalence when taking these placement tests. If a Veteran is anxious, supportive counseling can help put these exams in perspective and allay any fears that the Veteran may associate with poor performance. If the Veteran is ambivalent, refer to the core competency on increasing motivation in Section Five of this Training Manual. If certain criteria are met, you may also be able to secure an accommodation for the Veteran such as untimed testing or test-taking in an isolated setting.

Irrespective of test outcomes, some Veterans feel they need more help getting academically ready for school and may want to explore how the Veterans Upward Bound Program can help them. Veterans Upward Bound (VUB) is a free U.S. Department of Education program designed to help eligible U.S. military Veterans enter and succeed in, the postsecondary school of their choosing. Currently, there are 47 VUB programs nationwide, including Puerto Rico, ready to assist Veterans. Familiarize yourself with your nearby VUB program. You may want to meet with your local VUB program director and form a relationship so that you can refer Veterans there.

For information regarding Veteran Upward Bound, refer to the Department of Education’s Web site: <http://www2.ed.gov/programs/triovub/index.html>

C. Choosing a School/Training Setting and Program

Part of setting an educational goal will be selecting the specific school to which the Veteran will apply and attend. Choosing where to go to school can be complicated for anyone. But, for Post-9/11 Veterans who are trying to balance their academic pursuits with family, work, reintegration and ongoing adjustment to any mental or physical health issues, it can be particularly challenging. As a VITAL-SEd Peer Specialist, you can assist Veterans with their school selection process. The steps involved in this process are described below and include:

Steps in Choosing a School Program and Course Load

- i. Identifying Personal Criteria
- ii. Linking to Information and Resources
- iii. Using “Recon” Methods
- iv. Course Load Considerations
- v. Troubleshooting Barriers During the Choose Phase

1. Identifying Personal Criteria

Personal criteria include those factors that the Veteran considers to be most important when making a decision. For decisions about where to go to school, personal criteria can include many things, such as geography, tuition cost, or having a Veteran-friendly campus. As a VITAL-SEd Peer Specialist, your role is to coach Veterans along the personal criteria identification process. Coaching is not telling or prescribing personal criteria to Veterans. Sometimes you might find yourself working with a Veteran who is unsure of their personal criteria. It can be tempting as a VITAL-SEd Peer Specialist to read off a list of criteria to the undecided Veteran and say that they should look for everything on the list when they research schools. A better way to work with undecided Veterans is to present them with a list of personal criteria and coach them to identify those characteristics that are most important to them. An example list of key school qualities to consider is included in the *My Personal Criteria for Schools/Training Programs Checklist* (**Appendix G**). You can introduce the worksheet as a tool that can help both of you can better understand the Veteran’s preferences. If the Veteran has trouble identifying what is important to them, you can ask them one or more of the questions contained in the *My Personal Criteria for Schools/Training Programs Questionnaire* (**Appendix G**). By reviewing and discussing with the Veteran their responses to the Worksheet, you and the Veteran should have a better idea about what s/he should look for when researching particular schools and/or training programs. You may add to the list by reviewing with the Veteran any past experiences with schools and training programs. Past experiences, both good and bad, can teach us what works for us and what does not. Explore what the Veteran has liked and disliked about past schooling experiences and ask the Veteran what they would like the next school environment to look like. Be sure to let the Veteran know that their list of personal criteria is a “living document.” That is, the list can and will likely change somewhat as you work with the Veteran to gather more information about particular schools.

You can also use the Free College Matching Wizard: www.studentaid.ed.gov/myfsa to help the Veteran find the right school for their career intentions. Employed Veterans should ask their employers to recommend schools that provide training in the skills the Veteran will need for their career and ask if the employer will provide assistance to pay for school.

2. Linking to Information and Resources

In the age of internet search engines, information about college and training programs is more readily available than ever before. As an example, we typed “Massachusetts Colleges” into an internet search engine Web site and received over 27 million “hits” in response. Anyone, Veteran or non-Veteran, would find it overwhelming to look through all those Web pages! As a VITAL-SEd Peer Specialist, your role is to link Veterans to accurate information and resources about schools and training programs that will help them choose where they might like to go to school.

Below, we provide basic information about different types of schools and training programs. This information is also summarized in **Appendix A**. Once the Veteran has reviewed the various types

of schools and training programs, it should be clearer which setting fits best with the personal criteria they have identified in the process above. As the Veteran is collecting more information, you can work with them to update their personal criteria list from the *My Personal Criteria for Schools/Training Programs Checklist (Appendix G)*. This is a critical step because the Veteran's list of personal criteria can be used to fill in the top of the *School Choice Checklist: Possible Questions for Campus Visit (Appendix G)*. Both you and the Veteran can then refer back to **Appendix B** to help determine which school they want to attend.

When considering one's own personal criteria for a school setting it is important to first be familiar with the different types of schools and training settings. We briefly describe below: community and junior colleges, proprietary schools, four-year colleges and universities and online schools or distance learning institutions.

Types of School or Training Settings

Community and Junior Colleges. Community and junior colleges offer Associates and certificate degrees that tend to be job-focused. While earning an Associates degree tends to take two years, many certificate programs can be completed in far less time. Both community and junior colleges are not for profit; however, the former are state funded while the latter are privately funded. Community and junior colleges tend to attract more non-traditional students, often those who are returning to school after time in the workforce to increase their education and marketability. As a result, community and junior colleges tend to have less of a "campus" life compared to four-year schools and rarely offer on-campus housing options. Many community and junior colleges have tutoring, disability support and counseling services, all of which can be important resources for Veterans with special needs. Because they are very receptive to non-traditional students and are focused on training for jobs, community and junior colleges do not tend to have the same course distribution requirements as four year schools. For example, if a Veteran attends a local community or junior college to seek certification as a substance abuse counselor, they will not need to take a philosophy course to meet graduation requirements. Though tuition at junior colleges tends to be higher than at community colleges, both offer much flexibility in terms of course scheduling, which means students may take anywhere from a full course load to as few as one course per semester. However, there are minimal enrollment requirements for returning Veterans using GI Bill benefits. Lastly, many community and junior colleges have relationships with surrounding four-year schools that allow students to begin their education in the community/junior college setting and complete their degree at the four-year institution.

Proprietary Schools. Proprietary schools are for-profit institutions that offer training in many areas. As they are privately and not state-funded, they may be more expensive than public community colleges. Some proprietary schools are focused on specialized training (e.g., ITT Technical Institute), while others offer a mix of specialized and general educational offerings (e.g., University of Phoenix). As a result, proprietary schools vary in terms of the types of degrees they offer. Some offer only certificate-level training (e.g., Commercial Driver's License training), while others offer Associates, Bachelors and/or Graduate level degrees. Many proprietary schools offer job placement services to help graduates find competitive employment. However, fewer proprietary schools offer tutoring, disability, counseling and Veteran-specific services than do community/junior and four-year colleges. Proprietary schools rarely offer on-campus housing options. Similar to community and junior colleges, the experience of "campus life" is less than at four-year institutions. In fact, many proprietary schools offer online/virtual degree options, which are discussed in the section below. When looking into proprietary schools, it is important to consider the school's graduation and job placement rates, as proprietary schools can vary considerably in these areas. You can ask the school for their rates or search for this information online.

Four-Year Colleges or Universities. Four-year colleges and universities tend to encourage education across several subject areas and typically require students to focus on a “major” concentration of study. This model of education is sometimes referred to as “liberal arts” or “humanities-focused” education. Colleges and universities that focus on this type of education tend to have more distribution requirements. For example, if a Veteran is enrolled to gain experience in substance abuse counseling, s/he might major in psychology and still have to take a philosophy course and other non-psychology classes to meet graduation requirements. Generally speaking, four-year schools have a wide range of student support services, including tutoring, disability support, counseling, health, student life and housing services. Additionally, an increasing number of four-year schools are developing Veteran-specific services. Most four-year schools have student sports teams that compete with teams from other colleges/universities, as well as a wide array of student clubs and organizations. On-campus housing options in the form of fraternity/sorority and/or dormitory living are available at many four-year schools. However, for students who live on campus, the cost of housing and meals (that is, room and board) is added to the cost of tuition. Finally, a growing number of four-year schools are developing continuing education divisions that have evening and weekend classes for working professionals.

Online and Distance Learning. Online and distance learning are types of “e-learning.” E-learning is any type of learning and teaching that is supported by computer technology. Most schools have, at a minimum, technology-enhanced learning (TEL). TEL occurs in college classrooms throughout the country when instructors project information for their lecture onto screens using such computer programs as Microsoft PowerPoint. In addition, many schools have online course management systems in place, such as the Blackboard Learning System. Using “Blackboard”, instructors can communicate with the entire class, share course content, such as articles and book sections, as well as make assignments.

Some schools offer classes and entire degrees that are based 100% online. These classes and degrees are examples of online or distance learning. Some online and distance learning options include real time video of course lectures. Most allow students to be self-paced, so they can “go” to class online and complete their course work when it is most convenient for them (even if that is 2am in the morning!). Some Veterans with mental health conditions, find it appealing to not have to commute to campus or to participate in a classroom of civilian students. On the other hand, to be successful in an online or distance learning class, a Veteran needs to have good computer skills and be self-motivated to listen to course lectures and engage in online class discussions. So, these pros and cons to online schools should be explored. Online and distance learning classes and degrees are offered by a variety of schools, including non-profit and private 2-year and four year school as well as proprietary institutions. Therefore, the types of support services available to student Veterans may vary considerably. Lastly, as a VITAL-SEd Peer Specialist, you should be aware that while some schools appear to offer online and distance learning classes or degrees, they are actually “degree” or “diploma mills.” Degree and diploma mills are organizations that award academic degrees or diplomas with little to no academic study or official recognition by an academic accrediting body. These schools will not qualify for GI Bill funding. The United States Federal Trade Commission (FTC) has warned U.S. consumers about degree and diploma mills. The FTC’s warning and related advice can be found at <http://www.ftc.gov/bcp/edu/pubs/consumer/alerts/alt149.shtm>

Also like the note above for proprietary schools, online schools may also have undesirable completion rates (the rate of students or Veterans who graduate with a degree) or poor job placement rates for school graduates. Be sure to check on the reputation of any online school the Veteran may be considering.

Other Institutions of Higher Learning (IHL) and Non-College Degrees (NCD). Within the IHL category there are technical, vocational and business schools that are specifically designed for certain types of degrees or “trades”. These technical schools will provide training for a specific career, trade or profession to include: automotive technician, computer technician, hairstylist, medical assistant, truck driver and many other fields. NCD refers to a course or program of education or any other institutional vocational/educational training which does not lead to a standard college degree.

3. Using “Recon” Methods

Recon, or reconnaissance, is a military term with which most Veterans are familiar. It involves exploring beyond the area that is known or occupied to gain additional information about the surrounding environment. As a VITAL-SEd Peer Specialist, it is important to present Veterans with different recon methods they can use to gain information about particular schools and training programs. The more Veterans know about a particular school or training program, the better they will be able to determine if it fits with the personal criteria they identified in the *My Personal Criteria for Schools/Training Programs Checklist (Appendix G)*. Depending on the number of schools a Veteran is interested in researching, it may be useful for the Veteran to develop a folder for each school s/he is researching. In the folder, the Veteran can include relevant information from the colleges’ Web site, as well as other information retrieved from use of additional recon methods.

As a general rule, it is better to seek and gain information about schools from multiple sources, as opposed to relying on just one. Many Veterans, particularly Post-9/11 Veterans, might choose to search out information about schools through the internet. Online searches of college Web sites are a good initial recon method to use. Most college websites have information about programs of study offered, available student support services, tuition and fee costs as well as admission requirements and deadlines. The VA’s GI Bill website offers a Comparison Tool to help estimate the financial costs and assistance of each institution: <https://www.vets.gov/gi-bill-comparison-tool> or through the school decision resources page: http://www.benefits.va.gov/gibill/school_decision.asp

Beyond online searches, it will be worthwhile for the Veteran to recon further by a) attending any admissions or college fairs in the local area; b) visiting the campus and meeting with admissions, faculty, relevant disability services staff and current students; and c) speaking with people who have graduated from the school. The *School Choice Checklist: Possible Questions for Campus Visit Worksheet* (Appendix G) contains a list of questions that Veterans might consider asking school representatives during a campus visit. It may be helpful to the Veteran for you to accompany them on one or more of these recon missions to take notes, provide encouragement or otherwise serve as a familiar face in an otherwise unfamiliar environment. As with all aspects of VITAL-SEd, you should provide information to the Veteran about how you can be of assistance with recon and let the Veteran choose what level of assistance they prefer from you.

Once a Veteran has made a decision about their top 2-3 choices, they should meet with school admissions personnel to discuss the specific programs of study, the courses required, the estimated time to complete the course of study and internships required. This will give the Veteran detailed information about what the path to their education goal will look like. At this point, it might also be useful to conduct informational interviews with current students in the program or recent graduates who can talk about how well the program of study prepared them for their current careers. The school’s Transition Office or Career Placement office should also have information about the percentage of students who completed their degree program and entered the workforce in their chosen field or entered graduate school, et cetera.

Contacts for Information. When you have a Veteran who is specifically looking for more

information about a school or training program, it is usually best to contact the school or training program. For this contact, you can go wherever it makes sense given the Veteran's questions. For example, if the Veteran has a question about financial aid, it would make sense to go directly to the Financial Aid office. If the Veteran has a question about specific courses or about a program of study, it would make sense to contact the head of that department.

