

University of Nevada, Reno

**Student Veteran Programs in the United States: Literature Review and Survey
Findings**

A thesis submitted in partial fulfillment
of the requirements for the degree of

Bachelor of Arts in Psychology and the Honors Program

by

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We recommend that the thesis
prepared under our supervision by

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Abstract

There is an increase in military veterans in the United States who are attending colleges and universities, especially as servicemen and women are returning from recent military actions in Afghanistan and Iraq. Military veterans transitioning back into civilian life and postsecondary education face unique challenges and have unique needs. Different campuses offer a variety of Veteran Administration and other student veteran-centered programs. This thesis examines the empirically supported college and university programs for veterans, what psychological and physical challenges student veterans may face, what the components of the best student veteran programs are, and what the needs are for additional program evaluation. Review of current literature, gathered information on ten of America's Top Military-Friendly colleges according to BestColleges.com, and interviews with employees of student veteran programs show student veteran-specific financial, psychological, and career-related assistance programs are necessary to help veterans transition into postsecondary education.

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Table of Contents

Abstract	i
Acknowledgements	ii
Table of Contents	iii
List of Tables	v
List of Figures	vi
I. Introduction	1
II. Literature Review	2
Current Student Veterans: Deployment Histories	2
Effects of Deployment on Contemporary Veterans	3
Student Veterans	10
Special Needs for Student Veterans	11
VA Benefits and Resources	13
Student Veteran Programs on College Campuses	17
III. Methodology	20
Literature Review	20
Interviews	21
IV. Results	22
Best Military-Friendly Programs	22
Interviews	26
V. Discussion	27
Analysis	27
Limitations	28

VI. Conclusion	29
VII. References	30
VIII. Appendix	38
Appendix A: Bestcolleges.com's List of America's Top Military-Friendly Colleges	38
Appendix B: Interview Email	39
Appendix C: Informed Consent Script	40
Appendix D: Interview Questions	41

List of Tables

Table 1: Department of Veterans Affairs Education Program Beneficiaries: FY 2000 to FY 2013	16
Table 2: Information on America’s Top 10 Military-Friendly Colleges According to bestcolleges.com	23

List of Figures

Figure 1: Department of Veterans Affairs Veteran Population and Disability: FY 2009 to FY 2013	4
Figure 2: VA Benefit Utilization by Program (in percent) – Veterans Only: FY 2013	14
Figure 3: VA Benefits Utilization by Program – Veterans only: 2013	15

Introduction/Literature Review

The number of United States military veterans who are attending colleges and universities throughout the country are rising, and this is the largest growth of student veterans seeking higher education in the U.S. since the Vietnam War Era (Vacchi & Berger, 2014). There are veterans still seeking education from the Gulf War, but there are also large increases being seen as servicemen and women are returning from Afghanistan and Iraq, especially those individuals who were part of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and Operation New Dawn in 2010-2011 (Herbst, 2013). There is a 14.1 percent increase in the number of veterans utilizing the Veterans Administration's education programs (United States Department of Veterans Affairs, 2015, August). There were a total of 1,091,044 beneficiaries of the Veterans Administration's various educational and vocational programs in 2013 (Veterans Administration, 2016, March 4). These students take advantage of the Post-9/11 GI Bill benefits, but aside from financial help with tuition, other services are being offered on campuses to help veterans transition back to life as a civilian and a student (2013 APA Silver Award). Student veterans can find this transition difficult, with about one-quarter of the population being diagnosed with Post Traumatic Stress Disorder (PTSD) (2013 APA Silver Award).

With such increases to the student veteran population throughout the country, research needs to be conducted on student veteran programs, program components, and services. Gaining a better understanding of the recent veteran population (Post-9/11 veterans) in higher education helps review and determine what programs and services are most effective for student veterans and how these programs can best accommodate the

rising numbers of student veterans (Vacchi & Berger, 2014). Information from this literature search and analysis and survey of key programs will seek to answer the following questions: 1) What are the psychological and physical challenges for student veterans? 2) What are the college and university benefits and programs for veterans? 3) What are the components of the best student veteran programs? 4) What are needs for additional program development?

Current student veterans: deployment histories.

This study looks at the population of current student veterans on college campuses in the United States. Post-9/11 veterans make up the majority of the current population of student veterans. These veterans have also encountered many differences in their time served from Pre-9/11 veterans. Veterans from more current war efforts served in various different positions (some in combat and some not), such as infantry, plumbers, engineers, etc. Veterans from these current war efforts also have had more support from civilians who (even though they may not support the war) show a lot of support for those who have recently and who are still currently serving overseas.

Operation Enduring Freedom. Operation Enduring Freedom (OEF) was a combat mission that occurred mostly in Afghanistan beginning on October 7, 2001 and ending on December 28, 2014 during a statement made by President Barack Obama (Fischer, 2015; White House, Office of the Press Secretary, 2014). According to the Department of Defense, 294, 000 troops were deployed as part of this military action as of December 2008.

Operation Iraqi Freedom. Operation Iraqi Freedom (OIF) was a combat mission that took place in Iraq. It began on March 19, 2003 and President Obama announced the

termination of the mission on August 31, 2010 (Fischer, 2015; White House, Office of the Press Secretary, 2010). A total of 466,985 personnel were deployed as a part of this combat mission (Moseley & Gen, 2003).

Operation New Dawn. There was a “transitional force” of military troops from the U.S. that stayed in Iraq under Operation New Dawn (OND) (Fischer, 2015). This combat mission ended on December 15, 2011 (Remarks by the President and First Lady).

Effects of deployment on contemporary veterans.

Challenges of contemporary veterans.

There are an abundant number of effects on contemporary veterans that may include financial, interpersonal, physical, or mental. Challenges, casualties, and psychological difficulties are some of the difficulties servicemen and women and veterans may face when returning from deployment. Data on various aspects of casualties endured by servicemen and women during the time periods of OEF, OIF, and OND were made publically available by the Department of Defense. Figure 1 shows the increase of service-connected disabled veterans in millions (Veterans Administration, 2014). There was about 3.75 million service-connected disabled veterans in 2013 (Veterans Administration, 2014). Posttraumatic Stress Disorder (PTSD) is the most frequently recognized disorder, associated with combat trauma, but there are also other co-morbid disorders including traumatic brain injury (TBI) and depression. Veterans from recent military actions have faced a wide range of challenges from basic training, deployments, combat missions, and other life stressors that they encounter.

