

**DISABILITY SERVICES: HELPING  
THOSE WHO SERVE THEIR  
COUNTRY**

Brenda York, Montana State University

---

---

---

---

---

---

---

---

**Question for the audience...**

How many of you know your veteran coordinator on campus?

---

---

---

---

---

---

---

---

**Why the need to know**

- The new Post 9/11 GI Bill will and is changing the face of campuses;
- The new GI Bill will have the same effect that the original GI Bill post World War II had;
- Many vets are returning with mental and physical disabilities or a combination of both;
- Vets that would not have attended college prior to the new Post 9/11 GI Bill now will;
- Colleges need to be ready, especially disability offices.

---

---

---

---

---

---

---

---

### Quick overview of the new GI Bill

- The Post 9/11 GI Bill was passed in 2008 and implementation began August 01, 2009.
- Any soldier that has active duty time can be eligible for the Post 9/11 GI Bill.
- Active duty time equals percentage eligible for the GI Bill.
- Tuition and fees are paid at the eligibility rate.  
Example 36 months of active duty service=100%
- The veteran also receives a housing allowance and book stipend.

---

---

---

---

---

---

---

---

### GI Bill continued...

- Veteran benefits are no longer considered resources for financial aid purposes, as of July 01, 2009
- The Post 9/11 GI Bill allows for transferability to dependents of veterans depending on Dept. of Defense eligibility requirements.
- Schools may voluntarily enter into the Yellow Ribbon program with the VA to waive or match unmet need

---

---

---

---

---

---

---

---

- In a "nutshell" this new GI Bill will increase the number of veterans returning to school and increase the need of services for the veteran.
- Disability Services will see many of these returning veterans.

---

---

---

---

---

---

---

---



### Chat time...

- Has your school seen changes of enrollment and/or types of students with the new GI Bill?

---

---

---

---

---

---

---

---

### Needs of Returning Veterans

- This section will examine the following:
  - Trends
  - Types of disabilities
  - Profile of the returning veteran
  - Misconceptions

---

---

---

---

---

---

---

---

### Trends

- According to Veterans Affairs, the number of disabled vets have jumped 25% since 2001; many other organizations feel that number is low and there could be as many as 40%.
- The American Legion say that vets returning from Iraq/Afghanistan wars are suffering from more severe injuries-the type of injuries in previous wars that would have resulted in death;
- In 2008, the Dept. of Defense reported that 181,000 vets just from Iraq/Afghanistan are collecting disability benefits.

---

---

---

---

---

---

---

---

**Types of Disabling Conditions**

- Almost all Iraq/Afghanistan veterans have been shot at, attacked or ambushed according to the VA.
- PTSD (Post Traumatic Stress Disorder), major depression, and anxiety are estimated to affect 1 in 6 veterans.
- Mild and moderate TBI (Traumatic Brain Injury) is the "signature injury" of these conflicts.
- Hearing loss in returning veterans is becoming an increasing issue.

---

---

---

---

---

---

---

---

**Profile of veterans at MSU**

- Montana State University's typical veteran is between 23-26, male (although an increase in women is being seen), and many have never attended a post-secondary institution.
- Women veterans come with unique issues (at times)...in a 2008 MSNBC report 15% of women veterans "screened positive" for sexual assault.

---

---

---

---

---

---

---

---

**Question for the audience....**

- Does your institution have the same type of profile MSU is seeing?

---

---

---

---

---

---

---

---

### Misconceptions

- Not all veterans have been in combat;
- Not all have served in Iraq/Afghanistan;
- And finally, not all have PTSD.

---

---

---

---

---

---

---

---

### Addressing the needs

- Stressors that may be unique to veterans on campus:
  - Educational bureaucracy
    - Financial aid and VA educational benefits can be a consuming and lengthy process
    - VA benefits as of Nov. 2009 are taking 10-12 weeks to process
  - Veterans may attempt too many credits to make up for lost time.
  - Often reluctant to ask for help or seek on campus counseling.
  - Cannot relate to cohort in classroom.
  - Frustration or anger at professors/students who vocalize anti-war sentiment.

---

---

---

---

---

---

---

---

### DSS Providers

- Will see veterans that may have “fallen through the cracks” under readjustment counseling.
- Some veterans will not show signs of readjustment issues and/or PTSD for months to years.
- Will see conduct issues or behavioral assessment issues
- Need to meet your college’s veteran coordinator- imperative for communication. MSU is unique as the veteran services office is with disability services.

---

---

---

---

---

---

---

---

### Hearing Impairments

- Has become a growing concern and very much underreported.
- IED's and advancement in helmets have led to hearing loss and tinnitus.
- Many vets who others think of as noncommunicative simply cannot hear correctly.
- Hearing is not tested when leaving the military unless requested by veteran.

---

---

---

---

---

---

---

---

### Hearing continued...

- Possible accommodations:
  - FM Units: Many vets have never tried them and are surprised how helpful they can be, especially in the large classrooms.
  - Note taking: Helps with missing information or information that may not have been heard correctly.
  - Priority seating: Seating in front of class.
  - Connect with local Veteran Service Office (VSO) for hearing testing, which could help with hearing aides, etc.

---

---

---

---

---

---

---

---

### Post Traumatic Stress Disorder (PTSD)

- Lessons learn from previous conflicts have VA and DoD providing much better care and follow-up for PTSD.
- In Montana, there are mandated follow-ups for guard members returning from conflict.
- Some have delayed symptomology.