If the Veteran wants you to do this on their behalf, you will need the VA Release of Information (ROI). A sample ROI with instructions for the proper completion of an ROI is provided in **Appendix I**. Ask the Veteran or use the school's Web site to identify the most appropriate persons who may be able to answer your question. Some questions may be effectively answered over the phone or through an email exchange (do not to use the Veteran's name or any identifying information in the email; if you need to share this information in order to get the question answered, the business must be conducted over the phone or in person).

You can introduce yourself as an Education Specialist from the Department of Veterans Affairs. You may also decide to include that you are a Peer and fellow Veteran who assists other Veterans in a number of ways, mainly transitioning from military to civilian life, including entering school and using their GI Bill benefits. That is usually enough information for most folks to begin helping you.

If you are speaking on behalf of the Veteran, it may be helpful to bring the VA ROI with you, but understand that they may also require the student to sign the school's own ROI to talk with you. In some cases, you will definitely need to pursue this path. But, it is also important to try to get the Veteran's questions answered as quickly as possible. It may be sufficient to ask something like "Hypothetically, in this situation for any student Veteran, what would you recommend?"

School Development Interview. In the other type of contact, the "school development interview," you will be gaining more information about a school in general. For this type of contact, it may make sense to start with the Veteran's representative at the school; almost all schools will have one, even if that person wears multiple hats and has other roles, as well.

In this type of contact you may want to call ahead and arrange a 20 minute meeting to talk about the types of supports you provide to students in the program and about the program itself (bring brochures). This is a great opportunity ask the Veteran representative the following questions:

- What is your role as the Veteran representative?
- Some Veteran representatives are strictly involved in financial aid and are not involved in any other aspect of the campus, while others assist student Veterans in not only accessing their GI Bill and other benefits but also assist them with registering for classes, meeting with their advisors, connecting them with other needed services, et cetera.
- What types of Veteran-specific programs/activities/services does your school offer?
- What are the strengths of this school in terms of providing an educational environment for Veterans?
- What are the areas to improve or current things you are working on to make this school more Veteran-friendly?
- If a Veteran has a question about _____, who should I talk to?
 - financial aid
 - programs of study
 - applying
 - registering
- Having problems with a professor or in a course

Appendix G: Choosing a New School and Career Exploration

- What is most important for Veterans to know when applying to this school?
- Who else would you recommend I talk to?

After meeting with key player in the school, it may be helpful to type a brief summary of the conversations and enter them into a binder that can be shared with multiple students, with enrollment brochures and other written information provided by the school. Before you visit a school, ask the Veteran about additional questions they may want to have answered so you can make the most of the interviews. Follow up your contacts with a phone call or email within 3 business days to thank the Veteran's representative and other staff members for meeting with you.

CHOOSING AN OCCUPATIONAL GOAL INFORMATION

For many Veterans, an educational goal depends on their overall career or employment goal. Successful supported education programs can help individuals decide on a career path rather than just help them find a school. Deciding on a career path will likely dictate the type of school or program the Veteran needs. Also, finding a career path gives individuals the opportunity to grow in their profession as well as increase their earning potential. Choosing a career is twofold: Veterans need information about themselves and they need information about potential careers. They can then match their interests and abilities with careers that offer work opportunities. Veterans need to know what skills they have, what their capabilities are (aptitude) and what they like to do. Throughout the supported education process, the VITAL-SEd Peer Specialist teaches the Veteran how to choose a career path that matches their skills and interests and uses that information to determine what will be an appropriate educational goal.

If a particular Veteran you are working with is not sure of their ultimate occupational goal you can use Questions to Help Determine an Occupational Goal (Appendix G) to help Veterans identify their aptitudes and interests. It is important to begin with the final goal in mind. Before starting on an academic journey, a student should research the need for various jobs in the Occupational Outlook Handbook (OOH) at www.bls.gov/ooh. Knowing the projected demand for occupations will narrow down the options and help the Veteran to decide which career path to take. This OOH provides a description of the job, the skills required to be successful, the training, education and licenses required, the pay and the expected outlook about whether there will be more applicants than jobs in the next 5 years. The OOH also lists places where workers in different occupations might be employed and provides ideas of places to contact in order to get more information.

A next step is talking to someone who is already working in the field of interest. The OOH often lists trade associations that can be valuable sources of information. The Veteran may also have networking contacts, or the VITAL-SEd Peer Specialist may have access to people who do that kind of work. Informational interviews with people currently working in a particular field can help the Veteran decide whether that type of job would be a good match for them. Taking this initial step can help the Veteran answer specific questions about a particular occupation. Please note that some occupations require a background check as a condition of employment. Therefore, individuals with legal histories are encouraged to explore these requirements before pursuing a particular occupation.

Colleges may be able to provide a variety of resources including career assessments and occupational information specific to a particular state (that is state license requirements, state outlook for different occupations). The VA vocational rehabilitation programs, state rehabilitation offices and state career centers may also have these tools. Formal tests can also be helpful in determining aptitude. Many tests are available in books, on the internet and from specialized testing companies. Ask for help from your clinical supervisor or from a college testing professional if you want to help a Veteran to use and understand one of these tests. Two popular assessments include:

United States Education Services Interest Checklist and Interest Inventory

www.dsc.wa.gov.au/aces

www.hs.state.az.us/bhs/instruct.html

Career Assessment Inventory

<http://assessments.ncs.com>

www.candorec.on.ca/services/education/asses.html

Troubleshooting Barriers During the Choose Phase

While the choose process can be exciting, it can also involve set-backs and disappointments. These set-backs and disappointments can come in the form of barriers. Barriers can be both internal (e.g., how a Veteran feels and thinks about his ability to succeed or self-efficacy) and external (e.g., a college not offering on-campus tutoring services when a Veteran anticipates needing tutoring assistance). As a VITAL-SEd Peer Specialist, your role is to help the Veteran identify the barriers s/he is experiencing in the choosing process. Once barriers are identified, you and the Veteran can explore and secure resources, supports and/or alternatives that can help the Veteran reach their overall educational goal.

QUESTIONS TO HELP DETERMINE AN OCCUPATIONAL GOAL WORKSHEET

What do you do in your spare time?

In what are you interested? Business? Technology? Academic world? Physical Sciences? Music? Human Services? Politics? Athletics?

What types of television shows do you watch?

Do you prefer being indoors or outdoors?

What are your personal strengths?

Appendix G: Choosing a New School and Career Exploration

What jobs have you had? What skills were required to perform the job(s)?

What did you like and not like about these jobs?

What job do you see yourself doing in 5 years?

How long you are willing to go back to school, for example, complete GED, college, vocational training, advanced degree?

MY PERSONAL CRITERIA FOR SCHOOLS/TRAINING PROGRAMS CHECKLIST

The checklist included below can be used to identify key qualities of schools and training programs that matter to you the most. First, check off the items that matter to you. Then rank order them from most (#1) to least important. You can share this information with your VITAL-SEd provider as you find the school/training program that is the ideal fit for you!

My Personal Criteria

<u>Rank</u>	<u>Check</u>	<u>Quality</u>
_____	<input type="checkbox"/>	Affordable tuition and fees
_____	<input type="checkbox"/>	Location/geography (close to what's important to me)
_____	<input type="checkbox"/>	Veteran specific services (for example, Veteran financial aid rep; Veteran Resource Center; Veteran Advisors; Veteran Student Organization on campus, etc)
_____	<input type="checkbox"/>	On campus housing availability and cost
_____	<input type="checkbox"/>	Athletic offerings available
_____	<input type="checkbox"/>	Support services (for example, career counseling, personal advising/consulting, job placement, tutoring, etc)
_____	<input type="checkbox"/>	Class size (student-to-faculty ratio)
_____	<input type="checkbox"/>	Percentage of students employed within one year of graduation
_____	<input type="checkbox"/>	Affordable tuition and fees
_____	<input type="checkbox"/>	Availability of online/distance learning classes
_____	<input type="checkbox"/>	Percentage of students who return the following year
_____	<input type="checkbox"/>	Available programs/degrees (majors, minors, certificates)
_____	<input type="checkbox"/>	School or program reputation
_____	<input type="checkbox"/>	Family friendly school that allows for balancing work with home life
_____	<input type="checkbox"/>	Diversity of students and faculty
_____	<input type="checkbox"/>	Experience and expertise of faculty/instructors
_____	<input type="checkbox"/>	Financial aid availability and deadlines

MY PERSONAL CRITERIA FOR SCHOOLS/TRAINING PROGRAMS QUESTIONNAIRE

If you are stumped by the list of qualities in Section I and are having trouble identifying what's most important to you, ask yourself some of the following questions, then discuss your ideas with your Peer VITAL-SEd provider:

Why do I want to pursue an educational goal?

What do I want to get out of my education?

How will attending college or a training program help me work towards my life goals?

What are the pros/cons of pursuing my educational goal now, rather than later?

Which type of school/training program will most likely help me work towards my goals?

Which type of school/training program will least likely help me work towards my goals?

Does it matter how many students are enrolled in my classes?

Do I want to be with students who are different from me, with different viewpoints, ideas and backgrounds?

In what type of school/training setting do I imagine I will be most comfortable?

In what type of school/training setting do I imagine I will be least comfortable?

Is receiving GI Bill benefits and living stipend the primary reason for me pursuing training/education at this time (Yes or No). If no, what is my primary reason?

[illegible]

Appendix H:

Social Support

Materials

1. Intake: Support Network Worksheet
2. Stopping Self-Stigma Worksheet
3. People in My Life Worksheet
4. People I Want Involved In My Educational Goal Worksheet
5. Solving Interpersonal Problems Worksheet

INTAKE: SUPPORT NETWORK WORKSHEET

	FAMILY	FRIENDS
Have you shared any of your experiences in school with the people in your life?		
When things go well in school (other domains), are there family members and/or friends you call to share these good things?		
What can I do to help you explain your goals to your family and/or friends?		
Do the people in your life know how they can help you achieve your educational goals? Do they know how you would like them to support you?		
Are your friends and family aware of my role as a Peer VITAL-SEd provider and the ways I can help?		
Do your friends and family know how to contact you if necessary?		

STOPPING SELF-STIGMA WORKSHEET

Complete All Five Steps:

1. State the Hurtful Belief (I must be " __ " because: __)	
2. Define the True-False Assumptions	
3. Challenge the Assumptions by Checking Them Out	
4. Collect Feedback that Challenges the Assumptions	
5. Restate the Attitude so it Does Not Injure Me (This is a COUNTER)	

PEOPLE IN MY LIFE WORKSHEET

Goal: Identify people in your life who may support your education goal:

Instructions: List the names of all the people in each category that you feel may be a positive support for you (feel free to list more than three for any particular category).

<p>Family Members</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Co-Workers (Present or Past)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Friends</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Neighbors</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Fellow Service Members</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>People from Teams/Organizations I belong to (baseball teams, video game partners, AA, et cetera.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Instructions, continued: Circle the people you think are or could be supportive of your educational goal. Then use the next worksheet: *People I want involved in my education goal*.

<p align="center">PEOPLE I WANT INVOLVED IN MY EDUCATIONAL GOAL WORKSHEET</p>
--

Names	Person aware of my education goal?	How supportive are they from 1 (not at all) to 10 (extremely)?	How could this person help me?	Had a conversation about their importance to my education?	Does this person want to meet my VITAL-SEd Provider?	Is it okay for my VITAL-SEd provider to contact this person directly?

SOLVING INTERPERSONAL PROBLEMS WORKSHEET

What is the problem?

- Who
- What
- When
- Where

Brainstorm Solutions

-
-
-
-
-

Pick a Solution and Plan It

- Who
- What
- When
- Where

Evaluate Solution

How much time is needed to give the solution a chance to impact the problem?

Did the solution meaningfully impact the problem?

_____ If YES, continue the plan

_____ If MAYBE, revise the plan

_____ If NO, select another seemingly beneficial solution and develop new plan.

Evaluate a Solution _____

COSTS

BENEFITS

Pick a Solution and Generate New Plan

- Who

- What

- When

- Where

Appendix I:

Forms for Setting Up and Maintaining a VITAL-SEd Program

1. Essential Practices for Serving Student Veterans
2. Core Competencies of the VITAL-SEd Provider
3. Competencies of the Veteran Peer Specialist
 4. What I Bring As A Peer Specialist
 5. Release of Information Sample
6. Memorandum of Understanding Sample
7. Sample Needs Assessment/ Telehealth
8. Functional Statements For Providers
9. Sample Progress Note

ESSENTIAL PRACTICES FOR SERVING STUDENT VETERANS

Common Essential Practices

Student Veteran Program (SVP) directors identified 13 *essential* practices common to working with student Veterans with disabilities and student Veterans *without* disabilities. These are:

1. Encourage each campus office to be as helpful as possible to Veterans.
2. Ensure each Veteran has access to full learning opportunities.
3. Get information about Veterans needs from the Veterans on my campus.
4. Institution focuses advertising on how the specific institution of higher education (IHE) set up Veterans for success by allowing them to explore new ideas, paths and interests.
5. Institution provides a "Veterans" link on institution main page of institution Web site.
6. Provide a check box on all admission application forms for Veterans to check.
7. Provide information about campus resources to student Veterans, particularly for those who may be enrolled in non-traditional classes, online, et cetera.
8. Require all student Veterans participate in some kind of new student orientation.
9. Top-down support is provided from the president's office, to make things happen more efficiently and effectively.
10. Train counseling personnel in military terminology, as well as military culture and Veterans culture.
11. Train faculty on Veterans' issues including Posttraumatic Stress Disorder.
12. Veterans are encouraged to talk and reach out to support other Veterans.
13. When possible conduct one-on-one appointments with Veterans about assessing needs including transfer credits.

