

THE VETERAN SUPPORTED EDUCATION SERVICE TREATMENT MANUAL VETSED



By:

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The Veteran Supported Education Service Treatment Manual

VetSEd

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FOREWORD

By Walter Penk, PhD, ABPP

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Psychosocial rehabilitation techniques have long been considered beneficial for promoting recovery from trauma and stress. However, such techniques have not been sufficiently validated (Penk & Flannery, 2000; Glynn, Drebing, & Penk, 2009). Insufficient validation may be attributed, in part, to the fact that, while theories are strong and deeply embedded within our American cultures, psychosocial rehabilitations often times have lacked operational practices to guide those delivering, as well as those receiving, such services.

The Veteran Supported Education Treatment Manual provided here removes all such insufficiencies for using education as a family of psychosocial rehabilitation techniques for coping with trauma. Such "choose, get, keep" educational approaches specified here began long ago in interventions pioneered by William Anthony, Karen Danley, Sally Rogers, Marianne Farkas, and LeRoy Spaniol in the Center for Psychiatric Rehabilitation at Boston University (e.g., Jansen, Farkas, & Penk, 2007)

It should not be surprising that such educational remedies come from Boston, that "city on a hill," as seventeenth-century Massachusetts Bay Governor John Winthrop called Boston, paraphrasing the Psalms, the city that remains, to this day, the academic center for the United States of America.

For, as embodied in the Boston-born GI Bill of 1944--i.e., legislation to educate World War II combat veterans now incorporated in the new Post 9/11 GI Bill of 2009 for Iraqi and Afghanistan war veterans--the United States of America, once again, is using education as a road for recovery after a decade of war since 9/11 and the great recession that followed. And the road to travel is modeled, in part, on the Servicemen's Readjustment Act of 1944, co-authored by Edith Nourse Rogers, and signed into law as the GI Bill by Franklin Delano Roosevelt on June 22, 1944.

Edith Nourse Rogers served as the US House representative from Lowell, Massachusetts from 1927 until 1960. Writing the GI Bill in 1944, she drew upon culture and traditions

embedded in "moral therapies" that prevailed in New England during the nineteenth century. Such techniques were extensively used to foster recovery from injuries and losses, such as those occurring when Boston was destroyed by the Great Fire of 1871. Theories from the St. Louis Movement ("sublimation") and American Transcendentalism ("self-reliance") were actualized through supported education to guide recovery and to enhance resiliency of the citizens of Boston to build a new society built upon educational, health, business, and spiritual resources (Prochnik, 2006).

And Edith Nourse Rogers, serving in the US House over a 34-year period from the end of World War I, throughout World II, and into the Korea War Eras, wrote key legislation that integrated rehabilitation services within the Veterans Health Administration (VA, now called the United States Department of Veterans Affairs). Public Law 346 from 78th Congress established education as a primary procedure for recovery from trauma among World War II veterans. Public Law 293 from the 79th US Congress linked the VA hospitals with medical centers, creating counseling and clinical psychology and partnering such programs with medical services, to insure medical treatment would be enhanced by education and rehabilitation for combat veterans (Baker & Pickren, 2007).

Now, once again, supported education moves into the forefront as one of the primary forms of psychosocial rehabilitation for recovery among combat veterans leaving wars in Iraq and Afghanistan. Once again, operational interventions, based upon supported education, are being designed and developed to speed and to deepen recovery from trauma. The manual presented here comes from clinicians, health care researchers, and educators working together at the VA medical center in Bedford, Massachusetts, the Edith Nourse Rogers Memorial Veterans Hospital, which embodies the tradition of "moral therapies." Given here are the specifics of approaches about how-to-practice supported education. Previously, such approaches were ambiguously embedded in the culture and never clearly defined. But, now, this supported education manual presents pathways and actions to provide supported education for those recovering from trauma to learn resiliency.

INTRODUCTION TO THE VETERAN SUPPORTED EDUCATION SERVICE (VetSEd)

BACKGROUND

As the number of returning service members from the Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) wars increases, so does the need for these returning service members to successfully reintegrate into civilian life and to recover from some of the hidden wounds of war, which may include: mental illness, substance abuse, and trauma-related issues that can lead to unemployment and homelessness. Education has long been identified as an essential avenue to improved employment opportunities and residential stability, and education has been identified as an important service need for OIF/OEF/OND Veterans. As a result, **Veteran Supported Education (VetSEd)** - a recovery oriented, peer-delivered, supported education service for Veterans was developed to respond to this need. VetSEd is a comprehensive treatment approach that provides a framework for promoting the ability of our returning service men and women to successfully begin or continue their post-secondary education, often by utilizing the Post 9/11 GI Bill, upon returning home.

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-instantiated in the passage of the Post 9/11 GI Bill, which has greatly expanded tuition coverage and also provides housing and books stipends. The VetSEd approach was designed to specifically address the educational goals and needs of Post 9/11 service members who wish to advance their education, but who are also experiencing mental health, substance abuse and trauma-related disorders that have resulted in functional impairments that challenge educational goal attainment. Delivered in Department of Veterans Affairs (VA) settings, VetSEd is designed to assist OIF/OEF/OND Veterans in accessing and using educational benefits, including the GI Bill, so they can either begin or complete post-secondary education which will facilitate competitive employment and stable community housing.

MANUAL CONTENTS

The materials contained in this document are meant to serve as a guide to aid VHA leadership, management and clinical staff in assisting returning OIF/OEF/OND Veterans with mental health conditions and/or related psychiatric disabilities and substance use

disorders by implementing the VetSEd approach. We describe the VetSEd approach in three detailed parts:

Part One: a **Summative overview** for administrators and program designers interested in the VetSEd approach.

Part Two: a **Treatment manual** for peer VetSEd providers and clinical supervisors which includes **Worksheets** to be used by the peer VetSEd provider in delivery of the VetSEd approach.

Part Three: an **Implementation Toolkit** that contains background information and other guidance for program staffing, participant recruitment and clinical supervision.

Taken together, these three parts provide the organizational and conceptual framework of VetSEd, and a detailed description of the components required to implement and deliver the VetSEd approach.

READER'S GUIDE

While it would be ideal for all VHA administrators, clinical supervisors and peer support providers to review all of the material contained in this document, we realize this may be time intensive. Therefore, we have divided this document into three parts. VHA service chiefs, program directors and policy makers should focus on **Part One**, an overview of the Veteran Supported Education Service (VetSEd) which provides a succinct, yet thorough summary of the key features of the VetSEd service. Reading Part One will offer administrators, service designers, as well as supported education providers and supervisors, an understanding of the important components and characteristics and the foundational elements that guided VetSEd development. **Part Two** is intended both for VHA peer VetSEd providers delivering the VetSEd service and for the clinical supervisors overseeing their delivery of the service. Part Two contains a training manual which illustrates each component of the VetSEd rehabilitation process, provides structure and guidelines for service delivery, and contains exercises to be used during training sessions. While Part Two offers a hands-on guide for the training and preparation of peer VetSEd providers, it is best that clinical supervisors also review this section for training and ongoing supervision purposes. Part Two also provides Worksheets that are to be used by the peer VetSEd providers during the VetSEd process while delivering services with the Veteran. The worksheets can be copied for this purpose. Lastly, additional relevant material is appended. **Part Three** is a Service Delivery Implementation Kit which contains guidance and recommendations for service administrators and program

designers on topics such as staffing, equipment and participant referrals. Additionally, this part includes a section on conducting clinical supervision of peer VetSEd providers and assessing fidelity to the approach.

TRAINING OPPORTUNITES

In addition to this document, administrators, clinicians and peer VetSEd providers are encouraged to contact the authors to schedule trainings on use of the materials provided in this document and the VetSEd approach itself. Training is intended to be delivered in-person with one or more peer VetSEd 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 with materials. A total of 18 hours of training can be anticipated. Peer VetSEd providers should have copies of **Part Two: a Training Manual for Peer VetSEd & Clinical Supervisors** available during training. Furthermore, the training manual should be used for reference by the peer VetSEd provider as s/he delivers the service.

PART ONE: OVERVIEW OF THE VETERAN SUPPORTED EDUCATION SERVICE (VetSEd)

I. INTRODUCTION TO PART ONE

Part One provides a brief, yet comprehensive overview of the VetSEd service and is designed specifically for administrators and program designers. Peer VetSEd providers and their supervisors should also read Part One as it will serve as a helpful introduction to the overall approach. Part One has been broken down into four major categories essential to VetSEd: Target population, Major Service Components, Key Characteristics of Service Delivery, and Foundational Research, Theory and Practice.

II. TARGET POPULATION FOR THE VetSEd APPROACH

The VetSEd approach is designed to assist Post 9/11 Veterans who have mental health conditions that have resulted in disability or functional impairment to achieve their educational goals. We do not limit the service to a particular diagnostic group because service members recently returning from war zones often have more than one mental health diagnosis, including co-occurring substance use and trauma-related disorders. Further, psychiatric rehabilitation research has shown that diagnostic categories have limited relationship to the outcomes of rehabilitation interventions (Anthony, Cohen & Farkas, 1990). We include in eligibility criteria the presence of impairments that lead to functional limitations (i.e., difficulties in obtaining and sustaining education) because there are many Veterans who may have a mental health diagnosis, but who are able to successfully navigate school without support provided by VetSEd. Thus, these Veterans are not the intended target population for this particular service. VetSEd has specifically been designed for those Post 9/11 Veterans with mental health diagnoses and functional impairments who need more intensive support to achieve their educational goals. Eligibility criteria for the target population are provided in the table below.

VetSEd Eligibility Criteria

- Veterans who are eligible for educational benefits including Post 9/11 GI Bill benefits.

- Veterans with a mental health diagnosis (including depression, anxiety, bipolar disorder), co-occurring substance use disorder (alcohol/drug abuse or dependences), and/or trauma history (Post Traumatic Stress Disorder)
- Presence of a functional impairment resulting from a mental health condition that impairs the Veteran’s ability to succeed in the school setting (e.g., difficulties in concentration, memory, decision making, controlling impulses, or staying on task).
- Veterans who have a goal to return to school

VetSEd is not designed to assist Veterans with active psychosis or those Veterans who require hospitalization for acute symptoms or detoxification. We have narrowed our scope to Post 9/11 Veterans at this time given the influx of returning Veterans from the OIF/OEF/OND wars. Implementing VetSEd initially among this population will allow us to identify additional areas of programmatic concern, modify the approach and pilot test among Veterans from other service eras who have a similar clinical profile and who also have educational goals.

III. THE VetSEd PROCESS: CHOOSE, GET, KEEP (CGK), AND ENGAGING KEY PLAYERS

The VetSEd service utilizes a rehabilitation process in which a peer VetSEd provider develops a personal connection with a Veteran and assists him/her through a sequential process of choosing, getting, and then keeping an educational goal. Assistance is provided typically in individualized sessions in which support is offered and skills are developed. CGK is the organizing framework for the process of acquiring the valued social role of student (Farkas & Anthony, 2010).

These phases are in brief:

The Choose Phase

During “Choose” an educational goal is set (e.g., “I want to get HVAC training and a certificate”) and a plan is prepared with steps to achieve the goal (e.g., Step One: go on-line and identify all of the local schools that offer HVAC training and make a list). This phase helps the Veteran identify and make decisions about various options related to

education: such practical issues as where and when to start school, plus value-related issues such as the kind of employment sought after education.

The Get Phase

During “Get” steps are undertaken to obtain the chosen goal. In the case of education this may mean: acquiring benefits, applying for and enrolling in school, obtaining books and supplies, and beginning classes.

The Keep Phase

During “Keep” on-going supports and strategies are identified and obtained to maintain progress toward goal acquisition and/or success that is, staying in and/or completing school. This could mean for example, identifying where there are Veteran support groups, obtaining educational accommodations or tutors, learning how to cope with symptoms or limitations, developing study skills and time management strategies.

We wish to acknowledge that research has shown that Post 9/11 Veterans with a mental health condition and an education goal often have complex and intertwined psycho-social needs that require adept case management assistance (Church, 2009; Ellison et. al., 2012; Miller, 2011). Indeed VetSEd will not likely succeed unless strong case management is also available. However, if the peer VetSEd provider is expected to perform case management duties in addition to supporting education goals, it is likely that his/her time will be fully absorbed by the former at the expense of the latter. Hence, case management proficiencies are not included in the VetSEd service. An ideal program of support may be the integrated team of both a case manager and peer support specialist as developed and described in the MISSION-Vet program (Smelson et al., 2011). The MISSION-Vet Treatment Manual and Consumer Workbook can be downloaded from the VA’s National Center on Homelessness Web site: <http://www.va.gov/homeless/NationalCenter.asp>

Engaging Key Players

Another major activity undertaken during the VetSEd process is engaging stakeholders or key players namely: the Veteran, the Veteran’s family, the clinical team and the staff of the educational setting. Essential skills for these activities are described in Part Two: Treatment Manual for Peer VetSEd Providers & Clinical Supervisors.

IV. CORE COMPETENCIES OF THE PEER VetSEd PROVIDER

Also described in Part Two are the related core competencies that the peer VetSEd provider must possess. The competencies should imbue and permeate the entire VetSEd process of CGK as well as the engagement of key players. The core competencies listed below are described in Section V of Part Two. Exercises and guidelines are included for training the peer VetSEd provider in these abilities in Section V.

Core Competencies of the Peer VetSEd Provider

- A. Understanding and Applying Recovery Oriented Mental Health Services
- B. What I Bring as a Peer VetSEd Provider
 - 1. Recovery and Educational Stories as a Tool to Facilitate Delivery of VetSEd
 - 2. Maintaining Boundaries and Ethics
- C. Counseling Skills for Peer VetSEd Providers
 - 1. Active Listening
 - 2. Increasing Motivation
 - 3. Problem Solving
- D. Knowing Your Population: Serving Returning Veterans with Trauma and Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Co-occurring Mental Illness and Substance Use
 - 1. Understanding and Serving Veterans with Trauma and Post-Traumatic Stress Disorder
 - 2. Understanding and Serving Veterans with Traumatic Brain Injury (TBI)
 - 3. Understanding and Serving Veterans with Co-occurring Mental Illness and Substance Use

V. KEY CHARACTERISTICS OF VetSEd

There are certain features of this service that direct and permeate the CGK process and that work synergistically to embody the whole service. These features are listed in the box and each is briefly described below.

VetSEd Key Characteristics

- A. Community Integrated, Mobile Service
- B. Driven by Veteran Choice
- C. Variable Service Intensity, Continuous Assessment, and Time Unlimited Support
- D. Individualized and Flexible Supports
- E. A Supported Education Provider who is a Veteran Peer
- F. Clinical Integration
- G. Engaging Other Key Players

A. Community Integrated, 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, VetSEd supports the Veteran to succeed in “real” educational programs. These settings are fully integrated, normalized academic and training environments, rather than segregated special 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 qualify for GI Bill benefits.

Like supported employment (Becker & Drake, 2003), VetSEd is designed to be “mobile,” meaning that supports are provided both at VA clinical settings and in the community. Community is defined as “where the Veteran is,” including, for example, at his/her home, at the school, at the Veterans Benefits Administration (VBA) office, or at other relevant community settings. Being mobile will require the peer VetSEd providers to have access to government vehicles and equipment (cell phones and/or laptops) because they will be spending much of their time away from VA settings at various locations in the community.

B. Driven by Veteran Choice

A central tenet of psychiatric rehabilitation programs is that goals, activities, and services should be completely voluntary and driven by Veteran preference. This tenet is both values-based (the right thing to do), and outcomes-based (the effective thing to do). Research has shown that people with psychiatric disabilities are able to generate job preferences that are stable and realistic and this is also applicable to Veterans making choices about their education.

C. Variable Service Intensity, Continuous Assessment, and Time Unlimited Support

Innovative practice in mental health and rehabilitation services include services that vary in intensity. This is in keeping with the “up and down” nature of mental illness, and for Veterans, the “up and down” process of reintegration into civilian life. Veteran needs vary and support is needed over the long term, given that reintegration to civilian life and adjustment to mental health conditions is a process that occurs over years. Accordingly, VetSEd services should likewise increase and decrease with each Veteran’s need at any given time. For example, a great deal of service may be needed during the initial step of choosing and enrolling in a college, but these needs may then wane during classes and wax during exam time.

VetSEd also involves continuous assessment of Veteran need. Unlike job placement services, the work of the peer VetSEd provider does not end when the Veteran starts school. To prevent setbacks, on-going interaction is needed as the school career progresses. School systems have built-in mechanisms to regularly collect data about progress; these include tests scores and course grades. VetSEd assessment is not limited to academic performance. Other needs of the Veteran related to successful educational goal attainment are assessed continuously. Some possible needs might include further development of interpersonal skills (socializing with fellow students) and problem solving skills (steps for obtaining educational accommodations).

Lastly, like other psychosocial services, VetSEd is best conceived as 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, peer VetSEd providers deliver support that increases or decreases in intensity according to the Veterans needs, and on the mutual understanding that reintegration into civilian life and adjustment to mental illness are part of an ongoing journey.

D. Individualized and Flexible Supports

VetSEd is designed to be primarily an individualized service. The educational plan or “roadmap” is Veteran specific. Goals and steps are tailored to the needs of each individual Veteran. Given that the goals are specific to each Veteran served, so too will be the design of the 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, while others may need a referral for family services.

E. A Supported Education Provider Who is a Veteran Peer

Psychiatric Rehabilitation services typically are provided by a specially trained individual who may or may not be a peer, that is, someone with similar life experience who has been successful in his/her recovery journey. This person is sometimes called a supported employment specialist or a psychiatric rehabilitation provider (www.uspra.org). In the proposed VetSEd program, the individual providing VetSEd services will be a Veteran, and preferably one who is in recovery from similar mental health conditions and who has successfully achieved an education goal post military service.

F. Clinical Integration

Supported employment has succeeded as an evidence-based practice because, in part, it is predicated upon the close integration of the provider with other members of the mental health clinical team (Bond, 1998). Indeed, fidelity to this evidence-based model is measured, in part, by the strength of this integration. VetSEd also applies this principle. Mental health clinicians will inform and support the CGK process (Bond, Becker, Drake, & Vogler, 1997). For example, a Veteran may be complaining that poor sleep is affecting their success at school, and the peer VetSEd provider may need to refer the Veteran to clinical services or may need the clinical team to help address the problem. Conversely, the mental health clinician may need to learn from the peer VetSEd provider that there are triggers in the school environment that may explain current symptoms. Additionally, educational goals will be included in a mental health service plan that embraces a holistic view of the Veteran.

G. Engaging Other Key Players

VetSEd identifies key players that are likely to have significant roles in accomplishing the goals outlined in the educational plan. These include the Veteran him/herself, family members (this may be current spouses and children, extended family, or parents), friends, staff from the educational setting (instructors, administrators), and other VHA, VBA or community health or rehabilitation providers that are involved with the Veteran. The peer VetSEd provider will need to be skilled in engaging these various players and in bringing their perspective and support to bear in the CGK process.

VI. FOUNDATIONS OF THE VetSEd SERVICE IN THEORY AND PRACTICE

The design of the VetSEd 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 population. Provided below is a brief description of these foundational elements.

Foundations of the VetSEd Service

- A. Supported Education programs for non-Veterans with serious mental illness
- B. Supported Employment – An Evidenced based Practice
- C. The Veteran Supported Education Needs Assessment
- D. Psychiatric Rehabilitation and the Choose, Get, Keep Process
- E. Recovery Framework and Peer Support
- F. The Supported Education Program at the ENRM Veterans Hospital, Bedford, MA. as a Foundation and Experimental Guide for VetSEd

A. Supported Education Programs for Non-Veterans with Serious Mental Illness

Supported Education (SEd) is a well-studied approach for non-Veteran populations with serious mental illness who, due to their disability, face challenges in achieving educational goals. It has been defined as supports “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). SEd facilitates attainment of educational goals by providing a person with a disability assistance to successfully attend a scholastic setting. Many studies have provided evidence about SEd practice (Cook & Solomon, 1993; Hoffman & Mastrianni, 1993; Mowbray, Collins et al., 2005; Unger, 1993; Weiner, 1998; Unger, Pardee, & Shafer, 2000).

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

- Achieving an education goal (e.g., training certificate or degree)
- Improving educational competencies related to education settings (literacy, study skills, time management)
- Support to navigate the educational environment (e.g., applications, financial assistance)
- Improving attitude and motivation.

B. 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 and encourage their acquisition of valued social roles such as of worker, tenant, and student. One approach with clear evidence of desirable outcomes is supported employment (Becker & Drake, 2003; Bond, 2004). There are many natural affinities between supported employment and supported education. We have adopted six supported employment principles in VetSEd. These are:

- Placement in competitive fully integrated settings
- Consumer preference is sought and adhered to
- On-going assessment
- Indefinite support
- Community-integrated mobile support services
- Provision of benefits counseling

C. The Veteran Supported Education Needs Assessment

Although civilian models of supported education holds promise for addressing the challenges of returning Veterans with mental health conditions who wish to use their GI Bill benefits and go to school, little is 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 ENRM VA Hospital in Bedford, MA. (Ellison, Mueller, Smelson et al., 2012). Findings from focus groups with 31 Veterans identified:

- Barriers or challenges to educational attainment: (Planning for and enrolling in school; Obtaining GI Bill Education benefits; Financial Issues; Impact of mental health symptoms).
- Recommendations for supported education and rehabilitation service: (Age appropriate outreach and services; Peer Support; Veteran-driven intensity of services including one to one assistance; VetSEd integration with clinical team and the VA clinical programs).
- Recommendations for Colleges and for College/VA integration: (a formal student Veteran organization; Informal student Veteran social events, professors and college

administrators having knowledge about symptoms; Educational accommodations for attending needed health care appointments).