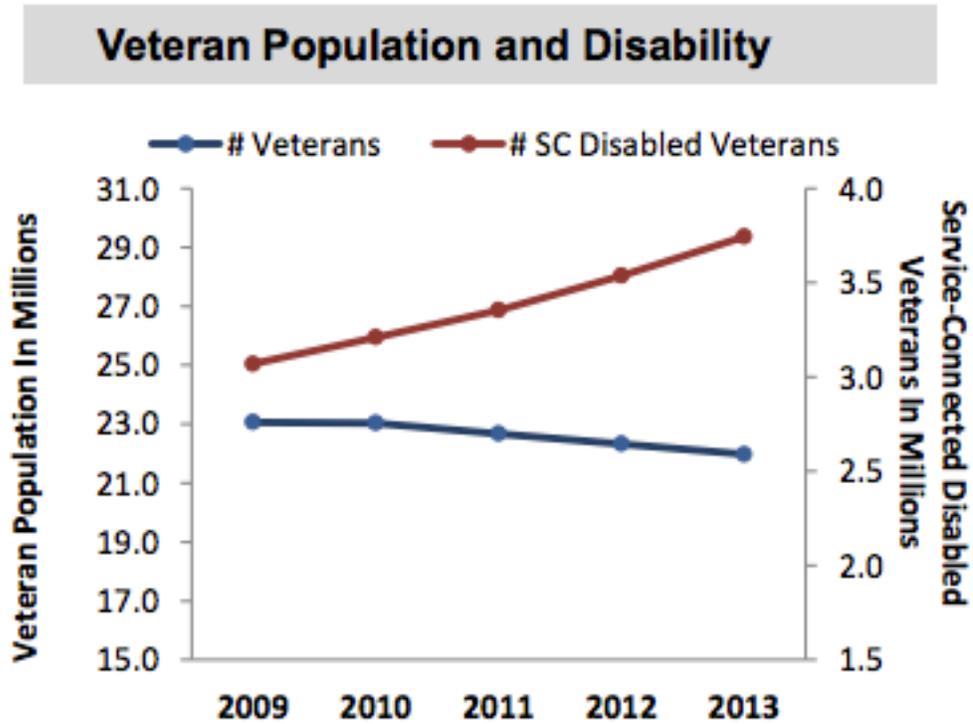


Figure 1. Department of Veterans Affairs Veteran Population and Disability: FY 2009 to FY 2013. This shows an increase in the number of service-connected disabled veterans in millions according to the Veterans Administration (2014).

According to Bonanno (2004), individuals cope and recover from traumatic experiences in different ways and periods of time. He suggests that individuals with PTSD may make a full recovery quickly or that it could take up to two years. Resilience, however, is different than making a full recovery. Resilience is based upon the “ability to maintain a stable equilibrium” (Bonanno, 2004 pp. 20). Veterans who face a variety of stressors, whether it be in combat or back on the home front, will work through both resilience and recovery in an effort to move forward.

Posttraumatic Stress Disorder (PTSD).

Definition. Over the course of a lifetime, most individuals will experience a

stressful or potentially traumatic event (Spoont, 2015). Some individuals experience recovery or resilience following exposure. Stressful life events can lead to posttraumatic stress disorder for other individuals. Events that can cause posttraumatic stress disorder include “physical or sexual violence, serious injury, or being close to possible death” (Spoont, 2015). The diagnostic criteria in the fifth edition of the Diagnostic Statistical Manual (DSM) states that an individual with PTSD must have received exposure from one or more of the following scenarios or events: “directly experiences the traumatic event, witnesses the traumatic event in person, learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental), 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).

Common symptoms of PTSD include “reliving the traumatic event(s) (through nightmares, flashbacks, or “intense reactions”), avoiding thoughts or feelings about the event(s) (including direct thoughts and feelings about the particular event or anything that has the possibility of reminding you of the event), having bad feelings about the world or yourself, and having trouble sleeping or concentrating.” Having bad feelings following the traumatic event may incorporate blame (for yourself or others); “a strong sense of shame, guilt, fear, or anger;” or fewer instances of positive feelings or closeness to others (Spoont, 2015). Military veterans, especially those returning from combat have been diagnosed with PTSD. PTSD was reported as a prevalent service-connected disability affecting 572,612 veterans at the end of 2012 (Department of Veterans Affairs VA Veterans Benefits Administration, 2012). However, “military leaders, both active and

retired, believe that using the word ‘disorder’ causes many soldiers who may be experiencing one or more symptoms of PTSD resistant or unwilling to seek help (American Psychiatric Association, 2013). Thus, military leaders have suggested changing the term posttraumatic stress disorder in the Diagnostic Statistical Manual (DSM) to posttraumatic stress injury to reduce the stigma around this condition that may interfere with seeking help (American Psychiatric Association, 2013; Fisher & Schell, 2013). Future revisions of the DSM may address this issue.

Rates. The U.S. Army Office of the Surgeon General (OSG) provided data on the prevalence of PTSD cases between the years of 2000 and June 5, 2015 using the “Defense Medical Surveillance System (DMSS)” (Fischer, 2015). The DMSS is the central place where the U.S. armed forces keep medical surveillance data (Rubertone & Brundage, 2002). Dr. Michael Carino who works at the Office of the Surgeon General (OSG) defined a case of PTSD as “an individual with two or more outpatient visits or one or more hospitalizations during which PTSD was diagnosed” (Fischer, 2015).

Traumatic Brain Injury.

Traumatic Brain Injuries (TBIs) occur when the head suffers a blow or jolt or is punctured by an object. Examples of TBI include the head being struck by an object, the head striking an object, or the head being affected by a nearby blast or explosion (Veterans Administration, 2015, June 3). Not all head-related injuries always result in a TBI. A TBI has both short-term and long-term consequences. At the time of injury, a person can experience a shift in consciousness that can span from disorientation to a coma. The TBI severity is something determined at the “time of the injury,” and it is based on the individual’s length of “loss of consciousness, length of memory loss or

disorientation, and how responsive the individual was after the injury” and is classified on a continuum. TBIs can range from “mild (a brief disorientation or loss of consciousness) to severe (an extended loss of consciousness or a penetrating brain injury).” If an individual suffers a mild TBI, it is also referred to as a concussion (Veterans Administration, 2015).