Identification of these 13 common *essential* practices provided the baseline routines that should be part of SVPs at either two-year or four-year colleges. These data represented the first empirically derived definitions of *essential* practices for SVPs.

Student Veterans with Disabilities

While common essential practices lay a foundation for SVP practices, unique essential practices add specific layering as to the unique practices for working with student Veterans with disabilities as well as student Veterans without disabilities. The study identified seven unique essential practices for serving student Veterans with disabilities, they are:

1. Assess each student Veteran's educational goals.
2. Encourage student Veterans to contact the Disability Service Office or make contact with the office while the student is present.

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

3. Encourage student Veterans to make contact with the Disability Service Office.
4. Ensure there is physical access to facilities.
5. That the institution has an ombudsman to facilitate understanding of institution's policy on transferring military experience for college credit as well as prior college credits.
6. Provide specific interview skill training for Career Services on successfully translating military experience to civilian skills, knowledge and abilities during job interviews.
7. Train faculty on Veterans' issues including Traumatic Brain Injury (TBI).

CORE COMPETENCIES OF THE VITAL-SEd PROVIDER USED THROUGHOUT THE VITAL-SEd PROCESS

This section addresses core competencies of the VITAL-SEd provider to be applied throughout the course of delivering VITAL-SEd services. These competencies reflect key characteristics and foundational principles of the VITAL-SEd approach. The first two competencies are using a recovery-oriented service and some basic counseling skills. The last section addresses specific competencies for VITAL-SEd providers.

Core Competencies of the VITAL-SEd Provider

- A. Understanding and Applying Recovery-Oriented Mental Health Services
- B. Counseling Skills for VITAL-SEd Providers
 - 1. Active Listening
 - 2. Avoiding Communication Roadblocks
 - 3. Increasing Motivation
 - 4. Problem Solving
- C. Treatment Philosophy & Approaches

A. UNDERSTANDING RECOVERY-ORIENTED MENTAL HEALTH SERVICES

A key characteristic of the VITAL-SEd approach is that it is couched within a “recovery” framework. As a VITAL-SEd provider, it is important to understand what this framework is. Recovery has been described by the Substance Abuse and Mental Health Administration (SAMHSA, 2006) as “a process of change through which individuals work to improve their own health and wellbeing, live a self-directed life and strive to achieve their full potential.” Recovery has also been adopted as the guiding principle for mental health services at the VA: to create “a system of care that is recovery-oriented, high quality and maximizes the delivery of evidence-based practices” (U.S. Department of Veterans Affairs, 2008). For many returning Veterans, achieving full potential means increasing educational attainment and, thus, supporting educational goals is completely consistent with a recovery framework. Supported education is a recovery-oriented service in that it ascribes to the ten fundamental components of recovery. Each component of recovery as it applies to supported education with Veterans is noted below.

i. Self-Direction

Veterans are in the driver’s seat and determine the roadways and byways they take in their journey of recovery. As a VITAL-SEd provider, you uphold the value of Veterans’ choice, decision-making and autonomy as they pursue their educational goals.

ii. Individualized and Veteran-Centered

As a VITAL-SEd provider it may be tempting to tell Veterans what to do based on prior successes with other Veterans or based on your own experience. However, Veteran-centered services focus on the unique strengths, personal assets and preferences of each Veteran. Veterans also present with a wide array of needs, values, military and life experiences, cultural backgrounds and other unique, individual aspects. Taking time to better understand each Veteran’s perspective and

choices can help the Veteran to look more carefully at their own situation and may lead to a collaborative plan for next steps to reach the Veteran's goals and meet their needs.

iii. Empowerment

Empowerment means that Veterans not only are in the driver's seat of their recovery, but also have increased agency about their lives. SAMHSA describes empowerment as a process through which "an individual gains control of his or her destiny and influences the organizational and societal structures in his or her life" (2006). You can promote empowerment among Veterans participating in VITAL-SEd by: a) offering Veterans a spectrum of options when faced with decisions; b) allowing and encouraging Veterans to participate in all decisions related to their VITAL-SEd services and c) encouraging Veterans to partner with other Veterans on- and off- campus to advocate for Veteran interests, needs and perspectives.

iv. Holistic

Although VITAL-SEd is focused primarily on educational aspirations and related goals, the Veteran's whole life situation needs to be considered for VITAL-SEd services to be successful. Veterans do not graduate from school in a vacuum. Rather, each Veteran's mind, body, spirit and connection to community plays a notable role in their educational successes. As a VITAL-SEd provider, you will be working together with Veterans who are also dealing with issues of housing, employment, mental health, family connections, avenues of creative expression, spiritual fulfillment and/or many other areas at the same time. While VITAL-SEd providers are not intended to be primary mental health providers, housing case managers, spiritual advisors or family therapists, you can promote a Veteran's recovery by acknowledging the many parts of their life and helping as needed, to secure appropriate resources and supports.

v. Non-Linear

Our society often places expectations on students to complete their education in a sequential and linear way. The reality for most people, however, is that life in all of its manifestations is non-linear. According to SAMHSA, "recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learning from experience." As a VITAL-SEd provider you can promote the success of returning Veterans by validating and normalizing this principle. It is understandable and expected for Veterans to change their mind in the middle of an education goal. They may enter school studying to be a Human Resources Specialist and realize after taking a few classes that they are more interested in studying to become an accountant. Similarly, a Veteran living with PTSD may enter class with a mental health wellness plan in good order and then experience a set-back when the anniversary of the attack on their battalion arrives. No matter the change in direction or set-back, as a VITAL-SEd provider, you will be working with Veterans to help them recognize that positive change is possible despite life's inevitable challenges.

vi. Strengths-Based

Focusing on the strengths and abilities of Veterans may help them to challenge their internalized stigma and self-doubt. You may find that some Veterans have great difficulty identifying their strengths. Fortunately, there are many resources available to help Veterans identify their inherent abilities and sources of resilience (Armstrong, Best & Domenici, 2006). You are using a strengths-based approach when you reframe some of their experiences in light of their strengths, or when you help Veterans to view skills developed in the military (such as leadership, organizational and technical skills) as desirable traits at school or in the civilian workplace.

vii. Peer Support

If you are a VITAL-SEd Peer Specialist, your lived experience as a Veteran who has or is pursuing education is an essential tool in your work with student Veterans. By using your own story as a tool and by encouraging returning Veterans to connect with other Veterans who are pursuing education, a sense of belonging and community can be cultivated. When returning Veterans meet with other Veterans who have “been there” and who have been successful in their recovery and educational journeys, the possibility of personal recovery and educational success becomes more real. If you are not a Peer Specialist, providing opportunities for Veterans to meet with Peers may be beneficial. With Peers, there may be a capacity for affirmation, understanding, trust and empathy that exceeds what might be found in other treatment dyads.

viii. Respect

Respect comes with acceptance. For student Veterans self-respect comes as they regain belief in their abilities and their inherent self-worth. At a community level, respect is manifest when colleges, churches, volunteer organizations and other groups accept and appreciate returning Veterans and also work to eliminate discrimination and other barriers they might face. When respect is maximized, returning Veterans are full participants in multiple domains of life.

ix. Responsibility

As a VITAL-SEd provider, you will be promoting responsibility in Veterans. Every day, each Veteran pursuing an educational goal makes choices about engaging in self-care and wellness practices, implementing study skills and learning strategies and engaging in their recovery process. As a VITAL-SEd provider, you can encourage Veterans to take responsibility by offering them choices, using motivational interviewing and practicing other engagement strategies discussed later in this section.

x. Hope

When Veterans believe that change is possible and that a brighter tomorrow exists, they are experiencing the most essential element of the recovery process - hope. Although hope is an internal process for each Veteran, it can be inspired by Peers, co-workers, family members, VITAL-SEd providers and many others. As a VITAL-SEd provider, you are an ambassador of hope for each Veteran with whom you work. Positive change is not only possible, it’s happening by the very fact that the Veteran is engaging in the supported education process.

Exercise

You are meeting a Veteran who is struggling in school and who is discouraged and thinks he will not make it. With a partner, role-play a session in which you are discussing their goals. Take each of the ten principles of recovery outlined above. Take a few minutes to role-play conveying a non-recovery based interaction and then reverse trying to convey the recovery strategy.

Example

Non-hope inspiring interaction

Veteran: Yeah I want to finish school, but forget it, with all my problems I probably won't make it.

VITAL-SEd Provider: Maybe you should take a break from school and just focus on getting yourself together. You have a long way to go before you are ready.

Hope inspiring interaction

Veteran: Yeah I want to finish school, but forget it, with all my problems I probably won't make it.

VITAL-SEd Provider: It may seem like you have a lot of things going on, but slowing down and taking them one by one will help. Let's look at what your current plan is, what you are struggling with right now and what we may be able to do to alleviate some of that.

B. COUNSELING SKILLS FOR VITAL-SED PROVIDERS.

In this section we review some skills that are the foundation of any good counseling service such as VITAL-SEd. Discussed below are: (1) active listening, (2) avoiding communication "roadblocks" with Veterans, (3) increasing motivation and (4) problem solving.

1. Active Listening

Active listening lets the Veteran know that you are paying total attention to their words, thoughts, feelings and meanings. Active listening is also a crucial way to express empathy to the Veteran. Below is a list of active listening skills.

Attending skills show you are paying attention. You can do this by:

- Using appropriate body motion or posture, face the Veteran when s/he is speaking
- Make appropriate eye contact
- Lean toward the speaker
- Be sure to meet in a non-distracting environment

Following skills show that you understand what is being said and are encouraging more discussion. You can do this by using:

- **Door openers** – Can be an invitation to talk, description of the speaker's body language, or silence: "You look like you have something on your mind. Would you like to tell me about it?"
- **Minimal encouragement** – Short phrases to keep a conversation going: "Tell me more," "I see," "Really?" "Go on."
- **Infrequent questions** – Using open-ended questions when possible to offer the speaker an opportunity to share as much information as s/he desires: "What happened when you visited that school?"
- **Attentive silence** – Gives the speaker time to think

Reflecting skills help the speaker to clarify their communication so that s/he can get their meaning across. When you use reflective listening, you serve as a mirror for the person speaking. You can do this by:

- **Paraphrasing** – Restate what the speaker has said in your own words
- **Reflecting feelings** – Listen for feeling words and infer feelings from the overall content
- **Reflecting meanings** – Use the "You seem to feel _____ because _____" formula to pair feelings with message content.
- **Summarizing** – Occasionally summarize the flow of conversation by saying for example: "One theme you come back to is..." or "Let's review the ground we've covered so far," or "As I've been listening, your main concerns seem to be..."

Exercise 1

Active Listening 1: Get a partner and have a 2 minute discussion about a problem at school. One person is the listener and the other person is the speaker. During this discussion, the listener should use attending, following and reflecting skills from above. Have the speaker repeat the discussion so that the listener tries out each of these active listening techniques. Switch roles and repeat. The goal of this exercise is to practice using active listening skills and see how it influences the flow of a discussion.

Exercise 2

Active Listening 2: Get a partner and have a 2 minute discussion about failing in a class. One person is the listener and the other person is the speaker. During this discussion, the listener can only use 20 words, once they have used 20 words the discussion is over. Switch roles and complete the discussion again. The goal of this exercise is for the listener to figure out how to use limited words to express active listening.

2. Avoiding Communication “Roadblocks” with Veterans

You want to avoid using roadblocks when communicating with Veterans. Roadblocking gets in the way of developing working relationships with Veterans pursuing educational goals. Below is a list of 11 roadblocks to avoid when communicating with Veterans.

1. Criticism: “You need to get more sleep and be on time for classes. Lateness is affecting your grade.”
2. Name-Calling: “We work with mentally ill cases and drug addicts.”
3. Diagnosing: “Veterans with a mental illness have poor sleep patterns.”
4. Praising with Evaluation: “You have been doing a great job taking your medications and I know that you would never stop taking them.”
5. Ordering: “Go take your meds and quit complaining.”
6. Threatening: “If you don’t return on time, you won’t be able to meet with me.”
7. Moralizing: “It is bad to do drugs.”
8. Excessive Questioning: “Why didn’t you take your meds? Why can’t you get to our appointment on time?”
9. Advising: “If I were you, I’d take my meds and quit using drugs.”
10. Diverting: “You think you have problems, let me tell you about Jose.”
11. Logical Argument: “If you quit giving money away, you could buy supplies for school.”

Exercise

Road blocking: Get a partner and have a 2 minute conversation about your struggles in school. Use the roadblocks from the above list. Talk about how the roadblocks impaired the discussion. Switch roles and complete the exercise again. The goal is to experience roadblocks and how they influence the flow of a conversation.

3. Increasing Motivation to Stay in School

The goal of this section is to provide an overview of motivational interviewing (MI) skills that might be helpful for VITAL-SEd providers to use to engage and to assist Veterans with pursuing educational goals.

Intervention Matching Framework

The Stages of Change theory explains why some people may be more successful in obtaining therapeutic goals (education) than others (DiClemente & Prochaska, 1998).

The six stages of change include: pre-contemplation, contemplation, determination, action, maintenance and relapse. They can be understood in terms of the costs and benefits of change plus steps implemented toward education goals (Corrigan, McCracken & Holmes, 2001).

- **Pre-contemplation:** Veterans perceive no benefits to staying in school and many costs. Typically, they believe there is no problem with quitting school and lack incentives to continue pursuing educational goals.