- Other related issues identified: (Loss of social networks; Adjusting from military to civilian culture; Outreach and support to access and use clinical services).

D. Psychiatric Rehabilitation and the Choose, Get, Keep Process

VetSEd also draws on the larger field of psychiatric rehabilitation to structure the supported education intervention. As psychiatric rehabilitation interventions, VetSEd should “be based on recovery oriented values, while helping individuals to change (i.e., building skills) or changing the environment (i.e., supports) in relation to achieving a specific preferred role” (Farkas & Anthony, 2010). The Choose, Get, Keep (CGK) framework of psychiatric rehabilitation “guides providers to develop a personal connection with individuals with serious mental illnesses to choose, get, and keep a preferred role valued by society.”

E. 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) (www.samhsa.gov) 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 in VA. VA is engaged in a major initiative 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 their full potential requires increasing their educational attainment. Therefore, providing support in the attainment of educational goals is consistent with a recovery framework. Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VHA mental health service delivery (U.S. Department of Veterans Affairs, 2008) and recovery is the stated aim of VHA mental health services. Important to both recovery and rehabilitation are notions of self-determination or choice and functional outcomes in valued social roles.

Further, SAMHSA has preliminary defined guiding principles for recovery oriented services and among them is peer support. This is described by SAMHSA as the sharing of experiential knowledge, skills, and social learning wherein peers encourage and engage others in recovery. A review of research on peer delivered services (Chinman,

Young, Hassell, & Davidson, 2006) shows that peer services can reduce in-patient utilization, substance abuse, social isolation and symptoms by role modeling community living, enhancing social networks, and improving adherence to and participation in treatment. The use of peers in mental health services has also been embraced by VA. In the past decade, 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 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 (U.S. Department of Veterans Affairs, 2008) and VA has committed \$20 million to funding peer positions nationwide.

F. The Supported Education Program at the ENRM Veterans Hospital, Bedford, MA. as a Foundation and Experimental Guide for VetSEd

Finally, the VetSEd model is patterned in large part on the Supported Education program at the Edith Nourse Rogers Memorial (ENRM) Veterans Hospital in Bedford, MA. The Supported Education (SEd) program at the ENRM Hospital has been recognized as a national best practice and has served as a model for other VA programs throughout the country. ENRM's Supported Education program was developed as a result of the experiences of Supported Employment (SE) staff who were assisting Veterans with psychiatric disabilities to achieve their vocational goals. Although many Veterans wanted to work, a significant proportion were also interested in returning to school to expand their employment opportunities. However, many Veterans did not feel confident about their ability to complete the long application process or to be successful in an educational setting. To address this need, the ENRM Hospital added Supported Education services to the existing Supported Employment program in July 2008 and hired certified peer providers who were Veterans with lived experience pursuing educational goals. Veterans who are interested in both employment and education meet with both the SE staff member and the SEd peer to discuss the possibility of returning to school. While SE providers continue to engage the Veteran in job development, the SEd peer provider works with the Veteran on achieving his/her education goals. In this program, individualized services are provided and include exploration of both career and education opportunity exploration, guidance with the school application process, identification of potential financial aid resources, tutoring in math and English, arranging for individualized assistance from professors, assistance in managing personal finances, and ongoing peer support.

PART TWO: TRAINING MANUAL FOR PEER VetSEd PROVIDERS & CLINICAL SUPERVISORS

I. INTRODUCTION TO PART TWO

The Training Manual has been designed for the peer VetSEd provider and clinical supervisor. It provides structure and guidelines for delivering the VetSEd service along with training exercises and case examples. In this Part, detailed guidance is provided in 7 Sections.

The first four sections cover the central VetSEd process - Choose, Get, and Keep respectively. Section Five reviews the core function of the peer VetSEd provider, i.e., involving and engaging stakeholders or key players in the VetSEd approach. These key players include the Veteran, his/her family and friends, clinicians, and educational personnel. Section Six reviews core competencies that the peer VetSEd provider should have. These core competencies are meant to be applied throughout the VetSEd process and include: solving recovery orientation, appropriate and effective self, counseling skills, and understanding of the population being served. Please note that the guidelines for service delivery presented throughout the Training Manual incorporate and reflect the key characteristics described in the overview in Part One. To understand why these key features are used please refer to the description in Part One. Additionally, worksheets that accompany these guidelines have been compiled for your convenience in Part Two, Section Seven. Worksheets are meant to be filled out by the Veteran in the company of, or with support from the VetSEd provider. They help to guide the process or to identify particular areas of need. Worksheets can be copied by the peer VetSEd provider for multiple Veterans.

II. THE CHOOSE PHASE OF VetSEd

During the **Choose** phase of VetSEd, 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 educational plan or roadmap that includes necessary steps to begin and complete school. For example, activities during the Choose phase of VetSEd 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. Conduct an Intake Session
- B. Preparing Veterans to Start School
- C. Set an Educational Goal and Creating an Educational Plan
- D. Choosing a School/Training Setting and Program

A. Conduct an Intake Session

There are several purposes for conducting an intake session at the beginning of the VetSEd process. The first purpose is that it allows you to learn more about the Veterans, their strengths, challenges, support networks, etc. The more you know about the Veterans, the better you will be able to support them in their education process: you will be aware of what aspects may be most difficult for them and what resources and skills they possess that can be called upon to reach their goals. For example, if during the intake process you learn that the Veteran often helped his younger brother with his math homework, this might suggest that the Veteran has specific skills in math, in teaching, in being patient, and/or may be a way for the Veteran to earn some additional money while in school. In addition, if the Veteran needs additional help at some point in a class, referring to his example of how tutoring can help people may make it easier to explore tutoring as a helpful strategy for him/her as well. Similarly, you may learn that the Veteran has difficulty being on public transportation due to PTSD or lack of knowledge about the system. Then, if the Veteran decides to attend school in an urban setting, you may ask about their ideas for traveling comfortably on public transportation. For the Veterans, part of the VetSEd process would be to implement and develop additional strategies for using public transportation.

A second important purpose of the intake process is to build rapport or a good collaboration that sets the stage for the two of you working together. The more the Veteran feels like you understand and respect him/her, the easier it will be to build the

foundation for this collaboration. One way to communicate your interest in the Veteran and your respect for his/her journey is by using the intake session to seek his/her input and thoughts about the impact of past experiences on current goals.

Although you will learn a great deal of information during the intake process, that will not be the end of your gathering information, but only the beginning. In every interaction with the Veteran, you will learn more about his/her goals, preferences, and strengths and challenges. All of this information should be continuously utilized during the VetSED process. For example, if you discover that the Veteran has difficulty meeting target dates that s/he has set (i.e. getting high school transcripts, asking for recommendation letters, etc.), this may highlight the need for additional focus on time management strategies both before and after the Veteran is actually enrolled in school.

The Intake Process

The process of intake is reflected in *Worksheets #1a-f: Intake*.

Worksheet #1a: Intake: Academic History 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, previously completed/attempted college courses, and current college courses. This section will help both you and the Veteran review his/her previous experiences in school and what can be learned from those experiences as they plan for attaining their next educational goal. For example, if the veteran always struggled in math and science and is interested in pursuing a career requires a core science curriculum, it will be important to discuss additional supports that may be necessary to ensure the Veteran's success in this area (i.e. extra tutoring, additional time for studying, conversations with more advanced students in the program, etc).

Worksheet #1b: Intake: Employment 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.

Worksheet #1c: Intake: Spare Time 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.

Worksheet #1d: Intake: Support Network is an initial discussion about the Veteran's friends and family and these other people's awareness of and support of the Veteran's educational goal. An essential aspect of the VetSEd process is that of Engaging Key People which is more fully discussed in Section 5. This first worksheet is the beginning of this process to harness the support and assistance of these individuals to assist the Veteran to achieve educational goals.

Worksheet #1e: Intake: Background Relevant to Education is a discussion of the impact of the veteran's experiences post high school including military service, any schooling/training, employment on the Veteran's educational goals. It also asks questions about the impact of a variety of other situations/conditions that have happened since high school that might impact education, such as:

- Physical health problems
- Mental health concerns
- Change in family situation (getting married, separated, or divorced; moving in with significant other, having children, etc.)
- Transition from military to civilian life

The questions specifically ask how these experiences make it easier and more challenging to pursue school at this point in their lives. The purpose of these questions is that Veterans' lives have changed in large and small ways since high school, when other individuals of their age might have decided to pursue school. By discussing the impact of those changes on education, you and the Veteran can discuss this integration of the Veteran's education goals into their current life circumstances.

Worksheet #1f: Intake: Other Goals is a review of the Veteran's other priorities and goals in addition to education, such as housing, finances, employment, family, health care (for physical or mental health needs including pain, mobility, PTSD, depression or substance use as a few examples), etc. 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. After each intake, speak to your supervisor about the Veteran's other needs and

brainstorm together all the resources that might be useful. You can then share this information with the Veteran. 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 developing the educational plan. These other goals may influence how quickly and how directly education 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.

B. Preparing Veterans to Start School

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

i. 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 *Worksheet #1a: Intake:*

Academic History to guide this conversation. As a peer VetSEd provider, you should use this information gathered during Intake and academic readiness to develop his/her 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 his/her high school transcript or diploma. If the Veteran does not have a diploma, it would be a good step for him/her to obtain a General Education Development (GED) certificate. Information can be found by searching online for “GED certificate” and your state’s name.

ii. 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 on-line 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, etc.

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 V 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. Setting an Educational Goal and Creating an Educational Plan

A critical feature of the VetSEd approach is taking the time to carefully deliberate and set an educational goal. Greater progress is made when specific achievable and measureable goals are identified. Creating a plan of action with clear achievable steps can help one to prioritize and sequence activities. This will be important because many schools have deadlines when it comes to financial aid, enrollment, and registering for classes. In your first meetings with a Veteran, you will assess the Veteran's readiness to pursue an educational goal. If the Veteran appears to be ready for change, you should work with the Veteran to define his/her education goal and then create an education plan. Below are the steps in furthering goal setting and planning with a Veteran along with some considerations to keep in mind when setting goals.

i. Steps to Take in Setting a Veteran's Education Plan

To begin, you can help the Veteran to clarify and describe his/her overall goal. You may ask, "What do you want to accomplish?"; or "Regarding your education, where do you see yourself in 1 year? 2 years? 3 years? 5 years?"; or "What have you already done/decided/considered in terms of achieving your education goals?"

Once you have an idea of the Veteran's goal, next identify the steps that are needed to achieve that goal. It is important to keep in mind that not all goals can be met in one easy step. Ask the Veteran about the things that need to happen before the goal is reached, then back up step by step. Objectives, sometimes called benchmarks, break the larger goal into smaller steps. These smaller steps also make the objective appear to be more easily obtainable.

Next, include a target date. Most people like to know how long something will take. Veterans need to know how long they should expect to work toward a particular educational goal. Although target dates may need to be revised as you move through the VetSEd process, they provide targets for both Veterans and peer VetSEd providers. Be

careful to set realistic target dates so Veterans remain motivated and can see their progress.

Once a timetable is put together you can develop a more specific educational plan. It may be helpful to prepare the plan as it relates to the following questions:

1. What is the Veteran going to do?
2. When is the Veteran going to do it?
3. Where is the Veteran going to do it?
4. How is the Veteran going to do it?
5. How will the peer VetSEd provider help?
6. What does the Veteran do if the plan doesn't work?

An example of a completed Education Road Map is provided in the Appendix A.

Below are some examples of educational goals and related Steps and Target Dates that would be included in the Road Map:

Veteran overall goal: I want to go back to school and get my HVAC license so I can find a good job and provide for my family.

Steps and Target Dates:

- Identify schools with a good reputation and a good job placement rate for HVAC in the next two weeks.
 - I will ask my buddies with HVAC licenses where they went to school and what they thought of it.
 - I will look on-line with my VetSEd peer provider to identify different schools in the area and their graduation and placement rates.
- Find out how much my GI Bill will cover for tuition - *three weeks*
- Decide which schools I can afford - *end of month*
- Find out how I apply to that school - *end of month*

Veteran overall goal: I am not sure what I want to do for work, but I want to go back to school and find out. Taking classes in different areas will help me discover my skills and interests.

Steps:

- Identify schools with a wide variety of choices for majors and schools that will allow me to start taking courses beyond just English, and math my first year – *two weeks*
- Identify schools where my credits will transfer to anyplace else I might decide to go – *two weeks*
- Find out when the enrollment dates are for these schools – *two weeks*

Exercise

Using Worksheet #2: Educational Road Map, complete a sample “Educational Roadmap” and the 3 and 6 month educational plan. You may use your own educational goal you have obtained and then reconstruct the steps and timeframe it took to complete that goal. Alternatively you can use the following example goal and then set up the steps and target dates that might be needed to accomplish this goal. Example Veteran’s Goal: to obtain an Associate’s Degree in Human Services.

ii. Choosing an Occupational Goal

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 peer VetSED provider teaches the Veteran how to choose a career path that matches his/her 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 *Worksheet #3: Questions to Help Determine an Occupational Goal* 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 peer VetSEd 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. 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 (i.e. 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/access

www.hs.state.az.us/bhs/instruct.html

Career Assessment Inventory

<http://assessments.ncs.com>

www.candorec.on.ca/services/education/asses.html

iii. Considerations in Preparing an Educational Goal.

When you are preparing the overall educational goal with the Veteran it is important to consider addressing the following features of the goal:

Worthwhile. Is this goal worthwhile and does it reflect the Veteran’s vision for the future? What is it about achieving this goal that is particularly attractive to the Veteran? How? What incentives does it offer?

Collaboration. Does this goal accurately reflect the Veteran’s vision for the future? Collaborative discussions that engage Veterans in identification of steps leading toward their educational goals are indispensable. Peer VetSEd providers should never disempower Veterans by simply developing plans on their own, and then asking Veterans to sign them.

Language. When writing goal 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 goal.

Behaviorally specific. Goals need to be measurable and specific. Specificity will vary, depending on the Veteran and his or her situation. Some goals may be less specific, such as, “I want to explore my career options and pick a school that will lead to a meaningful career.” Specific goals will usually contain a setting and a role, such as, “I intend to study to be a veterinary technician at the School of Veterinary Medicine. Measurable goals offer a way to log progress toward the goal over time. An example might be, “I plan to be complete my HVAC training by next summer.

Challenging and realistic. Goals represent things the Veteran hopes to achieve. Thus, they should be sufficiently challenging to encourage growth and development of potential. However, they should also be realistic and achievable in a given period of time. Goals that are too lofty can quickly become meaningless and demotivating.

Positive. Goals speak to the future. They should always tell the reader what persons will do, rather than what they will not do. Identify responsible parties. It is important to know who will do which tasks on the goal plan. Noting the person responsible for the intervention helps Veterans know who to contact for the service or activity.

More Examples of Education Goals that meet the above considerations include:

- Obtain my CDL license in the next 6 months.
- Begin a nursing program in the next 4 months.
- Complete my bachelor’s degree in Accounting in 4 years.

D. 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 OIF/OEF/OND 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 peer VetSEd provider, 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

i. 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 peer VetSEd provider, 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 peer VetSEd provider 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 *Worksheet #4: My Personal Criteria for Schools/Training Programs Checklist*. 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 him/her, you can ask them one or more of the questions contained in *Worksheet #5: My Personal Criteria for Schools/Training Programs Questionnaire*. By reviewing and discussing with the Veteran his/her 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 he or she 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 his/her career intentions. Employed Veterans should ask their employers to recommend schools that provide training in the skills the Veteran will need for his/her career, and ask if the employer will provide assistance to pay for school.

ii. 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 peer VetSEd provider, 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 B. 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 *Worksheet #4: My Personal Criteria for Schools/Training Programs Checklist*. This is a critical step because the Veteran’s list of personal criteria can be used to fill in the top of *Worksheet #6: School Choice Checklist: Possible Questions for Campus Visit*. Both you and the Veteran can then refer back to Appendix B to help determine which school he/she wants 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 On-line 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 degrees tend

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, s/he 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 4-year schools that allow students to begin their education in the community/junior college setting and complete their degree at the 4-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 4-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 4-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 on-line.

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 (i.e., 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 on-line 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 Veteran students may vary considerably. Lastly, as a peer VetSEd provider, 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, on-line 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 on-line 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.

iii. 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 peer VetSEd provider, 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 *Worksheet #4: My Personal Criteria for Schools/Training Programs Checklist*. 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 OIF/OEF/OND Veterans, might choose to search out information about schools through the internet. Online searches of college Web sites is a good initial recon method to use. Most college Web sites have information about programs of study offered, available student support services, tuition and fee costs as well as admission requirements and deadlines. 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. *Worksheet #6: School Choice Checklist: Possible Questions for Campus Visit* 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 him/her 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 VetSEd, 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 s/he prefers from you.

Once a Veteran has made a decision about his/her top 2-3 choices, s/he 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 get 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, professors 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, etc.

iv. Course Load Considerations

As returning Veterans progress towards 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 peer VetSEd provider, you should ask Veterans about their current or intended course load. As you discuss course load with Veterans it is worthwhile to take the following into consideration:

- *Course load relates to financial aid and Veteran benefits.* For example, Veterans 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.

- *Course load requirements vary by institution and academic program.* Some programs only allow for only full-time enrollment. Veterans can research enrollment requirements of particular academic programs by reviewing school Web sites 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 3 classes (or 12 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 s/he will spend in and out of class pursuing their educational goals. Generally speaking each three credit course requires 3-4 hours in class and 2-3 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 28-40 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 *Worksheet #7: School Schedule* for more information on creating a weekly school schedule as well as Appendix C for 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, health care appointments, etc.) and ultimately earning better grades.

v. 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 peer VetSEd provider, 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 his/her overall educational goal. See the example below.

How to Identify Potential Barriers

Steve, a 24 year old Veteran had his hopes set on attending the big state university with the winning football team to pursue his certification as a plumber. However, upon exploring the school further he learned that it did not offer the certification he wanted and that it had no Veteran-specific services outside of a financial aid coordinator. Steve was very disappointed and approached his peer VetSEd provider saying he was going to “forget” about school for now. The peer VetSEd provider used effective communication skills and listened in a non-judgmental manner, then reflected the frustration that Steve was experiencing. The peer VetSEd provider then asked Steve if it would be ok for them to spend a few minutes to think about the barriers Steve experienced. The provider explained that in his own educational pursuits as well as in working with other Veterans, he has found that there is a way over or around most barriers. Steve and the peer VetSEd provider engaged in a 10-minute conversation about barriers. They identified the school’s lack of a plumbing certification program and extensive Veteran-specific services as “external barriers” and Steve’s feelings of disappointment and wanting to give up as “internal barriers.” The provider normalized Steve’s feelings and highlighted how far he had come in recent months. The peer VetSEd provider then asked Steve if he would consider engaging in additional school searches to explore what types of institutions provide plumbing certificates and if any of these institutions have relationships with the local state university. After this exchange Steve was more motivated to continue the search.

III. THE GET PHASE OF VetSEd

As a Veteran develops or completes an education plan he will begin the “**Get**” phase of Choose, Get, Keep. In the Get phase, we describe those steps that are important to beginning an educational or training program. The following section provides information about a) benefits that may be used or available to the Veteran; b) enrolling/getting admitted to school, and c) setting a schedule.

A. Benefits

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 we have also provided for your convenience. There are two major sources of educational support for OIF/OEF/OND Veterans, which can be used together. These are the Post 9/11 GI Bill and the Veteran Success program (or Section 31, Vocational Rehabilitation and Employment program VR&E). Each is briefly described below in addition to several links which will provide more information.

Information on eligibility, and general and specific information on VA Educational Benefits, including GI Bills, Yellow Ribbon Programs, transferability, and additional benefits, can be found at http://www.gibill.va.gov/resources/student_handouts/index.html

Search www.studentaid.ed.gov/scholarship to find general scholarships. Also go to Scholarships for Service to find more specific funding: <http://www.101arw.ang.af.mil/shared/media/document/AFD-110803-008.pdf>

To understand why federal student loans are a better option than private loans, read “Why Get a Federal Student Loan?” available at http://studentaid.ed.gov/students/attachments/siteresources/College_Prep_Checklist.pdf Some may not need student loans, but it is helpful to have this knowledge just in case.

“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).

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.

i. Post-9/11 GI Bill

The most important educational benefit available to OIF/OEF/OND Veterans is the Post 9/11 GI Bill. The information below is a summary of the information available at the GI Bill Web site, which should be referenced regularly for updated information: <http://www.gibill.va.gov/>.