Male veterans have a higher rate of frequency of incurring TBIs by 2:1 (Veterans Administration, 2015). Individuals who also abuse substances are at a higher risk of getting a TBI (Veterans Administration, 2015). The number of combat deployments is associated with an increased number of TBIs. According to King and Wray (2012), rates of TBIs among U.S. veterans who served in the war efforts in Afghanistan and Iraq alone have risen to 20%. The VA has had to create new services and resources to combat the increased rates of TBIs in military veterans returning from recent war efforts. The Polytrauma System of Care was created to serve servicemen and women who are suffering from TBIs that are both “combat and civilian related” (Veterans Administration, 2015).

Depression.

Depression is a mood disorder that is diagnosed on a continuum according to the Diagnostic Statistical Manual (DSM) (American Psychiatric Association, 2013). Some symptoms may include a “depressed mood, loss of interest or pleasure, significant weight loss or gain, insomnia or increased desire to sleep, slowed behavior, fatigue, feelings of worthlessness, trouble concentrating, or reoccurring thoughts of death or suicide” (American Psychiatric Association, 2013). To be diagnosed with clinical depression, an individual must report having five or more of the above symptoms for at least two weeks

(American Psychiatric Association, 2013). Expressing a depressed mood or loss of interest is imperative for this diagnosis (American Psychiatric Association, 2013).

Changes in life circumstances, loss, and depression can occur while servicemen and women are deployed. A soldier may experience depression after losing a fellow member of his or her unit in combat. Depression could be caused by the loss of a family member or marital issues back home while remaining on deployment. In addition, veterans may feel depressed while trying to transition back to life after deployment or to civilian life after ending their time in the service. Fortney et al. (2016) suggests that student veterans are twice as likely to be positive for depression in a mental health screening than non-veteran students. Student veterans also have a higher prevalence of depression and other mental health-related disorders on average than in a general sample of veterans who served in OEF/OIF/OND (Fortney, et al., 2016).

According to Tanielian and Jaycox (2008), the aforementioned effects of deployment and service in the military, with a special focus on PTSD and TBI, have become known as the invisible wounds of war. The concerns about the high rates of TBI amongst returning servicemen and women from these two countries have “sparked media attention” and has also resulted in the implementation of “additional health assessments” for these service members for a time period of “three to six months after redeployment” (Tanielian & Jaycox, 2008). Despite the rise in reported rates of these “invisible wounds” such as PTSD and TBI, the extent to which these conditions are being diagnosed and the effectiveness of their treatment is still a cause for concern. The VA offers a wide variety of programs, services, and resources in the area of mental health. They offer “drop-in clinics; peer support programs; residential programs; medications; brief, anonymous

screening tests; and 24/7 access to licensed counselors” (Veterans Administration, 2015). Although there is “post-deployment screening” for various health issues, many “health officials” are hypothesizing that there is an unknown percentage of “soldiers leaving the war zone” who “often minimize or fail to disclose mental health symptoms” that may lead to diagnoses such as PTSD and TBI (Tanielian & Jaycox, 2008). These soldiers have a concern that admitting to such symptoms or receiving treatment for their symptoms could “delay their return home” or prevent them from redeploying (Tanielian & Jaycox, 2008).

Physical disabilities.

Various types of physical injuries and disabilities can be incurred during an individual’s period of service with the military. Types of service where physical injuries and disabilities can incur include basic training, general active service duties, and while serving in combat missions. During the OEF, OIF, and OND military actions from October 7, 2001 and July 28, 2015, the total number of soldiers wounded in action was 52,317 and the number of deaths was 6,845 (Fischer, 2015). Limb amputations that occurred as a result of a battle-related injury from recent war actions between October 7, 2001 and June 1, 2015 totaled 1,645 (Fischer, 2015).

For those servicemen and women who are injured during their active duty service with a more permanent disability, the VA offers separate compensation and benefits. The disability compensation is a “tax free monetary benefit” for veterans who have disabilities resulting from a “disease or injury” caused to the individual during his or her “active military service (Veterans Administration, 2015). A disability incurred after the individual’s service has ended may also be approved for this compensation benefit as

long as it is related to disabilities or injuries that occurred during the individual's time of service (Veteran's Administration, 2015). There is also the Dependency and Indemnity Compensation (DIC), which is a "tax-free benefit" that can be awarded to a "surviving spouse, child, or parent of" servicemen or women "who died while on active duty, active duty for training or inactive duty training" (Veterans Administration, 2015). This may also be applicable for veterans who have died due to a service-related disability (Veteran's Administration, 2015). Another benefit that is also tax-free is the Special Monthly Compensation (SMC) which can be paid to "veterans, their spouses, surviving spouses, and parents," and it is a larger amount of financial compensation for "special circumstances" (Veterans Administration, 2015). These "special circumstances" may include "the need of aid and attendance by another person or a specific disability, such as loss of use of one hand or leg" (Veterans Administration, 2015). This amount of this benefit is usually awarded based on the "need of aid and attendance by another person" (Veterans Administration, 2015). Other possible disability compensation may include further housing and/or insurance benefits (Veterans Administration, 2015).

Student veterans.

Many factors have led to another large increase in the student veteran population. Individuals joined the military straight out of high school to join the recent war efforts. This increase is due, in part, to three new war engagements after a long period without any military combat operations. Some may not have chosen a career path yet, or some may have wanted to be involved in the combat missions specifically for example. Veterans received extensive training during their time of service, but the narrowed scope may not transfer well or generalize to civilian employment, and therefore, the revisions

made to the GI Bill (now called the Post-9/11 GI Bill) for educational benefits provide an opportunity for servicemen and women transitioning back to civilian life and employment (Lighthall, 2012).

Servicemen and women joined the military with the goal of attaining a postsecondary education with the new GI Bill, an opportunity that may not have otherwise been available to them (Lighthall, 2012). According to Lighthall (2012), military experiences have also provided a higher value in higher education than service members may have previously thought. In 2009, about 500,000 student veterans were receiving benefits, and by 2013, there were over 1,000,000 student veterans using the Post-9/11 GI Bill benefits to pursue post-secondary educational opportunities (VA Campus Toolkit). The economy has also been another factor that has affected student veterans. With the exponentially increasing unemployment rate after the economy declined in 2008 making it difficult for veterans to find work. Therefore, postsecondary education and the Post 9/11 GI Bill posed opportunities for service members transitioning back to civilian life. The characteristics of student veterans show that 15% of them are the traditional college age and the majority of student veterans being between the ages of 24 and 40 (VA CampusToolkit). Not being the same age as traditional college students poses another possible challenge for student veterans.

Special needs for student veterans.

Veterans, especially those returning home from combat, have needs that differ in comparison of traditional college students. They tend to follow differing paths to graduation from traditional students, and they tend to be older in age and also juggle supporting families along with employment while attending college (Cate, 2014). Student

veterans deal with the normal pressures of attending college, such as coursework, achieving high grades, and cost of tuition, while also overcoming the stresses and obstacles of reintegrating back into civilian life (Fortney, et al., 2016). Moreover, there are not enough resources for the Veterans Administration to aid veterans with all of their needs while transitioning to college life. Servicemen and women serve on long and sometimes multiple deployments and encounter combat and other traumatic stressors while serving on a deployment, such as witnessing deaths of the enemy, innocent civilians, and fellow soldiers; challenging living conditions; and in some cases, military sexual trauma. They may have endured various mental and physical injuries and/or experience a “sense of loss” after separating from their unit (Doyle & Peterson, 2005; Milliken, Auchterlonie, & Hoge, 2007). However, military combat is still considered to be one of the most stressful life experiences, “encompassing physical, cognitive, emotional, social, and spiritual challenges” that often affect veteran’s daily lives upon returning to civilian life and beyond” (Nash, 2008). Many soldiers upon returning home from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) experienced ambivalence from civilians (sometimes even friends or family members) towards the wars (Elliott, Gonzalez, & Larsen, 2011). Another challenge that some veterans may face when transitioning to college and its environment is navigating the institution’s campus with combat-related disabilities (Grossman, 2009). Reports suggest that servicemen and women who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are “more likely than veterans of previous wars to survive battlefield injuries” even though the statistics suggest that OEF endured the greatest number of casualties since the Vietnam War (Elliott, Gonzalez, & Larsen, 2011;

Gawande, 2004). There is research that suggests making connections with other veterans on campus will help ease a veteran's transition to college (DiRamio et al., 2008).

VA benefits and resources.

The Veterans Administration offers a wide array of benefits for its active and veteran service members. Various benefits help aid veterans in many aspects of life during and after transitioning to civilian life, especially in the areas of post-secondary education and vocational rehabilitation with a goal to start a civilian career. A higher percentage of post-9/11 veterans are using the VA education, home loan, and vocational rehabilitation programs and services than that of all other veterans as shown in Figure 2 (United States Department Veterans Affairs, 2015, August). These can be health-related, financial, and other resources to aid servicemen and women in their transition back to civilian life. About 9.3 million veterans used at least one VA benefit or service during 2013, and more than 40% of veterans who use the VA received benefits or services from multiple programs during this year (United States Department of Veterans Affairs, 2015, November). Figure 3 shows the statistics on the utilization of VA Benefits by type of program in the year 2013 (United States Department of Veterans Affairs, 2015, November). In terms of health and mental health benefits, the VA is recognized nationally for its National Center for PTSD as well as its Polytrauma System of Care (Tanielian & Jaycox, 2008). Despite its efforts, the VA has been criticized for its lack of resources for addressing the mental health needs of military veterans, especially where PTSD and TBI is concerned (Tanielian & Jaycox, 2008). According to the Veterans Administration and its materials, the majority of military veterans “qualify for cost-free health care services,” but in some cases, veterans are expected to pay a small co-pay for

“health care or prescriptions.” Veterans who have served in combat zones, such as part of OEF or OIF, and members of their immediate family have access to resources such as “counseling, outreach, and referral services” at no cost to help individuals and the family as a whole transition to “life after deployment.” Combat veterans who have been “discharged or released from active service on or after January 28, 2003” (those serving in recent military action efforts such as OIF, OEF, and OND) are eligible for healthcare from the VA healthcare system for a period of “five years from the date of their discharge or release.” Veterans who have served on combat missions may also want to seek help from VA Centers. These centers are community-counseling centers where the services are provided solely by other combat veterans.

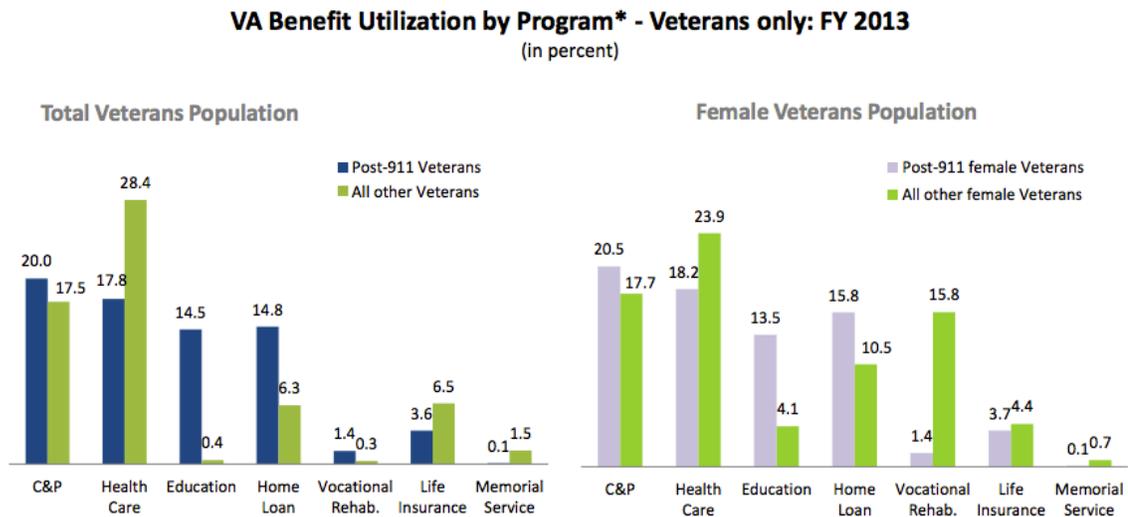


Figure 2. VA Benefit Utilization by Program – Veterans Only: FY 2013. This shows the percentage of Post-9/11 Veterans utilization VA benefits and services by program as compared to all other veterans (United States Department of Veterans Affairs, 2015, August).