- **Contemplation:** Veterans perceive both benefits and costs to staying in school and believe the costs outweigh the benefits. They think it would be a problem to quit school; however they do not engage in behaviors to attain their education objectives.
- **Determination:** Veterans perceive benefits and costs to staying in school and acknowledge that benefits outweigh the costs. They engage in behaviors to explore and develop ways to continue pursuing their education goals. Many of the Veterans referred for VITAL-SEd will be in this stage of change.
- **Action:** Veterans continue to recognize more benefits than costs to staying in school and actively pursue education goals.
- **Maintenance:** Veterans sustain education matriculation for six months or more.
- **Relapse:** Behavior that may undermine efforts to pursue education goals (such as not completing a major assignment for a class).

Stages of Change Interview for Maintaining Education

Education providers need to identify Veterans' stages of change in order to match the most effective intervention (Miller & Rollnick, 2002). To identify the stage of change, providers utilize *Stages of Change Interview for Maintaining Education Worksheet* in **Appendix F** (Corrigan, McCracken, & Holmes, 2001). To complete this tool, providers read the bold and italic script, record responses and follow the decision tree. If the Veteran reports yes to "Do you want to stay in school right now?" providers follow the left hand script. If the Veteran reports no, the provider follows the right hand script. Providers check only one of the six stages of change. For example, if cons weigh more than pros, the stage of contemplation would be checked. To get a clear picture of ambivalence, providers may need to utilize this tool more than one time with the same Veteran.

4. Problem Solving

Everyone, including Veterans, encounters problems with other people. Below is described one strategy for addressing interpersonal problems. This problem solving strategy has six steps which include:

Steps for Interpersonal Problem Solving (*Solving Interpersonal Problems Worksheet* in **Appendix H**).

1. What is the problem?
2. Brainstorm solutions.
3. Evaluate individual solutions
4. Pick a solution and plan it
5. Did the solution work?
6. Adopt a problem solving attitude.

We describe and illustrate these steps with an educational example below.

1. What is the problem? The Veteran specifies who is involved in the problem, when and where it occurs and what happens. Frank was frustrated with his academic advisor, Dr. Pearl. Frank needed to register for next semester's classes but Dr. Pearl was not answering his e-mails or phone calls. Pearl also frequently misses office hours.
2. Brainstorm solutions. The Veteran is encouraged to generate as many solutions as possible; do not edit out any ideas at this stage. One problem people make is assuming there are only one or two solutions to a problem, unnecessarily narrowing their options. Even be a little silly. Frank, for example, thought he had no other choice than to email Dr. Pearl again. After gentle nudges from his VITAL-SEd Peer Specialist, Frank listed several more.

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

- Contact the department chair about his dissatisfaction.
 - Ask Sam, the VITAL-SEd provider to call Dr. Pearl.
 - Slide a note under Dr. Pearl's door.
 - Skip registration until after next semester begins.
 - Have a friend currently in Dr. Pearl's psych 101 class deliver him a note.
 - Catch Dr. Pearl coming out of the classroom after psychology ends.
 - Call Dr. Pearl at home.
 - Contact the registrar directly.
 - Ask the Dean for a new advisor.
3. Evaluate individual solutions. Consider the pros and cons of a solution. Sometimes, program developers suggest pros and cons of all solutions be evaluated. But in cases like Frank, that involves nine evaluations, an onerous task to be sure.

EVALUATE SOLUTION #1 MEET DR. PEARL AT THE CLASSROOM DOOR	
COSTS	BENEFITS
Have to come to school early	Finally see Dr. Pearl face to face
Will miss ride with Beth	Be able to make an apt for the next day
Dr. Pearl too busy after class	May be able to follow him to the office then
Will have to rush around the school	Could enlist his classmate in stopping Dr. Pearl as he left

More efficient is consideration of the two or three solutions that seem most probable. Frank wanted to exclude anything that involved telling someone else like the Dean, department chair, or registrar because Frank was concerned this will create hostility in his advisor. He thought Dr. Pearl might feel his privacy violated if Frank called him at home. He decided to consider the pros and cons of meeting Dr. Pearl after Tuesday's psychology 101 lecture at the classroom door. He checked this comparison against the advantages and disadvantages of having Sam call Dr. Pearl. No costs or benefits are right or wrong. It is not clear that Sam could address Dr. Pearl better than Frank. Still, it is only Frank's perceptions that matter. Sometimes these perceptions might not seem to reflect more objective evidence. For example, most other students report Dr. Pearl to be a kind and responsive instructor. In cases like these, Sam may help Frank to collect evidence about a perception. But ultimately it is the Veteran's perceptions and opinions that matter. The ultimate choice among solution alternatives is not black and white. The Veteran is asked to weigh all the information and settle on one they might develop into an actual solution. Frank decided attempting to catch Dr. Pearl after his psychology class was best.

EVALUATE SOLUTION #2 HAVE SAM CONTACT DR. PEARL	
COSTS	BENEFITS
Dr. Pearl might think Frank is unable to address his own problems	Sam can handle Dr. Pearl's disapproval
Dr. Pearl may tell Sam private things	Frank will not have to come to school early

More students will find out Frank has PTSD	Dr. Pearl is more likely to listen to Sam
Have to rush around school	Sam will know better what to say

4. Pick a solution and plan it. Many attempts at problem solving stall because people fail to translate ideas into intentions. That is the goal of Step 4 in personal problem solving. Specifics need to be worked out. When and where will the solution be tried? Who will be involved? And what specifically will the Veteran do? The next meeting of Dr. Pearl's psychology class was Tuesday but Frank could not do that because he had a dentist's appointment. So he chose the next Thursday. Frank had actually never been to this room before so he was going to look it up on the college floor plan. He decided to get to the room ten minutes early in case Pearl stopped before the bell. He also practiced with Sam exactly what he would say. "Dr. Pearl. I need to talk to you about my registration for next semester. Do you have a few minutes now to go to your office, review the forms and get you to sign off?"
5. Did the solution work? The proof of this process is whether Frank had gotten Dr. Pearl to sign his registration. So he will need to review how it turned out at some later time. Frank and Sam decided they would meet next week to evaluate his success. When they did, Frank reported he just "could not get up my nerve" to meet Dr. Pearl after class. Instead of giving up, however, problem solving and the *Solving Interpersonal Problems Worksheet* (**Appendix H**) directs the person to return back to the list of brainstormed solutions and try another. Frank did this and still did not like the costs versus benefits of Sam contacting Dr. Pearl. He took notice again of writing a note and sliding it under his advisor's door. When he weighed the pros and cons, he recognized this to be less stressful than interpersonally confronting Dr. Pearl. But he was also concerned Dr. Pearl will ignore the note like he has prior e-mails and calls. Still, Frank and Sam planned out this as an option. Frank wrote a note which Sam reviewed.

Dear Dr. Pearl:

I would like to schedule an appointment with you for about 30 minutes so we can review my registration for next semester. I need to do it soon because forms are due in the registrar's office for next semester by December 1. Do you have any time to meet next Wednesday or Thursday afternoon? Please contact me at my email address — Example123@gmail.com — or call my cell phone, 555 555-1202. "

Sincerely, Frank

Frank decided he would slip the note under Dr. Pearl's office before the next day's algebra class. Good news! When Sam checked in with Frank, he found out not only had Dr. Pearl received the note, but the advisor had apologized for his tardiness, met with Frank the next day and signed off on all forms.

6. Adopt a problem solving attitude. There is one last step that is implied in all the others. Many people come to the problem solving task believing this kind of effort is fruitless; "I have tried to work things out with a Professor in the past but always failed." This kind of pessimism will undermine the effort and sabotage its parts. One way a VITAL-SEd provider can help is by having the Veteran endorse a problem solving attitude. "I am hopeful the problem solving worksheet will help at least somewhat." This is not meant to be a perfunctory task and the VITAL-SEd provider might help the Veteran by having them review other times when s/he has successfully addressed a problem.

Approaches to Treatment: Motivational Enhancement

Motivational Enhancement is designed to enhance motivation by helping the individual resolve ambivalence about addressing and ultimately changing their problem behaviors (for example substance abuse; or perhaps more commonly found in your work, completing assignments throughout the semester rather than going out for drinks with buddies). Motivational Enhancement techniques are also designed to enhance rapport between the client and provider. The acronym "OARS" is used to identify the fundamental skills of Motivational Enhancement: Open-ended questions, Affirming, Reflective listening and Summarizing.

Open-Ended Questions

Open-ended questions are questions that are designed to encourage elaboration about thoughts and feelings and to probe for details about one's situation. Unlike closed-ended questions that can be answered with a simple "yes" or "no" response, open-ended questions help the person to talk about and examine their own behavior, thoughts, motivations, et cetera. In this way, open-ended questions are designed to help create self-motivation for change.

Affirming

Affirmations are a way of validating a person's experiences and/or feelings and they also indicate that you are present and that your attention is focused on the person and their concerns.

Reflective Listening

Reflective listening is considered to be one of the cornerstones of Motivational Enhancement. It involves restating, rephrasing, paraphrasing, or inferring what the person has already said. This technique shows that you are paying attention and conveys your interest in the person as a unique individual.

Summarizing

Summarizing is the pulling together and reflecting of a number of statements made by the individual. A summary can be used to tie thoughts or statements together, to suggest relationships among them. or to reflect understanding of a general topic of discussion. Essentially, this is reflecting on a larger scale.

COMPETENCIES OF THE VETERAN PEER SPECIALIST

(U.S. DEPARTMENT OF VETERANS AFFAIRS, 2011)

Peer Support Principles

Being a role model
Instilling hope
Being an advocate

Cultural Competence

Understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Communications Skills

Effective listening & asking questions skills
Communication styles (pass/agg/assert.) and verbal and nonverbal communication
Conflict resolution skills

Group Facilitation Skills

Basic understanding of group dynamics and interactions
How to use support groups

Addressing Stigma

Managing internalized stigma
Managing environmental stigma

Understanding Different Illnesses

Major psychiatric conditions in DSM IV
Addictive disorders
Co-occurring disorders
Medications and side effects

Recovery Tools

Using recovery workbooks and other self-help instruments

Problem solving, using solution focused strategies

Telling your personal recovery story, being mindful of who you're addressing

Self-help groups

Teaching how to manage self-talk and combating negative self-talk

Professional Development & Workplace Skills

Ethics

Boundary issues and dual relationships

Working effectively with professionals on an interdisciplinary team

Managing Crisis and Emergency Situations

Early warning signs of illness' symptoms worsening

Crisis prevention, using resources early

Crisis interventions

Understanding suicide prevention

Challenging situations with Veterans who are under the influence of substances, angry, in psychosis or non-verbal state.

Personal safety issues

WHAT I BRING AS A VITAL-SED PEER SPECIALIST

The VITAL-SEd approach can be delivered by VITAL-SEd Peer Specialist. VITAL-SEd Peer Specialists are individuals with histories of mental health issues who have been successful in maintaining their recovery. They are trained to use their lived experiences to help other people with similar mental health issues to identify and achieve specific life goals related to recovery. Nationwide, an increasing number of the VA hospitals are utilizing Peer Services in recognition of the unique perspective Peer providers bring to treatment teams assisting Veterans. From crisis to ongoing wellness, Peer Services fit with the lives of Veterans, make them more aware of available services and choices and facilitate the development of a sense of self-worth and hope.

EXPECTATIONS OF VITAL-SED PEER SPECIALISTS

- Provide opportunities for Veterans to take control of their own recovery and wellness
- Teach and support the learning of skills needed to facilitate one's recovery and wellness
- Make Veterans aware of available services and choices
- Help Veterans develop and enhance their sense of wellness and self-worth
- Offer information, supportive relationships and hope

Through their actions, VITAL-SEd Peer Specialists demonstrate the skills for managing recovery that they have acquired through their lived experience and as fellow consumers of mental health services. Veterans gain hope from VITAL-SEd Peer Specialists because they are role models for recovery who have been able to function successfully within an educational environment. Many Veterans have discovered that it makes a difference to be empowered by a VITAL-SEd Peer Specialist who has "been there."

As a VITAL-SEd Peer Specialist, two essential competencies include: a) using your recovery and educational story as a tool; and b) using an ethical approach maintaining good and healthy boundaries with Veterans with whom you work. These two competencies are described below.

Recovery and Educational Stories as a Tool to Facilitate Delivery of VITAL-SEd

All Peers engage in degrees of self-disclosure in their helping work. As a VITAL-SEd Peer Specialist, understanding the ways you can self-disclose your own recovery and education stories is essential to the work you will do. Being willing to discuss your mental health recovery story and education experiences can inspire hope in the Veterans with whom you work. In addition, the special bond that VITAL-SEd Peer Specialist have with Veterans is largely based on the feeling of common experience. Sharing your recovery story with faculty and staff in the educational setting (for example Professors, advisors, administrators) can help to dispel myths about mental illness and about the ability of Veterans with mental health conditions to succeed. The Department of Veteran Affairs Peer Specialist Training Manual (2011) contains some helpful advice regarding the sharing of your recovery story. This advice has been adapted for VITAL-SEd Peer Specialists and is included in the list below. The exercise that follows provides an opportunity for you to practice telling your recovery and educational stories.