---

---

---

---

---

---

---

---

**PTSD continued...**

- Try to identify a quiet area to study:
  - Libraries
  - Vet study centers, if available
  - Building areas that have quiet areas
  
- Educating professors and staff
  - We call it sensitivity training for faculty and staff
  - Know if there is an event that may be troublesome for vets
  - Ask faculty if they have ideas or thoughts about working with vets

---

---

---

---

---

---

---

---

**PTSD continued...**

- Possible accommodations:
  - Extended time for testing-allows for anxiety level to lower
  - Note taking
  - Quiet area for testing

---

---

---


---

---

---

---

---

 **Chat time**

- What concerns or misconceptions does your faculty or others have about PTSD?
  - Unfortunately, will be more in the headlines due to the tragedy at Fort Hood and others...

---

---

---

---

---

---

---

---

### Physical mobility issues

- Many times vets are very self reliant
- Watch access issues:
  - Housing
  - Classrooms
  - Transportation
  - Snow removal
  - Access to the veteran coordinator (you would be surprised how much this is overlooked)
  - Computers; both physical access and software

---

---

---

---

---

---

---

---

### Traumatic Brain Injury (TBI)

- This injury, along with hearing loss are great examples of the reason to have great communication with your veteran coordinator.
- Some vets never report a head injury to the unit or others, even if they are experiencing headaches, blurry vision, etc. because many times others around them were killed with the blast.
- A veteran coordinator or others may see signs:
  - Hard time filling out paperwork or even remembering to fill out paperwork
  - Quick to frustration
  - Black and white thinking, "tunnel vision"
  - Calls of concerns from professors, RA's, staff, family members

---

---

---

---

---

---

---

---

### TBI continued...

- Again work with the local VSO office for referrals.
- Refer to the your college's health center.

---

---

---

---

---

---

---

---

**TBI continued....**

---

- Possible accommodations:
  - Low lighting: we have found that many times the fluorescent lightening causes headaches or eye fatigue so we allow for a lamp in the testing room and turn off the overhead light.
  - "Off the clock testing" for lack of a better term: at times with brain injuries the student begins to fight frustration (executive functioning) during a test. If a test is split into 2 and the student is allowed (within the testing area) to rest between sections 15-20 minutes and then given the other portion of the test this seems to work better than extended time testing.

---

---

---

---

---

---

---

---

**TBI continued...**

---

- When do they best function?
  - AM vs. PM
  - Most seem to function earlier in the day rather than later
  - Common hour exams or exams late in the day are a struggle for many as mental fatigue is an issue
  - Arrange tests for a better time of day due to fatigue
  - Again this is for some not all
- Quiet area for testing

---

---

---

---

---

---

---

---

**TBI continued...**

---

- Might need less class load
  - 9 credits instead of 12
  - Problems with Financial Aid and VA benefits but might be necessary for success
- Memory issues
  - This is dependent on the school.
  - We get asked a lot for "cheat sheets" or open book tests for TBI from students and counselors
    - This falls under unreasonable unless the professor agrees to it
    - Also need to look at "otherwise qualified"
    - Again, up to individual schools

---

---

---

---

---

---

---

---

**TBI continued...**

- Alternative text books
- Recording the class
- Smart pen
- Note taking
- Time management help
- Organizational help

---

---

---


---

---

---

---

---

 **Chat time**

- Does any of the audience have other “outside the box” accommodations you use?

---

---

---

---

---

---

---

---

**Unique issues**

- Missing classes
  - Could be disability related-up to your policies on attendance
  - Veterans many times have to travel distances for medical appointments, some even need to leave the state-educate others on this issue.
- Transition issues
- Family issues
- Alcohol/drug problems

---

---

---

---

---

---

---

---



### Chat time

- Other unique issues you are seeing.

---

---

---

---

---

---

---

---

### Social adjustments

- Educational bureaucracy, financial aid, VA benefit applications can be difficult.
- Veterans may attempt too many credits to make up for lost time.
- They are often reluctant to ask for help or to take advantage of counseling services.
- Cannot relate to their peers in classrooms.
- Frustration or anger at professors and students who vocalize anti-war sentiment.

---

---

---

---

---

---

---

---

### Best Practices

- Changes in institutional financial policies: flexible payment policies with payments deferred until benefits begin.
- Ensure access to counseling and therapy groups on campus.
- Provide a space on campus where veterans can relax and hang out together. Staff it with a work-study student veteran.
- Assist students with filling out complex paperwork.
- Train academic advisors in veteran needs and issues.
- Offer training to faculty about sensitivity in political discussions.
- Try to enlist full support for veterans' programs from top administrators.

---

---

---

---

---

---

---

---

### Best Practices...

- Learn about veteran resources in your community.
- We started a veteran advisory committee about 5 years ago and it has grown.
  - Veteran Service office
  - Job Service
  - Mental Health
  - Local veteran groups
  - Senator reps

---

---

---

---

---

---

---

---

### Summary

- First and foremost...collaborate, collaborate, collaborate!
- Think outside of the box
- Many veterans are very independent and will not seek help
- As one vet told me he really hates doctors, staff, etc. that talk to him like a 2 year old...he has probably seen more than many will have in a lifetime.

---

---

---

---

---

---

---

---

### Thank You

- Questions?

---

---

---

---

---

---

---

---

Just a few valuable resources

- <http://www.rand.org/multi/military/>
- <http://www.ptsd.va.gov/>
- <http://www.gibill.va.gov/>
- <http://www.woundedwarriorresourcecenter.com/>
- <http://www.publichealth.va.gov/womenshealth/>

---

---

---

---

---

---

---

---