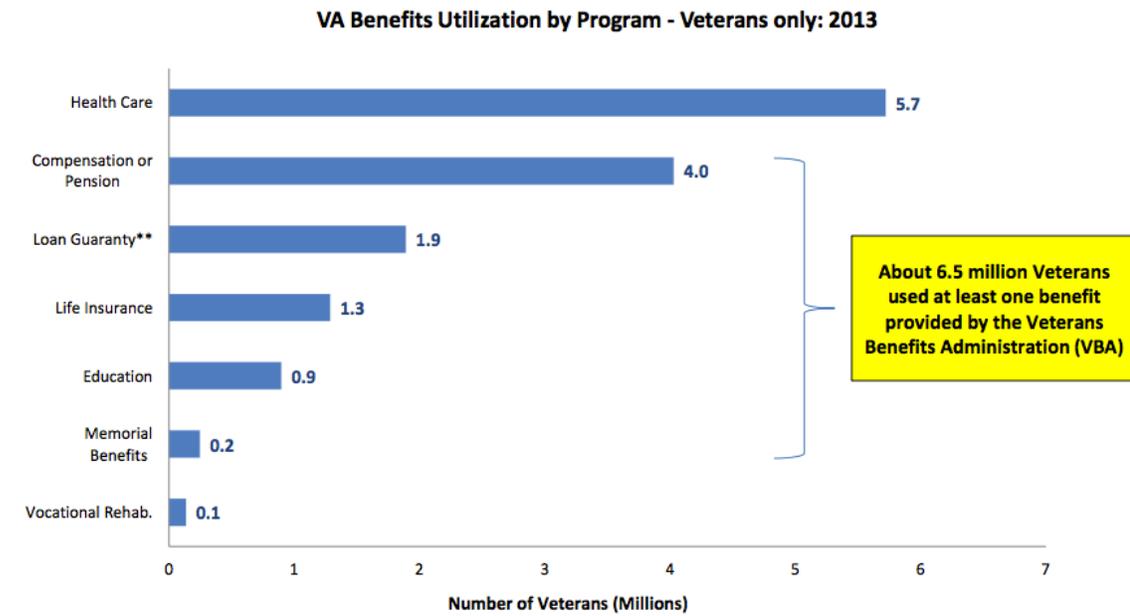


Figure 3. VA Benefits Utilization by Program – Veterans only: 2013. This figure shows the number of Veterans who utilized various VA benefits and services during 2013 (United States Department of Veterans Affairs, 2015, November).

To offer help to its student veteran population in navigating the confusing policies and procedures, institutions partnership with the Veteran’s Administration (VA), college campuses work to bridge the gap between the two organizations (Ackerman, DiRamio, & Mitchell, 2009; American Council on Education, 2008). The VA offers different benefits to help assist veterans in attaining further education and skills that may be necessary for a career as a civilian. They offer financial assistance benefits for “tuition, housing, training, and other expenses” that are related to a veteran’s education (Veterans Administration, 2015). The education and job-training benefits are provided through their programs such as: the Yellow Ribbon Program; the Montgomery GI Bill; the Reserve Educational Assistance Program; and the Survivors’ and Dependents’ Educational Assistance; and,

the most commonly known, the Post-9/11 GI Bill. These benefits are approved to be used for “traditional degrees, non-college degrees, on-the-job training, and apprenticeships” to name a few (Veterans Administration, 2015). There are also services provided by the VA specifically to help veterans transition from “military service to civilian employment” (Veterans Administration). Table 1 shows statistics of the number of beneficiaries of educational and vocational benefits from the Veterans Administration with a total of 1,091, 044 beneficiaries for the year of 2013 (2016, January 28).

Fiscal Year	Total Beneficiaries	Program Name						
		MGIB-AD Trainees	MGIB-SR Trainees	DEA Trainees	VEAP Trainees	REAP Trainees	Post- 9/11 Trainees	VRAP Trainees
2000	397,589	279,948	70,299	44,820	2,522	--	--	--
2001	420,651	289,771	82,283	46,917	1,680	--	--	--
2002	464,159	323,165	85,766	53,888	1,340	--	--	--
2003	472,970	321,837	88,342	61,874	917	--	--	--
2004	490,397	332,031	88,650	68,920	796	--	--	--
2005	498,498	336,347	87,161	74,267	723	--	--	--
2006	498,123	332,184	66,105	75,460	627	23,747	--	--
2007	523,344	343,751	60,298	77,339	568	41,388	--	--
2008	541,439	354,284	62,390	80,191	560	44,014	--	--
2009	564,487	341,969	63,469	81,327	448	42,881	34,393	--
2010	800,369	247,105	67,373	89,696	286	30,269	365,640	--
2011	923,836	185,220	65,216	90,657	112	27,302	555,329	--
2012	945,052	118,549	60,393	87,707	76	19,774	646,302	12,251
2013	1,091,044	99,755	62,656	89,160	29	17,297	754,229	67,918

Table 1. Department of Veterans Affairs Education Program Beneficiaries: FY 2000 to FY 2013. This table shows the data on educational and vocational beneficiaries in recent years from the Veterans Administration (2016, March 4).

Post-9/11 GI Bill.

The Post-9/11 Veterans Educational Assistance Act of 2008 (more commonly referred to as the “Post-9/11 GI Bill” or “new GI Bill”) was the largest expansion of benefits for veteran education made in the United States since the end of World War II (Barr, 2013; White House, 2010; White House, 2009). Veterans who have served as active duty for more than ninety days since September 10, 2001 and qualify are provided up to thirty-five months of educational benefits that can be used for up to fifteen years

after being released from active duty (Veterans Administration, 2015; Grossman, 2009).

The Post-9/11 GI Bill covers the full cost of tuition and fees paid directly to the institution, and other possible payments may include: “a monthly housing allowance, annual books and supplies stipend, and a one-time rural benefit payment” (Veterans Administration, 2015; White House, 2009). The Post-9/11 GI Bill also offers numerous types of training to help veterans reintegrate into civilian life. Some of these include: “entrepreneurship training, independent and distance learning, vocational/technical training, and on-the-job training” just to name a few (Veterans Administration, 2015).