KEY ELEMENTS OF SHARING RECOVERY AND EDUCATIONAL STORIES

- Choose when, why and what you want to share about your mental health experiences, recovery and educational history in advance when possible. Be careful not to use your own story as an example every time a Veteran is attempting to make a decision about their life. Doing so can lead the Veteran to think that s/he has to do everything like you did in order to be successful.
- Be mindful who you are speaking to (Veteran or school personnel); focus on sharing aspects of your recovery and/or educational story that will have the most impact on that person.
- Practice telling your stories so you relate them well and are confident in what you share.
- Use clear, simple, everyday direct language.
- Be brief and specific about the points you want to make.
- Feel free to add humor to your story, but do not use inappropriate or politically incorrect language or jokes that could offend someone.
- When you think it will be useful to the person with whom you are speaking, describe the supports, skills, knowledge and resources that helped you in your own recovery and/or pursuit of education.
- Your self-disclosure to Veterans has a purpose which is to share hope, share an example of what helped you, share a point that may help the Veteran and basically to engage the Veteran in their own recovery and educational process.
- When sharing your stories with school personnel and other professionals, your purpose is to dispel the myths about mental illness (Refer to **Appendix H**) and reduce stigma by showing that people with mental illnesses are able to work, play, live, grow, learn and achieve educational goals like anyone else!
- Always keep in mind that your self-disclosure is to benefit others, not yourself. Don't let your story remain focused on you. As quickly as possible, shift the focus from your story back to the Veteran with whom you are working. You are an example, not an exhibit!

Exercise

Partner with another VITAL-SEd Peer Specialist or person in recovery. Spend up to 10-minutes each sharing your mental illness/recovery and educational stories. After sharing your stories, reflect on the following questions:

- 1) What was it like to share your stories?
- 2) How did you decide what to share?
- 3) How might you change what you share?

SAMPLE VA RELEASE OF INFORMATION (ROI)

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT INFORMATION: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the VA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE INITIAL

LAST 4 SSN

DATE OF
BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST

I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE

SICKLE CELL ANEMIA

ALCOHOLISM OR ALCOHOL ABUSE
VIRUS *(HIV)*

TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY

DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of
information to be provided: HEALTH SUMMARY *(Prior 2
Years)*

INPATIENT DIS-
CHARGE SUMMARY

(Dates): PROGRESS

NOTES:

SPECIFIC CLINICS

(Name & Date Range):

SPECIFIC PROVIDERS

(Name & Date Range):

DATE RANGE:

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

<p>OPERATIVE/CLINICAL PROCES- DURES (<i>Name & Date</i>): LAB RESULTS:</p> <p style="margin-left: 40px;">SPECIFIC TESTS (<i>Name & Date</i>): DATE RANGE:</p> <p>RADIOLOGY REPORTS (<i>Name & Date</i>): LIST OF ACTIVE MEDICATIONS OTHER (<i>Describe</i>):</p>	
PURPOSE(S) OR NEED	
<p>Information is to be used by the individual for: TREATMENT BENEFITS</p> <p style="text-align: right;">LEGAL OTHER (<i>Specify below</i>)</p>	

SAMPLE VA RELEASE OF INFORMATION (ROI)

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH
AUTHORIZATION		
<p>I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA healthcare provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
EXPIRATION		
<p>Without my express revocation, the authorization will automatically expire.</p> <p style="text-align: center;">UPON SATISFACTION OF THE NEED FOR DISCLOSURE</p> <p>ON <i>(enter a future date other than date signed by patient)</i></p> <p>UNDER THE FOLLOWING CONDITION(S):</p>		
PATIENT SIGNATURE <i>(Sign in ink)</i>	DATE <i>(mm/dd/yyyy)</i>	
LEGAL REPRESENTATIVE SIGNATURE <i>(if applicable) (Sign in ink)</i>	DATE <i>(mm/dd/yyyy)</i>	
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
FOR VA USE ONLY		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED	RELEASED BY:	

SAMPLE MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") dated _____ is by and between the VA Medical Center _____ on behalf of the United States Department of Veterans Affairs (the VA) and _____ College, collectively referred herein to as the "Parties".

WHEREAS, Veterans enrolled into colleges bring a unique resource and face unique challenges to the campus setting and can benefit from campus based mental health, readjustment outreach information, supported education and referral programs.

WHEREAS, the VA Office of Mental Health Services ("OMHS") is funding college outreach to Veterans programs on college and university campuses to provide a variety of activities to facilitate adjustment to and success in academic life and to increase access to high quality mental health resources to Veterans who need them.

WHEREAS, Collaboration between the VA and the college represents a unique outreach opportunity for the benefit of the student Veteran which will not only meet the VA program objectives, but will also serve as a pilot program for the provision of supported education services for all student Veterans.

WHEREAS, Collaboration between the VA and the college will facilitate the development of unique ways to offer special services within their perspective specialties to student Veterans on campus, such as family services, substance abuse services, Peer support, neuropsychology services, crisis intervention and services for student Veterans with disabilities requiring special accommodations.

NOW THEREFORE, consistent with the above, the Parties agree to the following stipulations:

VA Responsibilities:

1. VA will provide one VA College Outreach Coordinator/ Mental Health Clinician ("VA Professional Staff") for a period of 12 months to be assigned to the College to provide Student Veterans on campus with mental health and readjustment counseling and referral to Veterans Health Administration ("VA") or Student Veteran Center services and to engage with faculty and staff with informational and educational activities to educated staff on the strengths and challenges of the student Veteran.
2. VA Professional staff assigned to the campus will be a full-time employee of the VA dedicated to providing clinical outreach services and supported education services to student Veterans at the college on behalf of the VA and will not be considered an employee or agent of the college at any time, for any purpose. When providing services to student Veterans on campus, the VA Professional staff shall identify him/herself as a VA employee.
3. VA professional staff assigned to the campus will work closely with and coordinate with college staff on administrative matters such as networking, scheduling, statistical reporting and tracking outcome measures.
4. VA professional staff assigned to the college will develop and present, in collaboration with the College Counseling Center and the Office of the Dean of Students, a psycho-educational training curriculum for college faculty and staff to enhance their ability to understand, anticipate and respond to the unique needs of Student Veterans.
5. VA professional staff will collaborate with College Counseling Staff to provide psycho-educational training to Counseling Center Staff.
6. VA Professional Staff will provide supported education services to include; one -on -one

case management, mental health triage and crisis intervention, to eligible and self-referred Veterans enrolled at the college. In order to be eligible for an evaluation and to receive services the Veteran must be enrolled in VA.

7. VA professional staff will disseminate important information and create simpler pathways for using VA services.
8. VA professional staff will help to identify Veterans in need of specialized care or intensive services and refer them to the VA- Bedford system for appropriate care.

Oversight and Guidance:

1. VA professional staff will be supervised by VA and any concerns about VA staff should be reported to a VA staff supervisor at Bedford VA.
2. VA Professional staff, VA staff supervisor, the Dean of Students and the College Veteran Program Coordinator will meet quarterly to coordinate and resolve any operating issues.
3. The college will provide professional staff with office space, telephone, computer data access if needed and space conducive to clinical work as well as other basic support services in a proposed Student Veterans Center located on the college campus. VA professional staff will bring a VA laptop in order to document sessions with Veterans. Under no circumstances shall the VA laptop be used to store personal identifiable student record information obtained from the College including, but not limited to, social security number, student identification number, grade or transcript information or disciplinary records.
4. Within 90 days of the project start up, the College will provide standard internet protocol for connection of VA owned equipment at the Student Veterans Center for Telemental health services between the Student Veterans on campus and VA facilities to enhance Student Veteran access to specialty mental health services, such as neuropsychological assessments, cognitive rehabilitation classes, family and individual counseling.
5. Within 60 days of project start up the college will develop a program to assist the VA professional staff with recruitment and training of Student Veteran Peer Support Counselors.
6. VA professional staff will provide program oversight, supported education services and case management, screening and diagnostic referrals to VA healthcare and support in obtaining other U.S. Department of Veterans Affairs benefits. The VA professional staff will not provide onsite psychiatric emergency or medical care. If a student Veteran is identified as being in need of acute psychiatric or medical care, the VA professional staff will call 911 in order to address the crisis. Under those circumstances where a Veteran student requires acute psychiatric or medical care and/or is deemed to pose a threat to him/herself or other, in addition to contacting emergency services, the VA professional staff shall immediately notify the Dean of Students of the situation and the Veteran student's status.

Confidential VA Client Information:

1. All VA records will be maintained consistent with VA information law and security directives.
2. Confidential health, academic and other program records shall be protected from disclosure.
3. VA professional staff may release information or records concerning any student Veteran who has been assessed, diagnosed or treated ("Client") only with the specific written consent of the Client or under certain very limited exceptions. Without a written consent from the client, the VA professional staff cannot even acknowledge that the client is participating in the VA treatment program.

Exceptions to this general prohibition against disclosure of confidential Client information include

the following:

- Written consent of the client.
- Internal treatment program communications.
- Information that does not identify the client.
- Medical emergency.
- A properly authorized court order.

Individual clients must give informed written consent for disclosure of confidential information. The following elements are required on the client consent forms:

- Name of person who, or organization that, may make disclosure.
- Name/ Title of the person to whom, or the organization to which the disclosure may be made.
- Purpose of the disclosure.
- How much and what kind of information may be disclosed.
- Duration of the consent to disclosure.
- Client's name.
- Client's signature.
- Date on which the consent was signed.
- Statement that the consent is subject to revocation by the client at will at anytime.

Confidential Student Record Information:

To the extent the VA professional staff qualifies as a "school official" under the Family Educational Rights and Privacy Act, the VA professional staff shall receive and maintain student record information in accordance with the law and to the same extent and degree that he/she is obligated to maintain the confidentiality of VA client information. Under no circumstances shall the VA professional disclose student record information to any other party absent the prior, written consent of the subject Veteran student.

General Obligations:

Covenant of Cooperation: The Parties agree to cooperate in good faith for all purposes of the MOU. The parties agree that for purposes of their moving forward as contemplated herein, they will each use their best effort and take those actions that are necessary to achieve the purposes.

- Veteran "Student-Client" rights will be respected at all times.
- Decision-making and inter-facility collaborations will be exercised in a manner consistent with the College's educational mission and will be in the best interest of the College and its community .
- Information and recourses will be shared to best meet the needs of the Student Veterans.

Term: The term of this MOU shall commence beginning of the date the Parties affix their signatures below and will expire 12 months thereafter. This agreement may be extended for an additional 12 month terms by mutual written agreement of the Parties prior to the expiration of the then current term.

Termination: This agreement may be terminated for the convenience by either party without cause or recourse upon 45 days written notice to the other party. This agreement may be terminated for cause upon default by either party by providing 30 days written notice to the other

party of a material breach of the terms of the agreement, provided the party that is alleged to be in breach has not cured the default within 30 days from the date of the notice breach.

Appropriations: Any obligation of the VA to expend any money pursuant to or under this MOU is subject to appropriation by the Congress of the United States of the necessary funds.

Liability: The VA and/or the VAMC Bedford shall at no time be considered an agent or representative of the State or NSCC. After prompt notification of a claim by the State or NSCC, the VA and/or the VAMC Bedford shall have an opportunity to participate in the defense of such claim and any negotiated settlement agreement or judgment. The State and NSCC shall not be liable for any costs incurred by the VA and/or the VAMC Bedford arising under this paragraph. The parties agree that any claims that VA employees were negligent in the performance of their VA duties under this agreement shall be handled in accordance with the Federal Tort Claims Act as the exclusive remedy. VA shall promptly notify NSCC of any liability, claim, action, suit, complaint and/or injury relating to its obligations under this Agreement.

Endorsements and Approvals

VA Medical Center

By: _____

Name: _____

Title: _____

By: _____

Name: _____

Title: _____

By: _____

Name: _____

Title: _____

College Administration

By: _____

Name: _____

Title: _____

By: _____

Name: _____

Title: _____

SAMPLE NEEDS ASSESSMENT/TELEHEALTH

The Telehealth Needs Assessment/Business Plan is intended to be:

- Reviewed by the Facility Telehealth Oversight Committee(s, if interfacility service) and, if approved, recommendation for review/approval by Facility Leadership documented in the Committee minutes.
- Reviewed and approved by Facility Leadership(s, if interfacility service), approval documented by letter or memo.

PROGRAM DESCRIPTION

Proposed Telehealth Program Name: _____

Proposed patient site/service: _____

Proposed provider site/service: _____

Service(s) to be provided to Veteran(s): _____

Problem/Needs Statement and Intent of Program: _____

Clinical Purpose of Program: [Overall statement here; provide details below] _____

Clinical use of Telehealth: _____

Documented problems meeting the needs of patients (e.g., distance and travel barriers): _____

Available Resources _____

Workload and Clinic Capacity: _____

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

Special needs populations: _____

Stop Codes used: _____

Equipment being used: _____

Vetting or testing conducted for equipment being used: _____

What training is available for the equipment being used: _____

Process for incorporating data (including images and videos) into medical records: _____

Management of security for retained camera images and data: _____

Metrics used to measure success of program: _____

Clinical "champion(s)" for this service: _____

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

Telehealth Modality(s) to be employed:

- ☐ Home Telehealth
- ☐ Store and Forward Telehealth
- ☒ Clinical Video Telehealth

Service Frequency:

- ☒ One-Time Consultation
- ☒ Recurring Treatment

Clinical Pathways: _____

- ☐ One consult pathway
- ☐ Two consult pathway

Is Telereader being used?

- ☐ Yes
- ☐ No

POPULATION INFORMATION

What is/are the major health issue(s) to be addressed? Student Veterans with anxiety, depression, substance abuse, PTSD, et cetera. as well as other health concerns (sleep, pain, stress)

What are the demographics? Any Veteran student on the college campus who is eligible for VA care

Who can enroll in the program/ Who cannot enroll in the program: as above

STAFFING REQUIREMENTS:

Position	New Provider Side FTEE		New Patient Side FTEE	
	New	Existing/Collateral	New	Existing/Collateral
Provider				
RN				
LPN				
Educator				
Telehealth Clinical Technician				
Imager				
Care Coordinator				
Other (Specify):				

TECHNOLOGY/ENVIRONMENTAL ASSESSMENT

Provider location:

VA Site, (Specify): _____

Non VA Site, (Specify): _____

Narrative Description: _____

Space Details:

☒ Yes / ☐ No

Space is identified (if not, does space committee request need to be initiated or does contracting process need to be initiated?)