The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. To be eligible for the Post-9/11 GI Bill, the individual 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. The GI Bill provides financial benefits based on a formula of length of service in active duty. 100% of the benefit is awarded if service equals 3 or more years, 30 – 36 months yields a 90% benefit, and so on. The Post 9/11 GI Bill benefit provides up to 36 months of education benefits. Generally, benefits are payable for 15 years following release from active duty. The Post-9/11 GI Bill also offers some service members the opportunity to transfer their GI Bill to dependents. In order to receive the full amount of the housing stipend for their length of service, Veterans must be considered full time students at their respective school, 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 who are enrolled at 50% or less of full time are not eligible for the housing allowance. Benefits are based on length of time enrolled, not number of credits. So, if a Veteran chooses to take fewer credits, he or she still only receives 36 months of benefits.

Veterans do not have to pay back money from the GI Bill if they fail a class. However, if they withdraw from a class or drop out of school, they may be required to pay back money for tuition, housing allowance, and books. This may not be required in the event of mental or physical health issues, childcare issues, death or serious illness of a family member, etc. Veterans should be encouraged to seek information from their local Veterans Benefits Administration office if they are considering dropping a class beyond the drop-add deadline, or withdrawing from school.

Veterans may take a break from using the GI Bill at any time (provided they complete classes in progress) without penalty. The only current rule that affects this decision is that all benefits expire 15 years after separation from active duty.

Yellow Ribbon Program

As part of a Post 9/11 GI Bill provision, the Yellow Ribbon Program was initiated to help current or former members of the armed forces attend a private college/university at a reduced cost. This program is a collaboration between VA and participating private colleges/universities. Private colleges/universities voluntarily enter into an agreement with VA to fund tuition expenses that exceed the highest public in-state undergraduate tuition rate, which is the maximum coverage allowed by the GI Bill. The

college/university can contribute up to 50% of those expenses and VA will match the same amount as the institution. Yellow ribbon schools may have an assigned person to deal with the paper work and figure out the class load.

ii. Current Finances and the Post-9/11 GI Bill

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, etc. 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 (which could be up to 4 weeks long!), and
- Is there a buffer if the Veteran gets sick or needs to reduce his/her 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.

iii. Vocational Rehabilitation and Employment (VR&E)

Veterans with disabilities may also be eligible for the VetSuccess Program administered by the Veterans Benefits Administration. It is sometimes referred to as the Section 31 program. The VetSuccess program assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. It may also pay for some school or training programs in pursuit of a vocational goal. There are ways that the Vocational Rehabilitation and Employment (VR&E) and the GI Bill can work together as explained below. This can be a valuable resource for some of the Veterans you are helping. Below

we provide basic information about the program available on their Web site:
<http://www.vetsuccess.gov/>

iv. Who is Eligible for VR&E VetSuccess Services?

The basic period of eligibility for VR&E VetSuccess services is 12 years from the following:

- Date of separation from active military service, or
- Date the Veteran was first notified by VA of a service-connected disability rating.

The basic period of eligibility may be extended if a Vocational Rehabilitation Counselor (VRC) determines that a Veteran has a Serious Employment Handicap.

Active Duty Service Members are eligible if they:

- Expect to receive an honorable discharge upon separation from active duty
- Obtain a memorandum rating of 20% or more service connected disability from VA
- Apply for Vocational Rehabilitation and Employment (VR&E) VetSuccess services

Veterans are eligible if they:

- Have received, or will receive, a discharge that is other than dishonorable
- Have a service-connected disability rating of at least 10%, or a memorandum rating of 20% or more from the Department of Veteran Affairs (VA)
- Apply for Vocational Rehabilitation and Employment (VR&E) VetSuccess services

After eligibility is established, the Veteran is scheduled to meet with a Vocational Rehabilitation Counselor (VRC) for a comprehensive evaluation to determine if s/he is entitled to services.

v. Developing a Rehabilitation Plan

A VA Veteran who is eligible for an evaluation under Section 31 must first apply for services and receive an appointment with a Vocational Rehabilitation Counselor (VRC). The VRC will work with the Veteran to determine if an employment handicap exists as a result of his/her service connected disability. If there is an employment handicap and the Veteran is found entitled to services, then the VRC and the Veteran will continue counseling to select a track of services and jointly develop a plan to address the Veteran's rehabilitation and employment needs.

A rehabilitation plan is an individualized, written outline of the services, resources and criteria that will be used to achieve employment and/or independent living goals. The plan is an agreement that is signed by the Veteran and the Vocational Rehabilitation Counselor (VRC) and is updated as needed to assist the Veteran to achieve his/her goals.

Depending on their circumstances, Veterans will work with their VRC to select one of the following five tracks of services (see Web site for more details):

- 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 VRC or case manager will continue to work with the Veteran to implement the plan to achieve suitable employment and/or independent living. The VRC 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 to help the Veteran achieve rehabilitation.

Summary of the Vocational Rehabilitation and Employment VetSuccess Program (Section 31) Process can be found at <http://www.vba.va.gov/bln/vre/>.

The rehabilitation plan will specify an employment or independent living goal, identify intermediate goals, and outline services and resources that VA will provide to assist the Veteran to achieve his/her goals. The VRC and the Veteran will work together to implement the plan to assist the Veteran to achieve his or her employment and/or independent living goals.

In those cases of Veterans found not to be entitled to services, the VRC assists them in locating other resources to address any rehabilitation and employment needs identified during the evaluation. Referral to other resources may 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.

vi. 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 VetSuccess program, and uses one program, 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.

vii. What will School Cost?

If the Veteran already has a particular school in mind, it would make sense to fill out *Worksheet #8: Educational Expenses* based on the specific information for that school. If the Veteran is unsure about where s/he may be interested in applying, the Veteran might find it helpful to complete this worksheet for each school in his/her area to get an idea of what expenses might be. The Veteran may also choose to complete several of these worksheets based on different schools to compare costs. Much of the information required to complete the worksheet can be found online from the school's financial aid office or from advisors for different academic programs.

Exercise

Using *Worksheet #8: Educational Expenses*

Pick any major of interest to you _____

List three different schools in your area.

A. _____

B. _____

C. _____

Fill out *Worksheet #8: Educational Expenses* two times for each of the three different schools in your area.

School A: Collect all possible information from the school's Web site, and then use phone calls/e-mail to confirm or gather additional information.

School B: Start with a visit to the school to fill out the spreadsheet, and then follow up with review of the Web site.

School C: Start with e-mail and phone calls to complete the form, and then follow up with review of the Web site.

For each section of the worksheet, note what sources (Web site, phone call/e-mail to whom? etc.) you used to locate the information and how long it took to obtain the information you needed.

Which sources of information were the quickest?

Which sources were the most user-friendly?

Were there any contradictions in information from different sources (i.e. online said one cost and person in financial aid office quoted a different cost)?

What parts of the spreadsheet were the most challenging to complete?

What were the differences between the schools in terms of how information was available to complete these spreadsheets?

viii. How does the Veteran plan to pay for school?

In addition to the GI Bill, Veterans may utilize a range of other sources to pay for living and educational expenses while in school. Some Veterans choose and are able to do this solely with the use of the GI Bill. Other Veterans choose or need to have other options such as working part time, or utilizing other income sources (school financial aid packages, loan/gift from family member, service connection, etc.) to pay for school.

Work and School Balance

Some Veterans will prefer to start or continue work while in school, citing the added structure of employment and other factors as reasons to work. Still other Veterans will prefer to focus their time only on school if they can afford to do so. First, ask the Veteran about his/her thoughts and preferences about this issue. If the Veteran is unsure how s/he feels about it, then it may be useful for you as the peer VetSEd provider to complete *Worksheet #9a: Ups and Downs for Going to School* and *Worksheet #9b: Ups and Downs for Going to School AND Working* with the Veteran. This will help the Veteran weigh the pros and cons of both possible 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 will positively impact Veteran's self-esteem and social connections from starting a job or staying at current job
- The degree to which work hours and energy spent on work will impact 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 that s/he can always try out either school only or work and school and then make a different choice during the semester. If a Veteran needs help with finding work, you can talk to your supervisor about possible referral options to the vocational rehabilitation services offered at your VA hospital, VR&E, Vet Success and local career centers.

Financial Aid Packages

Some Veterans prefer to focus only on school, but wonder whether they can afford it with only their GI Bill. To help a Veteran figure this out, you will need to begin by getting a complete accounting of their financial resources and needs. See *Worksheet #10: Current Expenses/Resources/Debts*. Once these worksheets are complete, compare the following items and then refer to *Worksheet #11: Veteran's Current Financial Situation*.

Exercise

One of the best ways to prepare for having financial discussions with Veterans with whom you are working is to have one with yourself (and other members of your household if applicable).

Fill out the worksheets above based on your specific situation (you will not need to show them to anyone!)

What was the easiest part of completing this task?

What was the most difficult part of this task?

What did you learn by completing this task?

Based on your experience of completing the worksheets, what might you want to remember, say, or suggest when working on these worksheets with a Veteran on your caseload?

Now that the Veteran has completed both *Worksheet #8: Educational Expenses* as well as *Worksheet #10: Current Expenses/Resources/Debts*, the next step is to complete *Worksheet #12: Education Assistance* 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 not only the GI Bill but also 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 back but require a certain grade point average to keep, and loans that allow a focus on school, but will have paid back after graduation.

With *Worksheet # 12: Education Assistance* 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 only, the GI Bill plus grants, and the GI Bill plus grants and loans. Refer to *Worksheet #12: Education Assistance* for questions to review for each different financial aid situation.

B. 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.

i. 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 *Worksheet #13: Task List for Applying to School/Training Program* and a sample Task List in Appendix D. 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 s/he 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, etc. 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 peer VetSEd provider 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 e-mail
- 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 peer VetSEd provider 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, anticipating the questions that will be asked of the Veteran, and outlining 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 peer VetSEd provider should also work with the Veteran to prepare responses to potential concerns (see examples in chart below). Accommodations may be made for the peer VetSEd provider 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 peer VetSED provider’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 his/her options. The Veteran may want to request information from the Admissions Office(s) to get feedback on his/her 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 (e.g. taking courses currently to show ability to get good grades, retaking of college entrance exams, starting at another college with intent to transfer, etc.). Assist the Veteran to identify next steps, and identify timelines to offer structure and hope.

ii. How to Register for Classes

Once accepted into a school or training program, the Veteran will need to begin to think about registering for classes. There are a variety of ways to support the Veteran to do so successfully.

Gather requirements

If possible, the Veteran will want to meet with an advisor or representative of the department into which s/he is accepted in order 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 his/her 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 during the program of study.

Decide on criteria

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

Explore with the Veteran

- Are you an early morning person? Or a night owl? At what time of day do you perform the best? 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? 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?

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

Assist the Veteran to learn about the registration process at the particular school s/he is about to attend. If the Veteran is not familiar with how to complete forms online, or to access the school's online resources, work with the Veteran to get comfortable with the online formats. Support the Veteran to complete the registration process, including the section of the class desired.

Pay for classes

Assist the Veteran to ensure that the class(es) chosen and registered for are paid for by the deadline.

C. Creating a Weekly School Schedule

In this section we focus on the week before classes start and first week of classes, not the whole semester. Before the semester begins, it is helpful to review the Veteran's weekly schedule (refer to *Worksheet #7: School Schedule* and sample school schedule in Appendix C) and identify how classes and homework will fit in with the Veteran's other responsibilities. The following are some questions you can ask to help the Veteran think about their daily school schedule.

Questions on Daily Schedule

Ask the Veteran:

- How do you currently manage your time and schedule, do you use an appointment book, and 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 when you start school?

After registration, but before classes begin, try to identify the number of hours of outside coursework expected per class and work that into the Veteran's scheduling system. Identify what changes the Veteran may have to make to his/her appointments, work schedule, leisure, or family time as a result of school and talk about the impact of these changes on the Veteran and other people (employer, family, friends, etc.). The first week of classes can be exceptionally stressful as the Veteran collects his/her syllabi for each class; it may look overwhelming. Encourage the Veteran to have both 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).

When the Veteran gets his/her syllabi, take each one and enter in the dates for tests and quizzes as well as when significant projects are due. Then, put these items into his/her daily schedule as well. The usefulness of having the calendar at a glance is to be able to determine how many weeks until the next quiz or test, and how many weeks until a paper is due.

i. Starting School

Aside from being able to plan a schedule, there are other issues important to consider before the Veteran's first day of school such as what will be his/her transportation to school and how to handle the stress of the first day. Review the following checklists with the Veteran to identify issues that need further discussion or planning (checklists adapted from Becker & Drake, 2003).

The following checklist identifies other aspects of starting a daily school schedule. Reviewing these lists with the Veteran will help to identify areas that may need attention or further planning.

First Day Worries

(adapted from Becker & Drake, 2003)

- ___ Does the Veteran have a plan for managing any worries that come up the night before?
- ___ What will the Veteran do if s/he cannot sleep the night before?
- ___ Would the Veteran benefit from you meeting him/her for breakfast on the morning before school starts?
- ___ Would a phone call before school be helpful?
- ___ Are family or friends informed about starting school?
- ___ Would it be useful to check with family if they have questions about her/his first day?
- ___ Does the Veteran know how to contact you on the first day of school if need be?
- ___ Is there another VetSEd team member available to the Veteran on the first day if you are not?
- ___ Does the Veteran know whom s/he can ask questions of at school?

Public or Private Transportation to go to School

(adapted from Becker & Drake, 2003)

- ___ What is the Veteran's plan for transportation?
- ___ Will the Veteran be driving? If so, has s/he driven the route?
- ___ Does the Veteran know where to park if driving?
- ___ Does the Veteran know where to get on and off public transportation?
- ___ Does the Veteran have a copy of the schedule and stops?
- ___ Does the Veteran need you to accompany him/her?
- ___ Does the Veteran know whom to call if s/he has transportation problems?
- ___ What will happen if the Veteran is late getting out of school?
- ___ What will the Veteran do if the ride is not there on time?

Arriving at School

(adapted from Becker & Drake, 2003)

- _____ Is the Veteran aware what time s/he should arrive at school?
- _____ Does the Veteran know the location of all of his/her classes?
- _____ What is the Veteran expecting for the first day?
- _____ What is the school policy on smoking?
- _____ Who will the Veteran ask if s/he has questions upon arriving?

IV. THE KEEP PHASE OF VetSEd

Your role as a peer VetSEd provider is not over once a Veteran has successfully obtained the necessary benefits to enroll in school, has selected a program in which to enroll, and has started school. In fact, many Veterans will get this far only to find that they are daunted by coursework or are stressed on campus. Thus, in the Keep phase of Choose, Get, Keep, the role of the peer VetSEd provider is to help the Veteran “**keep**” their education going and to succeed in achieving their educational and long-term vocational goals. Getting organized for school can be challenging for a lot of Veterans. You may need to spend time helping them organize their notes, papers, and priorities. To accomplish this task, a variety of tools are presented that you can use with the Veteran. In this Section, we will describe Strategies for Keeping an educational goal which include: a) Developing Support on Campus and Resource Mapping; b) Time Management; c) Coping Strategies; d) Accommodations; and e) Addressing Stigma.

A. Developing Support on Campus and Resource Mapping

A good way to increase support and knowledge about the resources available on campus is to use *Worksheet #14: Campus Resource Assessment*. A sample worksheet is provided in the appendix (Appendix E). 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 Veterans support groups and social gatherings on campus. By learning about and utilizing these resources, Veterans are better able to achieve their educational goals. Below are the steps to take to complete *Worksheet #14: Campus Resource Assessment* with the Veteran.

Steps for Worksheet #14: Campus Resources Assessment

- Begin by helping the Veteran collect information by reviewing the campus Web site, 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 right column on *Worksheet #14: Campus Resources Assessment*. You can list Web sites, location on campus, contacts, phones or e-mail addresses types of services available.
- The next part is to have the Veteran check the appropriate box under the "Assistance Needed?" section.
- For the boxes that are checked "Yes" have the Veteran call or e-mail the specific resource/service to gather more detailed information about it.
- Review the map with the Veteran and discuss what source of help might be used and when.

B. Time Management

Time management will be an essential skill for any Veteran pursuing his/her educational goals. Below are some simple steps for using time effectively when in school so that you can coach the Veteran on using his/her schedules. As a peer VetSEd provider, you should review the steps below with the Veterans on your caseload.

Ask the Veteran to

- 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 his/her social support network can pick up tasks in order to free up time for classes and studying (e.g., 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 (e.g., 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.
- Focus daily on using time in the most efficient manner for education (e.g., 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. Time Management for Large Projects and Exams

One of the most challenging aspects of time management when in 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.

Example: Term paper steps and dates for American History class

<u>Steps</u>	<u>Dates</u>
Pick a topic	February 1
Sub-tasks	
A. Review paper guidelines and past topics	Jan 15
B. Review assignments from professor weeks 1-3	Jan 20
C. Come up with three potential topic ideas	Jan 25
D. Review these options with professor	Jan 30
E. With her feedback, select one option to pursue	Feb 1
Gather research articles	February 28
Review articles and books	March 14
Outline paper	March 21
Write sections of the outline	April 14
Review, revise and edit	April 30
Hand in Final Paper	May 1

C. Coping Strategies in an Educational Setting

Peer VetSEd providers can help Veterans *keep* their education goal by promoting coping skills. As VetSEd providers likely know from their own lived experiences, the skills that each Veteran utilizes will depend on the particular difficulties they are having. For example, for a Veteran having difficulty coping or performing under pressure, it may be helpful to use time management strategies to avoid having to finish things at the last minute. It may also be helpful to learn stress management techniques like mindfulness, deep breathing, or other similar strategies. While the strategies noted below are useful to share with Veterans, a peer VetSEd provider should supplement this information with examples from their own lived experience and experience working with other Veterans. By doing this, the peer VetSEd provider can bring this information to life and increase Veterans' motivation to integrate these strategies into their day-to-day life.

Stress Management for Education Settings

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.

i. Causes of Stress

There are numerous causes of stress and 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. Please see the chapter VI. D. Knowing Your Population: Serving Returning Veterans with Trauma and Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Co-occurring Mental Illness and Substance Use for guidance in this instance. For other Veterans, you can ask the Veteran to apply the list below to his/her educational life and identify if these issues are adding stress to the pursuit of educational goals.

- Limited or no quiet/rest or personal time
- Worry and anxiety about educational failures.
- Difficulties dealing with mental health symptoms on campus

- Limited time spent on areas outside of education, such as, emotional, physical, and 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.

There are many indicators of being or feeling stressed. 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 the 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.

ii. Signs of Stress

- 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.

There are numerous techniques to deal with educational stress. Below are some tools from research findings (Matheny et al., 1986). Suggest to the Veteran that s/he try various techniques and find the ones that work best. You can help the Veteran to identify community resources that make available some of these stress-busters.

iii. Stress Coping Techniques

- 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, interact with classmates, teachers, and other members of the campus community.
- 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.

D. Accommodations

During the Keep phase, it will be helpful to think through with the Veteran whether or not s/he can utilize available accommodations to help in being successful at school. If a Veteran is having trouble at school due to difficulties related to his/her disability, the school is obligated to provide extra supports called “educational accommodations.” Accommodations can be developed for the classroom, assignments, and exams. It is better to determine this prior to, rather than after, a problem occurs. The Veteran may be reluctant to ask for an accommodation because s/he may consider it unnecessary, embarrassing, or suggest s/he is unable to do the work. You may find it helpful to use motivation techniques or some of the suggestions in the next section IV. E. Addressing Stigma. Once the Veteran decides to ask for an accommodation and has an idea what accommodations may help, you can provide support and guidance as the Veteran goes through the process of requesting accommodations. With his/her permission, it may be helpful for you to accompany the Veteran to the Student Disability office. Be sure to check the school’s policies on determining whether the Veteran has a qualifying disability. A simple note from the VA physician with a diagnosis of a psychiatric disability may suffice.

Examples of Educational Accommodations

- Note-takers or tape recording in class
- Preferred registration or preferred seating in classrooms
- 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

To obtain an accommodation there are several useful steps detailed below (Costa, 2011).

1. 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.
2. Get a signed note from the psychiatrist or doctor that states the Veteran’s mental health condition. Only provide the minimum medical information that the school requires in order to qualify. Bring the note to disability services.
3. Tell the person at disability services what accommodations are needed. 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.
4. Someone at disability services will review the accommodations suggested and approve the services and modifications.
5. 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 him/her to receive modifications.
6. As needed, go back and make changes to accommodations over time. Different ones may be needed depending on the classes taken.
7. 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/>).
8. 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.

E. Addressing Stigma

In the context of mental illness, “stigmas represent invalidating and poorly justified knowledge structures that lead to discrimination (Corrigan, 1999).” 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.

An issue that a Veteran may face is concern about going back to the classroom and identifying as a Veteran. Some Veterans feel comfortable talking about their status as a Veteran and their military service, while other Veterans feel that non-Veteran students 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 may 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 him/her. One way to help the Veteran handle expected stigma is to encourage him/her to connect with a student Veteran resource room or support group and to find fellow Veterans have been in school for a longer time than s/he and inquire about how the Veteran handled these issues. Learning about the experiences of others may help the Veteran decide on his/her best course of action. In addition, peer VetSEd providers can work with Veterans to brainstorm other solutions (e.g., arriving to class early).

Veterans with mental health conditions also face two other 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, in addition, 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 go to school because I am too messed up.”

Implementing Worksheet #15: Stopping Self-Stigma

The various assumptions about negative self-talk and ways of challenging such self-talk are summarized as *Worksheet #15: Stopping Self-Stigma*. A blank version is provided in Part Two Section Seven, which readers are welcome to photocopy for addressing self-stigma that may haunt them or friends. 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," to a person, they all relayed some 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 his monthly After Hours meetings. When he was alone and feeling ashamed, he would pull out the card and read this message to himself.

There are a variety of ways in which *Worksheet #15: Stopping Self-Stigma* might be used to control hurtful beliefs. You can copy this worksheet out of the book and use it in VetSEd individual mentoring with Veterans to challenge their self-stigmatizing beliefs, reviewing each worksheet step 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.

V. ENGAGING KEY PLAYERS

A. Outreach to and Engaging Veterans

Although many Veterans are motivated to use their GI Bill and are already engaged in the VA health care, many others are wary of the federal system and are reluctant to acknowledge or are unaware of the impact of traumatic military experience on their lives.

Some will be openly skeptical of the help that you or VA could provide and will prefer to “tough it out” without support. Your job will be to outreach and engage the Veteran and offer help. This will require use a one key characteristic of the VetSEd approach - being mobile in the community. Part of your job as a peer VetSEd provider is to identify, contact and maintain contact with Veterans who are seeking education, but who may not be accessing VHA services and could benefit from them.

The concept of **Assertive Outreach** to Veterans, this concept comes from the supported employment model (Bond, 2004), and has two related uses. The first is to be assertive about offering services to all Veterans who meet criteria for the service and to remind them that they can take advantage of the service at any time. This includes working with clinicians to determine who is eligible and may benefit from the service and then ensuring that the Veteran hears about the service, not just once at intake, but throughout his/her use of the VA services, whenever relevant. Outreach may include the clinician inviting you to the beginning or end of a meeting with the Veteran so s/he can ask you questions and hear about the details of the service directly from you. The other type of assertive outreach happens when Veterans disengage from services. When this occurs, outreach is not limited to a phone call or letter (or two), but includes 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. It may involve asking a clinician for the first or last 5 minutes of their meeting to check in and see if the Veteran would like to re-engage in educational 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 services. Of course, the goal is not to annoy the Veteran by barraging him/her with contact, but to simply provide different types of opportunities to re-engage at different times. It is not assumed 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, etc.) are more pressing. Sometimes Veterans make statements such as “Since I haven’t seen you for 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 15-20 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 s/he is welcome back when s/he needs future services and to summarize his/her strengths and accomplishments while in the program. However, for Veterans who clearly want to disengage from services, it is important to honor the Veteran’s choice.

There is another special consideration regarding outreach and engagement of OIF/OEF/OND Veterans: their age and what this implies for how you deliver VetSEd. Over 40% of OIF/OEF/OND Veterans are under the age of 30 and many referrals for VetSEd 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). It will be important that you keep age differences in mind and modify your interactions accordingly. Here we discuss use of technology, age appropriate out-reach, and understanding developing independent living skills.

i. Use of Technology

Present day young adults have grown-up with social media, web-searches, and video-games. Not having access to computers while in a hospital setting can be a frustrating and demeaning experience. Find out how and where in your hospital or in the community Veterans can have access to computers. Become familiar with internet-based approaches to important functions such as applying for Veteran benefits or searching college Web sites. Be prepared to work with the Veteran while s/he is on a computer.

ii. Outreach to Young Adults

Engaging young adults for mental health services is a challenge and this is true for Veterans as well. Young Veterans will also appreciate engagement at the sites and locales that are natural for them and their age groups, such as at sporting or music events. Further, a primary mode of contact nowadays is by texting or through social media (Facebook, Twitter). You may find that this is the best way to reach young adult Veterans. However, check with your hospital policy about being able to do so.

iii. Independent Living Skills

Be aware that among the youngest on your caseload, some 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. 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 fellow clinical providers, such as social workers, or Veteran advocates, such as local Veteran Agents or Disabled America Veterans (DAV), to identify and connect with these resources.

B. Engaging Schools

The VetSEd mobile model presumes that the peer VetSEd provider will be making contact with schools and training settings and that the majority of these contacts will be on the behalf of an individual Veteran. (In other models, you may have responsibility for building bridges between VA and the campus on a larger scale). This may involve, for example, helping connect the Veteran with a student Veteran center, promoting awareness among faculty about Veteran mental health issues, organizing Veterans student events, or sponsoring visits from VA Medical Center to the campus or vice versa. The following section describes strategies that may be helpful as you approach a school system on behalf of a Veteran. Two main types of school contacts are highlighted: **Contacts for Information** and the **School Development Interview**.

i. 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 his/her 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 F. 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 e-mail exchange (do not to use the Veteran's name or any identifying information in the e-mail; 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?"

ii. 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, etc.
- 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
- 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 e-mail within 3 business days to thank the Veteran's representative and other staff members for meeting with you.

C. Integrating with Clinicians

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 VHA, a treatment team might include the Veteran's therapist, psychiatrist, social worker or case manager, and may also include occupational or physical therapists and other medical personnel. The large majority of clinicians will be willing to work with you as a team member if they have a good understanding of what you do and how you can be a beneficial partner to 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. Your first step to integrating with the team should be a formal presentation to the OIF/OEF/OND clinical team in conjunction with the chief of whatever clinical division (mental health/psychology/psychiatry) the team is under. Please see sample PowerPoint (Appendix G) that explains what supported education is and how you can contribute to the team. It may be intimidating to meet with psychiatrists and other clinicians. Remember you are an expert in this work and your voice is as important as that of any other provider in VA.

A second step could be involving the other providers on the Veteran's treatment team when you get a new referral and are meeting with the Veteran to develop an educational plan. The clinical team can be integrated into the education plan by getting their feedback on the Veteran's strengths, hearing any concerns they have about the Veteran going to school, and discussing how they can support the Veteran's goal. This is a good opportunity to reinforce to the team the importance and benefits of providing hopeful messages to the Veteran about their rehabilitation goals. These meetings can occur not only at initiation of the education plan, but also at regular intervals (such as every three months) or before significant transitions in the Veteran's life (e.g. starting school in the next few weeks, beginning an internship, the upcoming summer off from classes, etc).

Another way to integrate with clinicians is to co-sign your progress notes to other providers on the treatment team. For example, if the Veteran mentions that the medications s/he takes for sleep are not working, or s/he has been drowsy in the morning, that would be good note to co-sign the psychiatrist. If the Veteran mentions that s/he is 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 other members of the Veteran's treatment team 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 the Veteran is experiencing may also be useful in maintaining ongoing communication.

The next step to integrating with clinicians is to attend VHA hospital team meetings that focus on the needs of OIF/OEF/OND clients. Coordinate with the chairperson of this meeting so that you have an opportunity to ask about people on your caseload, 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 the team is thinking of making and related issues.

Exercise

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

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 his/her goal due to the worry about stress?

D. Engaging Key People/The Veteran's Social Support Network

The Veteran's social support network can be very important in assisting the Veteran to successfully identify and 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 the peer VetSEd provider 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, etc.)

The following is a list of questions to consider when thinking about engaging the family (adapted from Becker & Drake, 2003).

Questions for Engaging the Veteran's Family and Friends

(adapted from Becker & Drake, 2003)

- Has the Veteran shared his/her education goals with family and friends?
- How involved are the Veteran's family and friends in supporting the Veteran's education goals?
- Does the Veteran feel s/he is receiving positive support from his/her family and friends?
- Has the Veteran discussed the value of positive support with his/her 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 VetSEd provider 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) What is the Veteran's plan for childcare during school hours?

To help the Veteran with thinking about how to involve his/her family and friends in his/her education goal, you can take the following steps: First, ask the Veteran to list all the significant people in his/her life, by using *Worksheet #16: People in My Life*. Then for each person, identify whether the Veteran has shared his/her interest in education with this person and their response. Identify what sort of help each person could provide to the Veteran. For people the Veteran feels would be supportive, ask the Veteran about whether s/he would feel comfortable talking to them about his/her education goal and how the person could help. Then ask the Veteran if there is anyone on the list from *Worksheet #16: People in My Life* who they think is not or will not be supportive of their educational goal. If there is someone, ask the Veteran how this might impact him/her 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 Worksheet #17: People I Want Involved in My Education Goal, and get his/her 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 s/he is 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.

VI. OTHER CORE COMPETENCIES OF THE PEER VetSEd PROVIDER USED THROUGHOUT THE CHOOSE, GET, KEEP PROCESS

In this section, we address other core competencies of the peer VetSEd provider. These competencies are intended to embody and reflect key characteristics and foundational principles of the VetSEd approach. These competencies should permeate and be used throughout the Choose, Get, Keep process. A valuable tool will be your own experience and knowledge of military service. However, other tools and concepts can inform and widen your understanding and may contribute to greater success with Veterans who need, but are reluctant to accept support. In this section we describe some of these concepts including: Understanding Mental Illness, Understanding Trauma and Post Traumatic Stress Disorder, Reintegration into Civilian Life, Outreach and Engagement of Younger Veterans, Strategies for VetSEd sessions and Addressing Co-occurring substance use disorders.

Covered in this section are the following competencies.

Core Competencies of the Peer VetSEd Provider

- A. Understanding and Applying Recovery Oriented Mental Health Services
- B. What I Bring as a Peer VetSEd Provider
 - 1. Recovery and Educational Stories as a Tool to Facilitate Delivery of VetSEd
 - 2. Maintaining Boundaries and Ethics
- C. Counseling Skills for Peer VetSEd Providers
 - 1. Active Listening
 - 2. Increasing Motivation
 - 3. Problem Solving
- D. Knowing Your Population: Serving Returning Veterans with Trauma and Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Co-occurring Mental Illness and Substance Use
 - 1. Understanding and Serving Veterans with Trauma and Post-Traumatic Stress Disorder
 - 2. Understanding and Serving Veterans with Traumatic Brain Injury (TBI)
 - 3. Understanding and Serving Veterans with Co-occurring Mental Illness and Substance Use

A. Understanding Recovery Oriented Mental Health Services

A key characteristic of the VetSEd approach is that it is couched within a “recovery” framework. As a peer VetSEd provider, it is important to understand what this framework is. Recovery has been described by the federal 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 in VA i.e., a goal of the VA mental health services is 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 seat and determine the roadways and byways they take in their journey of recovery. As a peer VetSEd provider, you promote Veterans' choice, decision-making and autonomy as they pursue their educational goals.

ii. Individualized and Veteran-Centered

As a peer VetSEd provider it may be tempting to tell Veterans what to do based on your prior successes with other Veterans. For instance, if you helped one returning Veteran get into the local community college, it may be tempting to track other Veterans to this school given your prior success. Yet, if your VetSEd services are truly Veteran-centered you will be working with each Veteran to identify their unique strengths, personal assets and preferences. Further, you will recognize that not all returning Veterans are alike. Rather, Veterans differ in terms of their mental health needs, military experiences, cultural background, and age, to name but a few areas of uniqueness. Taking time to get to know each Veteran on your VetSEd caseload will help you provide individualized services.

iii. Empowerment

Empowerment allows Veterans to not only be in the driver's seat of their recovery, but also have increased agency about where they ultimately go. SAMSHA 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 VetSEd 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 VetSEd services (including decisions related the administration and funding of VetSEd services); and c) encouraging Veterans to partner with other Veterans on and off campus to advocate for Veteran interests, needs and perspectives.

iv. Holistic

Though VetSEd is focused mostly on educational aspirations and related goals, for VetSEd services to be successful they need to consider the Veteran's whole life. Veterans do not gain admission to school, matriculate and graduate in a vacuum. Rather, each Veteran's mind, body, spirit and connection to community supports play a notable role in

his/her educational successes. Accordingly, as a peer VetSEd provider, you will likely work with Veterans who are also working on housing, employment, mental health supports, family connections, avenues of creative expression, spiritual fulfillment and/or many other areas at the same time. While VetSEd 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 his/her life and helping to secure appropriate supports and resources in non-educational areas, as needed.

v. Non-linear

Our society often places expectations on students to complete their education in a sequential and linear way. Similarly, society tells many people with a history of mental health issues that once they “recover” they should feel better forever. The reality for most people, however, is that life in all of its manifestations is non-linear. According to SAMSHA, “recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learning from experience.” As a peer VetSEd provider you can promote the recovery 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 resource 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 passes. No matter the change in direction or set-back, as a peer VetSEd provider, you will be working with Veterans to help them recognize that positive change is possible.

vi. Strengths-based

Every returning Veteran who enters VetSEd has skills, abilities, talents, survival strategies and inherent worth. Taken together, these strengths represent an incredible resource for you and the Veteran as they pursue their educational goal. Focusing on the strengths and abilities of returning Veterans helps challenge internalized stigma and related self-doubts that returning Veterans may hold. You may find some returning Veterans having difficulty with identifying their strengths. Fortunately, there are many resources available to help Veterans identify their inherent abilities and sources of resilience (Armstrong, Best & Domenici, 2006).

vii. Peer Support

As a peer VetSEd provider, your lived experience as a Veteran in recovery who has or is pursuing education is an essential tool in your work with returning Veterans. By using your own story as a tool and by encouraging returning Veterans to connect with other returning 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.

viii. Respect

Respect comes with acceptance. For returning Veterans in recovery, 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, while working to minimize discrimination and other barriers they might face. When respect is maximized, returning Veterans are more fully participating across life areas.

ix. Responsibility

As a peer VetSEd provider, you will be promoting responsibility in returning Veterans. Every day, each returning 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 peer VetSEd provider, you can encourage Veterans to take responsibility by offering them choice, using motivational interviewing and using other engagement strategies discussed later in this section.

x. Hope

When returning 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 returning Veteran it can be inspired by peers, co-workers, family members, VetSEd providers and many others. As a peer VetSEd provider, you are an ambassador of hope for each returning 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

The Veteran you are meeting would like to return to school but he is discouraged and thinks he will not make it. With a partner, role-play a session in which you are discussing his/her goals. Take each of the ten principles of recovery outlined above. Take one- two 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 would like to go to school, but forget it, with all my problems I would never make it.

Peer VetSEd provider: Maybe you should forget about school, you have a long way to go before you are ready.

Hope inspiring interaction

Veteran: Yeah I would like to go to school, but forget it, with all my problems I would never make it:

Peer VetSEd 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 plot out when you would like to go to school and what the steps to take to get there are.

B. What I Bring as a Peer VetSEd Provider

The VetSEd approach is delivered by peer VetSEd providers. Peer VetSEd providers 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.

A peer VetSEd provider is anyone trained to use their lived experience to help others in their recovery.

Expectations of Peer VetSEd Providers

- 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, peer VetSEd providers 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 peer VetSEd providers 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 peer VetSEd provider who has “been there.”

As a peer VetSEd provider, 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.

i. Recovery and Educational Stories as a Tool to Facilitate Delivery of VetSEd

All peers engage in degrees of self-disclosure in their helping work. As a peer VetSEd provider, 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 peer VetSEd providers have with Veterans is largely based on the feeling of common experience. 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 peer VetSEd providers 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 of who your audience is and focus on sharing aspects of your recovery and/or educational story that will have the most impact on your audience members.
- Practice telling your stories so that you relate them well and are confident in what you have to 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 people.
- When you think it will be useful to a person or group, 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 his/her own recovery and educational process.
- When sharing your stories with 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. Do not 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 peer VetSEd provider or person in recovery. Spend up to 10-min 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 shared if you were speaking with a group of school administrators?

C. Counseling Skills for Peer VetSEd Providers

In this section we review some skills that are the foundation of any good counseling service such as VetSEd. Discussed below are active listening, motivational interviewing, problem solving.

i. Active Listening

Active listening lets the Veteran know that you are paying total attention to his/her 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 shows 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 shows that you understand what is being said and are encouraging more talk. 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 helps the speaker to clarify his/her communication so that s/he can get his/her meaning across. To practice reflective listening is to 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 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 going to school. 1 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 going to school. 1 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.

ii. Avoiding Communication “Roadblocks” with Veterans

You want to avoid using roadblocks when communicating with Veterans. Road blocking gets in the way of developing working relationship with Veterans pursuing educational goals. Below is a list of 11 roadblocks to avoid using when communicating with Veterans.

1. Criticism: “You’ll need to be on time for classes, you can’t be late like you are with me.”
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 going to 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.

iii. Increasing Motivation

The goal of this section is to provide an overview of motivational interviewing (MI) skills that might be helpful for peer VetSEd providers to use to engage and to assist Veterans with preparing for pursuing educational goals. Initially, we briefly define motivational methods and later we provide a discussion of how to apply these tools.

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 going to school and many costs. Typically, they believe there is no problem with not pursuing school and lack incentives to pursue educational goals.

Contemplation: Veterans perceive both benefits and costs to school and believe the costs outweigh the benefits. They notice a problem with being out of school; however they do not engage in behaviors to obtain education objectives.

Veterans in pre-contemplation and contemplation typically avoid active engagement with education services.

Determination: Veterans perceive benefits and costs and acknowledge that benefits outweigh the costs. They engage in behaviors to explore and develop education options. Many of the Veterans referred for VetSEd will be in this stage of change.

Action: Veterans continue to recognize more benefits than costs to going to school and actively pursue education goals.

Maintenance: Veterans actively seek or sustain education for six months or more.

Relapse: Behavior that may undermine efforts to obtain or retain education (such as putting off filling out an application with a specific due date or not completing a major assignment for a class).

Veterans at the pre-contemplation stage perceive no benefits to education. MI may help to move these Veterans to the contemplation stage. Veterans in contemplation, and possibly in relapse, are ambivalent about locating or maintaining education. Veterans in these stages who receive Motivational Interviewing may be able to move to the next stage. Veterans in determination, action, or maintenance stages are prepared to locate or continue education. Veterans in these stages receive supported education with a goal of obtaining or keeping education. For example, a Veteran in the action stage may report the acceptance of a school offer but require help identifying transportation. In this case, the Veteran and education providers collaboratively develop a support plan for going to and from the school.

Stages of Change Interview for Seeking 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 *Worksheet #18: Stages of Change Interview for Seeking Education* (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 go to 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. If there are school seeking activities for less than six months, then the action stage 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. For example, a provider initially assesses that a Veteran is in the action stage and Supported Education is provided. However, at a later time the Veteran has failed to carry out school seeking activities. The provider would take a step back and re-evaluate the Veteran's stage of change with *Worksheet #18: Stages of Change Interview for Seeking Education*. During re-assessment, the provider identifies the contemplation stage and engages with Motivational Interviewing rather than Supported Education.

Motivational Interviewing

Motivational Interviewing (MI) attempts to move Veterans from pre-contemplation/contemplation/relapse to determination/action/maintenance stages of change. It provides an engagement technique for behavioral changes by identifying and resolving ambivalence and discrepancies between verbal and behavioral actions (Miller & Rollnick, 2002). Additional worksheets are provided for conducting some MI techniques. They are briefly described below.

Worksheet # 9a/b: Ups and Downs for Going to School & for Going to School AND Working

Adapted from Miller and Rollnick (2002), this Worksheet assists providers in structuring a costs/benefits discussion with Veterans identified as pre-contemplating or contemplating education. Peer VetSEd providers ask what are the ups and downs to going to school, as well as what are the ups and downs of both going to school and working at the same time. Then, they list the actual responses in the proper column. If Veterans find it hard to identify items, then providers may frame the question in terms of daily, short-term, and long-term costs and benefits. After completing the tool, they ask Veterans to pick which side seems to have greater significance.

Worksheet # 19: Ready, Able, Willing, and Resource Ruler

Adapted from Miller and Rollnick (2002), this Worksheet allows providers to ask Veterans to pick a number between 1 and 10, with 1 being not prepared at all and 10 being extremely prepared. Providers complete four ruler ratings on Veterans' readiness (time), ability (skills), willingness (priority), and resources (supports) to go to school. For each area, providers ask the following questions and list responses. a) What are the reasons for picking this number? b) What can you do to move up to the next number? c) Why are you not one less than the number you picked? These questions help ready Veterans to make a change while supporting Veteran self-efficacy.

Worksheet #20: Education Questionnaire

This questionnaire provides an opportunity to explore perspectives on costs and benefits and values related to education. Providers initially ask the closed ended questions; in turn, they go back to the first question and ask the following question for each item. "Tell me about your response to question ____." This tool allows providers and Veterans to explore education issues and values that may not have been uncovered during previous costs/benefits and ruler discussions about education. To develop a plan for education behavior adjustment, providers may utilize *Worksheet #21: Education Change Plan* (Miller & Rollnick, 2002). With seven items, this intervention develops a plan to adjust behaviors needed to obtain education.

These worksheets provide guidance for education providers assisting Veterans pursuing educational goals. The following section describes a case example using the worksheets described above. This case example demonstrates a Veteran initially contemplating school and moving towards being in the action stage of going to school. We utilize the Veteran for the entire case study and for each session and we provide a Veteran

description, tools, current stage of change, type of intervention, and Veteran's new stage of change.

Motivational Interviewing Case Example

Session 1

Bill, a Veteran, was receiving cognitive behavior therapy for PTSD. Bill decided to talk with John, a peer VetSEd provider, about education after his family urged him to use his GI Bill benefits so that he can get a better job. Bill decided to meet with John. After a few minutes of small talk, Bill gave John permission to conduct *Worksheet #18: Stages of Change Interview for Seeking Education* to identify Bill's stage of change. Based on completing the tool, Bill appeared to be in the stage of contemplation about education. During this intervention, John utilized attending, following, and reflecting skills and summarized the conversation with, "From what I've gathered, it seems you are contemplating school. You see some ups and some downs to school. Right now the downs weigh more than the ups. You are not quite sure about pursuing a school because of the downs you experience."

Session 2

In their second meeting Bill continued to contemplate school so John used *Worksheet #9a: Ups and Downs of Going to School*, a component of MI. This identified Bill's incentives and barriers to school. John then utilized *Worksheet #19: Ready, Able, Willing, and Resource Ruler* to encourage thinking about school. John finished this meeting with *Worksheet #20 Education Questionnaire* to explore Bill's values and incentives related to education. During this interaction, MI was utilized and Bill moved from contemplation to determination.

Session 3

John again utilized *Worksheet #18: Stages of Change Interview for Seeking Education* and found that Bill was still in determination. He then completed *Worksheet #21: Education Change* to set up a plan if Bill moves back to contemplation.

Session 4

In this session, *Worksheet #18: Stages of Change Interview for Seeking Education* indicated that Bill moved from determination to action. They completed *Worksheet #2: Educational Road Map* (see sample plan in Appendix A) to set up specific steps in

locating and maintaining an education goal. Since Bill moved from determination to action, John utilized the Supported Education intervention rather than MI.

Summary

This case provided an example of matching either MI or Supported Education with the stage of change. When Bill was in contemplation and just moving into determination, John utilized MI tools: *Worksheet #18: Stages of Change Interview for Seeking Education*; *Worksheet #9a: Ups and Downs of Going a School*; *Worksheet #19: Ready, Able, Willing, and Resource Ruler*; *Worksheet #20: Education Questionnaire*; *Worksheet #21: Education Change*. Once Bill was in the action stage, Sue utilized *Worksheet #2: Education Road Map* and components of Supported Education to help Bill find and stay in school.

iv. 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 (*Worksheet #22: Solving Interpersonal Problems: Problems with Others*)

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 e-mail Dr. Pearl again. After gentle nudges from his peer VetSEd Provider, Frank listed several more.

- Contact the department chair about his dissatisfaction.
- Ask Sam 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	
<u>Meet Dr. Pearl at the Classroom door.</u>	
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 appt for next day
Dr. Pearl too busy after class	May be able to follow him to office then
Will miss lunch with Freddy	Could enlist his classmate in stopping Dr. Pearl as he left
Have to rush around school	

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

Evaluate Solution #2	
<u>Have Sam contact Dr. Pearl</u>	
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

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 he or she might develop into an actual solution. Frank decided attempting to catch Dr. Pearl after his psychology class was best.

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 of 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 *Worksheet #22: Solving Interpersonal Problems: Problems with Others* 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 e-mail 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 peer VetSEd 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 peer VetSEd provider might help the Veteran by having him/her review other times when s/he has successfully addressed a problem.

D. Knowing Your Population: Serving Returning Veterans with Trauma and Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Co-occurring Mental Illness and Substance Use

Veterans, especially those Veterans returning from the recent OIF/OEF/OND conflicts, have a great deal of interest in pursuing their educational goals. However, among the influx of returning Veterans, several barriers stand in the way of these Veterans achieving their educational goals. For example, Veterans, especially those with mental health conditions such as depression, anxiety, PTSD, and/or traumatic brain injury who also have a co-occurring substance abuse problem, face great challenges in achieving their educational goals compared to Veterans without such diagnoses. When you are working with a Veteran, it is valuable to understand the type of mental health condition s/he has. 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 experienced by returning Veterans, how these conditions may affect their pursuit of educational goals, as well as, potential resources you can consider to assist Veterans in overcoming barriers posed by these conditions.

i. Knowing your Population: Understanding and Serving Veterans with Trauma and PTSD

Many of the Veterans you work with in VetSEd will have lived experience with trauma. “Trauma” broadly refers to the experience, threat, or witnessing of physical harm (American Psychiatric Association, 1994). Veterans enrolled in VetSEd may have experienced trauma in military combat, terrorist or IED attacks, serious car accidents, natural disasters, major medical illnesses and injuries, and/or military and/or childhood physical or sexual abuse, assault, and violence. The reality is that the most Americans (about 61% of males and 51% of females) experience one or more traumas during their lifetime (Kessler et al., 1995). Various stressors related to military service in particular may cause trauma (Seal et al., 2007).

Trauma is an important treatment consideration for peer VetSEd 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 (Najavits et al., 1997; Ballenger et al., 2000; Felitti et al., 1998). 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, 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 and social issues, including depression, hopelessness, suicidality, substance abuse and homelessness.

Though peer VetSEd 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 can affect returning Veterans. 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 feel anxious and on edge. 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 Posttraumatic Stress Disorder (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 “triggering” 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. For example, some Veterans use alcohol or other illicit substances to cope with PTSD symptoms.

Accordingly, if you are working with a Veteran who is experiencing trauma-related symptoms, it is worthwhile to ask the Veteran how s/he is coping with his/her 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 are not 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.

When to Refer a Veteran for Trauma-Related Treatment

Peer VetSEd 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 follows.

- The Veteran has emotional or behavioral problems that are consistent with PTSD (e.g., intense anger, hyper vigilance, nightmares).
- You suspect PTSD and has been no formal diagnostic assessment.
- The Veteran requests additional PTSD treatment.
- The Veteran struggles with alcohol or substance misuse and has a major 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.

ii. Knowing your Population: 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 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.

When this traumatic force occurs, the Veteran has likely experienced traumatic brain injury if s/he has (U.S. Department of Veterans Affairs, 2010):

- 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, etc.) that may or may not subside

- a brain lesion

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. The following is a list of possible functional limitations.

Functional Impairments Caused by TBI

- Cognitive problems such as judgment, attention, concentration, processing new information, distraction, language abilities, sequencing, short-term memory, slower thinking
- Perceptual problems such as hearing, vision, orientation to space and time, touch, balance and pain sensitivity
- Physical problems, which include; motor skills, endurance, fatigue, speech, headaches and seizures
- Behavioral and emotional problems such as irritability, impatience, problems with impulse control, stress, self awareness, mood swings, personality changes, reading social cues and dependence/independence
- Psychiatric problems that may include depression, hallucinations, paranoia and suicidal thoughts
- Symptoms may increase during times of fatigue and stimulus overload
- Decreased ability to self monitor and establish an appropriate pace of learning or working activity
- Persons with mild TBI may have behavior that mimic PTSD and other mental health symptoms, which can contribute to problems in obtaining appropriate

As a peer VetSEd provider, you are likely to work with some Veterans with TBI. Some of these Veterans will know they have TBI, as TBI is a historical diagnosis. Others might not know they have TBI, but may be experiencing some symptoms that are signs of 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, paying attention, remembering new material and speaking up in class. As a peer VetSEd provider you can assist the Veteran by:

- Asking the Veteran if s/he has 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, peer VetSEd 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 supervisor to determine possible clinical referrals as you work with Veterans who may be experiencing signs or symptoms of TBI.

iii. Knowing your Population: Understanding and Serving Veterans with Co-Occurring Mental Illness and Substance Abuse

The goal of this section is to make you more familiar with the problems of and behavioral treatment approaches for co-occurring disorders of mental illness and substance abuse (COD). In this section, you will be presented with an overview of some of the most commonly used practices that have been shown to be effective for treating mental illness, substance abuse and COD. These techniques are also useful in helping clients accomplish other goals (i.e., educational goals, employment goals). After reading this section, you will have a basic understanding of some of the most useful evidence-based approaches available to treat Veterans with COD including:

- Motivational Enhancement Therapy
- Relapse Prevention
- Twelve-Step Facilitation
- Cognitive-Behavioral Therapy
- Social Skills Training

Background

Mental illness and substance abuse are commonly observed among some Veteran populations, especially homeless Veterans and disabled Veterans. The most common mental health problems observed include mood disorders, PTSD, and schizophrenia, while the most common substances of abuse include nicotine, alcohol, marijuana, cocaine, and heroin (Mares & Rosenheck, 2007).

As you are likely to have Veterans on your VetSEd caseloads who are also receiving VA Substance Abuse and Mental Health Treatment Services, you should be aware of the philosophies and approaches used to treat co-occurring disorders. This is particularly important when working with Veterans who have serious mental illnesses (SMI), as substance abuse is the most common co-occurring disorder among individuals with SMI (Brunette, Mueser & Drake, 2004; Adams et al, 2007).

Treatment Philosophy and Approaches

For the past 30 years, addictions researchers and mental health treatment providers have been developing and testing various therapeutic approaches and clinical interventions to better assist individuals with mental illness, substance abuse, and COD (Smelson et al., 2011). As a peer VetSEd provider, it is very likely that you will interact with Veterans who have a mental illness, struggle with substance abuse, or both. Therefore, in the remainder of this section, we will place a great deal of focus on addressing COD among Veterans participating in SEd programs. Moreover, you may find some of the motivational approaches included here to be useful in your work linking Veterans to educational programs.

When working with Veterans with a substance abuse history or current problem, you are strongly encouraged to embrace a harm reduction approach in addressing substance abuse. A harm reduction approach is one that is based on the recovery principles, most notably the principles of self-direction and individualized care. While it may be tempting as a peer VetSEd provider to tell Veterans who are engaging in illicit substance use that they simply need to quit or get help if they want to do well in school, such a statement from you would likely be perceived as judgmental by the Veteran. However, using a harm reduction philosophy, you might use Motivational Interviewing (MI) strategies to engage Veterans in conversations about ways they might be able to reduce the impact of their substance use on their educational goals. The strategies listed below can help you minimize judgment and maximize the Veteran's engagement with VetSEd:

- Try to understand where the Veteran is coming from and their own experience of substance use. You can do this by asking open-ended questions and asking the Veteran if they believe their substance use is affecting any important areas of their lives.
- Use Motivational Interviewing techniques to determine how important it is for a Veteran to decrease or get a better handle on their substance use. If a Veteran states mid- to-high importance, it is good to follow-up with a question about their confidence with meeting their short-term substance use reduction goal.

- Maintain close contact with your clinical supervisor to determine possible clinical referrals as you work with Veterans in the VetSEd program who may have COD.

Example: Harm Reduction Conversation

VetSEd provider: So Steven, you said you missed your morning classes a few times in the past few weeks. Do you have any sense as to what got in the way?

Steven: Well, I had a hard time getting out of bed and slept through my alarm, even though I set two of them!

VetSEd provider : Sounds like you were tired. Were you able to fall asleep when you wanted to the night before?

Steven: Not exactly. I tried to go to sleep at 10pm, but I kept thinking about some pretty rough things that happened to me on my last tour of duty, so I went out with my buddies to the Tavern instead and we had a few drinks. I didn't get home until 3am.

VetSEd provider: So you stayed out later than you expected. You mentioned having a few drinks. For you, how many are a few?

Steven: I only had 5 beers and 2 shots. I think I would have gotten up if it weren't for that last shot.

VetSEd provider: It seems like that last drink put you over the edge. I'm wondering, if you could do it all over again what might you have done differently?

Steven: I would have left an hour earlier and not taken that last shot for sure!

VetSEd : Ok, so leaving earlier and not taking the last shot would be important for you. Do you have any ideas about how you could make that happen the next time around? Can you tell me a bit more about some of the things you were thinking about that prevented you from falling asleep?

Evidence-Based Practices for Treating Mental Illness, Substance Abuse and Co-Occurring Disorders

As you work with Veterans enrolled in a SEd program who have mental illness, substance abuse, or COD, it will be helpful for you to have a general understanding of some of the evidence-based practices used to treat substance abuse and mental illness. In this section, we will briefly discuss some these approaches. Because an exhaustive description of all evidence-based practices used to treat mental illness and substance abuse is beyond the intent of this section, we strongly encourage you to visit the Substance Abuse and Mental Health Services Administration (SAMHSA) Web site www.samhsa.gov for further information.

iv. Approaches to Mentoring Veterans with Co-Occurring Disorders

Current approaches to treating Veterans with co-occurring disorders are described below.

Motivational Enhancement

Motivational Enhancement is designed to enhance motivation by helping Veterans resolve ambivalence about addressing and ultimately changing their problem behaviors (e.g. 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 Veterans and helpers, such as VetSEd providers, and are particularly useful during initial sessions. 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 Veterans to elaborate about their thoughts and feelings and provide details about their situations. In other words, open-ended questions stand in opposition to questions that ask for a simple "yes" or "no" response from the client. Additionally, open-ended questions should not sound judgmental. For example, unless the Veteran has expressed concern about his/her drinking, the question “What do you intend to do about your use of alcohol?” will only elicit client resistance. Open-ended questions are designed to help create internal motivation for change. Questions that sound judgmental will only cause clients to resist their treatment provider’s influence. More is said about how to deal with such resistance below.

Affirming

Affirmations are a way of validating a Veteran’s experiences and/or feelings, and to also indicate that you are present and focused. However, it is important to note that this does

not simply mean agreeing with everything the Veteran says. Thus, to be effective, affirmations need to be genuine. Examples of affirmative responses include, “*That must have been very hard for you*” or “*I really respect how hard you are struggling to overcome your drug problem.*” The inclusion of affirmations into your mentoring style is an essential element of peer support and may also be particularly helpful when working with Veterans in the VetSEd program who may experience barriers to recovery due to their mental illness, substance abuse or COD. In particular, affirmations are useful for the following:

- Reducing Veteran hopelessness and discouragement
- Reducing peer VetSEd provider hopelessness and discouragement
- Building rapport
- Reinforcing progress

Reflective Listening

Reflective listening is considered to be one of the cornerstones of Motivational Enhancement. Additionally, using reflective listening during sessions with your VetSEd Veterans is another way for you to show that you are carefully listening. Reflective statements may be followed by the question, “*Am I understanding correctly? Is there anything I’m not getting?*” to demonstrate the importance you place on accurately understanding what the Veteran you are working with is saying (i.e., his/her perspective) and to model an openness to the relationship. Reflective listening statements also tend to spontaneously elicit elaborations from the client without the need to directly ask a question. It is certainly appropriate to ask questions; however, those providers who successfully mix questions with reflective statements will be more likely to create a better conversational flow, whereas those who only ask questions to advance a discussion may unwittingly create a passive Veteran (i.e., one who simply answers one question and then waits for the next). There are several different types of simple reflections:

- Simple reflections, which accurately mirror a Veteran’s thoughts or feelings, and are further subdivided into four types:
 1. *Repetition*: This is a literal repetition of a Veteran’s statement.
 2. *Rephrasing*: Restating the Veteran’s statement in new words.
 3. *Paraphrasing*: More complex form of rephrasing that captures more than one thought or feeling.
 4. *Continuing the paragraph*: Inferring about an underlying thought, feeling or event.

Summarizing

The purpose of a summary is for you to reflect your understanding of a general topic of discussion. Essentially, this is reflecting on a larger scale. For example, after 10 minutes of discussion about a variety of interconnected topics (e.g., struggling in school, heavy alcohol use, PTSD symptoms), you may want to consider summarizing the discussion in order to help the Veteran make connections between them. Thus, you might say, *“We’ve talked about a few things in the past 10 minutes or so and what I’m hearing is that you have concerns about your relationships with some people at school and also with your professor. And that makes sense to me. These are important people in your life even if you might wish they weren’t at this point. You also told me about your flashbacks in the past week and how upset they’ve been making you. I also know from what you just told me that you’re feeling more like starting to drink again. If you did go back to drinking, how do you think it would affect these other problems?”*

Connecting Veterans to Mental Health Providers

VetSEd services are best provided in the context of wraparound case management supports. Wraparound case management provides VetSEd providers and the Veterans with whom they work ready access to multidisciplinary providers who can render evidence-based treatments for COD. VetSEd providers are encouraged to talk with the multidisciplinary providers with whom they work to determine what evidence-based treatments are available at their site. In addition, VetSEd providers are encouraged to reflect on what treatment approaches they have utilized in their own recovery journey, as sharing small snippets of one’s recovery story as related to treatment experiences can build Veteran motivation to access clinical services.

Relapse Prevention

The ultimate goal of Relapse Prevention (RP) is to teach the Veteran how to anticipate and cope with “triggers” (i.e., moods, thoughts or situations that increase the risk of using) (Marlatt & Donovan, 2005). RP combines behavioral skills training with cognitive interventions designed to prevent or limit the occurrence of relapse. Additionally, psychoeducation is an important component of RP, as both the provider and the client must identify expectations.

Cognitive Behavioral Therapy (CBT)

CBT is based on the assumption that negative feelings result from dysfunctional thoughts, beliefs, and assumptions about the self, the future, and the world. At times, Veterans you are working with may exhibit such negative feelings in the form of explicit, verbal self-statements, otherwise known as negative self-talk.

CBT interventions are designed to help Veterans identify and alter negative self-talk and related assumptions when they arise, as well as guide an examination of underlying “cognitive schemas”.

Social Skills Training (SST)

SST was initially developed in the 1970's for individuals who needed help with community integration, relationship development, and comfort in social situations. (Bellack, 2004; Mueser & Bellack, 2007). Based on social learning principles, SST is not discussion-based—rather, it focuses on practicing behavior. SST involves teaching clients essential interpersonal skills by breaking complex behaviors down into simpler, easier to understand components (Bellack, 2004; Mueser & Bellack, 2007). As a VetSEd provider, work with your Veterans and teach them how to perform these simpler steps through role-plays and, once the Veteran has mastered these simpler tasks, combine them so that the Veteran can perform the desired, more complex behavior. SST can play an important role in the day-to-day functioning of Veterans in recovery from mental illness, substance abuse, and COD, especially as they engage in new experiences such as school.

Mutual Support 12-Step Groups

As you work with Veterans in VetSEd who are diagnosed with mental illness, substance abuse, or COD, you might want to become acquainted with the philosophy and practice of mutual support 12-step groups, if you are not already. Twelve-step groups are fellowships of men and women who share perspectives on the negative consequences of addictions. Twelve-step groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and other Twelve-Step recovery programs (Gamblers Anonymous and Nicotine Anonymous), constitute an evidence-based practice that has been an essential component in recovery from substance use and other addictions for over fifty years. Participants in the program help one another navigate the recovery process by providing both a trusted roadmap and a companion—a sponsor. Participation is free of charge, and the only criterion for membership is a commitment to stop a specific addictive behavior. Different types of twelve-step groups (e.g., open meetings, step meetings, women-only meetings) are held in cities and towns across the United States.

For more information about NA/AA and other 12-step groups please visit: Alcoholics Anonymous <http://www.aa.org/> and Narcotics Anonymous <http://www.na.org/>.

VII. WORKSHEETS FOR THE PEER VetSEd PROVIDER

The following worksheets are written for the Veteran to fill out from their perspective. The peer VetSEd provider should use the worksheets with the Veteran during their sessions. Feel free to make copies of the worksheets and leave for the Veterans to fill out.

Worksheets are helpful for several reasons. First they give you as the VetSEd 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 make the veteran with 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 him/herself, or the Veteran can decide to work on the worksheet with the VetSEd 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 VetSEd provider may not be immediately available. This then furthers the progress that can be accomplished with the VetSEd provider to maximize the time together.

Worksheet #1a: Intake: Academic History

What was your high school experience like?

What were your grades like?

How long ago were you in high school?

How did you spend your time outside of class?

working

art/music

homework, studying

volunteering/community service

athletics/sports/fitness

school organizations/leadership

time with friends

JROTC/military prep

other hobbies (fishing, cars, etc.):

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 experiences in high school, what would you say are your strengths in pursuing your education goals?

Based on your experiences in high school, what concerns do you have about pursuing your education goals?

Have you taken any classes (college classes or other training courses) since high school?

Are you currently enrolled in any?

Did you concentrate any of these classes in a certain area?

What was your experience like with the classes you took?

What were the toughest/easiest things about classes?

If you took college classes or had any other type of training...

What was your experience like in general?

What were the best and worst parts about them in general?

How did you do in the classes or training?

Were you able to complete them?

What were your grades or final results?

What was your experience with the college or training environment?

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

When did you last attend college or have training?

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

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?

Worksheet #1c: Intake: Spare Time

What do you do in your spare time?	
What would you <i>like</i> 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?	
What are you interested in?	

Worksheet #1d: Intake: Support Network

	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 VetSEd provider and the ways I can help?		
Do your friends and family know how to contact you if necessary?		

Worksheet #1e: Intake: Background Relevant to Education

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:

Worksheet #1f: Intake: Other Goals

Goal Priority Inventory

On a scale of 1-10, where 1 is NOT AT ALL a priority and 10 is DEFINITELY a priority, how focused are you on the following aspects of your life 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
Social Life	1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Other: _____	1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Worksheet #2: Educational Road Map

My current educational goal:

Why is that goal important to me?

When do I want to achieve this goal?

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

What steps need 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:

Target date for Overall Goal:

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

For each step:

What will I do to achieve this goal?

What will my VetSEd Provider do to achieve this goal?

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

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

6 month Educational Plan

Overall Educational Goal:

Target date for Overall Goal:

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

For each step:

What will I do to achieve this goal?

What will my VetSEd Provider do to achieve this goal?

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

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

Worksheet #3: Questions to Help Determine an Occupational Goal

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?

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, e.g., complete GED, college, vocational training, advanced degree?

Worksheet #4: 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 VetSEd 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 (e.g., 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 (e.g., career counseling, personal advising/consulting, job placement, tutoring, etc)
_____	<input type="checkbox"/>	Affordable tuition and fees
_____	<input type="checkbox"/>	Class size (student-to-faculty ratio)
_____	<input type="checkbox"/>	% 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

Worksheet #5: 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 VetSEd 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?

Worksheet #6: School Choice Checklist: Possible Questions for Campus Visit

College/University	Affordable tuition and fees	Location/Geography	Veteran-specific services	On-campus Housing	Athletic Offerings	Support Services	Affordable tuition and fees	Class size	% of students employed within 1 year of graduation	Online/distance learning classes	% of students who return following year	Available programs/degrees	School/program reputation	Family-friendly school	Diversity of students and faculty	Expertise of faculty/instructors	Financial aid availability and deadlines	Other: _____	Rank

Worksheet #7: School Schedule

Fall Schedule for _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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							

Worksheet #8: Educational Expenses

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	

Worksheet #9a: Ups and Downs for Going to School
(Not Working)

	UPS	DOWNS
Going to school		
Daily		
Short-term		
Long term		

**Worksheet #9b: Ups and Downs for Going to School
AND Working**

	UPS	DOWNS
Going to school and working		
Daily		
Short-term		
Long term		

Worksheet #10: Current Resources/Expenses/Debts

Current Resources	Per Month	Per Semester (4 months)
Income from Work		
Income from Other Sources		
Checking Account		
Savings Account		
Other (list):		
Other (list):		
Other (list):		
TOTAL		

Current Expenses	Per Month	Per Semester (4 months)
Housing		
Utilities		
Food –Basic (groceries)		
Toiletries (toothpaste, shaving items, etc.)		
Clothes (including doing laundry or dry cleaning)		
Transportation (car payments, insurance, gas, bus/train fare, etc.)		
Health care (co-pays, medicines, gym membership)		
Entertainment (tickets, DVDs, games, gambling, etc.)		
Food - Extra (restaurants, take out, coffee)		
Cigarettes		
Savings		
Child care		
Other (list):		
Other (list):		
Other (list):		
TOTAL		

Current Debt	Total Owed	Interest Rate	Monthly Payments	Payments per Semester (4 months)
Credit card debt				
Car Loan				
House Loan				
Personal Bank Loan				
Loan from Family/Friends				
Legal debt				
Utility debt				
Student loan				
Other (list):				
Other (list):				
Other (list):				
TOTAL				

Worksheet #11: Veteran's Current Financial Situation

Compare the totals for Current Resources and Current Expenses.

Is the Veteran able to afford basic expenses (housing, food, clothing, health care, etc.)?

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

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?

Worksheet #12: Education Assistance

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 (e.g. December 15th), your housing allowance is paid for the first 15 days of December only and begins again when your next semester begins (e.g. January 10th) and is paid for the remaining days of January.

**Worksheet #13: Task List for Applying to
School/Training Program**

Requirement	Tasks	Subtasks	Date required	Monitoring

Worksheet #14: Campus Resources Assessment

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

Student Name: _____

Date: _____

Campus Resource/Service	Assistance Needed?		Notes and Preferences
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	

Worksheet #15: Stopping Self-Stigma

Complete All Five Steps:

<p>1. State the Hurtful Belief (I must be “_____” because:_____)</p>	
<p>2. Define the True-False Assumptions</p>	
<p>3. Challenge the Assumptions by Checking Them Out</p>	
<p>4. Collect Evidence that Challenges the Assumptions</p>	
<p>5. Restate the Attitude so it Does Not Injure Me (This is a COUNTER)</p>	

Worksheet #16: People in My Life

Goal: Identify people in your life who can 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).

Family Members

1. _____
2. _____
3. _____

Co-Workers (Present or Past)

1. _____
2. _____
3. _____

Friends

1. _____
2. _____
3. _____

Neighbors

1. _____
2. _____
3. _____

Fellow Service Members

1. _____
2. _____
3. _____

People from Teams/Organizations I belong to (baseball teams, video game partners, AA, etc.)

1. _____
2. _____
3. _____

Instructions, continued: Circle the people you think will be supportive of your educational goal. Then use the next worksheet: *People I want involved in my education goal.*

Worksheet #17: People I want involved in my educational goal

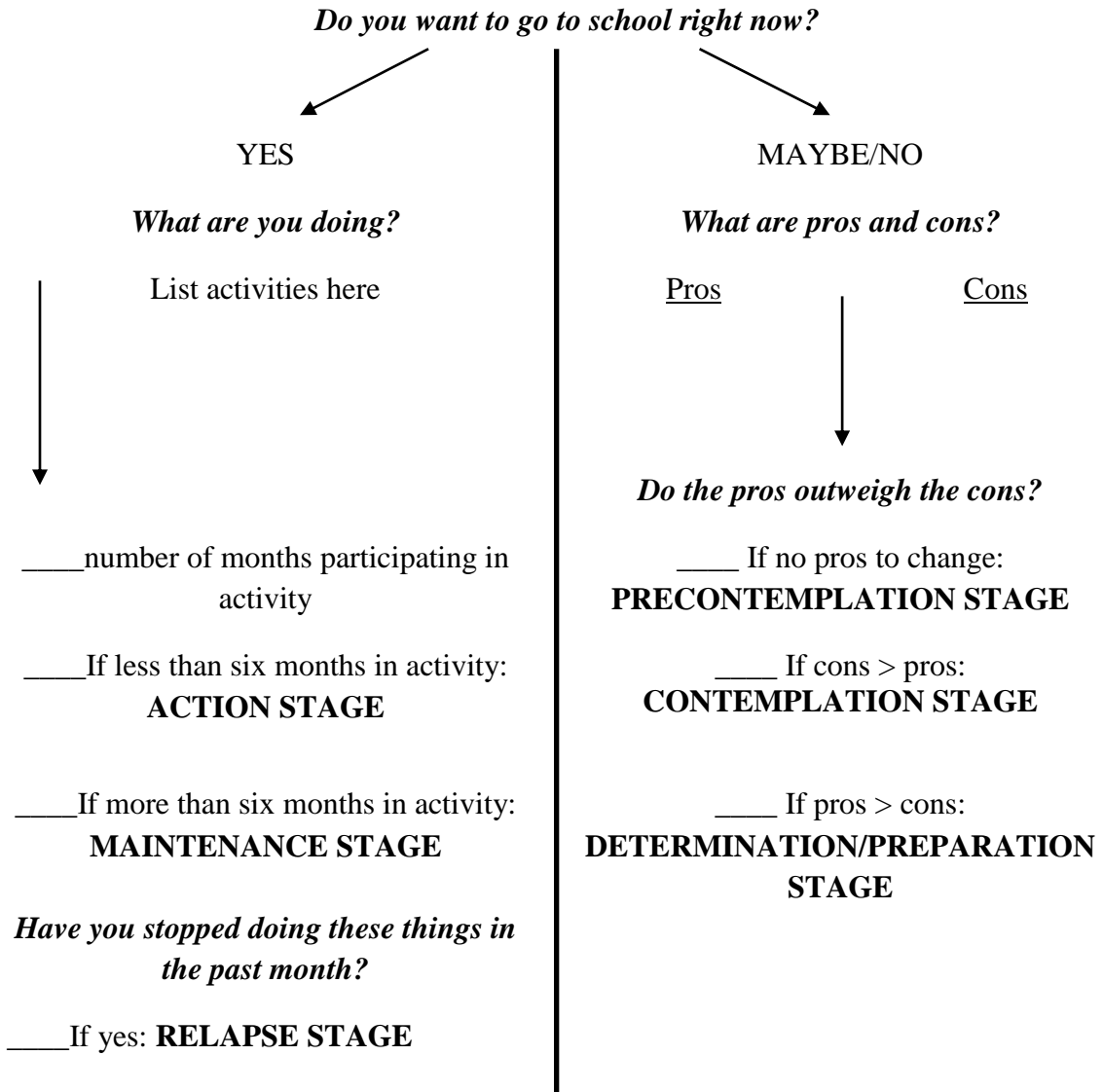
Names	Person aware of my education goal?	How supportive are they from 1 (not at all) to 10 (extremely)?	How could this person help me?	Had a conversation about their importance to my goal?	Include individual with discussions with VetSEd Provider? If so, which ones?	Sign a Release of Information for this person to talk to my peer VetSEd provider? Why or why not? If yes, for what purpose?

Worksheet #18: Stages of Change Interview for Seeking Education

Name _____
Date _____

Interviewer _____

I'd like to talk to you about work and ask you some questions. We will talk about things you may be doing to go to school. We will also talk about things that are going in the way of going to school.



Worksheet #19: Ready, Able, Willing, and Resource

Ruler

Ready (Time)

1 2 3 4 5 6 7 8 9 10

Able (Skills)

1 2 3 4 5 6 7 8 9 10

Willing (Priority)

1 2 3 4 5 6 7 8 9 10

Resources

1 2 3 4 5 6 7 8 9 10

Worksheet #20: Education Questionnaire

I am going to ask you some questions about your viewpoints on education. For each question, I would like you to answer with either a Yes or No and I will circle your answer. Once we are done with this questionnaire, we will talk about your responses.

Going to school/training program will...

make you a more responsible person?.....YES NO

increase your health insurance benefits?.....YES NO

reduce your stress?.....YES NO

reduce time thinking about mental health problems?.....YES NO

limit future school/training opportunities?.....YES NO

keep you busy with a school/training schedule?.....YES NO

Going to school/training program will...

improve your self-esteem?.....YES NO

increase your income?.....YES NO

cause you to tell the school about your criminal history?.....YES NO

increase your sense of pride?.....YES NO

cause you to lose your government benefits?.....YES NO

reduce your anxiety?.....YES NO

Going to school/training program will...

cause you to tell the school/training about your PTSD? YES NO

increase your problem solving skills?.....YES NO

show people that you can handle school stress?.....YES NO

cause you to deal with discrimination?.....YES NO

improve your memory?.....YES NO

Going to school/training program will...

cause you to get tested for illegal drugs?.....YES NO

help you become a part of society?.....YES NO

increase your stress?.....YES NO

give you opportunities to help people?.....YES NO

increase your anxiety?.....YES NO

Going to school/training program will...

increase your school/training skills?.....YES NO

improve your housing situation?.....YES NO

cause you to lose free time?.....YES NO

help you remember your medication schedule?.....YES NO

decrease negative thoughts about yourself?.....YES NO

Going to school/training program will...

cause you to tell students about your mental illness?.....YES NO

help you learn how to interact with people?.....YES NO

reduce your depression?.....YES NO

help you develop meaningful relationships?.....YES NO

cause you to tell about your physical illnesses?.....YES NO

Worksheet #21: Education Change

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:

Worksheet #22: Solving Interpersonal Problems

What is the problem?

- Who
- What
- When
- Where

Brainstorm Solutions.

-
-
-
-
-

Evaluate a Solution _____

COSTS

BENEFITS

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? _____

Yes or no? 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.

Pick another Solution _____ and Generate New Plan

- Who
- What
- When
- Where

RE-EVALUATE PLAN

PART THREE: IMPLEMENTATION TOOLKIT FOR VETSED

I. INTRODUCTION TO PART THREE

The following section describes practices for implementing this VetSEd program including the organizational home in the VHA, 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. 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 comorbidities 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 Disorders and/or related psychiatric disabilities. These disabling conditions can challenge Veterans in successfully using the GI Bill and completing post-secondary education or training (California Traumatic Brain Injury Board Final Report; 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 Veteran student graduation rates as low as 3% (Alabama Veterans Initiative, 2010). 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, which includes student Veterans 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 et al. 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 (Kotler 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). 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 (p. 36) to attend college". Greenburg (2007) 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. Similarly, 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 OIF/OEF/OND 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 rising 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 new initiatives Veterans Benefits Administration also are 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 not systematically available or authorized in the health care/rehabilitation system of VA. Recent research (Miller, 2011) has identified *essential* practices for working with student Veterans with disabilities and student Veterans *without* disabilities (see Appendix I). 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 VetSEd and are described in the next section.

C. Civilian Models of Supported Education

Supported education (SEd) is a well-studied approach for non-Veteran populations with serious mental illness who face challenges due to their disability in achieving educational goals. It has been defined as supports “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). Supported education, like the similarly named interventions of supported employment and supported housing, is couched in the framework of psychiatric rehabilitation. This approach considers individuals with disabling mental health conditions as being able to achieve satisfying and valued social roles when given a combination of skills and supports. SEd facilitates educational goals by providing assistance that enables a person with a disability to successfully attend scholastic settings.

The goals of supported education as noted by Collins, Bybee, & Mowbray (1998) include:

1. successful acquisition of an education goal (e.g., training certificate or degree)
2. improving educational competencies related to education settings (literacy, study skills, time management)
3. support to navigate the educational environment (e.g., applications, financial assistance)
4. improving attitude and motivation

Many studies have provided evidence for supported education practice (Cook & Solomon, 1993; Hoffman & Mastrianni, 1993; Mowbray Collins, et al., 2005; Unger, 1993; Weiner, 1998; Unger, Pardee, & Shafer, 2000). For example, in one randomized study of 397 supported education participants, researchers found significant positive effects for participation in college or vocational services, with 35% of those with high participation rates in the intervention enrolled in college or vocational services, compared

to 23% of those with no participation (Collins, Bybee, & Mowbray, 1998). Supported education may also lead to improved employment outcomes down the road. In prior research among non-Veterans with these disabilities, education is one the most consistent predictors of later employment achievements (Ellison et al., 2008; Tsang et al., 2000; Burke-Miller et al., 2006; Cook et al., 2005; Rogers et al., 2006). It is our contention achievement of educational goals, via supported education, will lead to increased income, higher socio-economic and occupational status, and career stimulation.

Three types of SEd have been described (Carlson, Eichler, Huff, & Rapp, 2003; Mowbray, Collins et al., 2005; Mowbray, Moxley, & Brown, 1993). 1) In self-contained classrooms students with psychiatric disabilities participate in a structured curriculum devised solely for them that addresses career goals and basic academic skills. This approach is typically time limited and leads to participation in more integrated courses in the college curriculum. 2) On-site support refers to support provided to help the person enroll in and complete courses. The source of support is from the in-house campus disabilities services office that offers help to people across disabilities in the pursuit of educational goals. 3) In Mobile support models, interpersonal support is provided by rehabilitation providers who are independent of and work across educational settings. This typically means that “mobile” support is provided in a variety of community locations, as needed. VetSEd is modeled after the mobile support type of SEd.

III. TARGET POPULATION FOR THE VetSEd APPROACH

We have deliberately decided to develop a manual to assist Veterans with general mental health, substance abuse and trauma related issues as opposed to focusing on a particular diagnostic group. This decision was based on the fact that OIF/OEF/OND Veterans often do not fit into a particular diagnostic category and given that we wanted the approach to be useful for a broad audience. Furthermore, VetSEd is meant to be a support service that fits into a recovery framework as opposed to a transitional clinical intervention that might require participants to be in a particular diagnostic group. We include in eligibility criteria the presence of impairments that lead to functional limitations; i.e., difficulties in obtaining and sustaining education. There are many Veterans who may have a mental health diagnosis, but who are able to successfully navigate school without the fairly intensive support provided by VetSEd, and so they are not included in the service. Thus, the target population includes the following:

VetSEd Eligibility Criteria

- Veterans who are eligible for VHA benefits including Post 9/11 GI Bill benefits
- Veterans with a mental health diagnosis (including depression, anxiety, bipolar disorder), co-occurring substance use disorder (alcohol/drug abuse or dependences), and/or trauma history (Post Traumatic Stress Disorder)
- Veterans with a functional impairment resulting from a mental health condition that impairs the ability to succeed in the school setting (e.g., difficulties in concentration, memory, decision making, controlling impulses, or staying on task)
- Veterans who have a goal to return to school

VetSEd is not designed to assist Veterans with active psychosis or those Veterans who require hospitalization for acute symptoms or detoxification. We have narrowed our scope to Post 9/11 Veterans at this time given the influx of returning Veterans from the OIF/OEF/OND conflicts. Implementing VetSEd initially among this population will allow us to identify additional areas of programmatic concern, modify the approach and pilot test among Veterans from other service eras who also have educational goals in addition to the presence of mental illness/functional limitation.

IV. A VETERAN'S HEALTH ADMINISTRATION SERVICE

While education supports can be provided by colleges and by the community, we believe that VetSEd is optimally located in one of the clinical services of the Veterans Health Administration. Specifically, this population needs support services that are directly integrated with a clinical mental health team. This is best met by the Veterans Health Administration. Also, the VHA has experience with supported employment, the “sister” service of supported education.

Although we choose to place VetSEd within the VHA broadly, there can be overlap with the mission of other VHA and VBA services and initiatives and so the consideration for a “home” for VetSEd is complex. Refer to Appendix J for a discussion of the options for the location of VetSEd.

V. **BUILDING A SUPPORTED EDUCATION REFERRAL POOL FOR VetSEd**

Unlike supported employment, the eligibility criteria above do not specify that referrals to the VetSEd program come solely from VA Medical Centers. Hence, strategies for outreach and for building a referral pool are indicated. One of these will be sharing information about supported education to develop a large base of referral sources. Developing relationships with other Veteran programs and school services will increase sources of referrals. Referrals can be sought through case management and treatment team meetings, 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.

Establishing connections within the Veteran system that maintain a consistent flow of referrals for your education program is crucial for ongoing success. Educational providers need to inform clinical treatment team members about the program and then communicate the steps to enroll in the program. Communicating the minimal eligibility criteria to referral sources is also an initial step. 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.

Strategies for Increasing Supported Education Referrals into VetSEd

(adapted from Becker & Drake, 2003)

- Inform key stakeholders about the opportunities and enlist their support in the referral process
- Talk to Veterans and groups
- Talk to Veterans who may be interested in work
- Speak at local community meetings
- Speak at local Veteran organizations to educate Veterans about work and VetSEd
- Present at local, state, and national conferences (e.g., National Alliance on Mental Illness)

VI. SETTING UP YOUR VetSEd SERVICE: STAFFING, RECRUITMENT, AND CASELOAD RECOMMENDATIONS

In this model the central delivery mechanism is a peer Veteran supported education provider. In this section, we provide guidance to program administrators on how to recruit and select peer VetSEd providers for their program. We describe the overall function of the peer VetSEd provider and their major responsibilities.

A. Overall Function of the Veteran Peer Supported Education Provider

To carry out the services of the Supported Education program by assisting student Veterans to obtain and maintain post-secondary education or training program that is consistent with their goals.

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

B. Major Responsibilities

- Conducts outreach activities at schools and at Veterans and community settings where young OIF/OEF/OND Veterans may gather such as: Veteran community groups, VHA settings, National Guard de-mobilization events, Veterans outreach centers and town Veterans service offices.
- Refers students to supported education who express interest in education to advance their educational goals.
- Engages Veteran students and establishes trusting, collaborative relationships directed toward the goal of advancing education/training in community settings. Refers and enrolls potential students to supported education services.
- Conducts educational development and search activities directed toward programs that are individualized to the interests and uniqueness of the people on his/her caseload, following the principles and procedures of supported education.
- Assists Veterans in obtaining information, finding and accessing resources and acquiring benefits (e.g., GI Bill, Vocational Rehabilitation, etc.) in order for students to make good decisions about education opportunities.
- Develops an education plan with the student that includes short and longer term goals on advancing their education. Writes person-specific plans that are

congruent with each person's goals and includes specific steps that will be taken to meet those goals.

- 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 Veteran students 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.
- Attends weekly meetings with mental health treatment team and communicates with team members between meetings in order to coordinate and integrate educational services into mental health treatment.
- Spends at least one third of time in community settings such as (Veterans home, workplace, coffee shop, library, One-Stop, VR office, family home, etc. or takes student to apply for education programs, investigate local GED or colleges, etc.).

C. Qualifications

As described above, VetSEd uses a peer to deliver services. The peer VetSEd provider should be a Veteran with lived experience of mental health, substance abuse and trauma related problems who is in a stable phase of recovery. If possible being, from the same war era (OIF/OEF/OND) would also be beneficial. We also 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 provider, 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.

D. Competencies of the Peer Supported Education Provider

- Develops positive relationships with educators by learning about their schools/training programs, enrollment practices, etc., 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 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.
- Effectively shares one's own experience as a Veteran's peer to inspire hope and provide a model for recovery and educational success.
- Uses a problem-solving approach when faced with challenging or difficult situations.

Appendix K lists some of the competencies for the VHA peer mental health provider that are 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 supporter positions described here.

E. Recruiting Peer Education Providers

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 peer VetSEd provider 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 supporters if there are none at your VA would be offer peers opportunities to get peer certification training and then apply for your positions.

Provided below is a list of questions that may be helpful when you are interviewing candidates for the peer VetSEd provider position. In italics below are sample questions for candidate interviews along with suggestions for things that interviewers can listen for.

Sample Questions for Candidate Interviews

(adapted from Becker & Drake, 2003)

Did you have a chance to read about supported education? Based on that, what do you think a typical day would be like? (Was the candidate interested enough to read about SEd? Does the person have a good understanding of the school—does s/he know what s/he is 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 do you think about helping people with active substance use problems enroll in education? (Does the person have a determined opinion about waiting for people to become sober? If so, how does the candidate respond to information from the reviewer about zero exclusion?)

What would be your expectations for the people you would serve? (Does the candidate have ideas such as, “People have to be working as hard as I am on accessing/pursuing 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 Web sites, 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 s/he says s/he will do, listening to what is important to the person...?)

Role-play: Candidate is going back to meet with the professor after the first two weeks of classes. Professor reports that student is too slow in the lab portion of the course. (Does the candidate try to 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 to him or her? What type of solutions does the candidate propose—more than one?)

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?)

F. 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, e-mail, text, 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 VetSEd model may provide better guidance on caseload.

G. Equipment Needed to Deliver VetSEd

As mentioned above, given the mobile community integrated service model recommended here the peer VetSEd providers will need a car (or access to VA cars) and a “smart” phone with internet or e-mail access. Mobile computer devices are best as these can be used to provide on the spot searching for benefits or college applications or information.

VII. SUPERVISION AND FIDELITY MEASURE

A. Clinical Supervision for Peer VetSEd Providers

Availability of clinical supervision is central to the effectiveness of helping professionals. As helping professionals, peer VetSEd providers deserve accessible and competent clinical supervision. This section describes four core elements of competent clinical supervision for peer VetSEd 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 VetSEd model (see Appendix L for VetSEd Fidelity Index).

B. The Role of the Clinical Supervisor in the VetSEd Model

VetSEd is a model of supported education based on the Choose, Get, Keep (CGK) psychiatric rehabilitation process. To facilitate Veterans’ movement through this process, peer VetSEd providers must utilize the core competencies of their role to develop effective relationships with Veterans. Further, the peer VetSEd provider must utilize the various approaches, tools and resources within each domain of CGK to maximize the likelihood of Veterans achieving their educational goal.

The role of the VetSEd clinical supervisor is to ensure that the peer VetSEd provider is partnering effectively with referred Veterans as they move towards their educational goals. The clinical supervisor fulfills his/her role by tending to the four core elements of competent VetSEd clinical supervision. Each element is discussed in turn below.

C. Core Element #1: The Supervisory Alliance

The alliance between clinical supervisor and peer VetSEd 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 peer VetSEd 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 peer VetSEd 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 peer VetSEd providers to engage 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 peer VetSEd 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 include attention to the power dynamics between peer VetSEd 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 see the issue differently. See Example 2. For more information about broaching issues of diversity in supervision, see Ch. 6, *Becoming a Multiculturally Competent Supervisor*, in Haynes, Corey and Moulton (2010).

Example 1

During supervision, Sarah, a peer VetSEd provider, mentions that she has questions about responding to Veteran ambivalence.

Sarah: “I’m working with several Veterans who say they want to go to school, but 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 say they want to go to school, 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 VetSEd provider. Remember in our first few supervision meetings we discussed your list of personally meaningful goals in your VetSEd 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?

Sarah: Yes, that would be great!

Example 2

During supervision with a male supervisor, Sarah, a VetSEd peer provider, 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.

Supervision: 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 VetSEd provider.

Sarah: I would like that as well.

Stage of Supervisory Relationship. The supervisory relationship can be divided into three segments: beginning, middle and end. The end segment relates to supervisees who leave supervised experiences and transition to independent practice. Given the nature of peer VetSEd services and the recommendation for ongoing supervision, we focus here on just the beginning and middle supervisory segments.

During the beginning segment the primary aims are to develop the supervisory relationship, assess the peer VetSEd provider's knowledge skills and abilities in the area of supported education, and to monitor initial experiences. The supervisor's role in the beginning segment can include providing direct feedback, educating the peer VetSEd provider about policies, practices and procedures, and reviewing and signing the supervisory contract, among others.

A primary aim during the middle segment is to foster movement of the peer VetSEd provider from relying heavily on supervisory guidance to moving toward semi-autonomous VetSEd practice. Haynes, Corey and Moulton (2010) identify the primary struggle of the middle phase as the supervisee wanting to move forward while the supervisor is wanting to "tread carefully." Supervisory roles and related tasks during the middle segment include using role-plays, discussing and reviewing potential ethical dilemmas and creating learning opportunities for the peer VetSEd 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.

Supervisory Contract

The supervision alliance and related process are facilitated by early and clear conversations about the nature and tasks of supervision. Having a mutual understanding about the roles, responsibilities and expectations of the VetSEd supervisor and peer provider establishes focus, purpose and clarity in the supervision process. At the beginning of the supervisory relationship, the VetSEd supervisor should go over the following topics with the peer VetSEd provider:

- Background and expertise of VetSEd supervisor
- Nature and expectations of supervisory relationship
- Importance of diversity issues and their relevance to the supervisory context and VetSEd services more generally

- Peer VetSEd provider’s background, expertise and prior experiences with supervision
- Evaluation process and fidelity measures for VetSEd services
- Boundaries and confidentiality and the relevance of ethical considerations

The supervisor’s sharing about background and expertise should include any prior experience with supported education services and understanding and prior experience with peer support providers. In some instances a peer VetSEd provider’s clinical supervisor may have limited experience with one or both of these domains. Nevertheless, it is recommended that supervisors be honest about their expertise and frame any expertise gaps as shared learning opportunities for the supervisor and peer VetSEd 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 peer VetSEd provider and supervisor are in agreement about how the peer will provide feedback to the supervisor, how the peer will be evaluated, and how fidelity to the VetSEd process will be evaluated. Conversations about diversity issues and ethical considerations are encouraged during initial supervisory sessions. In addition to reviewing local state and the VA policies and procedures, VetSEd supervisors should provide peer VetSEd staff with a copy of any state code of ethics for peer providers. While not every state has such an ethics code, several states, including North Carolina, Georgia, and Michigan do have such codes. See http://pss-sowo.unc.edu/files/CODE_OF_ETHICS_FOR_PSS.pdf for North Carolina’s example.

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 peer VetSEd providers are encouraged to engage these discussions wholeheartedly. It can also be beneficial for VetSEd supervisors and peer 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 Support Supervision in VA Mental Health Services.

D. Core Element #2: Promoting Peer Identity of the VetSEd Provider

One of the most important strengths of a peer VetSEd provider is his/her lived experience with mental health recovery and educational attainment. In fact, providers/helpers who are designated as peers, and trained and certified as peer support 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 VetSEd providers presents new challenges to the non-peer clinical supervisors who will be expected to provide individual supervision to peer providers 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 (i.e., 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 providers in healthcare settings.

VetSEd supervisors and peer providers 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 VetSEd supervisors and peer providers to promoting the “peer-ness” of VetSEd 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).

Supervisors and VetSEd providers are encouraged to review the table below to foster intentional conversations about the challenges and successes of having and maintaining a peer identity as a peer VetSEd provider. These conversations are particularly relevant in settings that employ just a few or only one peer VetSEd provider. In such settings it may be useful for the peer VetSEd provider to network with peer providers in the community and at the other VA sites to garner support and validation of their peer support functions.

Peer Identity	Peer Drift
Comfort using recovery story as tool	Discomfort using recovery story as tool
Peer VetSEd support relationship as mutual learning experience between provider and Veteran	VetSEd relationship as opportunity for expert instruction by provider to uninformed Veteran
Focus on Veteran strengths, skills and opportunities	Focus on Veteran problems, barriers, symptoms and diagnoses
Striving to keep interactions with Veterans simple, authentic and real	Distant interactional style that focuses more on professional and objective standards than on subjective and flexible human connections
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	Encourage Veterans to comply with professional advice, defer decisions to others and avoid challenging situations that may be stressful (and “symptom” inducing)
Self-confidence, security and pride about performing peer support VetSEd role	Self-doubt, insecurity and shame about performing peer support VetSEd role

E. Core Element #3: Managing Ethical Issues and Crisis Situations

VetSEd supervisors are responsible for providing training and supervised experiences that empower peer VetSEd 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 VetSEd supervisory meetings. Review of procedures for managing crisis and emergency situations should also be reviewed.

Boundaries

Discussions about boundaries are important because the relationship between a peer VetSEd provider and Veteran can be tricky to manage in light of their shared experiences as Veterans and mental health consumers. While such shared experiences allow for powerful role modeling, they also open up the possibility for unintentional dual relationships and blurring of the professional role. The VHA Peer Support Training

Manual (U.S. Department of Veterans Affairs, 2011) provides the following guidance regarding peer support boundary considerations:

Most ethical guidelines for peer support practitioners address what is called “dual relationships.” While the concept of dual relationships is simple, the reality is far more complex, and this is generally true for Peer Support Specialists (PSs). A dual relationship consists of a practitioner having more than one kind of relationship with a Veteran s/he is serving. This is complex for you because you may have friendships with Veterans that were established before you became a PS. Being both a friend and being a PS is a dual relationship when the same individuals are involved in both relationships. This becomes a problem when you learn information from your friend that you might not have gotten from your role as a PS. The Veteran may become confused about information disclosed in friendship which might not have been disclosed in a helping relationship (p.211).

Peer VetSEd providers are likely to experience challenges in maintaining their professional boundaries. Yet, it is possible to work through such issues by discussing them in supervision and by taking additional ethics training courses as part of annual continuing education.

Confidentiality

As a VetSEd 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 VetSEd provider spends so much time working between VA and academic and community settings. VetSEd supervisors are encouraged to review the Table below with peer VetSEd providers as a means of engaging in critical conversations about confidentiality in the VetSEd treatment process.

Confidentiality and VetSEd: Definition, Processes, Exceptions and Example

Definition

Confidentiality is a means of keeping Veteran information, feelings and experiences private.

Processes

Confidentiality is promoted by:

- Adhering to applicable laws, rules and guidelines about confidentiality
- Refraining from discussing Veteran private information in public places (i.e., elevators, hallways, etc)
- 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

- Disclosure of child abuse
- Disclosure of elder abuse
- Disclosure of desire and/or plan to harm or injure him/herself
- Disclosure of desire and/or plan to harm or injure others.

Example

Sam, VetSEd peer 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 release of information form.

Managing Crisis and Emergency Situations

VetSEd supervisors serve an essential role in preparing peer VetSEd providers to manage crisis and emergency situations that occur while providing VetSEd 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.

Emergency Planning

Peer VetSEd providers will be better prepared to respond to the emergencies experienced by Veterans enrolled in VetSEd if they have created example emergency plans in advance. It is recommended that the VetSEd supervisor and peer provider discuss and create emergency plans for the more common emergencies including suicidal/homicidal ideation, loss of housing/homelessness, alcohol and/or drug slips or relapses and loss of contact with Veteran after many attempts to follow-up.

Emergency Plan Example

During initial supervision meetings with the peer VetSEd provider the VetSEd 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 s/he is suicidal with a clear plan or definite intent, the VetSEd clinical supervisor should be notified and the Veteran should be escorted to his/her current therapist, if possible. If his/her therapist is unavailable, the Veteran should be escorted to the walk-in mental health clinic to be seen by the next available clinician. Veterans should not be left alone during this time. The peer VetSEd provider should stay with the Veteran until they are able to see a mental health clinician for evaluation. The peer VetSEd provider should also remind Veterans of emergency contact options throughout the VetSEd process as well as during emergency situation. 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).

In the event that a Veteran indicates clear intent and a definite plan to harm a specific person, the VetSEd supervisor should be notified and the Veteran should be directed to his/her current therapist, if possible. If his/her therapist is unavailable, the Veteran should be escorted to the walk-in mental health clinic to be seen by the next available clinician. VA police and/or local police and the targeted person may also need to be notified to ensure that safety of all involved.

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

Additional Training Materials

VetSEd supervisors should ensure that all peer VetSEd 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 VetSEd supervisors and peer providers to review and discuss. 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.

F. Ensuring Fidelity to the VetSEd Treatment Model

Included in Appendix L is a fidelity measure for VetSEd that can be used for evaluation purposes and future research. It is composed of over forty items in the five key domains of VetSEd practice, i.e., Choose, Get, Keep, Engaging Key Players, and Other Core Competencies. These can be completed by record review and interviews by impartial evaluators. Fidelity to the VetSEd treatment model can also be ensured when VetSEd supervisors and peer providers prioritize discussions about the application of VetSEd interventions to individual Veterans receiving VetSEd services. Such discussions help peer VetSEd providers frame their interventions and minimize the chance of diverging substantially from the VetSEd treatment approach.

For example, a Veteran may suggest that a meeting focus on problems s/he is having securing a car loan, when the peer VetSEd provider 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 peer VetSEd provider 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, VetSEd supervisors should partner with peer VetSEd providers to work in ways that relate to the Supported Education Choose, Get, Keep framework. VetSEd supervisors can track peer VetSEd providers' adherence to the VetSEd model via the VetSEd fidelity provided in Appendix L.

The VetSEd Fidelity Index in Appendix L should be given to the Veteran at the start of the service. The index serves a number of purposes. It allows the Veteran to know what the entire process of the program entails. It also helps the Veteran understand the range of options provided by the program. The index will assist the Veteran to stay on track with the steps of the program. The use of the index also gives the Veteran a visual representation of the progress that s/he has made over time. The peer VetSEd provider

and the Veteran will review the index once a month. The VetSEd provider will also review the index with his/her supervisor in order to ensure the steps of the program are being completed, as well as to plan what to do next with the Veteran. See Fidelity Index in Appendix L.

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.
- 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. (1994). *The diagnostic and statistical manual of mental disorders* (4th ed.): *text revision*. 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.
- 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.
- 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.
- 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.
- 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.
- 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/transitionsRTC>
- 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.
- 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., 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., Anda, 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.
- 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.
- 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.
- 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.
- 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 health care 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.
- 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.
- 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.
- 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.
- 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.
- Penk, W., & Flannery, R. (2000). *Psychosocial rehabilitation*. In E. Foa, T. Keane, & M. Friedman (Editors). *Effective treatments for PTSD*. New York, NY: Guilford.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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>
- 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, 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.
- 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 Veterans Affairs. (2008). *VHA 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
- 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.
- 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/sal041&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.statute/sal057&collection=statute&id=59&print=3§ioncount=3&ext=.pdf>

- Volk, R. (1968). *Alternative methods to funding higher education*. Berkley, CA: The Carnegie Commission.
- 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.
- 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.

Appendix A

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 VetSEd provider do to achieve this goal?

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

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)*

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 Worksheet #4: 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 Worksheet #6: School Choice Checklist: Possible Questions for Campus Visit and list additional questions I have about each school*

What will VetSEd provider do?

- *We will look on-line to identify different schools in the area and their graduation and placement rates.*
- *We will go over my list of school criteria (Worksheet #4)*
- *We will go visit schools I am interested in and fill in Worksheet #6*

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 VetSEd 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 VetSEd 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 (Worksheet #12: Education Assistance)*
- *We will complete Worksheet #8: Educational Expenses with the top 2 schools I am interested in*
- *We will meet with the two schools certifying officials to review Worksheet #8 and #12 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 VetSEd provider will help me remember why I want to go to school by completing the Worksheet #9a: Ups and Downs for Going to School.*

Step:

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

What will I do to achieve this goal?

- *I will fill out Worksheet #10: Current Expenses/Resources/Debts and Worksheet #11: Veteran's Current Financial Situation*

What will my VetSEd Provider do to achieve this goal?

- *We are going to fill out an UPDATED Worksheet #10: Current Expenses/Resources/Debts and Worksheet #11: Veteran's Current Financial*

Situation 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 Worksheet #4: 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 VetSEd provider could help me fill out Worksheet #9a: Ups and Downs for Going to School and Worksheet #9b: Ups and Downs for Going to School and Working*

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 VetSEd provider to help keep me motivated to keep going. I will ask for support from family and friends*

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 VetSEd 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 VetSEd 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 Worksheet #13: Task List for Applying to School/Training Program, 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 VetSEd 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 VetSEd 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)*

What will I do to achieve this goal?

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

What will my VetSEd 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 VetSEd 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 VetSEd 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 (Worksheet #7: School Schedule)*

What will my VetSEd 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*

What will my VetSEd 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 I 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 VetSEd provider right way, I can't start out on the wrong foot. If I am having trouble, I need to get help ASAP.*

6 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:

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 VetSEd Provider do to achieve this goal?

- *We will use Worksheet #14: Campus Resource Assessment to figure out what types of school services I would be interested in or would be helpful to me. My VetSEd 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, VetSEd 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 VetSEd 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 my 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 VetSEd 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 VetSEd provider know.*

What will my VetSEd provider do to achieve this goal?

- *We will use Worksheet #14: Campus Resource Assessment to figure out what types of school services I would be interested in or would be helpful to me. My VetSEd 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 Worksheet #15: Stopping Self-Stigma*

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 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 VetSEd 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 cal 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, VetSEd provider, therapist) know that whatever I am doing is not working so they can help.*

Appendix B

Comparison of School/Training Settings

	Community & Junior Colleges	Proprietary Schools	Four-year Colleges and 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 who have already spent 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, student life & housing services; Some starting to develop Veteran-specific services
Course Scheduling	Very flexible	Flexible	Less flexible, though some schools starting to offer evening and weekend classes
Extras	Many have relationships with 4-year schools so individuals can begin education at one college and finish their degree at a 4-year institution	Consider the school's graduation & job placement 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 be self-paced (can go online and complete coursework whenever it is most convenient)
- Requires good computer skills and self-motivation
- Offered by all types of schools/colleges/universities

Appendix C

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

Appendix D

Sample Task List for Applying to School/Training Program

Requirement	Tasks	Subtasks	Date required	Monitoring
Send grades/transcript to school	Contact school	<ol style="list-style-type: none">1. Find high school phone #2. Call HS and ask for department that handles sending transcripts3. Request form to request transcript4. Find address of college5. Fill out and make copy of form6. Send form to college	<ol style="list-style-type: none">1. 3/122. 3/123. 3/124. 3/155. 3/166. 3/17	<p>See VetSEd practitioner for support to call HS on 3/12</p> <p>Bring copy of form to meeting on 3/18</p>

Appendix E

Campus Resources Assessment Example

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 09/09/08</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/finaid/</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, FAQs, 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: *Jane Doe*

Date: *8/26/08*

Campus Resource/Service

Assistance Needed?

Notes and Preferences

Academic Services and Support

Educational Resource Center

Yes No

The ERC provides academic support programs to the Boston University community

<http://www.bu.edu/erc/index.html>

Peer Tutoring to complement classroom experience

Yes No

Writing Center to assist with all aspects of the writing process

Yes No

Set up initial appt. for 09/17/08

Language Link to provide small groups to practice foreign language skills

Yes No

Workshops to provide opportunity to learn how to become more successful academically

Yes No

Scheduled to attend first workshop 09/24/08

Contingent Aid Program to design and implement educational goals

Yes No

Freshman and Transfer Resource Advisor

Yes No

Office of the Dean of Students

Yes No

Not at this time, but revisit in October/November

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

<http://www.bu.edu/dos/>

Campus Resources Assessment Example

Student Name: *Jane Doe*

Date: *8/26/08*

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Campus Resource/Service

Assistance Needed? **Notes and Preferences**

Student Health Services

http://www.bu.edu/shs/

Yes No

would like to have a contact person for counseling services

Student Health Services includes a medical service, behavioral medicine service by appointment or on an emergency basis, a crisis intervention counselor and chiopractic care.

Set up initial appt. for week of 09/22/08

University Service Center

http://www.bu.edu/uscc/

Yes No

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.

Career Services

Yes No

*Office of Career Services
http://www.bu.edu/careers/*

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.


*Career workshops
Employer Information Sessions
On-campus interviewing*

page 3 of 3

Appendix F

Sample VA Release of Information (ROI)

OMB Number: 2900-0260
Estimated Burden: 2 minutes

 Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction 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 Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs 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 systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. 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. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.			
TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)		PATIENT NAME (Last, First, Middle Initial)	
<input type="text"/>		<input type="text"/>	
		SOCIAL SECURITY NUMBER	
		<input type="text"/>	
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			
<input type="text"/>			
<p>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):</p>			
<input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA			
INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)			
<input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify)			
<input type="text"/>			
PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			
<input type="text"/>			
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM			
<p>AUTHORIZATION: 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 the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on <input type="text"/> (date supplied by patient); (3) under the following condition(s):</p>			
<input type="text"/>			
<p>I understand that the VA health care practitioner'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>			
DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)		
<input type="text"/>	<input type="text"/>		
FOR VA USE ONLY			
IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)		TYPE AND EXTENT OF MATERIAL RELEASED	
<input type="text"/>		<input type="text"/>	
		DATE RELEASED	RELEASED BY
		<input type="text"/>	<input type="text"/>

Proper Completion of ROI Forms

The following guidelines should be followed for completion of form 10-5345:

- The 1st block ("To") always lists the VAMC, Bedford, MA.
- The 2nd & 3rd blocks are for the patient's full name and full SS#
- The 4th block addresses the "**Organization or Individual TO WHOM THE INFORMATION IS BEING RELEASED TO**".
- The 5th block must be checked off when releasing any patient information that relates to **Drug, Alcohol, HIV or Sickle Cell Anemia**.
- The 6th Block is "**Information Requested**". When checking the "**Other**" block, be specific re: the information that is being released e.g. "Consultation Report dated 01/01/04", or "all Psychology Reports 1999 through 2003". Also, when initiating any VA letter or correspondence (specifically documents **not** contained in CPRS), be sure to forward a copy attached to the 10-5345 (to the ROI Unit) for disclosure recording and filing in the patient's Administrative Record.
- The 7th Block is for recording the "**Purpose**" of the information being released. **Do not skip this block**. It is a requirement of the Authorization form just as all the other blocks are.
- The 8th Block is very important as it determines how long the specific authorization is good for. If there is no expiration date filled in this block, the release of any information for the specified purpose automatically expires upon the immediate disclosure.
- The 9th & 10th blocks include the date and signature of the veteran. As simple as this may be, we frequently receive completed forms with a veteran's signature that has not been dated. **An undated document constitutes an invalid authorization.**

NOTE:

Individuals releasing patient information **MUST** complete the **bottom portion** of the 10-5345 form, titled "**For VA USE ONLY**" -- specifically the last blocks titled "**Date**" and "**Released By**". **Do not sign your name: print legibly.**

This is important for ROI staff who must record disclosure information as well as determine the status of the request e.g. "completed" or "pending, for HIM action".

All original Authorization forms must be forwarded to HIM/ROI (003b) for disclosure recording purposes. These forms are filed in the patients Administrative Record, not the paper Health Record.

Blank copies of the VAF 10-5345 may be obtained from the HIM ROI Unit or by accessing the following website:

<http://vaww.va.gov/vaforms/medical/pdf/10-5345.pdf>.

Veterans Requesting Copy of Own Records:

When a veteran or a patient requests a copy of his/her own medical records or health information, completion of VAF 10-5345 is **not** required (and is not appropriate for this purpose). VHA regulations only require the veteran to submit his request in writing.

Authorized employees printing or distributing patient information to the veteran should utilize the simple form below. Completed forms should be forwarded to HIM - **ROI/003b** for purposes of recording disclosure and subsequent filing. The employees name and date released should also be written on the bottom of the form.



ROI Pt Request -
Copy of their...

Appendix G

Supported Education PowerPoint


Introduction to the Veteran Supported Education (VetSEd) Service
Local VA Hospital
Local, State

What is Supported Education?

A service that facilitates attainment of educational goals by providing assistance to veterans to successfully pursue post-secondary school/training

VetSEd Process:
Choose

- Getting Ready to Start School
- Setting an Education Goal
- Choosing a School and a Program of Study




Step 1: Assess your current situation
Step 2: Set your goals
Step 3: Develop a plan
Step 4: Implement your plan
Step 5: Monitor and update as needed

My needs. My life.



VetSEd Process:
Get

- Accessing and making sense of benefits information
- Enrolling in School
- Creating a Schedule



VetSEd Process:
Keep

- Developing Support On Campus
- Resource Mapping
- Time Management
- Coping Strategies for PTSD, Depression, and TBI in an Educational Setting
- Education Accommodations
- Self-Advocacy



Principles of VetSEd

- Community Integrated, Mobile Service
- Driven by Veteran Choice
- Variable Service Intensity, Continuous Assessment, and Time Unlimited Support
- Individualized and Flexible Supports
- Veteran Peer Provider
- Clinical Integration
- Engaging Other Key Players

COMMUNITY INTEGRATED, MOBILE SERVICE

- Community-based, accredited schools and training programs that are available to the public
- Supports are provided both at VA clinical settings and in the community.
 - Community is defined as “where the Veteran is” including for example, at his/her home, at the school, or at other relevant community settings

**IN PRACTICE:
COMMUNITY INTEGRATED, MOBILE SERVICE**

- Community Colleges, Public and Private 4 year colleges, Vocational Training Programs, etc.
- Approximately 70% of services are provided out in the community.
- VetSEd providers meet Veterans in coffee shops, on campus, in libraries, etc.

DRIVEN BY VETERAN CHOICE

Goals, activities, and services delivered are driven by Veteran preference and are completely voluntary

**IN PRACTICE:
DRIVEN BY VETERAN CHOICE**

- Veterans make decision about goals and plans
- VetSEd providers assist the veteran to gather relevant information about requirements, deadlines, pros/cons, etc.
 - through college advisors, alumni, workers in the field, friends/family, and other treatment providers

VARIABLE SERVICE INTENSITY

- Veteran needs will vary and support is needed over the long term, given that reintegration to civilian life and adjustment to mental health conditions is a process that occurs over time.
- Services should likewise increase and decrease with each Veteran’s need at any given time

**IN PRACTICE:
VARIABLE SERVICE INTENSITY**

- Veterans may receive services more than once a week, monthly, or quarterly
- In any given week, veterans may need between 0-10 hours of services
- VetSEd providers balance the various needs of veterans on their caseload

CONTINUOUS ASSESSMENT

- Services do not end when the Veteran starts school.
- On-going interaction is needed as the school career progresses to prevent setbacks.
- Assessment is not limited to academic performance, other needs of the Veteran related to successful educational goal attainment should be assessed continuously.
 - Such as further development of interpersonal skills and problem solving

IN PRACTICE: CONTINUOUS ASSESSMENT

- VetSEd providers assess Veterans academic progress including grades on tests, completing steps on long-term papers and projects, and acquisition of academic material
- VetSEd providers are also aware of and assess Veterans' ongoing vocational, clinical, and social goals

TIME UNLIMITED SUPPORT

- Services continue despite occasions of disengagement and reengagement with an education program
- "Open door policy" allowing a Veteran to resume services easily following any service drop-out

IN PRACTICE: TIME UNLIMITED SUPPORT

- Veterans are not automatically discharged for missing appointments or disengaging from services
- VetSEd providers continue to provide services as long as Veteran requests and is benefitting from services

INDIVIDUALIZED AND FLEXIBLE SUPPORTS

- Educational plan is Veteran specific
 - Goals and steps are tailored to the needs of each individual Veteran
- Design of the supports also specific to each Veteran
- Flexible "whatever it takes" support strategy

IN PRACTICE: INDIVIDUALIZED AND FLEXIBLE SUPPORTS

- Supports may include:
 - Advocating on behalf of the veteran to school staff if the veteran requests
 - Assist with use of public transport
 - Accessing reasonable accommodations
 - Week/month/semester organization

VETERAN PEER PROVIDER

- Individual providing VetSEd services is a Veteran
 - Is in recovery from similar mental health conditions AND
 - Has successfully achieved an education goal post service

IN PRACTICE: VETERAN PEER PROVIDER

- VetSEd provider may share what assisted him/her to successfully complete school
- VetSEd provider may model coping strategies
- VetSEd provider may introduce Veteran to other Veterans on campus

CLINICAL INTEGRATION

- Mental health clinicians are needed to inform and support the SEd process
- The VetSEd peer provider may need to refer the Veteran to clinical services
- Mental health clinicians may need to learn from the VetSEd provider about school triggers and performance
- Educational goals should be included in the mental health treatment plan

IN PRACTICE: CLINICAL INTEGRATION

- VetSEd provider attends weekly team meetings to discuss Veterans on current caseload and potential new referrals
- VetSEd and clinical provider meet with Veteran together to discuss educational plan both initially and quarterly
- Co-sign on relevant notes
- Communicate by phone/encrypted email as needed

ENGAGING OTHER KEY PLAYERS

- Veteran him/herself, family members and friends, staff from the educational setting, and other VHA, VBA or community health or rehabilitation providers that are involved with the Veteran.
- Engage and bring their perspective and support into the SEd process.

IN PRACTICE: ENGAGING OTHER KEY PLAYERS

- VetSEd provider will ask veteran about all potential important people in their lives
 - Which individuals are/are not supportive of Veteran's educational goals
 - In what ways can individuals assist Veteran to achieve educational goals
 - To what extent does the Veteran want the VetSEd provider to interact with these individuals

ELIGIBILITY FOR VETSEd

- Veterans with active service post 9/11 (i.e., OIF/OEF/OND status)
- Veterans with a mental health diagnosis, co-occurring substance abuse, and/or trauma history
- Veterans for whom their mental health condition results in functional limitations that impair their ability to succeed in school
 - difficulties in concentration, memory, decision making, controlling impulses, or staying on task that affect activities of daily living)
- Veterans with an educational goal

MAKING A REFERRAL TO VETSEd

- Assess Veteran's education interests and goals; interest in educational services
 - Discuss Veteran's educational needs and interests with VetSEd provider
 - Invite VetSEd provider to a meeting with the Veteran (at Veteran's request)
 - Make a referral for VetSEd services

Appendix H

Myths and Corresponding Realities about Mental Illness

- Once crazy, always crazy. People don't get over it. Long term follow-up research suggests that many, many persons with the worst types of mental illness are able to live productive lives.
- All persons with mental illness are alike. Persons with mental illness are as diverse a group of people as any other. Saying all persons with mental illness are similar is akin to saying all Latinos are the same. Not true!
- The mentally ill are dangerous. In fact, persons with mental illness are usually no more violent than the rest of the population.
- The mentally ill will never benefit from psychotherapy. Carefully controlled research has shown that support and rehabilitation has significant impact on the lives of persons with mental illness.
- The mentally ill are unable to do anything but the lowest level jobs. Persons with mental illness perform at all levels of work, just like the rest of the population.
- The mentally ill cannot be successful at school. This is a gross error too. People with mental illness do well at institutions of higher learning.

Appendix I

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. The practices are:

- Encourage each campus office to be as helpful as possible to Veterans.
- Ensure each Veteran has access to full learning opportunities.
- Get information about Veterans needs from the Veterans on my campus.
- 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.
- Institution provides a "Veterans" link on institution main page of institution Web site.
- Provide a check box on all admission application forms for Veterans to check.
- Provide information about campus resources to student Veterans, particularly for those who may be enrolled in non-traditional classes, online, etc.
- Require all student Veterans participate in some kind of new student orientation.
- Top-down support is provided from the president's office, to make things happen more efficiently and effectively.
- Train counseling personnel in military terminology, as well as military culture and Veterans culture.
- Train faculty on Veterans issues including Posttraumatic Stress Disorder.
- Veterans are encouraged to talk and reach out to support other Veterans.
- 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 2-year or 4-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:

- Assess each student Veteran's educational goals.
- Encourage student Veterans to contact the Disability Service Office or make contact with the office while the student is present.
- Encourage student Veterans to make contact with the Disability Service Office.
- Ensure there is physical access to facilities.
- Institution has an ombudsman to facilitate understanding of institution's policy on transferring military experience for college credit as well as prior college credits.
- Provide specific interview skill training for Career Services on successfully translating military experience to civilian skills, knowledge, and abilities during job interviews.
- Train faculty on Veterans issues including Traumatic Brain Injury (TBI).

Appendix J

A “Home” for VetSEd - Options for VA

In this section we explore the different service options in VA that could provide a “home” for supported education. The model is fairly self-contained and transportable, but also has complexities that are not often present in other programs. These include the need to partner with colleges and perhaps even deliver the support on campus, as well as the need to link with Veterans Benefits Administration (VBA) and Mental Health, just to name a few. As the VA leadership considers how to situate supported education within its array of services, there are many options, each presenting different strengths or opportunities. Some of these options are explored in this section.

A. Supported Education as a Veterans Health Administration (VHA) Clinical/Rehabilitative Service

Supported education was originally conceived and implemented within civilian rehabilitation medicine, more specifically psychiatric rehabilitation. Similar to its cousins, ‘supported employment’ and ‘supported housing’, there are many conceptual and practice related links between supported education and both clinical and rehabilitation services. Hence, all of these practices have arisen within the mental health arenas in both civilian and Veteran service systems. In the example of supported employment, a national roll-out of this service was situated within Veterans Health Administration (VHA) clinical services (Resnick & Rosenheck, 2007) with necessary authorizing legislation. This was due in part because of the understanding that employment services have to be well integrated with clinical services in order to be successful (Becker & Drake, 2003). Another reason is that typically larger non-disability civilian services that address education, employment or housing, do not have the expertise or resources to address the unique dimensions of mental illness and the challenges this poses to successful community outcomes. Findings from our needs assessment also show that Veterans prefer to have an integrated team of clinicians and supported education helpers.

B. Supported Education and the Veterans Benefits Administration (VBA)

The findings of our needs assessment suggest the critical role of being able to access and use the Post 9/11 GI Bill in actualizing the education aspirations of Veterans, and this is recognized by the Veterans Benefits Administration (VBA). Recently the VBA has undertaken significant efforts to improve access to GI Bill information. The VBA too has recognized the need for outreach to Veterans with disabilities on campuses and has

initiated the VetSuccess program in which Veteran Outreach Centers collaborate with Vocational Rehabilitation and Employment (VR&E) in 10 campus sites to provide counseling and education supports to Veterans. Additionally, VR&E is an existing service of the VBA that could be adapted to provide educational services. VR& provides employment counseling and job placement services for Veterans with disabilities including PTSD. This service can be modified to include educational supports.

C. VHA and VBA Coordination and Veterans Regional Education Resource Centers

The VetSuccess initiative, plus findings from our assessment (Ellison, Mueller, Smelson, et al. (2011), indicates a need for collaboration between VHA and VBA in order to best meet Veteran educational needs. Such collaboration would facilitate acquisition of GI Bill benefits in the context of support that facilitates educational success. A model for this, described by the Participatory Action Research Team to that study, was a “Regional Education Resource Center”. Conceived to be available on a regional basis, the Resource Centers serve multiple purposes including:

1. Current information and consultation on the GI Bill, including benefits counseling and personalized help with applications and processes.
2. Centralized information on the colleges and schools in the area.
3. Linkages, referrals and follow-ups to the VA rehabilitation and mental health services.
4. Information on educational accommodations that can be obtained.
5. Access to internet and computers for on-line searching.
6. Possible college readiness training or testing.

D. Supported Education Linked with VHA Supported Employment

There are many natural affinities between supported employment and supported education. In addition, supported employment offers the advantages of being well established in the VHA rehabilitation services. It could be fairly simple to add supported education to the service array of supported employment. A drawback is the current supported employment requirement to deliver those services exclusively. As the needs assessment showed, a combination of case management service with supported education and supported employment is indicated for these Veterans.

E. Supported Education as a VA Recovery Service

The VHA has taken strong leadership in the design and delivery of recovery oriented mental health services. For example, the Peer Support Technician (PST) is a new category of employment in which Veteran peers are hired and trained to deliver recovery oriented services. As Veterans explore their recovery goals, education will no doubt be among a goal for many of them. Peer technicians can be trained to deliver supported education along with their other duties. Another recovery initiative is the Psychosocial Rehabilitation and Recovery Centers (PRRCs). These Centers (VHA Handbook 1160.01, US Department of Veterans Affairs, 2008) transform older day treatment programs into ones that help Veterans challenged with serious mental illness and significant functional impairment recovery, to integrate into meaningful, self-determined community roles. Due to natural linkage between recovery services, psycho-social services and supported education, a logical place for supported education would be among this menu of mental health services. For example, PRRCs could well emphasize and deliver supported education, as could PST. A drawback to this approach again is the nature of the younger less functionally impaired OIF/OEF/OND Veterans with PTSD. Veterans with PTSD may not be appropriate for PRRC's.

F. Supported Education and Homeless Prevention

As stated above, there is substantial evidence that education is highly correlated with income and socio-economic status, including positive housing status. The risks of homelessness to Post 9/11 Veterans are much greater than those posed to Veterans from other eras. OIF/OEF/OND Veterans are becoming homeless at a faster rate and at a greater proportion than Vietnam era Veterans. The VHA is undertaking important initiatives to prevent OIF/OEF/OND homelessness as part of the overall commitment to end Veteran homelessness by 2014. The Homelessness Prevention Demonstration Program has offered hundreds of OIF/OEF/OND Veterans a case manager and peer team combined with efforts from the local career centers of the Department of Labor aimed at improving employment outcomes and maintaining housing. A natural extension of this program would be the addition of supported education services, as many of the same Veterans also have education goals. Thus, this is another possible home for Veterans supported education service.

Appendix K

Competencies of the Veteran Peer Provider

(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

Appendix L

VetSEd Fidelity Index

1. The Choose Phase

1) Did the Veteran complete Worksheet #1a-f: Intake?	Yes	No	N/A
2) Is the Veteran prepared to start school/training program?	Yes	No	N/A
3) Did the Veteran set an educational goal?	Yes	No	N/A
4) Did the Veteran create an educational plan?	Yes	No	N/A
5) Did the Veteran complete Worksheet #2: Educational Roadmap?	Yes	No	N/A
6) Did the Veteran complete Worksheet #3: Questions to Help Determine an Occupational Goal?	Yes	No	N/A
7) Did the Veteran choose a school/training program and course load?	Yes	No	N/A
8) Did the Veteran complete Worksheet #4: My Personal Criteria for Schools/Training Programs Checklist?	Yes	No	N/A
9) Did the Veteran complete Worksheet #5: My Personal Criteria for Schools/Training Programs Questionnaire?	Yes	No	N/A
10) Did the Veteran complete Worksheet #6: School Choice Checklist: Possible Questions for Campus Visit?	Yes	No	N/A
11) Did the Veteran complete Worksheet #7: School Schedule?	Yes	No	N/A

2. The Get Phase

12) Did the Veteran review the benefits that may be used toward his/her education/training program?	Yes	No	N/A
13) Did the Veteran complete Worksheet #8: Educational Expenses?	Yes	No	N/A
14) Did the Veteran complete Worksheet #9a: Ups and Downs for Going to School?	Yes	No	N/A
15) Did the Veteran complete Worksheet #9b: Ups and Downs for Going to School AND Working?	Yes	No	N/A
16) Did the Veteran complete Worksheet #10: Current Expenses/Resources/Debts?	Yes	No	N/A

17) Did the Veteran complete Worksheet #11: Veteran's Current Financial Situation?	Yes	No	N/A
18) Did the Veteran complete Worksheet #12: Education Assistance?	Yes	No	N/A
19) Did the Veteran enroll and get admitted to school/training program?	Yes	No	N/A
20) Did the Veteran complete Worksheet #13: Task List for Applying to School/Training Program?	Yes	No	N/A
21) Did the Veteran create a weekly school/training program schedule?	Yes	No	N/A

3. The Keep Phase

22) Did the Veteran develop support on campus?	Yes	No	N/A
23) Did the Veteran complete Worksheet #14: Campus Resource Assessment?	Yes	No	N/A
24) Did the Veteran learn time management skills?	Yes	No	N/A
25) Did the Veteran learn coping strategies for an educational setting?	Yes	No	N/A
26) Did the Veteran utilize accommodations for educational success?	Yes	No	N/A
27) Did the Veteran address stigma within the school/training program setting?	Yes	No	N/A
28) Did the Veteran complete Worksheet #15: Stopping Self-Stigma?	Yes	No	N/A

4. Engaging Key Players

29) Did the peer VetSEd provider help with outreach to and engaging the Veteran?	Yes	No	N/A
30) Is the peer VetSEd provider engaged with the school/training program?	Yes	No	N/A
31) Did the peer VetSEd provider integrate with the Veteran's clinical team?	Yes	No	N/A
32) Did the peer VetSEd provider engage key people in the Veteran's social support network?	Yes	No	N/A
33) Did the Veteran complete Worksheet #16: People in My Life?	Yes	No	N/A
34) Did the Veteran complete Worksheet #17: People I want Involved in My Education Goal?	Yes	No	N/A

5. Other Core Competencies of the Peer VetSEd Provider Used Throughout the Choose, Get, Keep Process

35) Did the peer VetSEd provider offer recovery oriented mental health services?	Yes	No	N/A
36) Did the peer VetSEd provider offer personal recover stories for help?	Yes	No	N/A
37) Did the peer VetSEd provider use appropriate counseling skills?	Yes	No	N/A
38) Did the Veteran complete <i>Worksheet #18: Stages of Change Interview for Seeking Education?</i>	Yes	No	N/A
39) Did the Veteran complete <i>Worksheet #19: Ready, Able, Willing, and Resource Ruler?</i>	Yes	No	N/A
40) Did the Veteran complete <i>Worksheet #20: Education Questionnaire?</i>	Yes	No	N/A
41) Did the Veteran complete <i>Worksheet #21: Education Change Plan?</i>	Yes	No	N/A
42) Did the Veteran complete <i>Worksheet #22: Solving Interpersonal Problems: Problems with Others?</i>	Yes	No	N/A
43) Did the peer VetSEd provider demonstrate an understanding of the population with whom s/he worked?	Yes	No	N/A
44) Did the peer VetSEd provider demonstrate knowledge for treating co-occurring psychiatric and substance use disorders?	Yes	No	N/A