Expansion of benefits was deemed necessary with the drastic increase of veterans attending college from that of post World War II, with “more than 600,000 of about 2 million veterans enrolled in college during the 2010-11 school year alone” (Barr, 2013). There was a reported more than 300,000 service members, both men and women, were attending colleges using the benefits of the Post-9/11 GI Bill within the first year it was passed (Barry, Whiteman, & Wadsworth, 2014). Less than two months after the Post-9/11 GI Bill went into effect, there was an upwards of more than “277,000 veterans and their eligible relatives” who applied for assistance through the program (Dao, 2009).

To account for the tremendous increase in the number of veterans returning home and deciding to attain a postsecondary education, colleges and universities look to better accommodate student veterans that now make up a much larger percentage of the student population. Not only are these veterans transitioning back to civilian life, but this specific population is also making the transition back to being a student simultaneously.

Student veteran programs on college campuses.

Developing and executing veteran-specific activities are important to facilitate

transition from military life to educational environments. There are barriers due to the fact that many veterans who have disabilities will not self-identify as individuals with disabilities. Providing outreach and education to veterans with disabilities is essential to ensure that they are given the opportunity to access their rights to a range of educational opportunities (Grossman, 2009).

Resources for student veterans.

Experienced veteran advisors and counselors are key in providing individualized help in guiding student veterans through the transition into college (McGovern, 2012). According to McGovern (2012), on-campus resources such as a veteran's center, veteran's club or association, and a specialized career advisor help alleviate challenges for veterans transitioning into post-secondary education and the workforce. Veteran career advisors provide career and networking support through helping student veterans with internships, career counseling, networking with military-friendly employers and help student veterans translate their service experience to relevant skills for the workplace when creating resumes (McGovern, 2012). The Rep for Vets is a national disability advocacy firm (Rep for Vets, 2016). This group helps provide career opportunities and placements for student veterans as well. Some members of this group are veterans and some are American civilians who support our troops.

A student veteran center.

Hollingsworth (2015) found an immense need for student veterans to have a space of their own that is quiet and free from the noise of today's technology. She suggests that a quiet place can provide the opportunity for meditation, inspiration, and spiritual awareness. Hollingsworth (2015) designed this "quiet place" at Liberty University in

Virginia to help alleviate some of the barriers to transitioning to a college environment that veterans face. A space just for student veterans can provide them a safe a place to “calm themselves, compartmentalize traumatic memories, or concentrate on overcoming an educational challenge” (Hollingsworth, 2015).

Peer-to-peer programs.

Peer support programs at colleges and universities are being researched all over the United States, and there is evidence that by increasing the peer emotional support for student veterans that there was a correlation with better academic and mental health outcomes (Whiteman, Barry, Mroczek, & MacDermid Wadsworth, 2013). According to a study by Williams, Bambara, and Turner (2012), most student veterans express that the primary goal for involvement in peer programs is to gain support but there is also evidence of other goals such as educational and behavioral goals. Results showed both immediate and long-term benefits in peer-to-peer programs both for individuals in the role of a mentor as well as individuals in the role of recipient of the support (Williams, Bambara, & Turner, 2012).

According to Money et al. (2011), there are five key elements that are necessary for a peer-to-peer program to be successful. These include “adequate planning and preparation, clearly articulated policies to avoid confusion, systematic screening with defined selection criteria for peer supporters, leverage benefits from ‘Peer’ status, and enable continued learning through structured training” (Money et al., 2011). Peer programs align with the recovery model and the preferred minority model of disability (Williams, Bambara, and Turner, 2012). Its essential that the developer of a peer-to-peer program takes into account the target population so that the goals of the program meet the

needs of the population it serves. Recruiting peer supporters with effective communication skills, leadership ability and experience, character, previous experience of training as a peer supporter, and the ability to serve as positive role models will help the program be successful. For continued success of a peer-to-peer program, it is important to have an atmosphere in which the peer supporters are able to support one another to foster a positive environment and improve peer support skills. Based on their research of best practices, Money et al. (2011) note that there are five key things that are necessary for the effectiveness of peer support interventions. These elements include social support, experiential knowledge, trust, confidentiality, and easy access.

Psychiatric and psychological services.

The San Francisco VA Medical Center (SFVAMC) Veterans Outreach Program at the City College of San Francisco (CCSF) is the first of its kind to bring VA specialty mental health care to a college campus (2013 APA Silver Award). Services for this program include psychiatric evaluation, medication management, smoking cessation therapy, social work case management, addiction treatment, and psychotherapies. This program aims to reduce the stigma of mental health treatment and improve retention rates as well as engagement in mental health care for student veterans (2013 APA Silver Award).

Methodology

Literature review.

The literature review was conducted by searching for topics through the OneSearch database located on the University of Nevada, Reno Mathewson IGT Knowledge Center website. The Veterans Administration website was also used for information on various

benefits. Common journals used in research were *The Journal of Head Trauma and Rehabilitation*, *Journal of Student Veteran Affairs Research and Practice*, and the *Journal of American Medical Association*. Keywords used while searching were: student veterans, veterans and PTSD, Post-9/11 GI Bill, military sexual trauma, combat veterans, counseling services, veterans and PTSD, veterans and TBI, Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, and effects of deployment.

Published scholarly articles and books were chosen to be included in this literature review if they met the following standards. The first criterion was that the article involved trauma, military veterans, student veterans, or another closely related topic used for a complete review of the literature. Another criterion was that the articles and books were published between 2000 and 2015. Copies of books were loaned and received through the Interlibrary Loan System (ILLiad).

Interviews.

Interviews were conducted with experts in the area through literature review, referral/personal recommendations from experts, and the bestcolleges.com ranking for America's Top Military-Friendly Colleges for 2016. A list of schools can be found in Appendix A. After discussing the project with the director of the Institutional Review Board (IRB) at the University of Nevada, Reno, it was determined that no IRB was needed because results from the interviews would be kept anonymous and no individual names or institution names could be linked directly to the information shared.

Information was collected for the top ten schools ranked for 2016. Six of the ten were contacted via email at random to inquire about an interview (Appendix B). Two individuals were interviewed. One was the assistant director of one of the top ten

military-friendly colleges, and the other was an employee of the student veteran program at the University of Nevada, Reno to learn more about what is offered at this university. Participants were read an informed consent script (Appendix C) and then answered seven questions about their respective student veteran programs at their universities and their opinions on student veteran programs in general (Appendix D). The names of all schools and individuals who were interviewed have been kept anonymous for their protection per recommendation from the Institutional Review Board (IRB).

Results

Best Military-Friendly Programs.

Bestcolleges.com listed forty-five colleges as having America's Top Military-Friendly Colleges. The top ten schools that were researched for the purpose of this review were University of La Verne, The University of Alabama, Liberty University, University of South Carolina - Columbia, The University of Oklahoma, Northwood University - Michigan, Kansas State University, Regis University, St. Joseph's College – New York, and Western Kentucky University. Table 2 gives more information about the top ten military-friendly colleges. Bestcolleges.com referred to *U.S. News & World Report's* 'Top 200 National Universities' as a basis of schools to choose from. From this list, colleges had to meet three criteria.

Institutions	Campus Type	Institution Type	Total Enrollment	SOC	ACE Credit	Post 9/11 GI Bill/ Yellow Ribbon	Retention Full-Time	Retention Part-Time	Graduation
University of La Verne	Suburb: large	private, not-for-profit, 4 years or above	10,923	X	X	X	86%	100%	59%
The University of Alabama	City: small	public, 4 years or above	39,918	X	X	X	87%	60%	66%
Liberty University	City: small	private, not-for-profit, 4 years or above	108,806	X	X	X	69%	29%	50%
University of South Carolina - Columbia	City: midsize	public, 4 years or above	36,273	X	X	X	88%	42%	73%
The University of Oklahoma	Suburb: midsize	public, 4 years or above	30,917	X	X	X	85%	78%	67%
Northwood University - Michigan	City: small	private, not-for-profit, 4 years or above	3,866	X	X	X	78%	N/A	56%
Kansas State University	City: small	public, 4 years or above	27,870	X	X	X	83%	54%	59%
Regis University	City: large	private, not-for-profit, 4 years or above	12,786	X	X	X	78%	100%	59%
St. Joseph's College - New York	City: large	private, not-for-profit, 4 years or above	6,172	X	X	X	83%	67%	68%
Western Kentucky University	City: small	public, 4 years or above	24,302	X	X	X	73%	32%	44%

Table 2. Information on America's Top 10 Military-Friendly Colleges According to bestcolleges.com. This table shows information and data about the top ten military-friendly colleges according to bestcolleges.com

1. Each of the schools on their list must be a member of Servicemembers Opportunity Colleges (SOC). This program is an effort of both civilian and military individuals was created in 1972 to help servicemen and women who have trouble completing college degrees because of frequent moves as part of their time in service educational opportunities (Servicemembers Opportunity Colleges, 2015). The premise of the program is to find colleges for servicemen and women that will provide a high quality education while also offering two opportunities specifically for student veterans. These two opportunities are offering the most academic credit to student veterans for military training and alternative testing as possible while also facilitating the transferability of credits when transferring schools is unavoidable. The organization works with the Department of Defense (DoD) and Active and Reserve Components of the Military Services to improve the educational opportunities for servicemembers at colleges. The DoD funds these efforts through a contract with the American Association of State

Colleges and Universities (AASCU).

2. Another criterion is that a college honors ACE Credit to be considered one of America's Top Military-Friendly Colleges. The American Council on Education (ACE) works closely with all of the military branches to assess various military training and programs. In working with colleges that honor ACE Credit as well as the U.S. Armed Forces, the council aims to help veterans use all applicable credits towards a degree of their choosing. For credits to be awarded for a training or program, ACE performs reviews that are administered by college and university faculty members who are currently teaching in the various course area(s) being considered for credit (American Council on Education, 2016).

3. The third criterion that must be met for bestcolleges.com to consider a college for ranking as a top military-friendly college is to be a Post 9/11 GI Bill and Yellow Ribbon Program participant. The Yellow Ribbon Program is a provision of the Post-9/11 GI Bill that aims to make private institutions and graduate schools more affordable to veterans (NEWGIBILL.ORG). It offers money for resident tuition and fees for public school, the lower of the actual tuition and fees or the national maximum per academic year for private school for individuals who have served for at least thirty-six months of active duty after September 10, 2011, honorably discharged, or if you are dependent eligible for Transfer of Entitlement under the Post-9/11 GI Bill (Veterans Administration, 2015). It was created to help bridge the gap created by schools that charge tuition and fees at rates higher than what the Post-9/11 GI Bill covers (NEWGIBILL.ORG). The private schools and graduate programs that are willing to create a veterans-only scholarship will have it matched dollar for dollar by the VA up to the full amount of the

tuition and fees of the school (NEWGIBILL.ORG). Out of the ten campuses deemed as being the best for military veterans, three of the schools offer unlimited spots for the Yellow Ribbon Program, and three schools do not have a cap on the maximum financial contribution (Best Colleges).

VITAL.

The Veterans Integration to Academic Leadership (VITAL) is the VA's approach to improve outreach to student veterans and transition (Veterans Administration, 2016, March 4). The project aims to ensure that student veterans receive the counseling that they need (2013 APA Silver Award). VITAL provides upwards of \$142,000 annually to fund programs that follow its mission, including the SFVAMC (2013 APA Silver Award). This approach gives student veterans access to a VA representative right on campus who understands veterans' unique needs and can help bridge the gap between the university and the VA. The representatives' knowledge and expertise is also used to help student veterans navigate their benefits and the VA as a whole. This project also offers other services to student veterans on various campuses. These services may include free tutoring through Veterans Benefits Administration (VBA) and Peer Mentoring; VA Work Study opportunities; counseling and ongoing treatment for readjustment, stress, anger, depression, anxiety, and sleep problems; refer and work with the university to request academic accommodations; coping strategies for classroom difficulties such as attention, concentration, and restlessness; assist with enrollment and care at the local VA hospital; obtain help and resources from within the VA and its affiliates; and different support groups (Veterans Administration, 2016, March 4). VITAL also provides education and training for faculty and staff about military and veteran culture (Veterans Administration,

2016, March 4).

Other services.

In addition to the two national resources discussed above, the America's Top Military-Friendly Colleges of 2016 also offer a variety of financial assistance for service members, military veterans, and their dependents including the Army National Guard Scholarship, Leadership Scholar Program, the Military Spouse Career Advancement Accounts Program, reimbursement of tutoring costs, Survivors and Dependents Educational Assistance Program, Reserve Educational Assistance Program, Montgomery GI Bill for Reserves, VA-funded work study positions, and scholarships offered as a partnership between the school and the Children of Fallen Patriots Foundation. They also offer a variety of military assistance programs including Vocational Rehabilitation and VetSuccess. Many of the schools have also been named as a top military-friendly school for one or multiple years by different organizations. Aside from financial benefits, these top colleges and universities also have advisors specifically for veterans, veteran centers, and mentorship programs. Personal development programs, chapters of the Student Veterans of America, and other clubs and organizations specifically for veterans are on these campuses to help provide student veterans with other types of support other than transitioning into college or career readiness.

Interviews.

Two interviews were conducted; one with a representative of a college listed on bestcolleges.com and another was a representative at the University of Nevada, Reno. Both participants interviewed information about their programs and student programs in general. The two institutions offer many resources and services from financial assistance,

academic counseling, a center, and faculty and staff training. One program serves about seven times more veterans than the other, but both report that about 10-20% of veterans use their various services offered. Both student veteran programs express that their student veterans express that the best part of their programs is the accessibility and personal interaction with VA employees and other advisors. However, student veterans at both institutions state that having priority registration is necessary to ensure getting into the classes needed to meet benefits requirements, and both representatives claimed that outreach is an obstacle to reaching all student veterans on their respective campuses. One representative also expressed that keeping up with the quality of accessibility that they provide their students (each representative spending about “twenty hours per week” with one-on-one interaction with students) that more employees would be necessary with an ever-growing general student population as well as the population of student veterans. They each do program evaluations. One institution monitors their program evaluations through the local VA hospital and another creates and delivers surveys and assessments to evaluate different areas of the program.

Discussion

Analysis.

It is clear that collaboration between a campus’s veterans’ coordinators, disability service coordinators, financial aid officers, and counselors at the counseling center is essential to help ensure that student veterans receive all of their benefits and assistance that they may need to be successful in the transition from combat to a college setting. Student veterans can benefit from increased accessibility and personal interaction with those educated in their unique needs and helping ensure that they receive all of the

benefits they are entitled to

Although there is literature on challenges that military veterans face when transitioning into post-secondary education, there is still little published research that is empirically supported. Papers published on individual programs are helpful in exposing what one program is offering its students, but it does not necessarily prove effectiveness of a program unless there are program evaluations.

Limitations.

Two interviews were conducted; one with a representative of a college listed on bestcolleges.com and another was a representative at the University of Nevada, Reno. Both participants interviewed information about their programs and student programs in general. The two institutions offer many resources and services from financial assistance, academic counseling, a center, and faculty and staff training. One program serves about seven times more veterans than the other, but both report that about 10-20% of veterans use their various services offered. Both student veteran programs express that their student veterans express that the best part of their programs is the accessibility and personal interaction with VA employees and other advisors. However, student veterans at both institutions is the necessity of priority registration to ensure getting into the classes needed to meet benefits requirements, and both representatives claimed that outreach is an obstacle to reaching all student veterans on their respective campuses. One representative also expressed that keeping up with the quality of accessibility that they provide their students (each representative spending about “twenty hours per week” with one-on-one interaction with students) that more employees would be necessary with an ever-growing general student population as well as the population

of student veterans. They each do program evaluations. One institution monitors their program evaluations through the local VA hospital and another creates and delivers surveys and assessments to evaluate different areas of the program.

Conclusion.

Veterans who have served and are transitioning into postsecondary education are succeeding in many areas even though there are some challenges that they may encounter. Psychological programs and resources aimed at meeting the unique needs of student veterans are important for veterans transitioning to be successful in academia and life. Holistic programs such as mindfulness and peer support programs can be beneficial for military veterans transitioning into civilian life and post-secondary education, but more research is needed to justify their effectiveness in order for general application to be assumed. With the population of student veterans at a generational high and still increasing, researching best student veteran practices and how to best aid the transition of student veterans is something needed in the United States.

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Appendix A

Bestcolleges.com's List of America's Top Military-Friendly Colleges

1. University of La Verne
2. University of Alabama
3. Liberty University
4. University of South Carolina - Columbia
5. University of Oklahoma
6. Northwood University - Michigan
7. Kansas State University
8. Regis University
9. St. Joseph's College – New York
10. Western Kentucky University

Appendix B

Interview Email

Dear NAME,

My name is Cassidy D'Amour, and I am currently a senior at the University of Nevada, Reno majoring in Psychology. I am currently working on a thesis in partial fulfillment of the Honors Program at my university. For my honors thesis, I am doing a literature review of student veteran programs in the United States. I am also interviewing a randomly selected group of directors from recent student veteran programs. I saw that your program is listed as one of America's top military friendly colleges for 2016 according to bestcolleges.com. Are you willing to tell me more about what you see as top priorities for student veteran success programs? I would like to ask you 6 questions, and it should take about 15-20 minutes. I would need to complete this interview by Friday, April 15th.

This interview process has been exempted by our IRB Director. We will not be listing your program by name, and there will be no identifiers linking your answers to the data. In addition, it is exempt because this is for a student project. My goal is to learn more about student veterans and how to create programs that meet their needs. I would be very grateful for your help with my project. You may contact my advisor Dr. Victoria Follette, vmf@unr.edu, if you have any questions or concerns. I appreciate your time and consideration, and I look forward to hearing from you soon.

Best,

Cassidy D'Amour

Appendix C

Informed Consent Script

I'm conducting research about student veteran programs in the United States, and I am interested in your experiences working at one of bestcolleges.com's named America's Top Military-Friendly Colleges for 2016. The purpose of the research is to review the student veterans' challenges, types of programs, and what research may still be needed. Your participation will involve one informal interview that will last between 15 and 20 minutes. This research has no known risks.

The information provided will remain strictly confidential, and you will not be identified by your answers. You and/or your institution's name will not be disclosed in connection to your answers in any way. Notes that are taken during the interview will be stored in a secure location.

Would it be all right if I audiotape our interview? Saying no to audio recording will have no effect on the interview. Do you have any questions before we get started?

Appendix D

Interview Questions

1. What services do you think are necessary for a military or veteran friendly college?
2. What do student veterans report as the best things about your program?
3. What do student veterans at your school report that they want more of or think is missing?
4. If you could design the perfect student veteran program, what components would it have?
5. What do you see as obstacles that your program may potentially face in reaching all of the student veterans on your campus or meeting all of their needs?
6. Do you do formal evaluations of your program outcomes? Are there barriers to doing that?
7. Are there other things I should have asked about?