☒ Yes / ☐ No

Adequate area to perform telehealth function

☒ Yes / ☐ No

Space is secure

☒ Yes / ☐ No

Space is private, (visual and audio)

☒ Yes / ☐ No

Space is accessible

☒ Yes / ☐ No

Furniture

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

Connectivity:

☐ POTS ☐ IP ☐ IP Bridge Max Bandwidth: ☐ <100KB ☐ 384 ☐ 768 ☐ >1Meg

Narrative Description: CVT into the home utilizing VA Video Connect (Video on Demand) software

Equipment:

Technology	(N)ew or (E)xisting	(R)ent or (P)urchase	Installed by	Support by
VTC Device:				
Computer / Software				

Patient location:

VA Site, (Specify): N/A

Non VA Site, (Specify): North Shore Community College

Narrative Description: Private office set aside for VITAL, computer is present

Space Details:

- ☐ Yes ☐ No Space is identified (if not, does space committee request need to be initiated or does contracting process need to be initiated?)
- ☐ Yes ☐ No Adequate area to perform telehealth function
- ☐ Yes ☐ No Space is secure
- ☐ Yes ☐ No Space is private, (visual and audio)
- ☐ Yes ☐ No Space is accessible
- ☐ Yes ☐ No Furniture

Connectivity:

☐ POTS ☐ IP ☐ IP Bridge Max Bandwidth: ☐ <100KB ☐ 384 ☐ 768 ☐ >1Meg

Narrative Description: CVT into the home utilizing VA Video Connect (Video on Demand) software

Equipment:

Technology	(N)ew or (E)xisting	(R)ent or (P)urchase	Installed by	Support by
VTC Device:				
Telehealth Cart				
Peripheral Devices: <input type="checkbox"/> Exam camera <input type="checkbox"/> ENT Scope <input type="checkbox"/> Digital Steth <input type="checkbox"/> Other				
Computer / Software				

PROGRAM SUSTAINABILITY

(Why should the program exist and how will it be justified ongoing?)

We will know the program is successful if: Both Veterans with existing providers and Veterans who are new to mental health clinic and primary care services are utilizing the service.

Potential Clinical activity/workload: _____

Potential number of consults: _____

Potential Clinical outcomes (specific): _____

- ☐ Yes ☐ No Program will resolve staff recruitment issues
- ☐ Yes ☐ No Program will improve access for patients
- ☐ Yes ☐ No Cost avoidance / Savings (Specify): By decreasing the time between a Veteran identifies a healthcare need and engages in that healthcare service, clinical problems can be addressed before they substantially impact functioning (which results in higher VA costs later on)
- ☐ Yes ☐ No Reduced travel time for clinical staff (Specify):

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

- ☐ Yes ☐ No Will facilitate more appropriate utilization of services / Reduced bed days of care / hospitalization costs, (Specify): see above
- ☐ Yes ☐ No Will result in reduced travel reimbursements for Veterans, (specify): If Veterans can receive care while on the college campus, they will not need travel pay to attend their appointments at VA sites
- ☐ Yes ☐ No Will result in reduced Fee basis costs, (Specify):
- ☐ Yes ☐ No Will increase Patient satisfaction / Provider satisfaction: Veterans have specifically indicated interest in this service for several months and it is expected that interest will grow once other Veterans learn about it.

What are the potential "Intangible" benefits _____

Will this program result in new revenues? If so, elaborate: _____

- ☐ Yes ☐ No Grant or special purpose funding, (how long?)
- ☐ Yes ☐ No Third party billing
- ☐ Yes ☐ No VERA reimbursement, (Describe): see above

OTHER CONSIDERATIONS

Performance Measures we intend to improve are: _____

What other services, equipment and resources already exist to support this proposed service?

We intend to treat the telehealth visit--the same or differently from a face-to-face visit? If differently, how? _____

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

Is/are there risks/challenges involved? If yes, we plan to address these risks/challenges by: _____

We will address safety issues (Risk management; Emergency situations) by: _____

We intend to educate the appropriate staff to accomplish this plan through: _____

Special budget concerns/issues we need to address prior to and during implementation are: _____

We foresee future expansion of this program (describe): _____

Date: _____

Stakeholders: _____

Stakeholders: _____

Stakeholders: _____

Stakeholders: _____

MEDICAL AND MENTAL HEALTH EMERGENCIES

In a medical or mental health emergency, the telehealth provider who is located at a distance from the patient site is unable to provide direct assistance to the patient and must rely on others at the originating (patient) site to respond safely and effectively. When equipment fails, a backup or contingency plan must be in place to support safe and effective patient care. It is essential that effective risk management policies and procedures are developed and practiced around contingency planning and emergency management of any synchronous patients. Communications, roles and responsibilities of all staff must be well-defined and clear.

15.1.1 EMERGENCIES FOR CLINIC-BASED TELEHEALTH

The following provides some specifics regarding safe and effective emergency management and contingency planning and procedures. In the event an acute event happens to a patient at the site receiving care, emergency procedures must be in place prior to the event. The procedures are addressed in the Telehealth Service Agreement and facility guidance documents. It will be necessary for the Facility Telehealth Coordinator to provide the clinician with the Telehealth Service Agreement that contains all the emergency information.

Examples of key procedures that should be in the Telehealth Service Agreement and in the facility guidance documents include:

- Clinicians should be well-informed of patient site medical and mental health emergency procedures.
- Practice drills should be implemented regularly to determine/mitigate any risk.
- In the case of a medical or mental health emergency, it is recommended the Teleprovider, who is at the distant (provider) site and cannot provide in-person assistance/care, immediately contact the originating (patient) site staff, who will initiate emergency procedures per local emergency policy.
- Mental health emergencies may require additional emergency response from the community and may involve additional steps depending on the situation. These steps should be clearly documented.
- Teleprovider remains connected to patient site during any medical or mental health emergency.
- Teleprovider initiates emergency procedures and remains with the patient during the emergency, depending on environmental safety.
- A phone must be available in exam room for provider to support emergency issues.
- Alternative forms of communication must be available for patient and provider sites to connect immediately. Some of these alert mechanisms include cell phones, pagers, panic buttons and CPRS alerts.
- A contingency plan should be in place to ensure patient care is not jeopardized, particularly in the event of equipment failure. It is important the Facility Telehealth Coordinator at the originating site synchronize with the specialty provider to offer appropriate intervention for the patient.
- Have back up equipment on hand, especially for those items used often and which are mission critical.
- Determine if parts of the telehealth visit can be done in alternate ways, such as by telephone, while problems are being resolved.

15.1.2 EMERGENCY PROCEDURES FOR VA VIDEO CONNECT

Since VA Video Connect occurs in a location other than a clinic, there are additional emergency procedures that are required. This includes knowledge and utilization of Emergency 911 (E911).

A form for E911 is available on the VA Video Connect app which enables providers to pre-validate the availability of Public Service Access Points for Veterans.

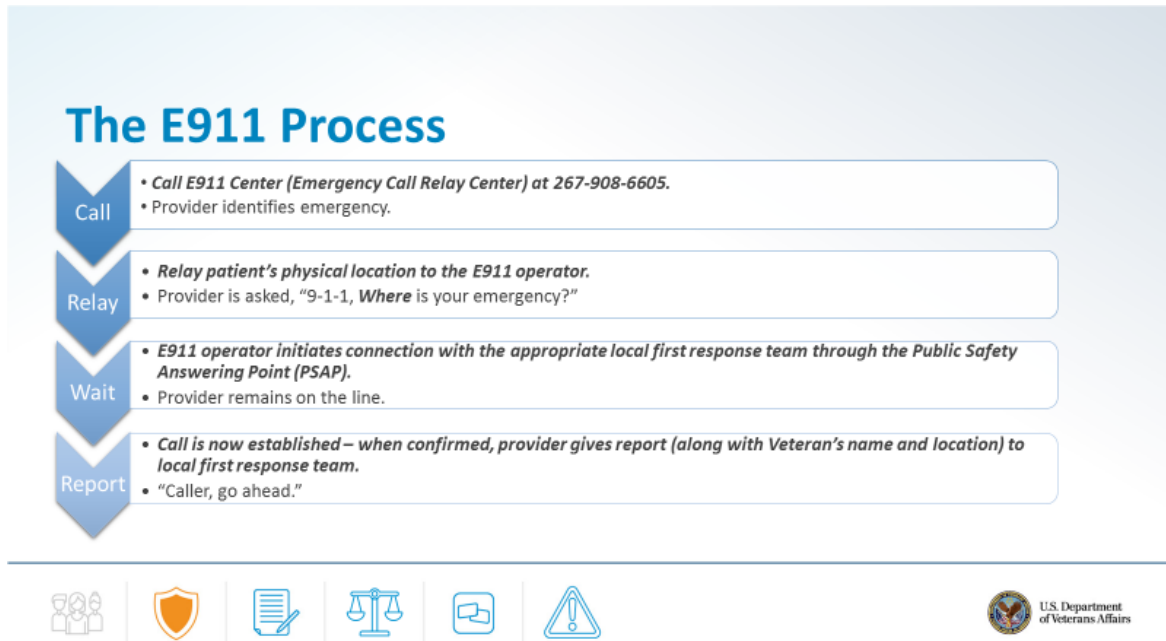
Contact of E911 services should only be used when a number is not available for local emergency services. E911 is an emergency service and is only to be utilized in the event of an emergency or as deemed clinically appropriate. As a result, test calls to E911 are prohibited.

The E911 operator is not a traditional 911 operator. Rather, the E911 acts as a relay to the traditional 911 operator. The E911 operator is used to connect a provider with the appropriate emergency service for a Veteran. A key function of E911 services is to identify specific location information (for example, floor or wing that the Veteran is located on) in addition to the Veteran's address. The E911 operator can then convey this detailed location information to a traditional 911 operator.

E911 is a service that providers can use to be routed to emergency dispatch services in the Veteran's area. To use E911, the provider first dials the E911 center also known as the Emergency Call Relay Center at 267-908-6605 and relays the Veteran's location — including the street address, city, state and ZIP code — to the E911 operator.

The E911 operator will then direct the provider to remain on the line while the call is directed to the patient's local emergency response service through the Public Safety Answering Point, or the PSAP. After connecting with the appropriate emergency response team, the E911 operator will say "Caller, go ahead." The E911 operator will remain on the line until the location of the emergency is verified.

The E911 operator then will disconnect from the call, allowing the provider to speak directly with the local emergency dispatcher. The provider will be asked to relay specific information about the emergency and the patient's name and location to the community dispatcher.



Preferably, the Veteran or their family will make the call to emergency services if capable. In this scenario, the Teleprovider remains in the virtual medical room until emergency response arrives. The Teleprovider does not disconnect from the virtual medical room until a handoff to emergency services has been conducted.

If the Veteran or their family is unable to make the call to emergency services, then the Teleprovider will make the E911 call. The Teleprovider will share the Veteran's location and emergency information with the 911 center.

The Emergency Contact Relay Center's phone number is accessible and staffed 24/7/365. The Emergency Contact Relay Center is able to transfer calls to Public Safety Answering Points in:

1. The continental United States
2. Hawaii
3. Alaska
4. Puerto Rico
5. The U.S. Virgin Islands
6. Guam

Public Safety Answering Points are not available in American Samoa. For sites that do not have Public Safety Answering Points or E911 service, a contact will need to be identified for emergency situations.

TELEMENTAL HEALTH PSYCHIATRIC EMERGENCY PLAN

Provider Version

IF PROVIDER IS CONCERNED IN-SESSION THAT PT NEEDS ASSESSMENT & POSSIBLE INVOLUNTARY HOSPITALIZATION FOR THEIR/OTHERS' SAFETY...

You will have presumably already negotiated with patient:

"At this point I think it makes the most sense for you get further assessment about whether it would help you to go inpatient for a couple of days to keep you safe – what do you think? Can you do that?"

If DOES NOT WORK & VET needs ASSESSMENT for Possible INVOLUNTARY HOSPITALIZATION →

"MUTE - CALL - RESUME" PROCEDURE

from VA Connected Care/Telehealth (2008). Connected Care/Telehealth Manual.

- 1. MUTE** Unobtrusively
- 2. CALL** – Hit **"Speaker"** and then **X2555 Emergency Button** on Phone
 - State **"TeleMental Health Emergency – VON VA SITE (State Site) Suicidal/homicidal patient, denies/states has weapon. More detailed information will be provided to VA Security as soon as clinically feasible"**
 - *IF CONNECTION FAILS to college, call 911 and relate info.*
- 3. RESUME** - Turn MIC Back ON by Hitting **"MIC OFF"** Button again.
 - IF patient asks about the interrupted audio transmission or the **"MIC OFF"** sign, responses could vary from – "I know, I'm sorry about that" to "Sometimes the microphone is turned off, thanks for letting me know"

When Police arrive, further information can be provided. A Section 12 will be needed ASAP and before Police can take anyone into custody...

IF pt leaves, NOTE physical description including clothes & CALL NON VA SITE ASAP

AT NO POINT CAN ANYONE BLOCK A PATIENT FROM LEAVING!

