

Welcome Home:
Understanding the Unique
Needs of our Disabled
Student Patriots

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The Student Veteran

Veterans coming to college

- Post 9/11 Veterans Educational Assistance Act of 2008
 - For individuals who have served on or after 9/11
 - Assistance based on the length of activity duty service
 - » Tuition and fees
 - » Monthly housing allowance
 - » Yearly books and supplies

Differences between student veteran and the typical college student?

STUDENT VETERAN

- Adult veteran
- Returning from tours
- Controlled, structured setting
- Exposure to horrific events
- Political views

COLLEGE STUDENT

- 17-18 years old
- First time from home
- Home -freedom from parental controls
- Sheltered
- Political naiveté

Needs of the Student Veteran

- Veteran friendly campus
 - Information for veterans readily available
- Support network of fellow veterans
 - Negotiating campus life
 - Negotiating campus procedures
- Awareness of needs of non-traditional student
 - Responsibilities outside of class

The Disabled Student Veteran

- Mobility limitations
- Sensory limitations
- Psychological Disabilities
- Cognitive/Learning Disabilities

Psychological Disability

Post Traumatic Stress Disorder
PTSD

DSM IV definition (1994)

- Exposure to a traumatic event in which the person:
 - Experienced, witnessed or was confronted by the death or serious injury to self or others
 - Responded with intense fear, helplessness and horror

DSM IV definition (con't)

- Symptoms
 - 3 symptom clusters: re-experiencing, avoidance/numbing, hyperarousal
 - Onset persists beyond a month after original event
 - Significant distress and/or impairment of functioning

American Psychiatric Association (1974). Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.

Examples of life threatening events

- Combat or military experience
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical attacks
- Serious accidents
- Natural disasters (hurricane, tornado, etc)

Symptoms of PTSD

- Reliving the event (re-experiencing symptoms)
- Avoiding situations that remind you of the event
- Feeling numb
- Feeling keyed up (hyperarousal)

Reliving the event

- Recurrent distressing recollections of the event
- Traumatic nightmares
- Acting or feeling as if the event is reoccurring (flashbacks)
- Psychological distress
- Physiological reactivity

Avoidance

- Avoidance of thoughts, feelings or conversations about the event
- Avoid people or situations that trigger memories of the event

Numbing Symptoms

- Experience a restricted range of emotions
- Unable to express positive or loving feelings towards people (spouse, children)
- Lack of interest in pre-PTSD hobbies and activities
- Feelings of hopelessness, shame or despair

Hyperarousal

- Always on alert, looking out for danger
- Quick to anger
- Difficulty sleeping
- Difficulty paying attention
- Hypervigilance for safety

Major casualties of PTSD

- Alcohol and drug problems
- Relationship issues: divorce, custody battles, violence
- Employment difficulties
- Physical symptoms

Cognitive/Learning Disability

TRAUMATIC BRAIN INJURY
TBI

Definition

- A TBI occurs when an outside force impacts the head hard enough to cause the brain to move within the skull or if the force causes the skull to break and directly hurts the brain.

General Information

- Not all blows jolts result in a TBI
- The severity of the injury range from mild to severe
- A TBI can result in short or long term problems with independent functioning

Manifested by:

- Any period of loss of consciousness
- Any loss of memory for events immediately before or after the incident
- Any alteration in mental state at the time of the incident
- Focal neurological deficits that may or may not be transient

General population statistics

- 1.4 Million people sustain a TBI each year
 - 50,000 do not survive
 - 235,000 are hospitalized
 - 1.1 million are treated in an ER and released
- 80,000 annually experience the onset of long-term disabilities following a TBI
- 5.3 million Americans currently living with a disability as a result of a TBI

Causes of TBI

- Falls: 28%
- Motor vehicle crashes 20%
- Struck by/against events 19%
- Assaults 11%

Blasts are a leading cause of TBI for active duty military personnel in war zones

Mild Traumatic Brain Injury

- Signature injury of the Iraq/Afghanistan war
- Up to 320,000 troops who served in Iraq and Afghanistan suffered traumatic brain injury.
 - » Rand Corporation 2008

Elements of Blast Injury

- Pressure wave dynamics
 - Overpressure = positive
 - Underpressure = negative
- Blast Injury = Barotrauma
 - Primary Injury
 - Air-fluid interface vulnerability
 - Lungs, bowels, middle ear
 - Secondary Injury
 - Objects hitting person
 - Third injury
 - Person hitting secondary object

Details

- TBI result from over pressurization waves produced upon detonation of IED's (improvised explosive devices)
- Waves travel hundreds of yards at the rate of 1,600 feet per second

Details

- The primary blast jostles the brain against the skull.
- A secondary wind pushes a tremendous amount of displaced air back into the skull, delivering another shock.

Mild Traumatic Brain Injury

- The severity of the injury does not exceed the following:
 - Post traumatic amnesia not greater than 24 hours
 - After 30 minutes, an initial Glasgow Coma Scale of 13-15
 - Loss of consciousness of approximately 30 minutes or less

Physical Symptoms

- Nausea
- Vomiting
- Dizziness
- Headache
- Blurred vision
- Tinnitus
- Sleep disturbance
- Fatigue
- Lethargy
- Sensory Loss
- Pain

Cognitive Deficits

- Attention and concentration
- Memory
- Information processing
- Planning and problem solving
- Decision making
- Organization
- Speech/Language

Behavioral/Emotional Symptoms

- Irritability
- Quickness to anger
- Poor frustration tolerance
- Easily overwhelmed
- Anxiety
- Depression

Assessment of MTBI

- “Unseen injury” or “Silent Epidemic”
- Not necessarily visible on imaging
- Requires comprehensive neuropsychological evaluation to assess:
 - Presence and degree of cognitive impairments
 - Behavioral impairments from TBI
 - Baseline of function to measure effectiveness of rehab
 - Treatment planning and educational/vocational direction

Prognostic indicators of positive outcome from MTBI

- Age
- Education/Occupation
- Post injury medical complications
- Hx of cerebral trauma
- Premorbid personality
- Support networks
- MTBI education

Living with a MTBI

- Difficulty doing more than one thing at a time
- Forgetful
- Distractible
- Hard to juggle the general orchestration of life
- Problems with reading
- Problems with following conversations
- Word finding struggles

Major complaints of those with MTBI

- Difficult to explain and it is often minimized
- Always exhausted
- Challenging to process information with the technology of 2009
- Constant state of perplexity
- Inconsistent day to day
- Constant battle with "pre-injury self"

Major Casualties of MTBI

- Alcohol/drug use
- Legal troubles
- Job loss/employability
- Loss of housing
- Physical limitations (headaches, pain)

Recovery

- Cognitive rehabilitation
 - Strategies to manage changes in functioning
- Time to understand injury
- Development of alternate activities/jobs that do not have comparison point
- Support networks of those with MTBI

How do we help a student veteran with PTSD and MTBI?

Obstacles

- Self-identification
- Hesitancy/difficulty to participate in complex bureaucratic processes.

The veteran with PTSD and MTBI

- Similar casualties
- MTBI makes it difficult to fully benefit from treatment for PTSD.
- 2008: VA increased its benefits for veterans with MTBI

Case Studies

Michael

24 year old member of 101st Division—Iraq
Worked in Explosives Ordnance Disposal
TBI due to Blast Injuries

Michael

PROBLEMS:	STRENGTHS:
1. Easily distracted	1. Motivated to move on in his life
2. Problems learning new information	2. Strong family support
3. Slow to process information and slow to respond to others	
4. Easily overwhelmed by stimuli	
5. High Anxiety	
6. Angry	

Michael

UPON RETURN:	SUPPORT NEEDED:
1. Moved back home	1. Cognitive retraining to support new deficits in learning
2. Lost a few jobs due to problems managing his meds, shift work	2. Vocational assessment to determine strengths
3. Recently fired from last job due to difficulties with learning procedures, working in enclosed spaces, Arabic clientele	3. Job seeking/job coaching
	4. Support group of other Iraq war veterans to normalize experience

Jeremy

29 year old Marine severely injured from
blast injury in
Iraq

Jeremy

PROBLEMS:	STRENGTHS:
1. Severe expressive lang. deficits	1. Strong family support
2. Difficulty keeping up with pace of tasks	2. Motivation to be independent
3. Problems with interpreting written information	3. Fierce competitive drive
4. Impaired judgment and reasoning in social situations	

Jeremy

UPON RETURN:	SUPPORT NEEDED:
1. Encountering lack of community tolerance for lang. deficits	1. Appropriate accommodations in school setting to account for learning deficits.
2. Difficulty accepting support	2. Structured employment/volunteer placement that allows for repetition, competition
3. Hindered by fear of others knowing injury and extent of disability	3. Support services in management of independent living (bill paying, paperwork, leisure time management)

Tony

23 year old, married, three children
Returning to school for criminology degree.
PTSD and TBI from blast injuries.

Tony

PROBLEMS:	STRENGTHS:
1. Experiencing cognitive deficits in reading and math due to MTBI.	1. Desire to be the best he can, and to better his education
2. Short fuse and intense anger, violence at home	2. Strong network of support thru other veterans
3. Easily distracted	3. Willingness to seek help
4. Self medicates	

Tony

UPON RETURN:	SUPPORT NEEDED:
1. Divorce pending	1. Veteran friendly academic environment
2. In danger of losing job due to inconsistency of performance	2. Cognitive retraining to support changes in cognitive functioning
3. Risk taking behaviors	3. Social service/legal support

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Welcoming Veterans to
Rutgers University

In September, 2008, following the President's State of the University address, President McCormick appointed members of the University community and charged them with making recommendations to improve the services provided to student veterans

Recommendations

- Appoint a person or establish an office with specific responsibilities for working with veterans on each campus.
- Each campus will have an orientation program for veterans returning to college
- Each campus will have a website that identifies services and programs available to veterans
- The Veteran Administrator will work with personnel from mental health and disability services to provide services for veterans with special needs.

Recommendations

- The Veteran Administrator will work with student affairs professionals to assist with the formation of veteran student organizations, and the appropriate funding for these organizations.
- The Veteran Administrator will work to develop a mentoring program, utilizing faculty, staff and alumni with prior military experience.
- The Veteran Administrator will review and evaluate the Servicemembers Opportunity Colleges (SOC) programs.
- The Office of Admissions will develop an outreach program for veterans to apply to Rutgers University.

Awareness

Access

Sensitivity

Resources

- www.biausa.org
- www.mentalhealth.va.gov/College
- www.ncptsd.va.gov
- www.DVBIC.org

Questions?