TELE-MENTAL HEALTH PSYCHIATRIC EMERGENCY PLAN
--

PROVIDER BACKGROUND INFORMATION

Involuntary Assessment via a Section 12 is indicated if you recommend hospitalization because Patient has:

A) **Mental Illness**

NOTE: Must specify illness, including behavior and symptoms

AND

B) **Imminent risk of serious harm** – ANY of the following 3 types:

1. Substantial risk of physical harm from attempts at suicide/serious bodily harm,

AND/OR

2. Substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are in reasonable fear of violent behavior and serious physical harm to them,

AND/OR

3. Very substantial risk of physical impairment or injury to person himself/herself as manifested by evidence that a person's judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provision of their protection is not available in the community

When POLICE arrive, they will make their own judgment of whether patient needs to be arrested/detained → will not necessarily follow your clinical input

CALL THE SECURITY DEPARTMENT FOR THAT SITE

FUNCTIONAL STATEMENTS & POSITION DESCRIPTIONS FOR POSSIBLE VITAL-SED PROVIDERS

FUNCTIONAL STATEMENT SUPPORTED EDUCATION PROGRAM OUTREACH SOCIAL WORKER, GS-185-11

1. General Description

The incumbent provides Veterans who interface with the VA Outreach Program, providing supported education services to Veterans enrolled in local colleges and university. The incumbent is also responsible for performing outreach tasks and helping Veterans who have clinical needs to enroll in needed healthcare. This is done in collaboration with other members of the Outreach team. Incumbent is embedded at local colleges and universities approximately 80% of their time.

2. Functions or Scope of Assigned Duties

Outreach:

The incumbent develops and carries out outreach strategies and activities at local colleges and universities. This is done in collaboration with the Bedford VA Outreach Program. The incumbent also works individually with Veterans enrolled in these schools, who have unmet clinical needs, to help those Veterans enter needed care either at a VA or another appropriate facility. The incumbent will also have knowledge of community resources, how to make appropriate referrals to community and other governmental agencies for service and ability to coordinate services.

Supported Education:

The incumbent is responsible for providing rehabilitation services on site at local colleges and universities to Veterans enrolled in those schools who are interested in educational goals. Specifically, they provide supported education services to these Veterans, a manualized evidence-based practice that facilitates successful participation in academic activities.

Referral to Service Providers:

During the course of treatment the incumbent is often the subject matter expert on VA and/or community resources. The incumbent is responsible for collaborating with other service providers in reassessing a Veteran's needs for non-institutional, institutional services/programs and entitlements. He/She is responsible for educating the Veteran about available services and assisting in establishing appropriate referrals based on the Veteran's preference.

Routinely referrals are made to the primary care and outpatient mental health clinics. Referrals may also include other HCHV programs (that is, Grant and Per Diem, Shelter Plus Care, et cetera.) and institutional placements (that is, Assisted Living Programs, Chelsea Soldier's Home, Adult Homes, et cetera.).

In terms of health promotion, education and prevention, the incumbent provides education related to VA and community resources, entitlements, advance directives and living wills. The incumbent will refer Veterans to appropriate disciplines for identified health education needs.

The incumbent is responsible for developing a resource file of VA and community resources and services to ensure appropriate and effective referrals for homeless Veterans.

Advocacy:

Incumbent acts as an advocate to ensure that the best interest of the Veteran is served when

navigating the complexities of the educational and VA system. When appropriate, the incumbent educates the Veteran on ways that s/he can be a self-advocated, fostering independence and empowerment.

Crisis Intervention:

Incumbent is skilled at making independent rapid assessments and developing crisis management plans, with the Veteran if possible, to facilitate the improvement of a Veteran's current circumstance. He can also facilitate admission to acute, short-term and/or long-term placements.

Assessments: The incumbent will have the ability to independently assess the psychosocial functioning and needs of Veterans and their family members and to formulate and implement a treatment plan, identifying the Veterans problems, strengths, weaknesses, coping skills and assistance needed, in collaboration with the Veteran, family and interdisciplinary providers. The incumbent will have the ability to independently conduct psychosocial assessments and provide psychosocial treatment to a wide variety of individuals from various socio-economic, cultural, ethnic, educational and other diversified backgrounds. This requires knowledge of human development and behavior (physical and psychological) and the differential influences of the environment, society and culture.

Clinical Knowledge: The incumbent will have knowledge and experience in the use of medical and mental health diagnoses, disabilities and treatment procedures. This includes acute, chronic and traumatic illnesses specific to the Post-9/11 Veteran population. In addition, the incumbent will have knowledge of common medications and their effects/side effects and medical terminology.

Counseling/Case Management Services: The incumbent will have the ability to independently provide counseling and/or psychotherapy services to individuals, groups and families. Social workers must practice within the bounds of their license or certification.

Consultation: The incumbent will have the ability to provide consultation service to other staff about the psychosocial needs to Veterans and the impact of psychosocial problems on healthcare and compliance with treatment. The incumbent will have the ability to provide orientation and coaching to new social workers and social work graduate students. Ability to serve as a field instructor for social work graduate students who are completing VA field placements.

Performs Other Duties As Assigned:

The incumbent performs other duties as assigned.

3. Supervisory Controls

The incumbent reports administratively and clinically to the Chief, SW with direct clinical supervision by the OEF/OIF/OND Program Manager in collaboration with the VITAL Program Manager, MHSL. Day to day program operations fall under the prevue of the VITAL PM. Supervisory consultation is provided based on the need of the individual Social Worker. Supervision may be scheduled on a regular or irregular basis. Supervision may involve consultation about problem treatment cases, dynamics of behavior, alternative approaches to problem solving, job performance, or the establishment of direction and goals for self-improvement. It is essential that the incumbent makes critical self-assessments and accepts constructive feedback.

The incumbent is clinically and professionally responsible to the Chief, Social Work Service for performance appraisal and professional development. The position falls within the Mental Health Service Line and therefore under the overall direction of the Mental Health Service Line Manager.

The incumbent performs relatively independently in most clinical and administrative matters, but must seek consultation in unusual and/or complicated situations. The incumbent must keep the supervisor informed about concerns and/or changes.

4. Qualifications

Meets the qualification standard for the GS 11 Social Worker as defined in VA Handbook 5005, Part II Appendix G39, Social Worker Qualification Standard GS-185 Veterans Health Administration.

This position is filled with a professional social worker with a Master of Social Work Degree and a license and/or certification in a state at the independent practice level. Knowledge and skill requirements for this position include:

- Mastery of theories, principles and methodologies underlying psychosocial practice.

Knowledge and understanding of developmental growth; dynamics of human behavior, family and other social systems; and the impact of illness and disability on social functioning.

5. Age, Developmental and Cultural Needs of Patients

The average age for Veterans seen through the supported education program is likely to be around 28 years old. The incumbent is required to possess or develop an understanding of the particular needs of these types of patients. A high percentage of Veterans seen through the supported education program also have mental health or substance abuse diagnosis. Having or developing the knowledge, values and skills necessary for these factors is essential in provision of services and developing best practices for this population. Sensitivity to the special needs of all patients in respect to age, developmental requirements and culturally related factors must be consistently achieved.

The incumbent takes into consideration age-related differences of the various Veteran populations served:

- *Young adulthood (20-40).* Persons in general have normal physical functions and lifestyles. Person establishes relationships with significant others and is competent to relate to others.
- *Middle age (40-65).* Persons may have physical problems and may have changes in lifestyles because children have left home or change in occupation goals.

6. Computer Security

Protects printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy and VA policy. Protects the data from unauthorized release or from loss, alteration, or unauthorized deletion. Follows applicable regulations and instructions regarding access to computerized files, release of access codes, et cetera.

Uses word processing software to execute several office automation functions such as storing and retrieving electronic documents and files; activating printers; inserting and deleting text, formatting letters, reports and memoranda; and transmitting and receiving email. Uses the Veterans Health Information and Technology Architecture (VistA) to access information in the Medical Center Computer System.

7. Customer Service

Personal contacts in this position are with active duty service members, Veterans and their families; other facility clinical and administrative staff; staff at Military Treatment

Facilities, TRICARE and National Guard and Reserve units; community agencies; students in training; and representatives of local, state and Federal institutions. The incumbent must be skillful and tactful in communicating with people who may be physically or mentally ill, uncooperative, fearful, emotionally distraught and occasionally dangerous. Incumbent meets the needs of customers while supporting VA missions. Consistently communicates and treats customers (Veterans, their representatives, visitors and all VA staff) in a courteous, tactful and respectful manner. Incumbent provides the customer with consistent information according to established policies and procedures. Handles conflict and problems in dealing with the consumer constructively and appropriately

8. Safety

- a. Appropriate use of equipment, supplies.
- b. Maintain safe, orderly work areas.
- c. Report any accident to self, patient, fill out appropriate form.
- d. Follows Life Safety Management (fire protection) procedures. Reports safety hazards, accidents and injuries.
- e. Reviews hazardous materials/Material Safety Data Sheets (MSDS)/waste management.
- f. Follows Emergency Preparedness plan.
- g. Follows security policies/procedures.
- h. Complies with federal, state and local environmental and other requirements preventing pollution, minimizing waste and conserving cultural and natural resources.

Demonstrates infection control practices for disease prevention (that is hand washing, universal precautions/isolation procedures, including TB requirement/precautions.

ENVIRONMENT OF CARE

Implements and monitors OSHA goals for Life Safety Management, health and the environment procedures. Reports safety hazards, accidents and injuries. Implements, monitors and reviews hazardous materials/Material Safety Data Sheets (MSDS)/waste management, fire protection. Implements and monitors Emergency Preparedness plan. Implements and monitors security policies/procedures. Implements and monitors compliance with federal, state and local environmental and other requirements preventing pollution, minimizing waste and conserving cultural and natural resources.

U.S. DEPARTMENT OF VETERANS AFFAIRS Peer Specialist, GS-OI02-07

I. Introduction:

The incumbent will serve in a developmental capacity to provide the individual with the knowledge, skills and abilities needed to perform the full range of routine assignments found at the full-performance level. During this developmental assignment, the full performance range and level of key functions will not be fully delegated to the incumbent.

The incumbent functions as an interdisciplinary team member, assisting physicians and other professional/non-professional personnel in a rehabilitation treatment program. Peer Specialists perform a variety of therapeutic and supportive tasks that include assisting their Peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience and supporting them in advocating

for themselves to obtain effective services. The incumbent functions as a role model, exhibiting competency in personal recovery and use of coping skills; serves as a consumer advocate, provides consumer information and Peer support for Veterans in outpatient and inpatient settings. This individual must have the ability to assist others in treatment based on the principles of recovery and resiliency. By inspiring the hope that recovery and resiliency are achievable goals, the incumbent can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility and the empowerment inherent in self-directed recovery. The incumbent performs a wide range of tasks to assist Peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

Public Law 110-387, Section 405 modifies 38 USC 7402: Peer Specialist. --To be eligible to be appointed to a Peer specialist position, a person must --(A) be a Veteran who has recovered or is recovering from a mental health condition; and (B) be certified by --(i) a not-for-profit entity engaged in Peer specialist training as having met such criteria as the Secretary shall establish for a Peer specialist position; or (ii) a State as having satisfied relevant State requirements for a Peer specialist position."

Major Duties and Responsibilities:

100%

The incumbent serves as a recovery agent by providing and advocating for any effective recovery based services that will aid the Veteran in daily living. The incumbent orients Veterans new to the programs in which they work about the services, hours, locations, staff and other pertinent information necessary for the Veteran to understand the program and how to utilize it.

The incumbent assists Veterans to articulate personal goals for recovery through the use of one-to-one and group sessions. During these sessions, the incumbent assists Veterans in identifying their skills, strengths, supports and the resources needed to aid them in achieving those goals.

The incumbent works with Veterans to develop and implement a personal recovery plan. This Peer-centered recovery plan is instrumental for individuals to "buy into" the process of their recovery. Central to such plans are the overall health and well-being of each individual, not just their mental health. Components often include support groups and individual therapy, basic healthcare maintenance, stable housing, improvements in family life and personal relationships as well as community connections. The plan may also include education goals, vocational development and job seeking. Some plans outline a time table for coach monitoring and/or a plan for re-engagement when needed to balance the health and overall quality of life for each individual. The incumbent assists Veterans in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The incumbent utilizes recovery tools such as the Wellness Recovery Action Plan (WRAP) to assist Veterans in creating their own individual wellness and recovery plans. The incumbent also contributes to the development of an effective discharge plan. The incumbent assists with the execution of the recovery plan and monitors progress, making timely reports of progress and new problems to the treatment team.

The incumbent observes behaviors that might indicate difficulty adapting or responding to treatment (e.g., missed assessment appointments, failure to attend or maintain abstinence, risk to self or others, disruptive behavior), completes appropriate documentation and reports concerns to the treatment or recovery team in a timely manner.

The incumbent will use ongoing individual and group sessions to teach Veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members to share their experiences. As much as possible, the incumbent will share their own recovery story and as the facilitator of these sessions, which will demonstrate how they have directed their own recovery to Veterans.

Utilizing their personal recovery experience, the incumbent may:

- Teach and role model the value of every individual's recovery experience.
- Assist the Veteran in exploring options for obtaining decent and affordable housing of their choice in the most integrated, independent and least intrusive or restrictive environment, by making referrals to appropriate VA housing programs. Model effective coping techniques and self-help strategies.
- Assist in obtaining services that suit the individual's recovery needs.
- Inform Veterans about community and mutual supports and how to use these in the recovery process. Community resources may include but are not limited to consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, Veterans' service organizations, apartment complexes and other types of housing, et cetera.
- Assist Veterans in developing empowerment skills and combating stigma through self-advocacy. This will be accomplished through regular meetings, individual or group sessions through the use of role playing/modeling techniques.
- Serves as liaison with community-based consumer-run and/or consumer-supportive organizations to develop and/or foster Veterans' community integration and development of natural supports and self-reliance strategies.
- Provide support of Veterans' vocational choices and assist them in choosing a job that matches their strengths, overcoming job-related anxiety by reviewing job applications and providing interview tips and practice sessions.
- Assist Veterans in building social skills in the community that will enhance job acquisition and tenure using such techniques as role playing. The incumbent may occasionally handle crisis interventions for any program patient or address other emergency situations without benefit of specific instructions. Such extraordinary interventions will be carefully documented and communicated to the team in a timely manner.

The incumbent must maintain a working knowledge of current trends and developments in the mental health field by reading books, journals and other relevant materials.

Performs Peer support duties in the VA's Community Reintegration and Peer Apprenticeship Training Programs.

Performs other related duties as assigned.

FACTOR LEVEL DESCRIPTIONS

Factor 1- Knowledge Required by the Position:

The work requires practical understanding of some of the principles, methods and techniques of psychology, social work, sociology, counseling but do not require specific formal education. Knowledge of the common therapeutic practices and ability to use a wide range of methods or tools commonly taught in formal Peer support training certification programs is essential. The incumbent must have demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals and capacity for leadership.

- Knowledge of the signs and symptoms of mental illness (that is, auditory and visual hallucinations, aggressive talk and behavior, thoughts of self-harm or harm towards others, isolation) and the ability to assist the Veteran to address symptoms using strategies such as

positive self-talk

- Understanding of common psychiatric disorders and knowledge of the diagnostic scheme for mental illnesses, as found in the DSM-IV-TR, including those with addictions and dual diagnosis Knowledge and skill sufficient to use community resources necessary for independent living and ability to teach those skills to other individuals. Community resources may include but are not limited to community-based consumer-run self-help and mutual support services, social security office, Department of Family and Children services, local YMCA, library, restaurants, Veterans' service organizations, housing providers, et cetera.
- Knowledge of the Recovery process and ability to facilitate Recovery Dialogues using common recovery tools.
- Knowledge of and ability to use, effective communication skills to teach and engage in problem solving and conflict resolution strategies to support individual Veterans in self-directed recovery.
- Knowledge of crisis-oriented counseling, including methods for effective triage and the standards for handling violent or suicidal patients safely.
- Knowledge of Management and Prevention of Disruptive Behavior techniques.
- Knowledge of basic group dynamics and how to establish and sustain self-help (mutual support) and educational groups by soliciting input from mental health consumers on their strengths and interests.
- Awareness of eligibility requirements for patient services relevant to the behavioral health program.

Understanding how roles of ethnicity, race, spirituality, gender, sexual orientation, local community and other sub-cultures may influence recovery.

Factor 2- Supervisory Controls:

The Peer Specialist may be assigned to any of the behavioral health programs or a combination of programs, as determined by the program manager and behavioral health management team The Peer Specialist will receive administrative supervision from the program manager who reviews and evaluates work performance. Clinical supervision will be provided by a licensed independent practitioner in mental health and Peer Support supervision will be provided by the Supervisory Peer Specialist. The supervisor will provide general instructions for the performance of routine duties and detailed instructions and/or training in performance of the non-routine functions and special assignments. Routine work is expected to be completed with minimal supervisory oversight and review, however close supervision will be provided for complex and unusual tasks. Routine work will be reviewed by spot checking and after completion to evaluate the adequacy of methods, procedures, results, ability to solve new and changing problems, effectiveness in relations with others, ability to coordinate activities with other departments. Supervisory controls will be lessened as demonstrated knowledge, skills and abilities are developed and satisfactory progress is made in aspects of work for which the incumbent receives guidance and training

Factor 3- Guidelines:

The incumbent relies on VA Peer and general counseling program policies and procedures, VA Medical Center/Healthcare System (VAMC/HCS) policy manuals on patient care, crisis intervention manual, oral and written office procedural manuals and other technical references, such as Peer Support Certification standards and requirements. Monthly teleconference calls with Central Office staff and email groups provide ongoing general support and information. In addition,

monthly Peer Support rounds and staff meetings provide detailed information about the technical and administrative aspects of Peer Support services. The incumbent selects, studies and evaluates available reference information and adapts established methods to meet the needs of the assignment for routine assignments. Supervisor assigns new and novel tasks in a way that leaves no doubt as to which guide applies.

Factor 4- Complexity:

The work involves identifying, advocating for and providing support services for the Veteran patient that requires assisting them in establishing goals and mechanisms to reach those goals. All assignments are developmental in nature and are clear cut. There is little choice in deciding what needs to be done or when it should be done. Work is performed as assigned by supervisor.

Factor 5- Scope & Effect:

The incumbent assists and guides Veterans toward the identification and achievement of specific goals defined by the Veteran and specified in the individual's recovery or treatment plan. The work involves the execution of specific rules, regulations, or procedures and typically comprises a complete segment of an assignment. The incumbent promotes community reintegration, socialization, recovery, self-advocacy, self-help and development of natural supports. The work contributes to the health and welfare of the Veteran and affects the accuracy, reliability or acceptability of further processes or services for Veterans.

Factor 6- Personal Contacts:

Personal contacts include Veterans, family members and significant others and assigned VA facility and other VA employees from all services, service lines and disciplines. In addition, contacts may be with the public, community leaders and staff of community, federal and state agencies. When a valid Release of Information has been signed by the patient, the incumbent may develop and maintain appropriate communications, rapport and positive working relationships with a variety of institutions, organizations and service providers (for example halfway houses, Alcoholics Anonymous Narcotics Anonymous, Al-Anon, probation officers, court officers, lawyers, churches). Contacts may be in person, by telephone, or by written communication and may be outside of the immediate VA office in the community or Veterans' homes. External agency and institution contacts are limited due to the developmental assignments and are highly structured.

Factor 7- Purpose of Contacts:

Personal contacts are made to give or exchange information, resolve issues, provide services and to motivate, influence and advocate on behalf of the Veteran. Contacts with Veterans are for the purpose of assisting them in managing their emotional and behavioral symptoms and teaching them independent living skills.

Factor 8- Physical Demands:

The work is primarily sedentary. Typically, the employee will sit to do the work. However, there may be some walking, standing, bending, carrying of light items (such as books, papers), accessing transportation and/or driving a government vehicle. The work requires patience and control of emotions. The work may require occasional use of appropriate techniques to physically restrain clients who present a danger to self or others.

Factor 9- Working Conditions:

Work will be performed in a wide range of settings, including the medical center; in client, group or family homes; in community-based outpatient settings, community agencies; or in transport vehicles (public or government). Work areas are often noisy, irregular and unpredictable and can be stressful at times. Clients demonstrate varying levels of recovery and symptoms.

Functional Statement
Clinical Psychologist Serving Program Manager for the VITAL Program
Edith Nourse Rogers Medical Center
Mental Health Service Line

(GS-11/12/13)

1. Qualifications

- Doctoral degree in psychology from APA Accredited Graduate Program in an area of training consistent with the assignment for which the applicant is to be employed
- Internship in professional psychology accredited by the American Psychological Association
- Professional Psychology Licensure: States, License Numbers, dates of original licensure. A psychologist must hold a full, current and unrestricted license to practice psychology at the doctoral level in a State, Territory, Commonwealth of the US, or the District of Columbia. The secretary may waive the requirement of licensure for a period not to exceed two years from the date of employment on the condition that such a psychologist provide care only under the supervision of a psychologist who is so licensed.
- For GS 13, there must be two or more years of clinical experience comparable to what one would get in a VA setting, either by post-doctoral employment or two years of employment as a psychologist. A psychologist must be licensed at the GS 13 level.
- For GS 12, at least one year of professional experience is required that is equivalent to the next lower grade level.
- For GS 11, no professional experience is required post-PhD.

2. KSAs

- Knowledge of, and ability to apply, a wide range of psychosocial rehabilitation methods to a variety of patient populations.
- Knowledge of, and ability to apply, a wide range of professional psychological theories and assessment methods to a variety of patient populations.
- Ability to develop coherent treatment strategies, including supported education.
- Ability to manage other people.
- Ability to incorporate new clinical procedures.

3. Administrative Responsibilities (60% of time)

- Is supervised by a licensed psychologist and the experience and supervision must meet the standards for psychology licensure.
- Provides clinical administrative leadership and support to the VITAL program on the Bedford VA campus, which provides rehabilitation services to Veterans interested in entering and/or participating in local colleges and universities. VITAL specifically provides supported education services to these veterans.

Appendix I: Forms for Setting up and Maintaining a VITAL-SEd Program

- Facilitates VITAL “clearinghouse” resource center at the Bedford VA to help clinical staff and Veterans find VA and non-VA resources related to Veterans’ participation in educational offerings.
- Supports hospital efforts to expand VITAL to a larger group of colleges and universities, by providing on-site supports.

4. Clinical Responsibilities (20% of time)

- Provides clinical rehabilitation services as part of the VITAL program, which provides rehabilitation services at Bedford, and on site at local colleges and universities to veterans enrolled or interested in enrollment in those schools who are interested in educational goals. The incumbent specifically provides supported education services to veterans.
- May provide a full range of psycho-diagnostic services including assessment and using the most appropriate psychotherapeutic techniques in providing quality care.
- May provide a full range of therapeutic interventions including group and individual psychotherapy, behavioral interventions, and other evidence-based treatments for PTSD and other psychological disorders.
- Consults with medical center staff on a wide variety of patient care issues, particularly as it pertains to treatment of OEF/OIF veterans.
- Is involved in program evaluation and/or research activities as the opportunity and interest arises.

4. Academic/Teaching/Training: (10% of time)

1. Involved in Psychology Training Program and Training Committee, including regular attendance at meeting and active participation in ongoing supervision and policy-making.
2. Is involved in the training of medical students, medical and psychiatric residents, nursing students, fellows and other graduate or post-graduate trainees, as appropriate, including psychology interns and fellows, nursing students, social work students, and medical students and residents.
3. Serves as a consultant to other medical center staff and trainees and assist in their formulation of the psychological characteristics and appropriate treatment expectations regarding their patients, particularly patients with OEF/OIF veterans

5. Research/Program Evaluation (10% time)

1. Oversees the establishment of program monitors and outcome measurements within the Supported Education program and the OEF/OIF program using a data-driven quality assurance processes, as needed and requested.
2. Is responsible for timely completion of all clinical charting and documentation required by the Medical Center or healthcare system, as appropriate.
3. Plans and oversees the completion of personal research programs, designed to provide information regarding relevant treatment approaches for veterans with educational goals and mental health needs.

SAMPLE PROGRESS NOTE TEMPLATE

VITAL-SED CONTACT FORM

Session #

Length of session: _____

Date: _____

Reason for Services: To support the Veteran in reaching their academic goals and engage them in other health services as needed.

Risk/Safety: The Veteran did not endorse current suicidal or homicidal ideation, intent, or plan. Based on the current meeting there is no evidence of the Veteran being an imminent danger or risk to self or others.

Goals:

Open Issues from Previous Visit Followed up at Current Visit: ___None ___Yes, See Below

Intervention/Education Tactics Utilized (check all that apply)

___ Elicit the Educational Challenges

___ Creating the Education Tactics Plan

Supported Education Tactics for Meeting Academic Challenges (Adjusting to School)

___ Transitioning from Military to Civilian Life

___ Engaging the Veteran's Social Support Network

___ Managing Work and School Balance

___ Tactics for Benefits and Claims Issues

___ Paying for School

___ Learning about Campus Resources

___ Addressing Stigma

Doing the Academic Work

___ Educational Accommodations

___ Time and Task Management

___ Task Management for Large Projects and Exams

___ Study Strategies.

___ Memory Strategies for Course Success

___ Stress Management for Education Settings

___ Troubleshooting Problems with a Class

Getting to the Degree

___ Choosing and Registering for Classes and Course Load Considerations.

___ Course Load Considerations

___ Evaluating/Re-Evaluating a Major

___ Tactics for Transferring or Leaving School

Other non-education tactics used:

___ Stress Management (e.g., mindfulness)

___ Symptom Management (e.g., attend class early to find a seat near an exit)

___ Psychoeducation (e.g., sleep hygiene)

___ Social/ Interpersonal Skills (e.g., role play)

___ Counseling

___ Other

DESCRIBE /DETAIL:

Response to Intervention:

Veteran Strengths:

Plan:

Linking to College Campus Services

- ☐ Campus-based Activities
- ☐ Disability Services
- ☐ The Counseling Center
- ☐ Student Health Services
- ☐ Academic Services/Supports or the Writing Center
- ☐ Career Services
- ☐ Financial Aid
- ☐ Student life or Residential services
- ☐ Link to other campus services

Linking to Off-campus services

- ☐ Link to Non-VA Mental Health Services (e.g., individual therapy)
- ☐ Link to VA Mental Health Services (e.g., PTSD group)
- ☐ Link to benefits (e.g., signed up for e-benefits)
- ☐ Link to other off-campus services, specify: _____

Referral to Veteran Services (for example VSO for chapter 115, individual therapy with Vet Center after reporting depressive symptoms, primary care through Bedford VA for cough) _____

Did this contact require travel beyond time spent with Veteran or other individual named above?
☐ Yes ☐ No

If yes, how many total minutes of travel? _____

Did this contact require use of government vehicle? ☐ Yes ☐ No

If yes, how many total miles of travel? _____

How much time (in minutes) to document this contact/service: _____

Next appointment date and time: _____

Diagnosis: