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Wounded Warriors and Their Transition to the Community College Classroom

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This is to certify that the doctoral study by

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Abstract

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Project Study Submitted in Partial Fulfillment

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Abstract

Many postsecondary institutions face challenges when veterans with posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI) enroll in college and become student-veterans. Staff and faculty may need to better understand how to accommodate these student-veterans as they transition from military to student life. The purpose of this study was to explore the perspectives of 3 groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the disability counselors. Schlossberg's theory assessing an individual's assets and abilities in transition was the conceptual framework for this study. The research questions asked about the perspectives of student-veterans with PTSD or TBI, the faculty, and the disability services staff. A case study design was used, and inclusion criteria included 5 enrolled student-veterans with a PTSD or TBI diagnosis, 5 faculty members who have taught student-veterans, and 3 Disability Resource Center (DRC) staff at the community college. Semi-structured interview questions aligned with the research questions and data were analyzed for credibility, reliability, interpretation, and themes related to classroom accommodations. Findings from the study revealed student participants felt more could be done to accommodate student-veterans. Faculty participants expressed concerns regarding a lack of training related to accommodations. DRC participants reported reluctance from some student-veterans to use accommodations. Findings contribute to positive social change by identifying gaps in practices and by aiding staff and faculty with professional development to better provide accommodations for student-veterans with PTSD or TBI.

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Dedication

This study focuses on the common, ongoing, daily struggles of service members and veterans with the disabilities of PTSD and TBI. Accordingly, this study is dedicated to all of the men, women, and military family members that have fought for and often made severe sacrifices for our country, most especially, the ultimate sacrifice while defending freedom and democracy. I salute each one of you. Thank you for your service and your sacrifices. I would also like to dedicate this study to every individual that preceded me that did not have the opportunity, ability, or freedom to pursue and obtain higher education during his or her lifetime. Finally, I would like to dedicate this study to those individuals that paved the way and boldly demonstrated that it can be done, goals can be accomplished, and dreams can be realized; a sincere and undying thank you to each one of you.

Acknowledgments

First and foremost, thank you to God, through whom all things are possible. I would like to begin by taking the opportunity to acknowledge and express my sincere gratitude to my extremely knowledgeable, meticulous, and very professional doctoral committee members, consisting of my Committee Chair, Dr. Linda J. Swanson and my Methodology Committee Members, Dr. Carol J. Spaulding and Dr. Sheilia Goodwin, and my University Research Reviewer, Dr. Jo Bennett. One could not wish for a more dedicated doctoral committee. Also, thank you to the staff, faculty, and everyone at Walden University who diligently served as integral and vital members of this educational process from start to finish. You collectively embody Walden University's excellent academic reputation and unending focus on positive social change. Of utmost importance, thank you to my loving family for everything… especially your patience, support, love and understanding; without which I would not have made it through this rigorous and challenging academic journey. In addition, I would like to express my appreciation to each one of my friends, neighbors, and co-workers who regularly checked in on my progress and continually cheered me on along the way on this journey. Finally, I would like to acknowledge and thank every teacher, educator, principal, and faculty member everywhere who educated and invested in me along the way in life as a person while selflessly aiding me in reaching this point in my academic career and in life.

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Section 1: The Problem

Introduction

Many postsecondary institutions nationwide are experiencing the largest

enrollment of student-veterans in decades. This increase in enrollment includes a

significant number of combat veterans who have incurred the cognitive disabilities of

posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI; Cloos, 2015;

Hayden & Buzzetta, 2014). As a result, researchers (Miles, 2014; O'Herrin, 2011;

Robertson, Miles, and Mallen, 2014) have argued that the need for improved awareness

and non alienating classroom environments has become widespread.

Staff, faculty, and fellow students often inadvertently create stressful or

potentially alienating classroom environments or situations for student-veterans

(Alschuler & Yarab, 2016). Nationwide, many staff and faculty members need to better

understand how to best serve student-veterans who have transitioned from combat to

student life. Studies have suggested that possessing the insight to identify common causes

of discomfort and upsetting behaviors and actions will proactively reduce classroom

distractions for student-veterans (Anderson, 2013; Brewer, 2016; Green & Van Dusen,

2012). Additionally, today's faculty members are less likely than previous generations to

possess military or combat experience or an understanding of the unique dynamics of

military veterans (Harrison-Maurin, 2012; Jones, 2017). This is significant in that many

contemporary staff and faculty members may not currently be prepared to effectively

meet the needs of this new student demographic. Rumann and Hamrick (2009) noted the

potential consequences of the lack of military veteran faculty members when they stated,

"If these individuals have little first-hand or systematic knowledge of military culture and the potential impact of wartime service, it may complicate campus efforts to serve student-veterans and facilitate successful transitions" (p. 30). The purpose of this study was to explore the perspectives of three groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the disability counselors.

Definition of the Problem

Thousands of local "wounded warriors" (physically and/or mentally injured service members) have recently returned from military service, often having served in several combat deployments. Many of these wounded warriors face extremely low civilian employment prospects without first furthering their education (Aikins, Golub, & Bennett, 2015; Ford & Vignare, 2015). To secure gainful and suitable employment, many of these veterans will either begin or resume their postsecondary educational pursuits. Diverse physical injuries aside, a significant reintegration obstacle for many of these veterans includes the often invisible cognitive disability of PTSD, and less frequently, TBI.

PTSD is an anxiety disorder that typically occurs following the experience or witnessing of a traumatic or life-threatening event such as combat, disasters, terrorism, serious accidents, or a physical or sexual assault (Sinski, 2012; U.S. Department of Veterans Affairs [va.gov], 2016). Most survivors of traumatic events return to normal over time. However, some stress reactions do not ease or disappear, and may even

worsen over time. Individuals in these situations often develop PTSD (Elliott, 2015; va.gov, 2016).

TBI symptoms typically occur immediately following a brain injury, such as those caused by a concussive blast from an improvised explosive device, a rocket propelled grenade, or a vehicle explosion (Taghva et al., 2015; va.gov, 2016). TBIs often include cognitive deficits in memory, attention, and concentration. There are often symptoms of physical or somatic complaints of fatigue, disordered sleep, dizziness, and headaches. In addition, TBI sufferers typically have complaints of irritability, anxiety, and depression (Taghva et al., 2015; va.gov, 2016).

Wounded warriors are beginning or returning to their higher education pursuits. However, many postsecondary institutions that currently enroll these students have discovered that they lack the ability to adequately address or accommodate the needs of combat veterans (Branker, 2009; Gann, 2012; Miles, 2014; Parks, Walker, & Smith, 2015). This increasingly common situation was supported by the findings of Kulkarnia, Portera, and Raucha (2012) when they observed that as a result of the harsh situations and experiences involved in combat deployments, numerous combat veterans suffer from extreme sources of stress. Some of these stressors include the constant threat that they may be maimed or killed or that their friends and/or innocent civilians may also be maimed or killed. The costs of combat deployments reach even farther. For example, many veterans of combat deployments pay with deterioration of marriages, personal health, family and community relationships, employment, and academics, all while often bearing the cognitive disabilities of PTSD or TBI (Jones, 2017; Kulkarnia et al., 2012).

Here then is an identified gap in both educational practices and staff and faculty

professional development (PD) to address the issue. Colleges and universities need to

provide appropriate accommodations for combat veterans suffering from PTSD or TBI in

the same way that they provide accommodations for physical, mental, emotional,

cognitive, and learning disabilities. Moreover, as suggested by research (Aikins et al.,

2015; Ford & Vignare, 2015; Griffin & Gilbert, 2015; Miles, 2014; O'Herrin, 2011;

Reynolds, 2013; Schiavone & Gentry, 2014), this gap often includes shortcomings such

as insufficient levels of one-on-one academic and personal counseling, infrequent student

advising, and a lack of adequate special-needs accommodations.

Rationale

Evidence of the Problem at the Local Level

Current research has demonstrated that many staff and faculty members

nationwide need to better understand how to best serve student-veterans through their

transitions from military and to their academic lives (Parks et al., 2015; Schiavone &

Gentry, 2014; Smith-Osborne, 2012). At the local level, evidence of this problem has also

been confirmed by the leaders and administrators of one Texas community college. In

response to this issue, the faculty development coordinator at this institution made it

known that the community college is looking into implementing workshops that would

help instructors understand veterans with PTSD and TBI."

Although the community college selected for this study did not offer a detailed or

published accounting of its own issues or challenges in understanding and

accommodating wounded warriors with PTSD or TBI, documented evidence exists that

community colleges in general typically struggle with this delicate issue. Evidence of this situation was found in the following excerpt:

> The nonprofit group, U.S. Vets, launched the "Outside the Wire" program in several Southern California community colleges in January. They're trying to find and treat vets with PTSD. Stephen Peck of U.S. Vets says he doesn't know any other group that's looking for those vets in community colleges, but he says the approach makes perfect sense. "Community colleges right now are the front line," he said. "That's where these guys are going first, when the experience is most intense." Peck says of the 300,000 veterans back from combat duty in the grip of PTSD, about 60% don't get any treatment, largely because they don't want it. We know that a lot of young vets don't want to access treatment. They're afraid of it. They don't want to revisit the memories. They think they're OK. They think it'll go away," he said (Valot, 2011, p.1).

Approximately 30% of war zone veterans experience PTSD, and many of these affected veterans will be in search of civilian employment after being discharged (Albright, Fletcher, Pelts, & Taliaferro, 2017; Cifu, Scholten, & Campbell, 2013). The limitations created by cognitive disabilities will have a significant impact on recently discharged veterans. In 2008, the U.S. Department of Labor predicted that "annually, over 200,000 veterans with disabilities will flood the civilian job market as they leave the military in coming years" (Ruh, Spicer, & Vaughan, 2009, p.67). Many positions will require a postsecondary degree, which a considerable percentage of service members

currently lack. Further, a significant increase in the number of veterans diagnosed with PTSD has been reported. Fulton et al. (2015) found that approximately 11% of veterans from the war in Afghanistan have been diagnosed with PTSD, whereas current estimates of PTSD in military personnel who served in Iraq are as much as 23%. The increase in the proportion of combat veterans diagnosed with PTSD is significant as the disability tends to create multiple challenges and obstacles for wounded warriors before and after they separate from the military. Since their return from Iraq and Afghanistan, numerous wounded warriors have begun their pursuit of additional education. However, because of their combat wounds, many student-veterans will likely experience some difficulty with memory, concentration, and communication (Albright et al., 2017; Buzzetta, Miles, & Robertson, 2014; Cory, 2011; Crawley, 2013).

On the local level, many combat veterans enrolled at an educational institution in Texas may be experiencing similar challenges in their efforts to transition into the realm of postsecondary education. For several reasons, I chose a community college in Texas as the local postsecondary educational setting for this study. The institution is accredited by the Southern Association of Colleges and Schools. The most recent student population figures listed over 27,000 credit students and over 8,000 continuing education students. Census figures were not provided for the exact military population; however, according to the faculty development coordinator, well over 1,000 military personnel and veterans are enrolled during each semester.

Evidence of the Problem from the Professional Literature

A comprehensive literature review revealed common adjustment issues that many wounded warriors typically encounter in higher education settings. The literature review framed the background information, which facilitated understanding of the common challenges that combat veterans typically encounter in college environments. As an advance acknowledgement, researchers (Demers, 2011; Ford & Vignare, 2014; Love, Levin, & Park, 2015) noted that a relatively modest amount of information is available regarding the increasing combat veteran population, and little is known about the combat experiences and expectations that military veterans bring with them to academia. DiRamio et al. (2008) stated that an important question to ponder is "What are the distinct needs of combat soldiers who transition into student-veterans?" (p. 44). The subsequent literature review included the following areas: PTSD, TBI, wounded warrior transition issues and challenges, staff and faculty at postsecondary institutions, educational disability resource centers, counselors of student-veterans, and the need for increased awareness and research. As a part of this section which addressed the rationale for the study, the review of the literature focused on transition concerns for wounded warriors and staff and faculty.

Wounded Warrior Transition Issues and Challenges

From a broad nationwide perspective, researchers (Dunklin, 2012; Graf, Ysasi, & Marini, 2015; Gann, 2012; Newbury, 2016; Parks et al., 2015) stressed that a lack of postsecondary education coupled with the cognitive disabilities of either PTSD or TBI often make many combat veterans' personal situations extremely difficult. Researchers

(Ness & Vroman, 2014; Nyaronga & Toma, 2015) noted that many combat veterans will require multiple levels of support as they attempt to adapt to their newly acquired disabilities. Many student-veterans' disabilities include hearing loss or impairment and diverse psychological issues (Ford & Vignare, 2014; Lopez, 2013). Moreover, many veterans harbor reservations regarding disclosing their PSTD or TBI condition for a number of reasons; in most cases, student-veterans merely desire to blend in with their fellow students (Parks & Walker, 2014; Patillo, 2011).

Multiple obstacles and challenges exist for student-veterans after returning from combat. Jackson, Fey, and Ewing-Ross (2012) and Leake and Stodden (2014) reported respondents feeling abandoned with regard to positive progress in college and in their personal lives. This feeling had even more of an impact as friends and acquaintances graduated or progressed closer to graduation. In addition, many respondents reported difficulty with resuming their existing relationships and starting new friendships (Jackson et al., 2012; Leake & Stodden, 2014). The adjustment back into civilian life involves personal and professional transitions. On the personal side, families and acquaintances are reunited. On the professional side, there are opportunities for educational pursuits in preparation for a promotion or new employment. All of these scenarios involve some form of transition (Anderson, Goodman, & Schlossberg, 2012; Elnitsky, Blevins, & Fisher, 2017; Goodman, Schlossberg, & Anderson, 2006; Schlossberg, Waters, & Goodman, 1995; Shea, 2010). In addition, Locks, Hurtado, Bowman, and Oseguera (2008) explained that "nontraditional students experience the transition to college not

only as an adjustment to a new academic environment but also as an adjustment to a new social and cultural context" (p. 259).

The combat experiences and unique military lifestyle often present multiple integration challenges for student-veterans. Two factors that contribute to the unique lifestyle of combat veterans are the length and frequency of deployments and the requirement of operating in daily life-or-death combat situations (Beatty, 2013; Beauchesne & O'Hair, 2013; Freytes, LeLaurin, Zickmund, & Uphold, 2017). Beauchesne and O'Hair (2013) observed that student-veterans are adjusting not only to the transition to civilian life but also to a new life as students. When student-veterans enroll in college, they often experience feelings of displacement and isolation (DiRamio, 2011). The transition to academia can be confusing and complicated. Glover-Graf, Miller, and Freeman (2010) found four themes that are significant to combat veterans entering a post combat educational environment: professional concerns, social interactions, behavioral and emotional challenges, and changing life views. These four concerns are often compounded by the lack of resources available on campus to assist student-veterans with the transition from soldiers to students (DiRamio, 2011; Freytes et al., 2017; Kraus & Rattray, 2012). Also, various social factors must be taken into consideration when veterans transition from combat to college campuses. These social factors aid in shaping the perceptions of student-veterans (Freytes et al., 2017). Some of the more prevalent social factors reported include anti-war sentiments, personal anger and resentment, and diverse worldviews (DiRamio, 2011; Semer, 2015).

Researchers Kranke, Gin, Saia, Heslin, and Dobalian (2015) argued that following combat tours in Iraq and Afghanistan, most student-veterans will require capable support services and that providing these services is vital in the efforts to integrate combat veterans onto college campuses nationwide and to increase their opportunities for academic success. Moreover, researchers (Evans, Pelligrino, & Hoggan, 2015; Smith-Osborne, 2012) advocated for the utilization of mentors; such mentors could be students, faculty, or other veterans. Advocacy by a mentor could be instrumental in gaining access to resources and assistance for wounded student-veterans. In addition, researchers (DiRamio, 2011; Freytes et al., 2017) offered that the mentor, family members, and others could serve as vital players in helping to ease the transition of combat veterans into college students.

Military veterans, especially combat veterans, often expect respect from others. For example, Kirchner (2015) and Parks et al. (2015) observed that combat-experienced student-veterans arrive on college campuses with the expectation of being supported and honored for their combat service and sacrifices. Kirchner and Parks et al. suggested that a potential best practice for colleges to aid student-veterans would be to establish campus-based student-veteran organizations. In addition, others found that military service creates a cohesive bond and that student-veterans seek out others who have had similar experiences (Beauchesne & O'Hair, 2013; Branker, 2009; Kirchner, 2015; Miles, 2014; O'Herrin, 2011; Parks et al., 2015).

Staff and Faculty at Postsecondary Institutions

Research has suggested that regular interaction with faculty who also are veterans is advantageous for student-veterans (DiRamio, 2011; DiRamio & Spires, 2009; Petri, Jenson, Day, & Gotto, 2016). College administrators could create opportunities for such interactions. DiRamio (2011) stated that these opportunities should take place within what Tinto (1975) referred to as the "academic system." DiRamio further detailed that interactions could range from creating an orientation class for veterans who are transitioning from the military to college to connecting a student-veteran with faculty members who are also veterans and may potentially serve as mentors. As a recommendation for creating connections, partnerships, and opportunities to enhance the educational success of military learners, multiple researchers (Aikins et al., 2015; Hitt et al., 2015; Kimball, Wells, Ostiguy, Manly & Lauterbach, 2016; Miles, 2014) suggested that colleges consider appointing a group of faculty, staff, and students to assess the unique needs of student-veterans, to submit recommendations to improve existing programs and services, and to potentially implement such new services and/or programs.

Berg (2017) and Van Dusen (2011) cautioned that the wars in Iraq and Afghanistan will continue to have significant effects on military service members returning from combat and entering college classrooms as experiencing combat is a life-changing event. Whenever student-veterans experience difficulty, fostering an environment that encourages interaction with the faculty is vital. The existence of genuinely concerned faculty aids student-veterans to work through challenges and to continue progressing and thriving in college (Berg, 2017; Van Dusen, 2011).

Definitions

The following list of terms enables the reader to identify with the diverse terms and acronyms used in this study.

Active duty: Full-time military service (Joint Publication 1-02, DoD Military and Associated Terms, 2016).

Andragogy: The art and science of adult learning (Knowles, Holton, & Swanson, 1998).

Brain Injury: Traumatic brain injury caused by an external force (Informa Health Care, 2013)

Cognitive disability: Inability to function normally mentally (Informa Health Care, 2013).

Combat veteran: An individual with military service in a combat zone (va.gov, 2016).

Deployment: Overseas military combat missions or operations (Joint Publication 1-02, DoD Military and Associated Terms, 2016).

Department of Veterans Affairs: (also VA or Veterans Administration) the agency for federal benefits and services to U.S. military veterans (va.gov, 2016).

Disability: Physically or mental impairment of functioning below normal levels (U.S. Equal Employment Opportunity Commission, (2008).

Posttraumatic Stress Disorder (PTSD): An anxiety condition due to warfare, tragedy, terrorism, serious mishap, or a physical or sexual attack (va.gov, 2016).

Traumatic Brain Injury (TBI): Cognitive insufficiency in recall, awareness, and focus (va.gov, 2016).

Transition: The physical and mental process of separating from the military and reintegrating into civilian life (Joint Publication 1-02, DoD Military and Associated Terms, 2016).

Veteran: An individual who has served 180 days or more of active duty military service (va.gov, 2016).

Vocational rehabilitation: Benefits and services for disabled veterans for training, education, or certifications (vba.va.gov, 2013).

Wounded warrior: A physically and/or mentally injured service member or veteran (Joint Publication 1-02, DoD Military and Associated Terms, 2016).

Significance

Postsecondary education has long served as a means to desirable employment. As a result of their military service and generous educational benefits, many veterans are able to go to college. In addition, student-veterans now have more choices of where they will pursue their education. Studies (Department of Veterans Affairs [VA], 2013a; López, Springer, & Nelson, 2016; Gann, 2012) have illustrated that 43% of students with military experience attended public 2-year institutions, 21% attended public 4-year institutions, 12% enrolled in private nonprofit institutions, and 12% enrolled in private for-profit institutions.

It is not uncommon for educators, academic counselors, and even VRCs to allow veterans to enroll in educational programs without fully understanding the manifestations

and impact of the veteran's disabilities of PTSD or TBI (Gelbar, Madaus, Lombardi, Faggella-Luby, & Dukes, 2015; Kirchner, 2015). This uninformed action potentially creates negative situations and learning environments for affected veterans. In view of these factors, I chose a study that explored the perspectives of three groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the disability counselors. Finally, the significance of this study is that one Texas community college may better understand how to serve this growing student population in education and possibly act on this understanding.

Guiding/Research Questions

Since relatively little formal research has been conducted regarding this subject, this study aided in filling the gap by examining the classroom and disability services at a community college in Texas. As posited by multiple researchers (Aikins et al., 2015; Hitt et al., 2015; Kimball et al., 2016; Miles, 2014), service providers in colleges and universities need to be well-trained concerning the best methods and resources to accommodate wounded warriors who transition to the world of education. Yin (2009) cautioned to remain mindful that research questions have both "substance" and "form" and that "defining the research questions is probably the most important step to be taken in a research study" (p.10). In consideration of Yin's advice, I developed the following research questions:

RQ 1: What are the perspectives of student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations as they transition to a Texas community college?

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

RQ 3: What are the perspectives of DRC personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college?

Review of the Literature

This subsection included a discussion of Schlossberg's (1995) transition theory as the conceptual framework relative to the stated problem. In addition, this subsection includes a review of literature regarding PTSD, TBI, and wounded warriors enrolled in postsecondary education. This literature review included reviews of the effects of PTSD and TBI, common student-veterans issues and challenges, common faculty challenges in understanding and accommodating student-veterans, helping strategies for disability services personnel, and finally, current PTSD and TBI programs in higher education.

I conducted a critical review that documented both the local problem and broader problem as addressed in the study. I then conducted a data search of recent articles published in peer-reviewed journals and/or academic journals and texts to determine the existence of sufficient justification for using other sources. Moreover, I included appropriate supporting literature in the review derived from diverse perspectives.

I conducted an exhaustive literature search of Walden University's library utilizing the Academic Search Complete, Education from SAGE, Education Research Complete, ProQuest Central, PsycINFO, and Science Direct databases, in addition to the Google Scholar database. Additionally, I used the search terms *PTSD, TBI, posttraumatic, transitions,* and *veterans*, including the Boolean operators *and, or,* and *not* to locate articles containing these terms within the subject heading. Further, I conducted literature searches including the terms *education, faculty, challenges,* or *initiatives* within their subject lines. I incorporated relevant empirical research into the literature review that examined PTSD, TBI, veterans, faculty, and postsecondary education. Finally, I primarily used current research published since 2013; however, I included a limited number of research articles dated earlier than 2013 due to their relevance to the discussion. I am confident that I have achieved saturation as a result of the exhaustive searches and findings.

Schlossberg's Transition Theory

Anfara and Mertz (2006) suggested that the terms *theoretical* or *conceptual frameworks* do not have a universally accepted definition. There is no one comprehensive designation. However, Anfara and Mertz did describe theoretical and conceptual or frameworks as "Any empirical or quasi-empirical theory of social and/or psychological process, at a variety of levels (e.g., grand, mid-range, and explanatory), that can be applied to the understanding of phenomena" (p. xxvii). Additionally, Denzin and Lincoln, (2003) asserted that "the researcher approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology) that he or

she then examines in specific ways (methodology, analysis)" (p.30). Anfara and Mertz supported this assertion by offering that researchers choose their paradigms and theories, which include guiding epistemologies.

Based upon these foundational supports, I chose Schlossberg's transition theory as the conceptual framework to guide this study. Having made contributions in the counseling and sociology fields since the 1950s, Schlossberg (2011) noted that she had maintained a fascination for studying transitions for nearly 40 years. In doing so, she has conducted numerous studies and has joined with her colleagues on several collaborations, including the following: Anderson et al., 2012; Goodman et al., 2006; and Schlossberg et al., 1995 (Griffin & Gilbert, 2015).

Schlossberg's transition theory originated in the mid-1990s through collaboration with fellow researchers Waters and Goodman with the goal of producing a transition model that would more effectively describe the theory of transition (Schlossberg et al., 1995). Schlossberg et al.'s (1995) model primarily centers on the transition process and how individuals may better cope with transitions. Additionally, Schlossberg's transition theory has been employed as a conceptual framework for qualitative analysis of narratives which includes staff and faculty, student-veterans, administrators, and other educational entities, exploring if and by what methods educational institutions may positively affect student-veterans' transitions to postsecondary academic settings (Griffin & Gilbert, 2015).

While interpreting existing research, Lazarowicz (2015) and DiRamio and Jarvis (2011) employed Schlossberg's transition theory in their efforts to develop

recommendations for best practices for individuals working with student-veterans as they transition into postsecondary education. Additionally, Griffin and Gilbert (2015) noted that more empirical studies should use this conceptual framework as a means of discovering how various institutions plan to implement and provide transitional support and resources to their respective student-veterans.

According to Schlossberg and her colleagues (Anderson et al., 2012; Goodman et al., 2006; Schlossberg et al., 1995), many factors weigh on an individual's ability to successfully manage transition. The first is the category of the transition, such as starting a new job, starting college, loss of a spouse, and so on. The second factor is the nature of the transition, such as planned or unplanned. The third is the context in which the transition occurs. The final factor is that the resulting impacts from the availability of assets and resources all factor into the success or failure of transitions (Schlossberg et al., 1995).

Categories of Transitions

Erikson, a psychoanalyst born in Germany in 1902, developed the theory of psychosocial development. His seminal composition, *Childhood and Society* (1950), presented his theory of the life cycle. Erikson held that the successes and disappointments of previous life stages influence subsequent stages, while later stages alter and provide meaning for earlier stages. Erikson hypothesized that psychosocial growth and development takes place in phases. Erikson detailed eight growth and development stages which merge to produce an internal crisis and result in either psychosocial growth or regression and the development of resulting characteristics (Current Nursing, 2013).

Schlossberg's (1995) theory of transition is also a psychosocial-based development model that identifies and acknowledges the transitions, or events and non events, in individuals' lives. The theory of transition also acknowledges the individual's roles in society and the personal effects of these events and non-events. Schlossberg et al. (1995) classified transitions into five primary categories, which include anticipated transitions, unanticipated transitions, events, non events, and chronic transitions.

According to Schlossberg et al. (1995), anticipated transitions are events that typically occur in an individual's lifetime, such as completing high school, getting married, or having children. Conversely, unanticipated transitions are events that the individual does not expect to occur, such as job termination, a divorce, or an unplanned pregnancy. Life transitions that are expected to occur and actually do occur are called events. Likewise, transitions that an individual counts on happening but do not occur as planned are called non event transitions. Finally, changes in an individual's routines and roles in life as a result of anticipated, unanticipated, event or nonevent transitions are called chronic transitions (Schlossberg et al., 1995).

The context of a given transition refers to the individual's relationship to the transition, such as personal, interpersonal, community-based, or other circumstances or environment where the transition occurs. Comprehending the impact of the transition on an individual may be gauged by how their daily life or routine has been changed as a result of the transition. Chickering and Schlossberg (1995) delineated the spectrum of the transition process by assigning the terms *moving in, moving through,* and *moving out.*

Moving in refers to the process of individuals transitioning from one phase of life into another. An example of the moving in phase for college students typically involves being new to campus life and having to pay for text books and facing increased academic expectations. This is deemed a moving in transition because everything is new, expectations are typically sudden and sometimes unclear, and the individual is moving into this new phase of his or her life (Chickering & Schlossberg, 1995).

Moving through refers to the process of individuals later transitioning from the new experience to becoming more settled into it and taking actions to effectively maintain that life transition. For example, the moving through phase for new college students typically involves such areas as paying college expenses; successfully balancing academics, work, and family requirements; and maintaining a GPA that will be sufficient to obtain employment after graduation. This is deemed a moving through phase as the individual must resourcefully sustain this transition until it is completed (Chickering & Schlossberg, 1995).

Moving out refers to the process of individuals transitioning from *moving through* to moving on to the following life transition. The moving out phase for college students typically involves such areas as continuing on to graduate school, seeking or obtaining degree-related employment after graduation, and potentially relocating from the area out of necessity. This is deemed a moving out phase as the individual must now move out to the next life transition (Chickering & Schlossberg, 1995).

Individuals cope with life transitions either positively or negatively. Schlossberg et al., (1995) offered that assessing an individual's assets and liabilities in four areas

termed the *4Ss* (i.e., the *situation, self, support*, and *strategies*) yields potential methods

and options for coping with transitions. The *4Ss* are detailed below.

Situation factors in Schlossberg's (2011) transition theory involve important

aspects including the timing of the transition, the duration, and the individual's prior

experience, if any, with a comparable transition. *Situation* also includes how an

individual evaluates a life transition and his or her subsequent sense of control over what

is occurring during the transition process (Anderson, Goodman & Schlossberg, 2012;

Canto, McMackin, Hayden, Jeffery, & Osborn, 2015). The primary concern with the

situation involves whether the transition in the individual's life is viewed as temporary or

permanent, if the transition is deemed positive or negative, and if additional stress factors

exist which serve to worsen the transition process (Anderson et al., 2012; Goodman et al.,

2006; Schlossberg et al., 1995). Researchers (DiRamio & Jarvis, 2011; Elliot, Gonzalez

& Larsen, 2011; Lazarowicz, 2015; Moon & Schma, 2011) found that student-veterans,

unlike while they were in the military, often encounter difficulty in navigating the

academic chain of command and harbor confusion on who to seek out when there are

questions or unresolved issues while in academic settings.

Self-related factors in Schlossberg's (2011) transition theory involve the

individual experiencing the life transition itself. *Self-related* factors include two aspects

to consider: personal characteristics and psychological resources (Anderson, Goodman &

Schlossberg, 2012; Kimball et al., 2016). Personal characteristics are comprised of an

individual's demographic features, including the individual's age, race, gender, or

socioeconomic status. Psychosocial resources involve the optimism levels or self-

motivation abilities of that individual. Further, *self-related* issues center on how personal

means and individual characteristics control internal coping. As a result, Anderson et al.

(2012) observed that determination, resiliency, strong personal values, and a great

perception of control and positive situational assessments typically yield positive

outcomes. Moreover, researchers (Elliott, Gonzalez, & Larsen 2011; Lazarowicz, 2015)

argued that postsecondary counseling offices should include staff members that are

uniquely trained to assist and accommodate student-veterans in addition to incorporating

local veteran-specific services whenever possible.

     Support factors in Schlossberg's (2011) transition theory include the individuals,

organizations, or institutions from which the person experiencing the transition seeks

assistance or guidance. Further, *support* is deemed to be social in nature and concentrates

on ways in which concern, compassion, and positive affirmations may aid the individual

during transitions (Anderson et al., 2012; Goodman et al., 2006; Schlossberg et al., 1995).

As many student-veterans often do not feel supported on campus (Lazarowicz, 2015;

Ostovary & Dapprich, 2011), *support* in postsecondary settings can come in a variety of

ways, including peer-support; student-veterans organizations; a dedicated on-campus

student-veterans office; and establishment of a sense of institutional support and

understanding for student-veterans (Berg, 2017; DiRamio & Jarvis, 2011; Elliott et al.,

2011; Lazarowicz, 2015; Moon & Schma, 2011; Ostovary & Dapprich, 2011).

     Strategies in Schlossberg's (2011) transition theory reference the manner and

methods which an individual copes with the life transition. Also, *strategies* characterize

the individual's ability to successfully manage transitions as a result of his/her behavior

(Berg, 2017; Lazarowicz, 2015; Ryan, Carlstrom, Hughey, & Harris, 2011; Schlossberg, 2011). Researchers list three categories of coping responses; modifying the situation to the individual's desire as much as possible, controlling the meaning of the problem to the degree possible, and managing stress after the transition event. Likewise, the same researchers list four coping methods that the individual experiencing the life transition may employ: information seeking, direct action, inhibition of action, and intrapsychic behavior (Anderson et al., 2012; Goodman et al., 2006; Schlossberg et al., 1995). Other researchers (Berg, 2017; Kirchner, 2015; McBain, Kim, Cook & Snead, 2012) offered that the assistance that postsecondary institutions can render student-veterans may significantly aid in their ability to adjust the situation, have power over the meaning of the problem, and better manage their stress levels.

Because Schlossberg's model addresses general life transitions, academic advisors can use it as a framework for their work with all students (Jones, 2017; Lazarowicz, 2015; Ryan, Carlstrom, Hughey, & Harris, 2011). The primary utilization of Schlossberg's Transition theory is with adult learners who are entering or returning to postsecondary education settings. Advising and counseling that focus on the *4Ss* hold the potential to guide and positively impact student-veterans as they transition from the military, deployments, combat, and into their next life transition of postsecondary educational pursuits.

Manifestation and Effects of Post-Traumatic Stress Disorder

Trauma, whether physical, emotional, or cognitive are inherent realities and by-products of combat and military deployments (Arman, 2016; Novaco et al., 2012;

Russell, 2013). As two of the more commonly occurring by-products, PTSD and TBI are not newly-discovered cognitive injuries (National Institute of Mental Health [NIMH], 2017; VAOPA, 2012). In fact, Friedman (2013) posited that PTSD dates back as a diagnosis nearly one hundred years. During such time, PTSD has been given several different names; however, the cognitive manifestations, effects, and limitations imposed on those who are affected by the disorder remain the same.

Due to the extreme nature of military deployments and combat operations, military service members have a significantly higher chance of acquiring PTSD (Arman, 2016; Myers, VanMeenen, & Servatius, 2012). As a result, many veterans of the wars in Iraq and Afghanistan will be faced with long-term physical, mental, and cognitive deficits and challenges (Arman, 2016; Buchanan et al., 2011; NIMH, 2017; Novaco et al., 2012; Russell, 2013). These deficits and challenges are examples of the *unanticipated transitions* that Schlossberg et al. (1995) included when discussing transitions that an individual does not expect to occur. In response, the military and the VA have made attempts to maintain awareness and to proactively address the mental health concerns of the multitude of veterans requiring treatment and counseling. However, the PTSD diagnosis rate in returning veterans is high and continues to rise as a result of their ongoing combat deployments. In fact, researchers (Arman, 2016; Asnaani, Reddy, & Shea, 2014; Buchanan et al., 2011; Kulkarnia et al., 2012; Myers et al., 2012; Smith-Osborne, 2012) have suggested that PTSD is the acknowledged hallmark and most common mental health issue facing current veterans.

Among the primary issues regarding wounded warriors is the stigma that accompanies a diagnosis of PTSD (Arman, 2016; Buchanan et al., 2011; Gradus, 2012; Williams, 2015). This recurring stigma arises out of the fear, either real, implied, or imagined, of a truncated military career or other issues including the lack of available behavioral health providers to treat their disorder (Arman, 2016; Buchanan et al., 2011; Ureno, 2014). Researchers (Arman, 2016; Asnaani et al., 2014; Barnard-Brak et al., 2011; Kulkarnia et al., 2012; Novaco et al., 2012) suggested that the cognitive disability of PTSD negatively impacts multiple aspects of a veteran's life. As an example, they highlighted that wounded warriors with a diagnosis of PTSD experience a 150% higher unemployment rate than non-PTSD diagnosed veterans and a 60% separation and divorce rate. Unfortunately, these negative factors contribute to the unwelcome changes in veterans' roles and routines, and they also exemplify *chronic transitions* described by Schlossberg et al. (1995). Further, veterans with PTSD acknowledge experiencing greater rates of hostility and anger than other veterans (Arman, 2016; Asnaani et al., 2014; Barnard-Brak et al., 2011; Kulkarnia et al., 2012; Novaco et al., 2012). Moreover, veterans with PTSD experience higher suicide rates than individuals with any other mental health condition. As a result of these diverse challenges, wounded warriors with PTSD are faced with higher rates of personal hardship than other veterans without PTSD (Arman, 2016; Asnaani et al., 2014; Barnard-Brak et al., 2011; Kulkarnia et al., 2012; Novaco et al., 2012).

Research (Friedman, 2013; NIMH, 2017) revealed that there is no unanimously acknowledged theory of PTSD. However, it is generally agreed that diverse paradigms

related to the individual and larger society contribute to the acquisition of PTSD and to the subsequent treatment of the symptoms of PTSD (Arman, 2016; Ford & Vignare, 2014; Rodriguez et al., 2012). Further, individuals diagnosed with PTSD typically suffer from the characteristic symptoms of reexperiencing episodes, distress related to trigger responses, emotional anesthetizing or numbing, heightened startle responses, and detached emotions (Arman, 2016; Ford & Vignare, 2014; Novaco et al., 2012). In addition, two of the more common emotion-based symptoms of PTSD are frequent anger and dissociation, the display of unconnected thought processing. Collectively, these symptoms are recurrent risk factors and they often create significant limitations for veterans with a PTSD diagnosis (Elliott, 2015; Kulkarnia et al., 2012; Novaco et al., 2012; Rodriguez et al., 2012).

Notably, anger and dissociation are the trademark counter-effective coping strategies for PTSD sufferers (Berg, 2017; Kirchner, 2015; Kulkarnia et al., 2012; Novaco et al., 2012). The strategy of employing anger is an avoidance mechanism that offers an artificial sense of power and command over a given situation. Anger is also related to hypervigilance in that hypervigilance often yields a false sense of maintaining control over a situation that the individual finds him or herself in (Berg, 2017; Kirchner, 2015; Kulkarnia et al., 2012). Further, another noteworthy aspect of PTSD and anger is that anger is more socially acceptable in American culture than fear, especially in males. Therefore, anger reactions readily serve the veteran internally; however, repeated anger episodes tend to agitate and intensify the veterans' PTSD condition (Berg, 2017; Kirchner, 2015; Kulkarnia et al., 2012; Rodriguez et al., 2012).

A diagnosis of PTSD typically presents a myriad of challenges for affected veterans. Ellison et al., (2012) posited that veterans with PTSD frequently experience greater personal and professional challenges due to the effects of the cognitive disorder. For example, many wounded warriors with PTSD expressed a sensation of uncontrollable anxiety while in a college classroom setting. Veterans detailed that the usual catalysts for their heightened anxiety were unexpected or loud sounds, which typically serve as constant reminders of attacks or explosions when they were in combat (Ellison et al., 2012; NIMH; 2017). In addition, affected wounded warriors reported common coping mechanisms, such as abusing drugs and alcohol; selecting seating at the rear of the classroom; participating in online education or in-person courses with fewer participants; requesting special testing and assessment accommodations; and utilizing devices such as voice recorders to aid with memory loss and concentration issues (Avery & McDevitt-Murphy, 2014; Ellison et al., 2012; Kraus & Rattray, 2012; Kulkarnia et al., 2012; Rodriguez et al., 2012).

Manifestation and Effects of Traumatic Brain Injury

Wounded warriors not only make multiple life adjustments in order to successfully transition from combat to the classroom but also must overcome the hurdles in their paths that are incurred by PTSD or TBI (Department of Veterans Affairs, 2012). Moreover, research (Blevins-Sinski, 2012; Green & Van Dusen, 2012; NIMH, 2017) revealed that student-veterans often struggle academically while simultaneously attempting to cope with their physical and cognitive injuries. TBI potentially presents

multiple challenges, including depression, memory loss, poor concentration, learning

deficits, and sensorial and perceptual issues.

From a physical standpoint, the individuals' hearing, vision, equilibrium, and

hand-eye coordination are also often adversely affected (Church, 2009; Blevins-Sinski,

2012; NIMH, 2017). The concern with TBI, much like PTSD, is that the wounds are not

readily visible. This is especially problematic in social, employment, and academic

settings as others are often unaware of the challenges faced by individuals affected by

TBI (Brewer, 2016; Ruzek et al., 2011). These collective physical and cognitive

challenges are further examples of *chronic transitions* delineated by Schlossberg et al.,

(1995).

Student-Veterans Issues, Challenges, and Concerns

Student-veterans, *wounded warriors*, and *combat vets* are labels used to identify

current and former military personnel. Typically, most military veterans have served in

combat or in an area that has been designated as a war zone. Despite the various labels

they are often given, many veterans have one thing in common: the adjustment or

transition shock that they experience after departing military service (Blevins-Sinski,

2012; Tatum, 2015). Several researchers have found that many service members' drastic

and unexpected life changes often create culture shock (Corey, 2011; Himmerich &

Meyers, 2015; Leake & Stodden, 2014; Smith-Osborne, 2012). In support of these

findings, (Leake & Stodden, 2014; Smith-Osborne, 2012), found culture shock to be one

of the primary hurdles encountered by veterans making the transition from military to

civilian life. This contention is further supported by (Cloos, 2015; Smith-Osborne, 2012)

observations that countless veterans are faced with multiple challenges upon making the conversion from a disciplined and well-ordered lifestyle to one that is typically self-governing and free-willed. This often difficult conversion is termed an *event* (Schlossberg et al., 1995); however, it also typifies the *moving in* process (Chickering & Schlossberg, 1995), as the individual is transitioning from one phase of life into another.

The Loss of Military Identity

From a transition perspective, many veterans lament the loss of their military rank and careers, as these achievements have served as their personal identities for years (Cloos, 2015; Smith-Osborne, 2012). Often, rank and military identity become diminished in importance in civilian life once most veterans depart military service. In view of this dynamic, researchers (Elliott, 2015; Simpson and Armstrong, 2009; Smith-Osborne, 2012) cautioned that vocational counselors should exercise empathy with regards to veterans' loss of their military identities. As such, many veterans need external support during the transition to civilian life. *Support* is one of the *4Ss* included in Schlossberg's (2011) transition theory, and individuals and institutions involved in veterans' transitions should incorporate it into each phase of the transition process.

In addition to the loss of their military identities, additional challenges await many transitioning service members. Alschuler & Yarab (2016) and Gradus (2012) found that many active duty service members and veterans become disenchanted upon discovering that they will not receive many college credits, or in some cases, any credits whatsoever for their military service. Moreover, many older vets often find that as a result of competing work and family commitments they have a need to exercise more

flexibility in their academic pursuits. In addition, many student-veterans find that they struggle socially and internally with the transition from combat to academics (Alschuler & Yarab, 2016; Gradus, 2012).

Effects of Multiple Combat Deployments

Alschuler & Yarab (2016) and Gradus (2012) findings of multiple post-military challenges are supported by Russell's (2013) observation that most service members, more especially those who are deployed to combat zones, eagerly envision returning to their lives, family, and communities. Researchers (Freytes et al., 2017; Gradus, 2012) also found that current service members tend to experience greater psychological suffering than did past generations and that their emotional trauma is directly proportional to the collective time spent in a war zone. This unprecedented accumulation of combat zone exposure takes its toll on service members in diverse ways. Upon their return, many service members experience significant changes in behaviors, perspectives, and relationships (Freytes et al., 2017; Gradus, 2012). Likewise, the people and environments that they knew before departing often have experienced change. Moreover, the veterans' physical and cognitive injuries, along with changes in their once familiar home and family lives, combine to complicate reintegration attempts upon their return (Alschuler & Yarab, 2016). As an outcome, it is not uncommon for many transitioning veterans to express reluctance to discuss their war zone experiences or the uninvited new realities of their lives.

Additional research (Langer, 2015; Tatum, 2015) supported the findings of post-military service struggles for many veterans. For example, Ellison et al. (2012) reported

that the challenge of returning from combat and re-integrating into civilian life can be very difficult for many veterans. This dynamic was especially true for young veterans as many of them enlisted immediately following high school and lacked civilian-related employment skills or education. This reality was compounded in that there was no reintegration training for civilian life. Consequently, the major concerns of younger veterans included becoming homeless, dissolution of families, addiction, disability challenges, and successful reintegration into civilian life (Ellison et al., 2012; Langer, 2015). In an effort to successfully transition and reintegrate into civilian life, veterans needed to formulate and employ *strategies* (Schlossberg, 2011), as *strategies* characterize the individual's ability to successfully manage transitions as a result of his/her behavior (Canto et al., 2015; Schlossberg, 2011).

Counseling and Support Groups

Conversely, some veterans possess diverse ideas regarding potential services and accommodations that may improve the educational and rehabilitation assistance available to them. Researchers (Elliott, 2015; Ellison et al., 2012; Tatum, 2015) found that younger veterans tend to harbor a preference for participating in counseling and support groups with veterans of similar age and experience and not with veterans that are older or from earlier conflicts. Moreover, current veterans often express a desire for augmented services such as increased outreach efforts, age appropriate activities, and support group meetings that are held in unconventional settings such as tattoo parlors and sports venues (Elliott, 2015; Ellison et al., 2012; Tatum, 2015). Taking these personal preferences into consideration illustrates Schlossberg's (2011) suggestion that *self-related* factors center

on the individual experiencing the life transition itself and the need to incorporate

personal means and individual characteristics to aid internal coping.

Additionally, young veterans expressed other concerns. Ellison et al., (2012) also

found that younger veterans' desire increased computer access within VA clinics,

hospitals, and temporary shelters, as this would facilitate easier access to information

regarding veterans' benefits and educational programs and services. Many veterans

utilizing VA facilities felt that existing access is unnecessarily limited and too closely

supervised (Ellison et al., 2012; Ureno, 2014).

Peer Support

Peer support is an area of concern expressed by all veterans, not just younger

ones, as peer support is typically highly valued by all veterans. Studies (Blevins-Sinski,

2012; Ellison et al., 2012; Ureno, 2014) have found that veterans prefer to obtain

information from fellow veterans, especially those that have successfully negotiated

similar issues. The sharing of knowledge, experiences, and resources is typically the

common bond of many veterans' support groups. Schlossberg (2011) suggested that

support is social in nature and emphasized how individuals, organizations and institutions

may aid in providing such social support to veterans during their transitions from military

to civilian life. Other researchers (Ellison et al., 2012; Gann, 2012; Klinefelter, 2017)

observed that this dynamic normally exists, even when individuals are complete

strangers, as there is usually an instantaneous sense of brotherhood and camaraderie

among combat veterans.

As a result of this dynamic, veterans typically prefer that their veteran-peers conduct counseling sessions and support groups. However, Ellison et al. (2012) reported that a common exception expressed to this preference by most veterans was that they prefer not to receive counseling from veterans who have a current diagnosis of PTSD. This preference was frequently voiced as veterans typically did not feel that individuals with PTSD had overcome their own challenges, and they were not yet in a condition to counsel others (Aikins et al., 2015; Ellison et al., 2012).

Loss of Structure

A common ideology often subscribed to by younger veterans is that of not asking questions but instead looking to superiors to inform them of what to do and when to do it. Researchers (Anderson, 2013; Blevins-Sinski, 2012; Ellison et al., 2012; Klinefelter, 2017) observed that younger veterans often discover that the return to civilian life is very different from military life in that it is far less structured. As a result, this lack of a structured environment requires young veterans to make decisions for themselves and to use self-determination to obtain information.

The loss of military structure is further exacerbated for veterans by the loss of friendships and social networks. Anderson, 2013; Beatty, 2013; Berg, 2017; Green & Van Dusen, 2012, and Klinefelter, 2017, all found that the cumulative effects of combat experiences, coupled with physical or cognitive disabilities, caused many veterans to lose their bond with several civilian social contacts. However, a dichotomy often existed between younger veterans and older veterans in this area. Ellison et al. (2012) observed that older veterans typically benefit from settled families, community supports, and

established lives; whereas many younger veterans lack that same stability and social supports in their lives. These findings supported Schlossberg's (2011) *4Ss* factor of *situation* wherein the timing of the transition and experience with prior similar transitions play important roles in how individuals fare with the transition from one phase of life to another phase.

Faculty Interactions with Students with PTSD or TBI

Faculties of postsecondary institutions across America are increasingly faced with challenges in accommodating students with PTSD or TBI. Barnard-Brak, Bagby, Jones, and Sulak (2011) noted that the new Post-9/11 GI Bill educational benefit is anticipated to lure an unprecedented number of student-veterans to postsecondary institutions nationwide. Moreover, wounded warriors' physical and cognitive challenges significantly added to the diversity of the student populations at many institutions nationwide, particularly, students challenged with disabilities (Barnard-Brak et al., 2011; Beauchesne & O'Hair, 2013; Berg, 2017).

In view of this new reality, the actions of faculty members are crucial to the successful integration of student-veterans in classroom settings. Jackson et al. (2012) argued that once armed with a fundamental understanding of memory, brain functions, and cognitive deficits, faculty would be enabled to better understand and accommodate wounded warriors within their respective classrooms. In addition to acquiring a basic understanding of memory and cognitive deficits, faculty members should be aware that the physical classroom itself presents its own challenges that need to be understood (Blevins-Sinski, 2012; Brewer, 2016).

Faculty must maintain awareness that some physiological responses to situations may potentially elicit vivid memories of wartime situations. Blevins-Sinski (2012), Church (2009), and Klinefelter (2017) illustrated that situations such as seating that is too close together; text books, bags, or personal items laying in aisle ways; or obstructed doorways all serve as possible triggers for a veterans' PTSD or TBI condition. Blevins-Sinski described that these reactions often come about due to the individuals' response to relatable circumstances that occurred while in combat. As a result, all items should be neatly stored, and assigned safety personnel should ensure unobstructed entrances and exits throughout the institution (Berg, 2017; Blevins-Sinski, 2012; Corey, 2011).

In addition, faculty must also remain cognizant that aggressive behaviors, loud noises, or rapid unexpected movements also hold the potential to trigger student-veterans with PTSD or TBI. In view of these factors, Kraus and Rattray (2012) recommended that faculty should always first ask students if they are okay with being touched and notify students immediately before intentionally making any loud noises or potentially startling movements. Consequently, Blevins-Sinski's (2012) suggestions include not standing directly over students while they are seated, not having classroom lights that are too bright, and refraining from making the room totally dark.

Other issues and triggers exist for student-veterans with PTSD or TBI. Student seating arrangements may also create problems. Researchers (Blevins-Sinski, 2012; Newbury, 2016) found that placing a student-veteran in a location where he or she experiences fear, anxiety, or potential danger may activate triggers as well. As an accommodation, researchers (Green & Van Dusen, 2012; Newbury, 2016; Sinski, 2012)

recommended allowing students to sit where they felt most comfortable and safe, in addition to permitting student-veterans to depart the classroom at their own discretion. Yet other situations might have involved visual or hearing related challenges which required advantageous seating as well. Additionally, researchers (Green & Van Dusen, 2012; Newbury, 2016; Sinski, 2012) further recommend that faculty learn to analyze and understand body language cues and stress indicators. Accommodation options may include changing the topic under discussion or shifting the classroom activity to something completely unrelated.

Trained and prepared faculty would improve the experiences of wounded warriors on campus. In support of this contention, researchers (Barnard-Brak et al., 2011; Petri et al., 2016; Smith-Osborne, 2012) concluded that postsecondary institutions would greatly benefit from providing rudimentary faculty training and awareness in an effort to better accommodate student-veterans. By providing such faculty training, postsecondary institutions would significantly aid student-veterans in the *moving in* phase (Schlossberg et al., 1995). Once distractions and triggers have been minimized, then the focus could shift to learning and educational accomplishments.

Faculty should enter the classroom with a prepared strategy for engaging and accommodating wounded warriors with PTSD or TBI. Hawthorne & Bauman (2012) recommended that instead of directly presenting questions, which may trigger anxiety, to try either presenting open-ended questions to the class in general or permitting the use of graphic organizers, which in turn promote critical thinking and encourage student engagement. An additional suggestion by Blevins-Sinski (2012) was to permit the

utilization of digital voice recorders during classroom instruction and discourse for later playback and memory prompts. Yet another suggestion was to supply wounded warriors with prepared discussion questions related to the next classroom lecture, in turn allowing student-veterans to be better prepared for the discussion and lessen anxieties and triggers (Hawthorne & Bauman, 2012).

Similarly, Barnard-Brak et al., (2011) supported the recommendations of Blevins-Sinski (2012) while cautioning that faculty development and preparation were vital. Faculty engagement of wounded warriors with PTSD or TBI is connected to his or her own self-efficacy. In this manner, self-efficacy described a faculty member's belief and ability to effectively conceptualize and implement required teaching objectives in a specific situation (Tschannen-Moran, Hoy, & Hoy, 1998). Acknowledgment of self-efficacy in turn either facilitated the willingness of the faculty member to engage cognitively challenged student-veterans, or to elect to defer and only instruct mainstream students (Barnard-Brak et al., 2011; Petri et al., 2016).

Strategies for Disability Services Providers

As noted, from a transition standpoint, returning veterans face a variety of challenges upon their return from combat deployments. Disability Compliance for Higher Education (2009) warned that as a result, DS providers on campuses nationwide must begin to thoroughly prepare for the arrival of these student-veterans. During the coming years, DS providers will be instrumental in providing invaluable readjustment counseling and disability services for many wounded warriors (Jackson et al., 2012; Love et al., 2015).

Combat deployments are a reality of military service, and each deployment offers its' own unique problems and after effects. As a result, several researchers (Jackson et al., 2012; Love et al., 2015; Williams, 2015) warned that DS providers should cautiously weigh the cumulative effects of numerous deployments, availability of resources, and the geographic location of services. These factors should be taken into consideration in addition to the reluctance of many wounded warriors to trust care providers.

Researchers, (Dunklin & Zamani-Gallaher, 2014) noted that current veterans have returned from deployments with the highest recorded rate of PTSD than in any other conflict. However, as PTSD and TBI are not visible wounds, service members typically do not readily admit to or discuss their conditions (Gelbar et al., 2015). In fact, unwritten military customs frequently influence service members to downplay such conditions. This is typically true in the military culture as promotions, assignments, and renewal of security clearances may be jeopardized (Tatum, 2015). Further, in addition to experiencing the horrors of war, numerous service men and women were victims of sexual assault while they were deployed (Gelbar et al., 2015).

Service members are generally acknowledged for their respect towards others, especially individuals in positions of authority. Researchers (Leake & Stodden, 2014) further observed that most veterans possess excellent study habits, show respect towards faculty, and earn high academic honors. Conversely, many wounded warriors are of the belief that civilians in general, including trained civilian providers, do not comprehend their wartime experiences or their problems. Mencke (2009) further cautioned that DS providers should not have an expectation of obtaining forthcoming responses to health

questions asked of wounded warriors on campus. In view of these variables, Mencke suggested that leadership and DS providers at postsecondary institutions across the nation should question if they are currently adequately trained and prepared to take on such challenges.

In the near-term and in the upcoming years, countless colleges and universities will enroll numerous returning veterans into their institutions. As a result, researchers (Hitt et al., 2015) have stated that many postsecondary institutions have begun to hold conversations regarding the need to get ready for the approaching wave of student-veterans returning to postsecondary institutions nationwide. Some researchers, (Norman, et al., 2015; Petri et al., 2016; Ryan et al., 2011) further noted that many of these institutions have initiated, augmented, or revamped their disability services programs in order to accommodate the transition of wounded warriors to their campuses.

At many postsecondary institutions, disability services personnel have served as a vital link between disability-challenged students and the resources that have better enabled them to participate in and benefit from educational services. Similarly, a growing number of wounded warriors with the cognitive disabilities of PTSD or TBI have begun to use their respective campus disability services offices (Norman et al, 2015; Petri et al, 2016; Ryan et al, 2011). This increase has been more prevalent at institutions that have noticeably supported programs for student-veterans. Even with the visible DS support, many student-veterans have only grudgingly sought assistance after they experienced academic problems, often while neglecting to disclose their cognitive injuries (Dunklin & Zamani-Gallaher, 2014; Smith-Osborne, 2012). However, maintaining compassion for

combat veterans' experiences significantly increases appreciation for the challenges that

they endure (Langer, 2015; Smith-Osborne, 2012). In view of this, DS providers possess

excellent opportunities to assess the *4Ss* of student-veterans and to positively impact the

moving in, moving through, and *moving out* phases of student-veterans making their

transitions from the military to postsecondary education and on to civilian employment.

Approaches, Accommodations, and Recommendations

Service members and veterans have typically carried their pride of military

service with them wherever they may go. As a result, wounded warriors frequently bear

physical injuries, and they have often attempted to blame their cognitive disabilities on

their physical disabilities (Ford & Vignare, 2014; Love et al., 2015). However, skilled DS

providers have often been able to discern the truth. It is also not uncommon for wounded

warriors to admit to anxiety, yet they may not readily admit to being diagnosed with

PTSD. Therefore, researchers have recommended that DS providers reassure wounded

warriors that diagnoses of PTSD and TBI are not uncommon and are nothing to be

ashamed of (Cory, 2011; Love et al., 2015).

Researchers have cautioned that DS personnel need to use skillfulness and

discretion in attempting to persuade student-veterans to divulge possible cognitive

challenges related to PTSD or TBI (Cory, 2011; Leake & Stodden, 2014; Smith-Osborne,

2012). DS personnel's skills should include learning body language and non-verbal cues,

in addition to creating trust with the student-veterans (Berg 2017). Of note, wounded

warriors are still attempting to adjust to both their new lives and their new physical

and/or cognitive disabilities. In turn, this adjustment often included changes in their

academic, family, and vocational situations. Further, wounded warriors have often been

unaware of disability laws, regulations, services, or accommodations that may be

available to them (Berg 2017; Smith-Osborne, 2012). As a result, DS personnel should

endeavor to educate and inform student-veterans as much as possible. As previously

discussed, many student-veterans do not feel supported on campus (Albright et al., 2017;

Gann, 2012). Therefore, by providing student-veterans with the tools and information

they truly need, DS providers may empower these individuals with vital *support*, as

described by Schlossberg (2011).

Providing accommodations to wounded warriors within their classrooms has been

as important as accommodations rendered by campus disability services. For example,

Blevins-Sinski, (2012), Petri et al. (2016), Smith-Osborne (2012), and Sinski (2012) all

recommended that while conferring with student-veterans, faculty and staff should allow

them to sit wherever they feel most safe and comfortable. Often, in most settings outside

of their homes, student-veterans will make themselves aware of entrance and exit points,

physical obstacles, and potential anxiety triggers (Blevins-Sinski, 2012; Gann, 2012;

Petri et al., 2016).

Assimilating Military Mindsets

As a common aspect of the transition process, veterans have often retained their

military mindset for an extended time after departing the service. To counter this mindset,

researchers (Kimball et al., 2016) have offered recommendations that may aid in making

veterans feel more at ease while receiving disability services. One recommendation

included providing facts regarding exactly how many other wounded warriors have made

use of the DS office and resources (Graf et al., 2015; Ureno, 2014). Another

recommendation involved initiating working relationships with leaders and members of

campus-based veterans groups and establishing an agreed upon method to refer veterans

to such groups (Robertson, Miles, & Mallen, 2014).

Yet another recommendation suggested attempting to use the accepted jargon of

military veterans, such as "wounded warriors" instead of disabled service members

(Berg, 2017; Church, 2008; Kirchner, 2015). An additional recommendation included

becoming familiar with military rank structures, insignia, and common military acronyms

(Green & Van Dusen, 2012). A concluding recommendation involved keeping in mind

that veterans left goal-oriented environments in the military; therefore, they may need to

be provided with goals, objectives, targeted accomplishment dates, and other actions that

provide structure for them (Church, 2008; Kirchner, 2015; Parks & Walker, 2014;

Williams, 2015).

Further considerations have also been essential in connecting with and

maintaining rapport with wounded warriors. These considerations included the following.

As student-veterans tend to be goal-oriented, DS personnel should acknowledge their

disappointment in other students who fail to take their academic pursuits seriously

(Bedrossian, 2012). DS personnel should describe how the academic chain of command

is structured and how it is not as rigid as a military chain of command (Parks et al.,

2015). DS personnel should also be mindful that student-veterans are accustomed to

structure, order, and discipline; conversely, participation in group activities and

discussions with non-veterans can be potentially disconcerting (Church, 2008; Smith-

Osborne, 2012; Tatum, 2015). Keeping in mind Schlossberg et al. (1995) and the entire transition process, postsecondary education institutions possess the ability to implement a myriad of features designed to identify and aid veterans with their transition to student-veterans.

Vocational Development Needs

Wounded warriors' unique situations have frequently generated a variety of requirements and the need for multiple resources. Among these varying needs, researchers (Alschuler & Yarab, 2016; Kirchner, 2015) cautioned that very little attention has been paid to veterans' vocational development needs. As a result, vocational counselors and disability services personnel have been urged to advocate for student-veterans and accommodate their wide-ranging needs (Church, 2008; Beauchesne & O'Hair, 2013; Kirchner, 2015). Additionally, advocates (Kirchner, 2015; Smith-Osborne, 2012) argued that while education is an integral focus of disability services functions, other areas of emphasis should be addressed as well, such as employment goals and accomplishments, community involvement, social groups and organizations, camaraderie, and faith-based fellowship. Researchers have further argued that the country owes it to its veterans to provide them with adequate disability services, counseling, and career development assistance (Buzzetta et al., 2014; Cory, 2011; Crawley, 2013; Kirchner, 2015). Each of these actions and considerations represent strong examples of implementation of Schlossberg's (2011) transition theory in practice.

Because disability service providers may not be equally skilled in providing services to wounded warriors, the Disability Compliance for Higher Education (2009)

reported that the Substance Abuse and Mental Health Services Administration

(SAMHSA) has created a newsletter that details resources, activities, and employment

opportunities for affected veterans. In addition, the newsletter featured information

regarding PTSD, TBI, and a risk and benefits analysis matrix that has helped wounded

warriors decide if and when to disclose their disabilities to specific entities.

Supported Education and Disability Services Staff Perspectives

In addition to conversations regarding the need to prepare for returning veterans,

the concept of supported education (SEd) programs for wounded warriors (Ellison et al.,

2012; Smith-Osborne, 2012) has also begun to gain attention. SEd is a recently developed

evidence-based methodology (Ellison et al., 2012; Smith-Osborne, 2012), which has

increased in utilization and popularity as a result of the noticeable educational successes

that have occurred with individuals that suffer cognitive disabilities (Albright et al., 2017;

Cook & Solomon, 1993; Ellison et al., 2012; Hoffman & Mastrianni, 1993; Mowbray,

Collins, & Bybee, 1999; Nuechterlein et al., 2008; Smith-Osborne, 2012).

SEd has served as an option that has holistically addressed and treated anxiety,

depression, alcoholism, substance abuse, PTSD and TBI. A multidisciplinary team

approach has typically been used consisting of VA health care providers, vocational

rehabilitation counselors (VRCs), and the disability services offices located on campuses

(Arman, 2016; Ellison et al., 2012; Smith-Osborne, 2009). Additionally, advocates

(Arman, 2016; Ellison et al., 2012; Smith-Osborne, 2009) proposed that such a program

could initially experiment with a referral process that identifies and recommends

wounded warriors for participation. In addition, it was suggested that first consideration

should be given to institutions that currently have veteran-friendly programs in place along with a considerable number of participants (Smith-Osborne, 2012). By creating such a program, each of the *4Ss* of Schlossberg et al. (1995) may be appropriately assessed and addressed by service providers.

In consideration of each of the listed factors, DS offices on campuses nationwide serve as a front-line of defense in assisting wounded warriors with their reintegration efforts. Much like any other entity, DS offices are staffed by individuals from all walks of life and with varied perspectives and opinions. As a result, individuals typically hold opposing viewpoints and sentiments regarding politics, war, and military service. However, Parks et al. (2015) argued that student-veterans should be accepted and accommodated by DS providers regardless of their own position or views on such topics.

Current Initiatives in Postsecondary Education for Student-Veterans

On August 12, 2013, a postsecondary educational initiative was launched by President Obama, the U.S. Department of Education (ED), and the Department of Veterans Affairs with the stated goal of significantly improving educational and employment opportunities for the nations returning veterans (VA Office of Public Affairs [VAOPA], 2013). This joint initiative has been labeled as "8 Keys to Success", which is intended to aid student-veterans by prompting postsecondary institutions to improve their current processes for welcoming, integrating, and accommodating returning veterans. President Obama announced that to date over 250 postsecondary institutions had quickly signed on and agreed to implement the initiative at their respective colleges and universities (VAOPA, 2013).

Further, to promote the successful implementation of the "8 Keys to Success" both on campus and through online educational methods, the Department of Education brought together over 100 subject matter experts on how to best approach and implement such a wide-ranging initiative. Additionally, diverse stakeholders including postsecondary institutions, benevolent organizations, non-profits, veterans' rights groups, and recently graduated veterans themselves were included in discussions with the goal of obtaining and incorporating their respective vital input into the initiative (VAOPA, 2013). The "8 Keys to Success" initiative held the goal of incorporating successful programs and practices that were already in existence via the ED and VA, more especially, a program known as "VetSuccess on Campus (VSOC)" (VAOPA, 2013). Moreover, the initiative was heralded as an important effort to motivate postsecondary institutions to proactively provide veterans with the necessary support and resources that they require in order to succeed (U.S Secretary of Education Arne Duncan, 2013). Objectives of the "8 Keys to Success" included the following:

1. Establish trust and unity on campus to encourage the success of student-veterans;

2. Secure continuous campus leadership support;

3. Employ academic, career, and financial notification measures to aid student-veterans before issues escalate;

4. Create a centralized campus gathering space specifically for student-veterans;

5. Work in partnership with communities, organizations, and government agencies to bring together diverse services for student-veterans;

6. Use standardized data collection such as demographic information, retention rates, and graduation statistics of student-veterans;

7. Offer professional faculty and staff development that focuses on student-veterans issues;

8. Create mechanisms that facilitate continuous best practices for student-veterans.

The above listed programs and services provided the perception of concerted efforts to incorporate the *4Ss* of Schlossberg et al. (1995), and to aid in the *moving in, moving through* and *moving out* phases (Chickering & Schlossberg, 1995). Several postsecondary institutions have been proactive in implementing programs and services that will benefit student-veterans (Evans et al., 2015; Reynolds, 2013). For example, Western Nevada College conducts a "Veterans' Orientation" to better facilitate the reception and integration of student-veterans and to introduce the veteran to an assigned counselor who is tasked with aiding in helping him or her to adjust to academic life (VAOPA, 2013). Moreover, community colleges across the state of Virginia have worked to unite student-veterans with in-demand employment opportunities (VAOPA, 2013).

In addition, Virginia Commonwealth University (VCU) leadership assessed its existing accommodations and knowledge regarding returning military personnel and deemed its own institution as being deficient. As a result, VCU then developed a system that identified specially trained staff and faculty who student-veterans could readily confide in and rely upon for assistance. This initiative became known as the "Green Zone" (GZ) program (Nichols-Casebolt, 2012).

The Green Zone program derived its' origins from the existing "Safe Zone" program which was designed to provide safe harbors for lesbian, bi-sexual, gay, or transgendered (LBGT) students (Nichols-Casebolt, 2012). An essential factor in the success of the Green Zone program is that each volunteer is equipped with a functional knowledge of the common obstacles that student-veterans typically encounter, in addition to potential resources and services on campus and in the community that may be of benefit. A concentrated training program for Green Zone volunteers was created by subject matter experts who had significant experience in working with returning combat service members. In addition, Nicholas-Casebolt (2012) noted that the Green Zone program operated on the principle that student-veterans have been more successful in their academic pursuits with the knowledge that they have been supported by the institution and by knowledgeable and trustworthy staff and faculty members.

Initiatives to assist student-veterans in their transition to academics have been taking place at many institutions nationwide (Brewer, 2016; Church, 2008; Reynolds, 2013). As evidence, researchers (Hulsey, 2010; Reynolds, 2013) found that Texas State University-San Marcos created an advisory council designed to specifically address and assist with student-veteran issues and challenges. In 2009, The College of William & Mary partnered with VCU, Hulsey's place of employment, to implement a program that intervened with student-veterans mental health and legal challenges. The William & Mary School of Law took the initiative one step further and created a free clinic staffed by its' law students and graduate psychology students, including veterans, and faculty members that are veterans who provide assistance with VA disability rating appeals and

legal issues. In addition, the Center for Psychological Services and Development at VCU offers free of charge evaluations and treatment for student-veterans with PTSD or TBI (Hulsey, 2010; Reynolds, 2013).

The alliance at VCU has created constructive outcomes for all involved. Researchers (Hulsey, 2010; Reynolds, 2013) found that law and psychology students obtained valuable knowledge and practical skills while simultaneously expanding their training. The law and psychology students have benefitted by increasing their knowledge base regarding military culture, the effects of TBI, and PTSD. They also learned to work in inter-disciplinary teams. Likewise, student-veterans have received much-needed assistance and services in a welcoming and accommodating environment, freeing the veterans to disclose often closely held information regarding their psychological and physical disabilities.

Another initiative to aid student-veterans in their transition to civilian and academic life was found at Citrus College in Glendora, California. Fisher (2008) reported that Manuel Martinez, a counselor for student-veterans attending the college, created the "Boots to Books" program, which was designed to assist student-veterans and their families with the often difficult transition back into civilian life. The three credit hour course has taught individuals about PTSD, TBI, stress, family relationships, coping strategies, and post-military success planning.

Additional initiatives have been implemented by postsecondary institutions to aid student veterans with the transition process. Researchers (Beatty, 2013; Green & Van Dusen, 2012; Hulsey, 2010; Jones, 2017; Kirchner, 2015; Reynolds, 2013) observed that

several institutions have augmented their existing student aid services, implemented student-veteran advisory teams, initiated veteran-specific web pages, hosted military appreciation functions, and offered exclusive veteran-focused orientations. In addition, Smith-Osborne (2012) reported multiple postsecondary initiatives including Arkansas State University's Beck PRIDE Center for America's Wounded Veterans which offered rehabilitative services, supportive sponsorship, financial management, social skills training, vocational assessments and counseling, and tutoring and academic support for wounded warriors.

The University of Texas-Pan American, St. Philips College in San Antonio, Texas, and several Texas community colleges have individually created veteran-focused educational opportunities and comprehensive student-veteran offices (Smith-Osborne, 2012). In addition, Burnett & Segoria (2009) reported that the Troops to College Program, created by the Governor of California, encompasses all California postsecondary institutions and includes an all-inclusive website, a targeted media promotion, support and accommodations for student-veteran organizations on campus, veteran-only orientation functions, tutoring and academic assistance, and a state-wide waiver of college fees for military veterans. Smith-Osborne (2012) further reported that many colleges have launched foundation-level or group-based courses that are only offered to student-veterans, such as the Combat2Classes program at Montgomery College in Maryland. While not an academic institution itself, the Wounded Warrior Project has partnered with Florida State College for Project Track, which is a year-long residential

academic program which concludes with employment externship opportunities for returning combat veterans (Smith-Osborne, 2012).

Lastly, researchers (Reynolds, 2013; Mock and Mencke, 2009) offered the following recommendations regarding initiatives that colleges and universities may implement to better serve their student-veteran populations:

1. Establish a student-veteran transition course or program on campus; a best practice can be found at *trsp.berkeley.edu/veterans.htm* and *studentaffairs.arizona.edu/vets/*.

2. Persuade student-veterans to establish a chapter of Military Past and Present on campus; the information and application process can be found at *mppoc.org*.

3. Seek recommendations and counsel from other university officials who have established successful student-veteran programs or have significant student-veteran populations at their institutions.

Implications

This study employed Schlossberg's transition theory as the conceptual framework and included implications for positive social change and direct application to the local problem from which it originated. Based on findings of the data collection and analysis, this study supported the selected Texas community college in their efforts to better understand and accommodate the needs of wounded warriors (Gelbar et al., 2015; Miles, 2014; O'Herrin, 2011). This study also assisted in identifying gaps in educational practices and in designing faculty PD to address such gaps. As a result, this study may aid

one Texas community college in providing appropriate accommodations for student-veterans suffering from PTSD or TBI in the same manner as it offers accommodations for physical, mental, emotional, cognitive, and learning disabilities. Finally, the findings from this study may also serve the DRC at the Texas community college in assessing and designing more comprehensive disability services and assistance for veterans bearing the cognitive disabilities of PTSD or TBI.

The project derived from the findings of the study is a staff and faculty PD training that focuses on accommodating student-veterans with PTSD and/or TBI. This training will not be stand-alone training that consumes additional resources; instead, it will be integrated into existing spring and fall staff and faculty PD rotational training sessions. Local Vet Center counselors, VA behavioral health providers, and/or VA VRCs may serve as excellent facilitators and subject matter experts while providing educational training on this topic to staff and faculty members of the community college.

The results of this study may benefit each category of participants, including the selected community college as a whole. Identified shortcomings regarding awareness and accommodations for student-veterans informed the training design, including how to develop diverse approaches to address existing training gaps. Through this study, I uncovered valuable information regarding student-veterans' concerns, current levels of faculty awareness, and DRC staff concerns in providing adequate classroom accommodations. The aforementioned valuable information included implications for positive social change through better addressing of concerns of student-veterans, in

addition to increased staff and faculty awareness and classroom accommodations at the selected Texas community college.

As discussed, such positive social change may emanate from utilizing Schlossberg's transition theory as the conceptual framework that guided this study, which included the goal of identifying and acknowledging the transitions, or events and non-events, in individuals' lives. Further, Schlossberg's theory of transition acknowledges the individual's roles in society, and the personal effects of these events and non-events. Finally, Schlossberg et al. (1995) offered that assessing an individual's assets and liabilities while utilizing the *4Ss*, the *situation, self, support*, and *strategies*, yields potential methods and options for coping with transitions, such as those typically experienced by student-veterans.

<div align="center">**Summary**</div>

In Section 1, I introduced the study and the topic of the cognitive disabilities of PTSD and TBI and their effects and limitations on service members and veterans while enrolled in college. I included a synopsis discussing how postsecondary institutions are experiencing the largest enrollment of student-veterans in decades. I provided a brief discussion detailing that a significant number of combat veterans have incurred the cognitive disabilities of PTSD and/or TBI.

I included a discussion of how staff, faculty, and fellow students often inadvertently create stressful or potentially alienating classroom environments or situations for student-veterans. I provided information illustrating that many colleges have discovered that they currently lack the ability to adequately address or accommodate

the needs of student-veterans. As an outcome, I identified a need for improved staff and faculty awareness and non-alienating classroom environments. These factors led to the recognition of a gap in educational practices, faculty PD, and adequate resources to address the issue. This identified gap often included shortcomings such as insufficient levels of one-on-one academic and personal counseling, infrequent student advising, and a lack of adequate special needs accommodations.

In Section 2, I discuss the qualitative design and approach of this study, including a description and justification of the chosen methodology, participants, sampling, and data collection and analysis. Additionally, I discuss access to participants, researcher-participant parameters, ethical considerations, and my role as the researcher. Finally, I included a discussion of measures taken to ensure validity of the study's findings.

Section 2: The Methodology

Introduction

The current influx of military student-veterans at postsecondary institutions across the nation has left many colleges and universities unprepared for the challenges that accompany this population of learners. The swell in enrollment includes a considerable number of combat veterans diagnosed with the cognitive disabilities of PTSD or TBI (Hayden & Buzzetta, 2014; Jones, 2017; Sinski, 2012), who often face specific challenges when they become college students. In this qualitative study, I explored the perspectives of three groups at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the disability counselors.

Qualitative Research Design and Approach

I used a qualitative approach for this study because I wanted to examine the perspectives of several stakeholder groups regarding classroom accommodations in a Texas community college; for that reason, I did not wish to generalize to a larger population. In contrast, researchers use a quantitative approach when they seek to test hypotheses to explain the relationship between the given variables under study (Merriam, 2015). In addition, quantitative research characteristically would have included the requirement of collecting relatively large amounts of numerical data for statistical analysis and reporting purposes (Creswell, 2013, 2012; Merriam, 2015). Merriam described qualitative research as the process of attempting to comprehend the meanings that individuals have constructed for their experiences in the environment. Creswell

(2013) added that the qualitative research process includes collecting data through general emerging questions, that is, questions that arise from structured or semi structured interview questions that allow for thoughtful participant responses. The analysis process in qualitative research is inductive and interpretive, with the researcher reading through the data several times while coding and developing themes to best describe the results of the study (Creswell, 2013). The qualitative factors were well suited for research that includes the examination of PTSD or TBI and adult educational settings and existing paradigms. In view of these collective considerations, qualitative inquiry was the most appropriate approach for this study.

Within qualitative research methodology, multiple options are available to researchers, including case study, phenomenology, ethnography, and grounded theory (Creswell, 2013; Glesne, 2011; Lodico et al., 2010; Merriam, 2015). To yield the optimum desired data, researchers must use good decision-making skills regarding selecting the best design for a given study. Factoring in the goals, purpose, and intended direction of my study, I considered each option and chose a case study design.

Initially, I considered a grounded theory design; however, a grounded theory design would not serve the goals, purpose, and intended direction of my study. Creswell (2013) stated that a grounded theory design allows researchers to develop a broad theory regarding a process, act, or interaction grounded in the perspective of participants. Since my purpose was not to develop a theory, this approach was not appropriate for my study design.

Second, I considered a phenomenological approach for this study. Lodico, Spaulding, and Voegtle (2010) explained that a phenomenological study is described as a means to record the lived unique experiences of research study participants. A goal of phenomenology is to use open-ended interview questions to capture the perspectives of the participants and to provide them with a voice. Phenomenology is recognized and used as both a methodological approach and a philosophy (Creswell, 2013). Researchers typically employ this approach in studies that contain a relatively small number of participants, with the understanding that individual experiences are diverse and complicated (Lodico et al., 2010). Both Creswell (2013) and Lodico et al. further noted that phenomenologists acknowledge that multiple interpretations of a given experience exist, and they do not make any assumptions regarding these diverse interpretations. Although a phenomenological approach is similar to a case study in the desired purpose and scope, I elected not to use a phenomenological approach for this study.

Third, I considered an ethnographic study. Glesne (2011) describes ethnography as a way to yield a deep understanding of a specific ethnic culture. The student-veterans in my proposed study will share the similarities of being members of a military culture; however, that does not match the criteria of an ethnographic study or the focus of my proposed study. Therefore, I did not select an ethnographic design.

Finally, I selected the case study approach for this study. Merriam (2015) explained that researchers use a case study design to find significance and understanding, incorporate collaborative data collection and examination, and include a rich descriptive narrative. This description is supported by Stake's (1995) explanation that case studies

involve a comprehensive depiction of the site or persons, followed by investigation of the

data for themes or issues. Moreover, Creswell (2013) added that a case study is a

methodological approach in which the researcher investigates a bounded system (i.e., a

case or cases) using thorough, detailed data gathered from diverse information sources,

followed with a case depiction, and common, case-based themes. These collective

descriptions meet the goals and intent of my proposed study. Therefore, a case study

design was appropriate.

Additionally, the selected conceptual framework for this study, Schlossberg's

(1995) theory of transition, provided an appropriate overall framework for the case study

approach. Schlossberg posited that research conducted under this conceptual framework

includes the goal of identifying and acknowledging the transitions, or events and non

events, in individuals' lives. Schlossberg's theory of transition also acknowledges the

individual's roles in society and the personal effects of these events and non events

(Schlossberg et al., 1995).

Based upon these collective principles, the case study approach emerged as the

best applicable approach for this particular study. Using Schlossberg's theory of

transition, I centered my case study on discovering how wounded warriors may better

cope with the difficult transition to becoming student-veterans. As highlighted earlier,

Schlossberg's (1995) theory of transition was ideal for this study as it has been employed

as a conceptual framework for qualitative analysis of narratives, which includes staff and

faculty, student-veterans, administrators, and other educational entities. Further,

Schlossberg's theory of transition aids in facilitating if and by what methods educational

institutions may positively affect student-veterans' transitions to postsecondary academic settings (Griffin & Gilbert, 2015).

For this research study, I used purposeful sampling as my sampling method. Purposeful sampling is sampling that represents the typical individual circumstances of the subject matter being studied (Glesne, 2011). In purposeful sampling, the researcher selects either people or places that will best lead to an understanding of the central phenomenon (Creswell, 2013).

As noted by Creswell (2012), an in-depth exploration of a central phenomenon is one of the goals of a qualitative research study. Researchers will benefit from the use of purposeful sampling when conducting this type of research study because, as Creswell added, this type of sampling allows the researcher to select individuals and sites that will maximize the understanding of the central phenomenon being studied. More specifically, for this study I used typical sampling, one form of purposeful sampling. Glesne (2011) suggested that typical sampling allows for the selection of individuals or sites that are representative of typical individuals, locations, or experiences that the researcher desires to investigate.

Typical sampling was appropriate for this study because the research site was a typical public community college. The DRC staff, the faculty participants, and the student-veterans with PTSD or TBI who are currently enrolled in courses at the selected Texas community college all served as typical participants for the purposes of the study. However, the DRC staff did not represent a sample population because the DRC staff

only consisted of six individuals; therefore, I selected only three of the six individuals to serve as study participants in an effort to simulate typical sampling as closely as possible.

Typical sampling for student-veteran participants consisted of currently enrolled, student-veterans diagnosed with PTSD or TBI. As a result of this requirement, I asked student-veterans to self-identify as having a current diagnosis of PTSD or TBI. Further, I achieved typical sampling for faculty participants by randomly selecting from the pool of those faculty members who currently or recently have taught student-veterans in their classes.

Glesne (2011) noted that there is no specific number or formula regarding exactly how many participants are needed in a qualitative study and cautioned that the number of participants varies depending upon the goals and conditions of a given study. However, Creswell (2012) added that allocating time to a small number of participants allows the researcher the opportunity to devote more time for the depth of inquiry regarding individual participant's concerns. Accordingly, I selected the number of participants for each of the three study participant categories.

<div align="center">**Research Location and Participants**</div>

The research location for this study was a Texas community college. In support of the military populace, the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) Office provides some measure of rehabilitative services to many of the military personnel and veterans with PTSD or TBI disabilities who attend the local community college. The receipt of funding for rehabilitative services is listed in both the VR&E annual budget report and the institution's annual operating budget report

(Department of Veterans Affairs, (2013b). Likewise, the community college DRC offers

services and assistance to all enrolled students with disabilities.

On infrequent occasions, the leadership of the local VR&E office and the DRC

staff of this Texas community college confer regarding services and assistance to enrolled

student-veterans with disabilities. The collective, yet separate, disability services

provided to student-veterans creates somewhat common yet distinct goals for each

organization. However, despite the similarity in focus and due to the unique missions of

each organization, I and other VRCs in my office never work directly with the DRC staff.

Nonetheless, given the commonality in disability services, the study results may

ultimately yield potentially beneficial research data and outcomes for both organizations.

In view of these factors, I made all possible efforts to anticipate potential ethical

dilemmas before, during, and after the research study process (Creswell, 2013), as I have

detailed below in the Ethics and IRB Processes sub-section. Also, I gave all due respect

for participants, institutions, and organizational rules and codes of conduct (Creswell,

2013). A guiding principle of research is that the researcher will safeguard against

contributing to disempowerment of the individuals under study (Creswell, 2013). In

support of this principle, Sieber (1998) warned that researchers must protect vulnerable

populations, assess potential risks, and guard against physical, mental, societal, financial,

or legal harm.

As discussed, researchers (DiRamio & Jarvis, 2011; Griffin & Gilbert, 2015;

Lazarowicz, 2015) used Schlossberg's transition theory in their efforts to develop

recommendations for best practices for individuals working with student-veterans as they

transition into postsecondary education. DiRamio and Jarvis (2011) and Griffin and

Gilbert (2015) proposed that more empirical studies should use this conceptual

framework as a means of discovering how various institutions plan to implement and

provide transitional support and resources to their respective student-veterans. Having

similar research goals, I chose to follow these recommendations and use Schlossberg's

transition theory as this framework may potentially yield beneficial information and

outcomes for each category of the study participants. With this in mind, I selected

participants for this study from three sources with the following criteria: currently

enrolled student-veterans diagnosed with PTSD or TBI; faculty members who currently

or have recently had student-veterans in their classes; and members of the DRC staff.

Finally, as previously discussed above, I used a case study approach. Case studies

are often employed in research studies that contain a relatively small number of

participants (Creswell, 2013; Lodico et al., 2010), with the understanding that individual

experiences are diverse and complicated (Lodico et al., 2010). Following that approach, I

limited my sample sizes for each of the three participant categories to small yet

purposeful population samples.

Student-Veteran Study Participants

I used multiple resources to recruit study participants. The local VA VR&E office

maintains a current list of disabled student-veterans attending the selected Texas

community college. Likewise, the college's DRC maintains a similar listing of student-

veterans with identified disabilities enrolled at the institution. I proactively used these

two lists to create a cross-reference that enabled me to ensure that I did not allow recruitment or participation in the study with any veterans with whom I am familiar.

A listing of all students attending the community college, including their respective school issued e-mail addresses is maintained by the college's administrative office. However, access to the institution's student directory is restricted and must be requested and permission granted by the administration. Therefore, I submitted a written request for community college's administrative office to mass e-mail the study participation letter to every current student in the student directory. Since I had previously received written notification from the community college's Institutional Review Board (IRB) Chair stating that permissions would be granted only after approval of the Walden University IRB process was submitted to the community college, my written request was submitted after the Walden University IRB provisionally approved my study application. The transmittal of the study invitation letter to the student directory allowed me to mass-email prospective student participants. The targeted student participants were currently enrolled student-veterans diagnosed with PTSD or TBI. To assure that participants met this inclusion criteria, student-veterans were asked to self-identify as having a current diagnosis of PTSD and/or TBI. Throughout the study confidentiality and the safeguarding of participants identities and information served as the priority (Creswell, 2013).

After obtaining permissions from the IRB of the study site, I then had the administrative office mass e-mail standardized study invitation letters (see Appendix B) to all students listed in the directory. I used my private e-mail exclusively to avoid the

appearance of bias, conflict of interest, or as an extension of my office or title. Invitation

letters included the following: a brief description of the study which explained the

purpose of the study; a brief accounting of the study procedures, including anticipated

participation time requirements; and disclosure that student-veterans would be asked to

self-identify as having a current diagnosis of PTSD and/or TBI. The invitation letters also

included the benefits and risks involved in participation in the study; disclosure that

participation in the study was voluntary and that withdrawal was permissible at any time;

and information regarding confidentiality and protection of privacy. Finally, the

invitation letters also included information that compensation for participation in the

study as a primary participant consisted of a $25.00 Wal-Mart gift card, pre-purchased

and issued by me at the conclusion of individual interviews; an identified 2-week

deadline date in which to respond if interested; a request that participants provide a

contact phone number in their e-mail response; and my contact information.

After the 2-week response deadline elapsed, I telephoned the student-veteran

respondents to verbally ensure that they did meet the criteria of having a current

diagnosis of either PTSD or TBI and to answer any preliminary questions or concerns

regarding potential participation in the study. Next, I continued that process until I had

acquired a pool of 15 potential student-veteran participants. From that pool, I then

assigned the participants consecutive numbers beginning with number one.

Respondent numbers one through seven served as the primary student-veteran

study participants. However, for varying personal reasons, only five student-veterans that

met the criteria actually participated in the study. The collective personal issues and

withdrawals from the remaining alternate participants prior to beginning the interviews completely depleted the pool of alternates. Each remaining participant was notified of his or her selection as a primary participant. All respondents and potential alternates were thanked for his or her response and for their willingness to participate in the study via private phone and e-mail only, to avoid the appearance of bias or a conflict of interest with my position or my place of employment. Also, I identified beforehand suitable locations, including a meeting room with locked doors, which facilitated anonymity and confidentiality during initial interviews and member checks. However, when requested or necessary, I allowed participants to select a desirable location of his or her choosing that met the same anonymity and confidentiality criteria. In addition, I ensured that I used participants' assigned pseudonyms during all interviews and member checks.

Next, I sent e-mails to the selected primary student-veteran participants to inform them that I would conduct individual interviews on a day and time that would accommodate their respective schedules and, in addition, that I would set up a second interview session to review the transcription of the initial interview. I then created an interview schedule from the requested dates and times. Prior to the beginning of each interview, I conducted a detailed privacy, confidentiality, and safety briefing. Then, I issued, reviewed, and obtained the required signatures on the participant consent form. Upon completion of these processes, the student-veteran participants were ready to begin the actual interview process.

Faculty Study Participants

Targeted prospective faculty participants were those faculty members who currently or recently have taught student-veterans in their classes. All faculty and staff e-mail addresses are published and available to the public for the selected Texas community college. Therefore, I had the option to use the published faculty e-mail addresses to invite faculty participation. Instead, I submitted a written request for community college's administrative office to mass e-mail the study participation letter to every current faculty member in their directory. Again, as I had previously received written notification from the community college's IRB Chair stating that permissions would be granted only after approval of the Walden University IRB process was submitted to the community college, my written request was submitted after the Walden University IRB provisionally approved my study application. The transmittal of the study invitation letter to the directory allowed me to mass-email all faculty members. The targeted participants were those faculty members who currently or recently have taught student-veterans in their classes. Again, confidentiality and safeguarding of participants identities and information was the priority (Creswell, 2013).

After obtaining permissions from the IRB of the selected community college, I then had their administrative office mass e-mail standardized study invitation letters (see Appendix B) to all faculty listed in the directory. Again, I exclusively used my private e-mail to avoid the appearance of bias, conflict of interest, or as an extension of my office or title. Invitation letters included the following: a brief description of the study which explained the purpose of the study; a brief accounting of the study procedures, including

anticipated participation time requirements; and disclosure that faculty would be asked to self-identify as currently or have recently taught student-veterans in their classes. The invitation letters also included the benefits and risks involved in participation in the study; disclosure that participation in the study was voluntary and that withdrawal was permissible at any time; and information regarding confidentiality and protection of privacy. Finally, the invitation letters also included information that compensation for participation in the study as a primary participant consisted of a $25.00 Wal-Mart gift card, pre-purchased and issued by me at the conclusion of individual interviews; an identified 2-week deadline date in which to respond if interested; a request that participants provide a contact phone number in their e-mail response; and my contact information.

After the 2-week response deadline elapsed, I telephoned the faculty respondents to answer any preliminary questions or concerns regarding potential participation in the study and to ensure that they did meet the required criteria of currently or recently have taught student-veterans in their classes. Next, I continued that process until I acquired a pool of seven potential faculty participants. From that pool, I then assigned the participants consecutive numbers beginning with number one.

Respondent numbers one through five served as the primary faculty study participants. Yet again, for personal reasons, only five faculty members that met the criteria participated in the study. As with the student participants, the withdrawals from the remaining alternate faculty participants prior to beginning the interviews depleted the pool of alternates. Each remaining participant was notified of his or her selection as a

primary participant. All respondents and potential alternates were thanked for his or her response and for their willingness to participate in the study via private phone and e-mail only, to avoid the appearance of bias or a conflict of interest with my position or my place of employment. I identified beforehand a suitable location that facilitated anonymity and confidentiality during initial interviews and member checks. However, whenever necessary, I allowed participants to select a desirable location of his or her choosing that met the same anonymity and confidentiality criteria.

Next, I sent e-mails to the selected faculty participants to inform them that I would conduct individual interviews on a day and time that would accommodate their respective schedules and, in addition, that I will set up a second interview session to review the transcription of the initial interview. I then created an interview schedule from the requested dates and times. Prior to the beginning of each interview, I conduct a detailed privacy, confidentiality, and safety briefing. Then, I issued, reviewed, and obtained required signatures on the participant consent form. Upon completion of these processes, faculty participants were ready to begin the actual interview process.

DRC Study Participants

Targeted DRC participants were half of the six current DRC staff members, for purposeful sampling intentions. I sent all DRC staff members an e-mail (see Appendix B) which included the following: a brief description of the study explaining the purpose of the study; a brief accounting of study procedures, including anticipated participation time requirements. Moreover, the invitation letters addressed benefits and risks involved in participation in the study; information regarding confidentiality and protection of privacy;

disclosure that participation was voluntary and that withdrawal was permissible at any time. Finally, the invitation letters also included information that compensation for participation as a primary participant consisted of a $25.00 Wal-Mart gift card, pre-purchased and issued by me at the conclusion of individual interviews; an identified 2-week deadline date to respond if interested; a request that participants provide a contact phone number in their e-mail response. As there were only three of the six DRC staff members participating in the study, protection of privacy consisted of individual interviews at separate times and locations in addition to a written agreement in the consent form that all interview information is confidential.

After the 2-week response deadline elapsed, I telephoned the DRC staff respondents to answer any preliminary questions or concerns regarding potential participation in the study. Next, I continued that process until I acquired at least three potential DRC participants. From the respondents, I then assigned participant numbers beginning with number one and ending with the number closest to six based on the feedback from the initial telephone contact.

Respondent numbers one through three served as the primary DRC staff participants. There was only one additional respondent to serve as an alternate participant if the need arose to replace any primary DRC staff participants. Each prospective participant was notified of his or her selection as either a primary or alternate participant. The alternate was thanked via e-mail for their response to the e-mail and for their willingness to participate in the study.

Next, I sent e-mails to the selected primary, prospective DRC staff participants to inform them that I would conduct individual interviews on a day and time that would accommodate their respective schedules and, in addition, that I would set up a second interview session to review the transcription of the initial interview. I then created an interview schedule from the requested dates and times. Prior to the beginning of each interview, I conducted a detailed privacy, confidentiality, and safety briefing. Then, I issued, reviewed, and obtained the required signatures on the participant consent form. Upon completion of these processes, DRC staff participants were ready to begin the actual interview process.

Ethics and IRB Processes

Following successful recruitment of participants and alternates, I provided pertinent study information to each participant in person in a written consent form. This consent form included an explanation of all relevant issues including controls, safety, and anonymity measures, which are addressed below. A signed informed consent was mandatory for each participant before actual participation began. This document informed and acknowledged participants' rights and protections (Glesne, 2011). In addition, I had obtained all required letters of cooperation from the selected community college as my community research partner (see Appendix D). Further, I followed all required Walden University Institutional Review Board (IRB) processes; I was granted Walden IRB approval number 11-15-16-0148606, and I maintained an ongoing effort to assess and address any potential risks, including any physical, psychological, social, economic, or legal harm to any of the project study participants (Glesne, 2011).

I guarded against all possible ethical concerns. Creswell (2013) described diverse areas of concern regarding potential ethical considerations. Because actual people, settings, and situations are used and described when conducting research, a duty exists to provide protections for each of these entities, including the establishment of trust between myself and the participants, as well as the absence of misconduct and impropriety. In view of this duty, I protected all vulnerable populations by not allowing participation in the study by any veterans with whom I am familiar or veterans who were being seen for services at the time of the study by any counselors in my organization. Further, I did not allow participation in the study by any faculty members with whom I am familiar in any way. Finally, I do not work directly with any of the DRC staff and I did not know any of them individually.

I established rapport and trust by sharing my professional and educational background, including that I am also an honorably retired military veteran, and that the overarching goals and purpose of the study were intended to significantly benefit each category of participant involved. Moreover, I remained cognizant that the reputation of institutions and organizations must be protected and that the potential for new or challenging problems were minimized (Creswell, 2013). In addition, I had previously completed the required National Institutes of Health Protecting Human Research Participants Training and Certification.

Further, the letter of cooperation from the selected Texas community college included a description of the anticipated amount of time, potential impact, and potential outcomes of the study. The letter also described actions and agreements by the

community college including the granting of access, permissions, participant recruitment, and the rights of the community college (Creswell, 2013). Additionally, I left all participating sites undisturbed and conducted all interviews in a manner that minimized any potential disruptions (Creswell, 2013). I assigned pseudonyms to participants to provide anonymity during interviewing, recording, and coding. Finally, for five years, I will store all data, field notes, field logs, and personally identifiable information of the study participants in a locked, home office metal file cabinet that I alone can access, and then I will properly destroy the data after such time has elapsed (Creswell, 2013).

Data Collection

While using Schlossberg's theory of transition to guide this study, I obtained diverse perspectives from the three categories of participants. This was done to develop multiple themes from varied viewpoints regarding the transition from wounded warriors to student-veterans. The inclusion of diverse perspectives was consistent with Schlossberg and her colleagues (Anderson et al., 2012; Goodman et al., 2006; Schlossberg et al., 1995), when they observed that many factors weigh on an individual's ability to successfully manage transitions.

Also, during the entire data collection process, I maintained a detailed field log consisting of dates, times, locations, participants and functions for each activity along with procedures for gaining access to participants. I also used these field notes extensively throughout the entire research process. This method was consistent with Glesne's (2011) suggestion that field notes should be illustrative, investigative, precise, and recorded without researcher bias.

Data collection methods consisted of recorded audio interviews. The study consisted of a qualitative inquiry which included three diverse groups of participants. Participant Category I included selected student-veterans. Participant Category II included selected faculty participants. Participant Category III included selected DRC staff participants. In the interest of privacy and anonymity for all participants, I conducted individual, semi structured interview sessions, guided by interview protocols (see Appendix C). Using recorded audio interviews in this case study aided in documenting transition issues and concerns and the context in which those transitions occur for student-veterans at a Texas community college (Schlossberg et al., 1995, 2006, and 2012).

Participant Category I consisted of in-person, individual, semi structured, audio taped interviews with five purposefully selected student-veterans with PTSD or TBI who were currently attending the selected Texas community college. As posited by Lodico et al. (2010), employing semi structured interviews allowed for the utilization of prepared questions. Moreover, this protocol further allowed for additional questions during the interview process. I simultaneously coded and transcribed individual interviews (see Appendix C) and incorporated data recording protocols throughout the research study. Lodico et al. suggested that ideally an interview protocol should incorporate a pre-written description briefly explaining the purpose of the research study along with designated locations for recording dates, times, locations, pertinent information, and intended interview questions. The Participant Category I (student-veteran participants) interview questions addressed Research Question1: What are the perspectives of transitioning

student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations at a Texas community college?

Participant Category II (faculty participants) consisted of in-person, semi structured, audio taped interviews with five purposefully selected faculty members at the Texas community college. Each of the selected instructors either currently teaches or has recently taught a class with student-veterans in their classroom. Participant Category II (faculty participants) interview questions addressed Research Question 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

Participant Category III (DRC staff participants) consisted of in-person, semi structured, audio taped interviews with three disability resources center staff members at the selected Texas community college. Participant Category III (DRC staff participants) interview questions addressed Research Question 3: What are the perspectives of DRC personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college? Additionally, I requested from the DRC staff any relevant data or information regarding services and resources typically provided student-veterans with PTSD or TBI attending their institution. The collected data of the DRC staff members enriched the study.

I catalogued all collected data in two formats by collecting and maintaining all written interview transcripts and field notes and then converting each to Word documents for efficient categorization, storage, and retrieval. I password-protected and stored these

documents on a USB thumb drive which is stored in my locked home office filing cabinet for at least 5 years. I am the only individual who has access to the filing cabinet.

While collecting data for my study, I made concerted efforts to avoid potential researcher bias. As a current VA VRC, I provide vocational rehabilitation services on a daily basis to veterans with PTSD and TBI. In view of my role as a counselor for this population of student-veterans, the opportunity for researcher bias existed. As such, student-veteran participants were not allowed to be current or former veterans with whom I have worked in any capacity or any veterans with whom I am familiar. Further, potential researcher bias could have existed if I believed that most faculty members do not understand the unique needs of student-veterans with PTSD or TBI. Given that possibility, I avoided or minimized potential researcher bias by employing one of several recommended techniques. For a case study, several options were available, including epoche, bracketing, and horizontilization, among others (Merriam, 2015).

To minimize potential biases, I employed the epoche technique. Merriam (2015) noted that the epoche technique involves the researcher blocking out assumptions and biases to explain a phenomenon relative to its own basic system of meaning. According to Merriam (2015), "Epoche technique is the process the researcher engages in to remove, or at least become aware of prejudices, viewpoints or assumptions regarding the phenomenon under investigation" (p.199). Merriam (2015) also noted that the setting aside of judgment and biases by the researcher is crucial in any qualitative research so that the researcher may view the experience as objectively as possible. As a VA VRC who serves student-veterans with PTSD and TBI, I consciously employed the epoche

technique to reduce any biases or preconceived judgments that I may have had prior to beginning the study.

Data Analysis

According to Glesne (2011), data collection and analysis are simultaneous processes for qualitative research studies as the researcher has the requirement of focusing and shaping the study as it progresses. Therefore, throughout the data collection process, I maintained a detailed field journal to aid with clarifications and to add insight into any ethical dilemmas, decisions, or actions. To begin the data analysis process, I transcribed audio-taped interviews from the three groups of participants. Data analysis occurred simultaneously with data collection as I immediately began to analyze the data during the data collection process.

After transcribing the audio taped interviews, I coded and summarized the qualitative data to formulate responses to (RQ 1) the perspectives of transitioning student-veterans with the disabilities of PTSD or TBI in receiving classroom accommodations in a Texas community college; (RQ 2) the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI; and (RQ 3) perspectives of DRC personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI who attend a Texas community college.

I began the coding and summarizing process with the identification of themes that emerged during thorough reviews of the participants' interview transcripts. Taking into account the nature of my proposed study and the need for credibility, transferability, and

dependability, I used triangulation. As advocated by Merriam (2015), I incorporated data triangulation through participant interviews with three distinct categories of subjects. In addition, I conducted member checks with the study participants to clarify any potential researcher biases on my behalf (Merriam, 2015).

I used manual analysis of the collected data by following Creswell's (2012) method of reviewing and reading the transcripts, marking or isolating identified themes and keywords, and then separating the themes into identifiable categories. In my analysis process, I coded the data by reviewing and initially reducing the data to broad themes, followed by further reducing the data to identifiable, commonly recurring categories, until distinct categories were identified and labeled. This transcription of the initial interview as a benchmark allowed me to transcribe, code, and compare subsequent interviews while identifying emerging broad themes. I reduced these broad themes to more meaningful and relevant smaller themes, which in turn began to yield corresponding answers that effectively addressed my research questions.

I reported the themes in a discussion within the study that addresses each of the research questions and corresponding themes that emerged during the analysis process. The themes yielded relevant information regarding the perspectives of student-veterans with PTSD or TBI concerning classroom accommodations available to them at a selected Texas community college. Moreover, the themes yielded potentially relevant information concerning faculty awareness of challenges of student-veterans with PTSD or TBI and the classroom accommodations they may require.

During the data collection process, I used researcher reflexivity. Lodico et al., 2010, wrote that researcher reflexivity employs significant self-examination and bias checking with regard to the investigation topic that may negatively influence the findings. Also, considering my position as a VA VRC for veterans with PTSD or TBI, I used researcher reflexivity to prompt me to employ significant self-examination and bias checking by constantly employing significant self-reflection relative to my own experiences, preconceptions, theoretical orientation, and connection to the study. Collectively, these techniques significantly aided in minimizing potential researcher biases and their impact on the findings of the study.

One of the goals of qualitative research is to allow transferability for future studies, yet another goal is for the research to be credible (Lodico et al., 2010). To aid in transferability, researchers must integrate credibility, which is the ability of the findings to be applicable to similar investigations conducted under similar circumstances (Lodico et al., 2010). To address credibility, I included thick, rich descriptions (Merriam, 2015) that provide sufficient information regarding participants, locations, conditions, timelines, restrictions and findings, which will allow other researchers to assess and determine the potential transferability of the study and its findings (Lodico et al., 2010). Finally, I evaluated discrepant cases for any potential value, information, or lessons learned for possible inclusion as an appendix to the study.

Data Analysis Results

The data analysis findings are displayed in a rich, descriptive, narrative format. This format illustrates the perceptions of student-veterans with PTSD/TBI, faculty, and

disability resource center personnel regarding wounded warriors' transition to the community college classroom. A goal of the study was to better understand the participants' collective experiences and perceptions during that transition. The findings from the collected data successfully allowed me to attain a comprehensive understanding of the study participants' collective perceptions regarding wounded warriors' transition to the community college classroom.

At the start of the individual interviews, I introduced myself and successfully established rapport with each participant. I then detailed the interview process, discussed confidentiality, had each participant to sign their respective consent forms, and I prepared to begin note-taking and audio recording. Interviews averaged approximately 60 minutes each. Even though I took notes and audio-recorded each interview; I ensured that I also annotated nuances including facial expressions, body language, and nonverbal communications such as frowns, smiles, laughs, long pauses, and even tears. For most participants, while replying to specific questions, their corresponding body language and nonverbal communication provided almost as much insight as their verbal responses.

While establishing rapport with each of the study participants, I discussed their relevant background demographics with them. Each participant was expressive while articulating their responses to each interview question. During data analysis, multiple factors aided in providing my focus, including goals, and the direction of the study's findings. These factors included Schlossberg's transition theory framework; the identified problem; the purpose of the study; and the three guiding research questions. The findings from analysis of the interview data are presented below and grouped by the three

categories or participants. The initial findings presented below are interview data from the student-veteran participants.

Student-Veteran Responses

Table 1

Demographics of Student-Veteran Participants

Participant	Years of military experience	Number of combat deployments	Cognitive disability	Self-identified major cognitive challenge
"Adam"	8 years and 7 months	3	PTSD and TBI	"Memorization issues"
"Bob"	26 years	4	PTSD and TBI	"Intrusive flashbacks"
"Cindy"	10 years	3	PTSD	"Uncontrollable anxiety"
"Dee"	10 years	1	PTSD	"Severe anxiety"
"Earl"	14 1/2 years	2	PTSD and TBI	"Recall memory"

The purpose of this study was to explore the perspectives of three groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the DRC. I formulated three research questions to aid in uncovering answers. I then interviewed the student-veteran participants to elicit answers to RQ1, which was the following: What are the perspectives of student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations as they transition to a Texas community college?

Four of the five student-veterans who participated in this study stated that they have used at least one form of accommodation or support service at the community college. Only one of the participants responded that she did not use accommodations, and

this student-veteran was uniformly critical throughout the interview regarding even approaching anyone at the college for any form of assistance. All five student-veterans articulated the significance of having a minimum of at least one accommodation being offered to them on campus, and, four of the five student-veterans found at least some degree of the available accommodations to be of personal value to them. Researchers (Berg, 2017; López et al., 2016; Wolfe, 2012) found that transitioning from the familiarity of the military to civilian life is often confusing and difficult for today's returning veterans, and the availability of accommodations during this transition is progressively more important, considering that over 200,000 service members are transitioning yearly. Each of the student-veterans that participated in this study acknowledged that having awareness of and access to accommodations is vital on their community college campus.

One of the five student-veteran participants stated that she did not use accommodations. This student-veteran offered that even if she made her concerns known, that she would not have received the desired accommodations. She was an expectant mother when she initially began attending the community college. Dee stated the following:

> At the school, when you ask anything…they [staff and faculty] always
> make it seem like you are bothering them! Even when you have to take a
> test…they give you the impression that you are bothering them…so I back
> away. That's why I don't ask anything…I just go…and leave quick! I
> have been to different things at the school…and whatever I go to…it

seems like it's a bother! Even when you go talk to some of the

teachers…it's like, 'get out the room!' But because it's a test…you can't

leave, you have to sit or you're done! You can't get that little five-minute

'God, I need to breathe, or something!' I need to regroup…so…I

just…don't!

In addition, Dee felt that accommodations generally were unavailable. However,

there was a contradiction in her response to knowledge of accommodations. I asked,

"What resources, if any, are available in your community college to assist you as a

transitioning student-veteran with PTSD or TBI?"

Dee elaborated on her response:

I was uninformed of any! They [the staff and faculty] don't really give

you…they tell you about things there…I didn't even get time…you are

supposed to get time for walking [to classes]. I didn't get any of that.

Dee's statement is evidence of her previously being informed by the community

college that accommodations were available, including additional time for expectant

mothers to arrive to the classroom. This means that she was aware of the

accommodations; however, she felt that the faculty were not actually providing the

accommodations. Anderson & Goodman (2014) cautioned educational staff and faculty

to exercise mindfulness regarding the ways in which veterans may potentially process the

changes occurring during their transition, and to aid in making it possible to safely

investigate their perceptions and interactions associated with their individual transition

processes.

Three of the five student-veterans used the term "anxiety," including one participant four different times, when asked the question: How, if at all, does PTSD or TBI affect you as a transitioning student-veteran while you are in class? Additional noteworthy adjectives used included terms such as "It's hard," "struggle," and "stress." However, on a positive note, all five of the student-veterans expressed no intent on giving up on making a concerted effort to successfully transition to the community college environment. As previously noted, Chickering & Schlossberg (1995) delineated the transition process by assigning the terms *moving in, moving through,* and *moving out.* The determination and perseverance expressed by all five of the student-veterans to enter and succeed in the educational environment effectively represents the *moving in* and *moving through* phases of the transition process, which followed the *moving out* phase after their respective transitions from the military.

The majority of the student-veterans stated that they felt that the community college made efforts to provide accommodations for those students with the cognitive disabilities of PTSD or TBI. When interviewed, four of the five student-veterans stated that they used and appreciated at least one aspect of the available accommodations. Conversely, three of the five student-veterans indicated that they do not disclose to other students and faculty at the community college that they are military veterans.

As noted earlier, Schlossberg's transition theory has been employed as a conceptual framework for qualitative analysis of narratives which includes staff and faculty, student-veterans, administrators, and other educational entities, exploring if and by what methods educational institutions may positively affect student-veterans'

transitions to postsecondary academic settings (Griffin and Gilbert, 2015). Moreover, Griffin and Gilbert (2015) further noted that more empirical studies should use this conceptual framework as a means of discovering how various institutions plan to implement and provide transitional support and resources to their respective student-veterans. In view of the foundational supports and the common goals of Schlossberg's transition theory with my study, I chose to use Schlossberg's model during the data analysis process.

Many student-veterans often do not feel supported on campus (Berg, 2017; Ostovary & Dapprich, 2011). Invaluable *support* for student-veterans in educational settings may occur through peer-support; student-veterans' organizations; a dedicated on-campus student-veterans' office; and establishment of a sense of institutional support and understanding for student-veterans (DiRamio & Jarvis, 2011; Elnitsky et al., 2017; Elliott, Gonzalez & Larsen, 2011; Moon & Schma, 2011; Ostovary & Dapprich, 2011).

It is important that the majority of the student-veteran participants expressed a feeling of support from the community college, given the challenges that many student-veterans face while transitioning to their educational environments. Anderson and Goodman (2014) noted, "The transition from the military to civilian life includes both internal and external factors that influence the ability to cope and adapt, and ongoing assessment [by staff, faculty, and the student-veterans] across these areas [of internal and external factors] is crucial for effective interventions." (p.41). With these identified factors in mind, an essential objective for faculty and DRC counselors in providing assistance to student-veterans is to aid in increasing coping and adjustment to change

while using the 4Ss model (Anderson, Goodman & Schlossberg, 2012). As highlighted

earlier, researchers Elliott et al., 2011 and Jones, 2017 argued that postsecondary

counseling offices should include staff members that are uniquely trained to assist and

accommodate student-veterans in addition to incorporating local veteran-specific services

whenever possible.

A thorough review and analysis of the collective student-veterans' transcribed

interviews allowed me to identify the themes that responded to my research questions. I

developed themes using recurring adjectives and verbs within the transcribed interviews.

For example, if the word "anxious" was repeated multiple times during interviews with

student-veterans, then the recurring adjective "anxious" became a theme. I then circled in

red ink each recurring adjective or verb within the transcribed interviews. I

simultaneously made notes on the pages to indicate the frequency of the recurring

adjectives or verbs. I used a straightforward Microsoft Word grid of rows and columns (a

table) to insert the identified themes and each student-veteran's pseudonym. I then used

this format to copy and paste short, identified words or expressions from each student-

veteran's transcribed interview.

The completed Microsoft Word table contained the numbers one through six.

These six rows and columns were then populated to form the six theme categories and the

student-veterans pseudonyms. The words and phrases contained in the coding table

formed the six qualitative themes: *Effects and Affects, Accommodations, Faculty*

Awareness, Resources, Frequency, and Services Improvements.

Theme 1: Effects and affects. Bearing the cognitive disabilities of either PTSD or TBI typically presents challenges for most student-veterans. There are both effects and affects that occur as a result. Effects are the responses to those challenges while affects are the shaping, changes, and influences derived from those challenges. Interview questions one and two focus on the affects and effects of PTSD or TBI or while in class.

Acknowledging the affects. Across diverse studies (Taghva et al., 2015; va.gov, 2016), student-veterans have expressed how their disabilities of PTSD or TBI have presented challenges while in their respective learning environments. Thus, I asked the student-veteran participants: *How, if at all, does PTSD or TBI affect you as a transitioning student-veteran while you are in class?* Four out of five of the respondents replied with responses including "really stressful," "it's frustrating," "it's been a struggle" and "anxiety!" Conversely, one student-veteran initially stated "I'm not sure it affects me at all."

However, Dee's initial positive statement quickly turned somewhat more downbeat as she continued.

> I have moments where…we sit too close…so, I feel that the other person
>
> is too close to me…and then I start feeling very uncomfortable. There is
>
> no space…not even to walk. I try to go to the back of the classroom and
>
> sit all the way in the back.

On the other hand, the other four student-veterans were unwavering in their responses to the same question. Earl, the oldest of the student-veteran participants

described how his cognitive disability and his age play a role in affecting him. Earl

offered the following:

> Well…I have TBI…and one of the effects was…I was 44-years
>
> old…coming into a traditional learning environment…and being
>
> considered a non-traditional student…my anxiety kicked in because I
>
> didn't know what to expect…especially being around a lot of young
>
> students.

Cindy made this statement:

> Ohhh! Anxiety…a lot of anxiety! First…I don't like putting myself in room full
>
> of people…being in a room full of people…especially if I'm not at the front.

 As previously expressed by Earl, in addition to the effects of their PTSD or TBI, one of

the most apparent concerns for the student-veteran participants was transitioning to the

community college environment with younger, non-military students.

Adam shared his experience:

> Um...it's really stressful, a lot of students like to play games and slam
>
> desks. It's easier to sit by the door…to get out of the room as fast as
>
> possible. Whenever you have civilian students…you have a lot of them
>
> coming in late; it's frustrating. You can't yell at them…you'd like to!
>
> Comprehending material is hard. Remembering it is hard…you have to
>
> study harder than the other students. I feel like I'm trying to catch
>
> up…while they are there already. I have flashbacks while I'm in
>
> class…so I miss a lot of material! So, you know…those are my issues.

Bob reflected on how his PTSD affects him while he attempts to successfully transition from the military and assimilate into the community college environment when he said the following:

> Um...I kind of smirked because of what happens in class because it's been affecting me…just by sheer…what happens at night…the night at home…trying to get the mind set and get prepared to battle the sleep period that I have to go through. Will my Ambien work like it's supposed to and let me settle down? Will my PTSD medicine take a hold of me and let me sleep like I'm supposed to during the night? And that my nightmares don't reappear or reemerge. So…that's been an ongoing event, as I just try to take on daily events in my life to be a normal functioning male.

Countering the effects. Upon acknowledging the effects of bearing PTSD or TBI while transitioning to the community college environment, the student-veteran participants were then asked *If your PTSD or TBI affects you while you are in class, what actions do you typically take in an effort to minimize the effects?* Five out of five of the student veterans stated that there are specific actions that they take to attempt to counter those effects. A common practice appeared to be removing themselves from that particular environment. Earl said, "I take a break…go to the bathroom…drink some water…try to clear my head, or I try to…then I'll come back and sit in the front of the class. It's where I usually sit when I'm attending class."

Bob described a similar tactic.

> I simply get up and walk out, and go to the restroom, and try to regroup
>
> and recover. And uh…fortunately for me…I take my daytime meds and
>
> they really…hold me all together; so that happens very rarely to
>
> me…during class.

Again, Dee used a similar strategy, "Breathing…or I'll try to walk out to

regroup…change the scenery real quick. A lot of times, I will text…like a reality check. I

will text someone…um…just to change the subject."

Cindy offered perhaps the most unique strategy for countering the effects of her PTSD

while in the classroom environment.

> I wear scrubs everyday…just so that no guys look at me…in any type of
>
> way…uh, I just don't…I don't know…I just don't like for guys to look
>
> at me. Probably because of what happened overseas. Um…I also take
>
> medications. I take my anxiety medicine before I come to class…so I
>
> can, um…calm myself down, or rock back and forth.

Each of the student-veteran participants acknowledged that their PTSD and TBI

disabilities creates specific effects and affects during their transition to the community

college environment. All student-veterans were consistent in that none reported

experiencing zero effects or affects from their cognitive disabilities while in their

respective classrooms. As noted, the deficits and challenges as described above are

examples of the *unanticipated transitions* that Schlossberg et al. (1995) detailed

regarding transitions that an individual does not expect to occur. As with several other

studies, these collective acknowledgements suggest that student-veterans at this study site also experience significant, impactful effects and affects from their PTSD and TBI while transitioning to the community college environment.

Theme 2: Accommodations. Studies (Hayes, 2012; Lighthall, 2012) illustrate that while possessing the cognitive disabilities of PTSD or TBI, having knowledge of and access to classroom accommodations aids in facilitating the student-veterans' ability to successfully integrate, learn, and thrive during their transition to the community college environment. Therefore, it becomes critical that such accommodations are made available by community colleges for their transitioning student-veterans. I asked the student-veterans the following question from the interview protocol:

What perspectives do you as a transitioning student-veteran with PTSD or TBI have in receiving classroom accommodations in your community college?

In educational settings, accommodations typically include diverse forms of institutional support, assistance, allowances, modifications, adapted facilities, additional time, or other special considerations in view of students' cognitive or physical disabilities. Three out of five of the student-veteran participants felt that more could be done regarding current accommodations. Adam offered his perspective:

I think that teachers should give disability students more time on the tests…that's what I believe…cause'…especially in math! I've been trying to comprehend it! I have been studying and everything that you are supposed to do. I did study groups and everything…going to the teacher…everything! When it comes to tests…now I gotta figure out the

formulas! So, figuring out a formula…takes twice as long as it takes a

normal student. Cause I got all this stuff in my head…and I catch myself

having flashbacks when I'm trying to take a test. I couldn't remember

anything. No matter how much I studied…I couldn't remember when I

got back to class what we did last class. I don't know what it was. It

became way more difficult.

Dee provided this reply:

I think they can actually change a lot of things. Even if it means less students in the

class…or bigger classrooms…they need to make that change to less desks. We are too

crammed up in there for their number count.

Cindy offered a perspective which was similar, but expounded on her previous response:

I like the fact that they [the faculty] allow me to wear scrubs every day.

You know…because, I'm used to wearing a uniform everyday…sooo…I

like that! I like when professors don't go into military backgrounds. I

wasn't ready for all of the military terms. I kind of wanted to just get

away from it.

Conversely, two of the student-veteran participants had positive or neutral comments

regarding classroom accommodations. For example, Bob stated the following:

In my opinion, I seem to function. My grades aren't the best…but…they

are average. They are above passing…so…I can't say that I'm at any

disadvantage. That would be unfair for me to say. In my view…I'm just

okay…in my view.

Likewise, Earl had a positive response:

>The DRC actually has a program that creates an advantage for students.
>
>What I mean by advantage is note takers…which are very essential! If
>
>I'm having a hard day…or a headache…or something…they are there to
>
>write the notes out for me, so that I don't miss out on something…and
>
>that is a plus for me.

Three out of the five student-veteran participants felt that more could be done to accommodate them in view of their disabilities. On the other hand, two out of the five student-veterans offered a neutral or positive perspective. As in previous studies, these collective responses suggest that not all student-veterans feel that accommodations are inadequate at their community college. However, as the majority expressed a desire for improved accommodations, this suggests that the need for improved accommodations or improved awareness of existing accommodations may exist at this study site as well.

Theme 3: Faculty awareness. Butcher, Taylor, and Wallace, (2012) found that due to improved diversity and the increasing enrollments of student-veterans, the staff and faculty of higher education institutions should increase their awareness levels regarding the variety of complex needs facing student-veterans so that they could develop helpful academic interventions. Interview question four focuses on informing staff and faculty of a disability. *What, if any, are some methods you use to make staff or faculty members aware of your PTSD or TBI?*

Of note, four out of the five student-veteran participants responded that they consciously do not make attempts to inform staff and faculty of their PTSD or TBI. Only

one of the student-veteran participants made efforts to inform staff and faculty. Cindy

was very blunt when she simply replied "I don't!" Similarly, Dee responded with, "I

don't! I try not to let anybody know that I was military." Earl was of the opinion that he

does not disclose due to a perceived lack of faculty understanding and empathy related to

PTSD and TBI. Earl made this declaration:

> Outside of the disability office…I don't! Because most of the professors
>
> here are not educated to deal with it…this is what I believe…based on
>
> me talking to a couple of the professors about veterans that have PTSD
>
> or TBI…how they handle those types of situations in their classes…and
>
> they lack the experience. So…I don't waste my time by talking to them
>
> about my personal issues.

Bob opted not to disclose to staff and faculty as well. He offered this explanation:

> I don't know…I might be different from some of the veterans…I
>
> really…don't try to be all out there [about it]…number one…to let them
>
> know that I'm struggling. Some of us have that problem…and we try to
>
> hide it…but, I just depend on the VA to keep me level-headed, so that I
>
> can function right in society, and in the classroom. That's how I like to
>
> be in the classroom. After all, I wouldn't want to scare the faculty…the
>
> teachers.

Adam provided the only "yes" as he explained his perspective.

> Approaching faculty, in every single class, and letting them know. I tell
>
> them that I am a disability student. I bring the documents the first day

that lets them know who I am, and I tell them the challenges that I have,

which is [sic] memory issues, taking notes, and I would tell them that

sometime I would zone out in class; and I would ask them if I could

bring a voice recorder to class, so that I could recount what's going on

and everything.

Based on Adam's willingness to disclose to the staff and faculty, I concluded that

he feels that doing so is more of an advantage than a disadvantage. None of the other

student-veteran respondents offered a similar perspective. Four out of five student-

veteran participants felt that disclosure was not in their best interest.

Theme 4: Resources. Resources, with regards solely to classroom accommodations,

typically are things or people that serve as a source of assistance or information. For this

theme, resources are the people and things that are readily available to serve as classroom

accommodations for the student-veteran participants at their community college.

Interview questions five through eight focus on the student-veterans perceptions of the

resources, or lack thereof, at their community college. Diverse data were derived from

asking the student-veteran participants these four perception-based interview questions.

The initial interview question for the student-veterans related to resources was *What*

resources, if any, are available in your community college to assist you as a transitioning

student-veteran with PTSD or TBI?

   Availability of resources. Osborne (2014) reiterated that the reintegration and

transition to civilian life are often very stressful times for military veterans. Osborne

(2014) continued with the caveat that educational institutions need to support student-

veterans with the transition process by offering diverse assistive resources which aid in fostering veteran-friendly learning environments. When asked about the availability of resources, Bob replied with this proclamation:

> I don't think that there are any…as far I know of. In my school…I don't think there is any. Um…the VA registration office…I suppose that's a resource. That's about it! That's the only one that I know of. I mean…students with disabilities [the center] is okay. I have been there. They do my note takers. And I get more time to take the test if I need it. I haven't needed that yet, but, I can use it if I need it; it's available to me. And the counselors [DRC], they register me for classes through the center for disabilities.

Adam provided a median response:

> Just the disability center, that's it. Um, also the testing center, that's where we take our tests, for the disability students. We take all tests there.

Cindy provided an uncertain response:

> Uh…I don't know. There is a veterans center…but…as far as my PTSD…I'm not sure. I have visited the center…but…it's only there for payments. It's not for, 'Do you have anxiety in your class?' It's [purpose is], 'This is how you are going to pay for your classes next semester', that's it! I have been to the DRC…but, I didn't know if I qualified for that [to use their services].

Last, Earl provided the only completely positive perspective:

Our disability office has competent counselors…competent tutors…

having used their services on campus…and two business labs with great

tutors as well, with a working knowledge of the subject matters. You

have a lot of computers…plenty of space…and they are easy to work

with. All campuses have the same types of resources…just the sizes of

the rooms and the amount of computers may vary. Also, the veterans'

resource center here on campus…which has a lot of resources…which,

beginning veterans…once they get here, pretty much will help them with

a game plan moving forward. That will start off with a degree

plan…plans for after they graduate…and to provide the services and

resources to them to help them develop their plan.

Perspectives of resources. Question six, the second interview question for the

student-veterans related to classroom accommodation resources was *What perspectives*

do you have regarding the resources available at the college to assist you as a

*transitioning student-veteran with PTSD or TBI?*As with the previous interview question,

the student-veteran participants' perspectives were candid. For example, Dee made a

suggestion:

I think they [the staff] need to let people know what is available, and to

show them the location, especially when you are registering…instead of

waiting for the counselors. Maybe they can say 'this is what we

have'…instead of on the syllabus saying 'you can get this' and [us

students] not knowing where it's at.

While feeling uncertain about available resources, Cindy replied, "I'm not sure of all of

the resources available. I have to go check."

Then, Earl was somewhat critical of available resources when he offered the

following suggestion:

The resources here could be better…especially that the staff and faculty

need to work together…as in being educated about veterans…about a lot

of the common things that we experience…some of the issues that we

are having in the classroom and how to get us the right resources, so that

they can create a solution. I had a friend of mine who was a veteran

student in one of my previous classes…he had issues with students

sitting behind him. He would sit in the very back…even if the classroom

only had two people in it. The professor didn't understand why he chose

to do that…I did! It's just that gap…between being educated about

veterans with PTSD or TBI in relation to other issues…that definitely

need to be addressed!

Adam's responses were somewhat more varied:

Resources could be better. [The community college has] the disability

center, the testing center…then they have another center…for,

umm…with the tutors…the tutoring center is good, that's good. Also,

maybe see if the school can let all student-veterans with PTSD or TBI be

in the same class, or get us closer together, or at least where we are the

most like-minded. So I think putting more like-minded people around us

would be better. I don't know what else the school can do though.

The lone positive perspective came from Bob when he explained his reasoning.

They are actually pretty good [note takers]. There's one, in one of my

classes, she is very good, very good! So…I say…that's a bright spot

about what's going on at the school right now…the note takers! They

really do a good job…in my case…in my view!

As with the previous interview question, only one of the student-veterans held a

completely positive perspective of the available resources at the community college.

Resource concerns. Question seven for the student-veterans related to resources:

What are some methods you use to make staff and faculty aware of concerns you have, if

any, regarding the resources available to assist you as a transitioning student-veteran

with PTSD or TBI? Once again, the student-veteran participants' perspectives were blunt

and revealing. For example, Bob shared this point of view:

Um…like I kind of stated before…I'm hesitant to…I don't

know…almost afraid to say anything. I don't know who to go to and to

espouse that to…and…I don't know where to begin. I wouldn't, uh…I

just depend on the VA to keep me straight, like I said, so I can just do

what I need to do to make it through school and function like an

everyday human being…in society. That's really what I concentrate on,

right now.

Adam was very direct with his response when he said "None. I just want to get through class and pass it. That's the biggest thing!" Dee was slightly more expressive, but still somewhat reluctant with "Well, usually…to assist me, personally…none! If I mention it one time…I might say 'this might be a good idea to have xyz to the teacher'…but I don't follow up with the teacher with any other comments." Cindy provided a response that focused on others' perceptions of her strength and competency.

I don't, um…try to make it [concerns] known. Because…you know…I want…for people to know that I'm…a competent contender for nursing.

Finally, Earl provided a response that incorporated an optimistic approach.

I have not [made any concerns known] at this point…because the director of student campus life and student government is putting together a presentation…which is going to be for student-veterans…and it will be a separate orientation for the veterans…and these things will be addressed. She is still working on the staff and faculty being educated as well.

Despite Earl's positive response to this question, none of the student-veteran participants have actively made their concerns regarding available resources at the community college known to the staff and faculty.

Experience enhancement. The eighth and final interview question for the student-veterans related to resources was *From your perspective, what, if anything, could the college do for you and other transitioning student-veterans with PTSD or TBI to enhance your educational experience?*

This question elicited passionate responses from the student-veteran participants as it seemed to be a question that most of them had been waiting to be asked. Bob replied with a fervent response.

> Set up PTSD and TBI counseling! That's…I would almost say…a no-brainer! But, that would greatly enhance our ability…the veterans' ability…to succeed in the program…whichever program they take on at the college or university they are in. I'm just kind of surprised they don't have those kinds of professionals in place already. Especially since I know that we have a lot of veterans that go to where I go to at my school.

I took note of the excitement in the student-veteran participants' eyes when I asked them about their recommendations. In addition to Bob's response to that interview question, the other student-veteran participants offered their personal recommendations as well. Cindy offered the following recommendation:

> Um, just acknowledge the fact that they [the staff and faculty] know…that they have some students in the classroom…that are suffering from PTSD. Um…just to know that…just to acknowledge that they do have…uh…have veterans that are uh…suffering with PTSD…even though I don't want to tell them! It would be nice if they just knew already!

Similarly, Dee offered her opinion:

> Listen to their [the student-veterans] concerns when they are being addressed to them [the staff and faculty]. Let people know whatever organizations that they [the community college] have, or programs and things that they have available to them to assist them early on. And let them know where they are located to make the transition easier.

When asked this interview question, Adam did not pause to think of his answer. Adam offered a very succinct response. "Give students with memory issues the memory pens. That's it!" Conversely, Earl provided a more detailed response. He was eager to share his suggestion.

> Maybe create a small museum…that displays [long thoughtful pause]…different types of veterans…sharing their experience and their stories of different backgrounds and different walks of life…and the different branches of service that they have served in. I think that it would be a great educational goal that would help the traditional students…the civilians who don't understand what veterans go through. I think that would at least be a positive beginning of bridging that gap.

The enthusiasm and forethought of Earl's response was one of several highlights during my data collection. I could hear the passion that the student-veteran participants exuded as they responded to the interview questions related to resources at their community college. Some of the student-veteran participants expressed gratitude that

someone had sought out their opinions and attempted to gauge their individual educational experiences and needs.

Theme 5: Frequency. Previous research (O'Herrin, 2011; Petri et al., 2016) showed that although there have been noticeable increases in student-veteran service offerings, less than half of postsecondary institutions with such services make training available to their respective staff and faculty members, which is disappointing as such services readily provide improved understanding of military culture and the common transitional needs of student-veterans (O'Herrin, 2011; Petri et al., 2016). Question nine served as the sole interview question for the student-veterans related to utilization of the DRC. Student-veteran participants were asked the following: *How frequently, if at all, do you make use of the disability resource center at the college in order to assist you with PTSD or TBI related concerns?*

Much like the prior interview question, this particular question brought impassioned responses. This also seemed to be a somewhat polarizing question. Cindy emphatically stated, "I don't!" However, more definitively, Dee rendered the same initial response; however, Dee then expanded on her response.

I don't! I have never been there [the DRC]. If I knew exactly what they had…I would use it; but not for me to walk in there by myself and be put on the spot! So, you know…if they [the staff and faculty] say [the DRC is] just for people that are military…if they said 'Hey, we have this or that' let somebody show that to you…the different resources that they have, then I might use it. But to go and ask...No!

Earl gave a brief response with, "Not that often. They [the DRC] pretty much have met my needs…I mainly use the DRC resources for tutoring…and it has been very helpful and impactful toward my grades." Bob rendered the following reply regarding his utilization of the DRC.

> Well…I go to the disability resource center…but, not for PTSD or TBI disabilities…because they don't have that in that center. It's only for students with [physical] disabilities, and they limit that. They don't have PTSD or TBI counseling. I just go for…like I said…note taking, and uh, if I need more time to take a test, or to get registered for the next semester…or to get my schedule tweaked…or, things of that nature.

Last, Adam explained his utilization of the DRC.

> Usually, only around test taking time; but, usually, when I need help with my homework, I use the tutoring center. I'm not sure if the DRC can help me with homework. At the tutoring center, they [tutors] are supposed to be professionals, getting paid for what they do. So that's why I go over there. Oh…and my notes…I go there [the DRC] for my class note taker for every class. I use them for that as well.

With such diverse responses, this particular interview question illustrates the student-veteran participants' uncertainty or lack of knowledge of the intended role and services of the DRC. The responses to this interview question may potentially serve as a point of focus relative to efforts to clarify available accommodations offered through the DRC.

Theme 6: Services improvement. Lighthall (2012) stated, "A supportive and informed higher education community is a key component of veteran's success." Interview questions ten and eleven served as the concluding interview questions for the student-veterans related to service offerings and desired improvements of the DRC and of the community college in general. For question ten, student-veteran participants were asked the following: *From your perspective, what, if anything, could be done to improve services at the disability resources center for transitioning student-veterans with PTSD or TBI?*

Despite some complaints by the student-veteran participants during earlier interview questions, only three out of five student-veteran participants offered DRC improvement suggestions. In response, Dee quickly stated, "I have never been there!" Similarly, Cindy gave a brisk response of "I'm not familiar with it [the DRC]." Bob recommended, "I think that would be a good place to put your professionals…for PTSD and TBI. Maybe install them in that office." Earl suggested, "I think their [DRC] list for tutors…should be expanded. Also, the [DRC] counselors are very competent…and I use the disability office more than I use any other labs at the school. So…you know…that speaks for itself!" Adam concluded with his recommendation:

> I think having an assigned person would work…preferably. Trying to constantly explain over and over, you get tired of explaining it to them [staff and faculty]. Each campus has one [counselor] doing the best with what they have, as a DRC, which is the same problem that we had in the Army.

For this interview question, the student-veteran participants were given a voice for their concerns regarding desired improvements in services at the DRC. Some participants presented recommendations while other responses indicated that not all students understood the purpose of the DRC or the resources available there.

In composing my interview questions, I wanted to give student-veterans the opportunity to ask a question that I had not asked. Therefore, for the final interview question, I asked student-veteran participants *What question or questions, if any, do you think I should have asked you but did not?* Earl stated "Not at this time." Adam said "Nothing to add. Thank you…there was just nothing the teachers could do about the kids slamming desks…made me wanna beat up some students!" [Laughing]. Bob appeared to be satisfied with the interview questions when he responded, "I think that all of the questions that we covered are sufficient." Cindy and Dee provided the most heartfelt responses for this question. Cindy offered the following sentiment:

> Colleges don't care about the fact that you have a life and are in the
>
> middle of a career change. Along with the career change, there are a
>
> thousand appointments that are very important to my health and
>
> disability. Yet, being in school and retaining the initial instruction is of
>
> the same importance.

Finally, Dee concluded the student-veteran participant interviews with her opinion:

> I think they [the staff and faculty] should just let the students know
>
> which programs they have…because I didn't even know that they had a
>
> veteran's! [program] And I do watch when they ask some of the other

classmates, 'where are you from?' and their history…but then they

won't tell them about the veterans' center, or anything. We just need to

be informed of what programs and stuff that they have.

Based upon the collective responses from the individual interviews with the

student-veteran participants, I have concluded that bearing the cognitive disabilities of

PTSD and/or TBI as a transitioning student-veteran typically impacts at least some part

of their transition to the community college classroom. As noted, researchers (Albright et

al., 2017; Barnard-Brak et al., 2011; Kulkarnia et al., 2012; Novaco et al., 2012) found

that the cognitive disability of PTSD negatively impacts multiple aspects of a veteran's

life. In addition, those negative impacts contribute to the unsolicited changes in veterans'

normal roles and routines, and they also typify *chronic transitions* illustrated by

Schlossberg et al. (1995). Also as previously noted, Schlossberg et al., (1995)

recommended that assessing an individual's assets and liabilities while using the *4Ss*, the

situation, self, support, and *strategies*, offers potential methods and options for coping

with transitions, such as those typically experienced by student-veterans. Therefore, by

using Schlossberg's transition theory as a conceptual framework for this study, I was able

to accomplish the goal of identifying the transitions, or events and non-events in the

student-veteran participants' lives. In view of this impact, the 4Ss Model (Schlossberg et

al. 1995) should be considered as an option to aid with the student-veterans transition to

the community college environment. Relative to the often challenging transition of many

student-veterans, utilizing the Schlossberg et al. (1995) 4Ss framework may aid faculty

and staff in identifying student-veterans strengths, limitations, and challenges during their transitions.

After the interviews, I obtained an overall sense from the student-veteran participants that there is an awareness of some but not all of the accommodations available in their community college classroom for transitioning student-veterans with the cognitive disabilities of PTSD or TBI. However, each student-veteran expressed the desire to succeed in their transition from the military to postsecondary education. A brief synopsis of the interview data, including the six student-veteran *themes, the corresponding 4Ss categories, and selected response examples* are displayed in Table 2 below.

Table 2

Identified Themes, 4Ss Categories, and Selected Theme Responses Examples

Student-veteran theme	4Ss categories	Student-veteran response examples (relative to *situation, self, support*, and *strategies*)
Effects and affects	Self Situation Strategies	• It's really stressful. • It's easier to sit by the door to get out of the room as fast as possible. • It's frustrating. • I have flashbacks while I'm in class. • It's been a struggle. • Anxiety, a lot of anxiety! • I take my anxiety medicine before I come to class. • I start feeling very uncomfortable. • My anxiety kicked in, because I didn't know what to expect. • My TBI started kicking in. • I couldn't remember anything, no matter how much I studied.
Accommodations	Support Situation Strategies	• Give disability students more time on the tests. • The instructor said that's all she can do. • I can't say that I'm at any disadvantage. • We are too crammed up in there. • Note takers are essential! • They have competent tutors. • The DRC has a program that creates an advantage for students.
Faculty awareness	Support Strategies Situation Self	• I tell them that I am a disability student. • I tell them the challenges that I have. • I wouldn't want to scare the faculty. • I'm almost afraid to say anything. • I don't try to make it known. • I try not to let anybody know that I was military. • I think most of the professors here are not educated to deal with it. • They lack the experience.
Resources	Support Strategies Situation Self	• Just the disability center; also the testing center. • Resources could be better. • It's harder for us to comprehend the information. • I don't think that there are any, as far as I know of. • The VA registration office, I suppose that's a resource. • They are actually pretty good; the note takers. • I don't make use of the DRC. • I was uninformed of any resources. • I think they need to let people know what is available and show them the location. • Our disability office has competent counselors.
Frequency	Support Strategies Situation Self	• I go there for my class note taker for every class. • I use the tutoring center. • I go to the DRC, but not for PTSD or TBI. • It's only for students with physical disabilities. • They don't have PTSD or TBI counseling. • I'm not familiar with the DRC. • I have never been to the DRC. • If I knew exactly what they had, I would use it. • I mainly use the DRC for tutoring.
Services improvements	Support Strategies Situation Self	• Having an assigned person would work. • No continuity' having to constantly explain. • I think that would be a good place to put your professionals for PTSD and TBI. • I think they should just let the students know which programs they have. • We just need to be informed. • The civilians don't understand what veterans go through. • I think their list for tutors should be expanded.

Table 3

Demographics of Faculty Participants

Participant	Years of teaching experience	Prior military experience	Teaching discipline	Prior training on working with student-veterans?
"Dr. Allen"	15 years	16 years	History	None
"Dr. Betty"	17 years	None	Criminal Justice	Yes-Varied formats
"Dr. Charm"	45 years	None	Anatomy/Biology	None
"Dr. David"	7 years	None	Criminal Just./Law	None
"Dr. Ed"	8 years	10 years	Criminal Justice	Workshops

Following the student-veteran interviews, I interviewed the faculty participants in order to elicit answers to RQ2 listed below.

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

Four out of five faculty who participated in this study stated that they were aware that at least one form of accommodations available through the DRC at the community college. Only one of the participants responded that they were unaware of available accommodations. All five faculty respondents articulated the significance of having accommodations offered on campus, and only one of the five faculty participants expressed actually being familiar with available accommodations. Each the faculty that participated in this study acknowledged that having knowledge of available accommodations is vital on their community college campus.

Four of the five faculty stated that they were aware of the resources available at the community college for those students with the cognitive disabilities of PTSD or TBI. It is important that the majority of the faculty participants expressed an awareness of available resources at the community college. This awareness may aid them in providing assistance with the challenges that many student-veterans typically face while transitioning to their educational environments.

All three sets of interview protocol questions were designed to elicit responses focused on classroom accommodations and DRC staff and faculty awareness. Therefore, a thorough analysis of the faculty participants' transcribed interviews allowed me to identify the themes that responded to the study's research questions. As a result, the faculty interviews did not reveal any new themes. However, I was able to use four of the six previously established themes for the transcribed faculty interviews. Again, I used the same straightforward Microsoft Word grid of rows and columns (a table) to insert the identified themes and each faculty participant's pseudonym. I used this format to copy and paste short, identified words or expressions from each faculty respondent's transcribed interview.

The completed Microsoft Word table contained the numbers one through four. These four rows and columns were populated with the four theme categories in addition to the faculty participants' pseudonyms. Of note, as two of the themes from the student-veteran participants, Effects and Affects and Frequency, did not apply to the faculty participants, I did not ask them questions related to these two themes. The words and phrases contained in the coding table formed four qualitative themes. The themes

identified were: *Accommodations, Faculty Awareness, Resources, and Services Improvements.*

Theme 1: Accommodations. As I previously noted, it is critical that community colleges make accommodations available for their transitioning student-veterans. Accordingly, I asked the faculty participants the following question from the interview protocol: *What perspectives do you as a faculty member have in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI?*

In educational settings, accommodations typically include diverse forms of institutional support, assistance, allowances, modifications, adapted facilities, additional time, or other special considerations in view of students' cognitive or physical disabilities. The faculty respondents offered diverse responses to this question. Dr. Allen stated the following:

Accommodations certainly are different from those offered for individuals with physical challenges…which are fairly good. For cognitive challenges, sometimes, I think that those accommodations…I'm not sure what those accommodations may be...I think that…there would have to be training… maybe some level of training is needed. Which I just realized during this interview…we lack…we lack training.

Dr. Charm replied:

I know that there are some faculty who ask if there are any military veterans during their first class…but I know that I'm not supposed to ask due to privacy reasons…so they [the student-veterans] don't tell us

anything of that sort. I wish they could…that would help me a lot in

providing a proper support system.

Dr. Betty offered her perspective.

As a person…as a human being…I wanted to do something to create

adequate accommodations, but I have to be very careful. One, I can't

disclose who in my classroom is suffering from anything, and unless they

readily tell me, I don't know. So…even if I want to help…I almost feel

like I can't.

Finally, Dr. David provided his thoughts.

I'm not sure if I have ever had a student with PTSD or TBI or not. I'm

sure that I have…but, you know…they don't come right out and tell you.

So, I really don't know what they would need. I would be open to giving

them anything that they do need though. I would also be open to changing

my lesson plan to accommodating them in any way, though.

All five faculty participants expressed a desire and willingness to accommodate

student-veterans with regards to their cognitive disabilities. The collective responses

suggested that faculty feel that accommodations for student-veterans with PTSD or TBI

are needed and appropriate. However, while the faculty respondents expressed a desire to

provide classroom accommodations, most felt that they were not enabled to provide

better or additional accommodations; this suggests that the need for improved

accommodations or improved awareness of existing accommodations may exist at the

study site.

The second accommodations-based question from the interview protocol for the faculty participants was *What perspectives, if any, have you heard other faculty express in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI?* Dr. Charm replied "None! Nobody I guess discusses those things with each other…especially not with me…they never talk about it." Similarly, Dr. David stated "I don't think that I have heard any other faculty talking about it." Dr. Ed added "Honestly…off the top of my head…I can't think of anything."

Dr. Betty provided more detail.

Uh…other than conversations in a hallway from time to time about things like how many people were seen to appear to have PTSD, I really don't think I have sat down and had a conversation outside of a training with another faculty member about what do you do when you have a student in your class who you think has PTSD? Um…so, I haven't really heard anything for good or for bad, really.

Dr. Allen offered a different perspective.

I have not heard anything like that…um, from any of my colleagues about veterans…and specifically about veterans with challenges. But, uh…I did hear one colleague, not at this school but at a different one, who actually expressed fear of such students.

The third accommodations-based question from the interview protocol for the faculty participants was *What perspectives, if any, have you heard transitioning student-veterans with PTSD or TBI express regarding receiving*

classroom accommodations? Dr. Charm replied with "I don't know who has

PTSD. I have no idea. They just talk about their experiences sometimes…small

experiences in the military…but…nothing related to PTSD or TBI." Dr. David

stated "I am sure that I have had students in that situation, but it has never been

brought to my attention." Dr. Ed offered a comparable response with

"Personally mentioning anything to me…they really haven't."

A more thorough response came from Dr. Betty.

> I haven't really heard student-veterans talk about anything specifically
>
> related to the classroom. I have heard them talk about things
>
> like…um…'if I need to go talk to somebody'…things that are external to
>
> the classroom…'I need to go speak with somebody,' or, 'I'm feeling
>
> really angry!'

> The fourth accommodations-based question from the interview protocol for the

faculty participants was *From your perspective, do you feel that faculty at this institution*

possess adequate knowledge regarding the accommodations required for successful

academic outcomes for transitioning student-veterans with PTSD and TBI? Why or why

not? Dr. David proclaimed "No…I do not. I am sure that we are all aware that there is a

problem…but…it's never been discussed what we should do if a student comes to us

with such a disease or illness."

Dr. Betty rendered her reply.

> Yes, I think the faculty does know about the DRC. I think that they
>
> know it's there. Again…can they send a student there? No. The only

involvement faculty really are allowed to have is to be notified that

someone in your classroom needs an accommodation.

Dr. Allen answered with the following:

I think that uh, maybe one out of ten, or fewer…there again, they have to

have expertise or actual experience for individuals that suffer from PTSD

or TBI...not just veterans, but people in general that suffer from these

things. No…no…most of them do not. Why? Because, they are not trained

in that; they are trained in their disciplines, in their fields. But you

know…this doesn't equip them properly for that, you know.

The final accommodations-based question from the interview protocol for the

faculty participants was *What perspectives do you as a faculty member have in providing*

classroom accommodations for transitioning student-veterans with the disabilities of

PTSD or TBI? Dr. Betty responded briefly by saying "It's just a matter of feeling like

your hands are tied." Dr. David declared "Well, I'm kind of ignorant to this…because…I

don't know what they would need, what type of material they would like or wouldn't

like." With a similar response, Dr. Charm stated, "I don't have any personal experience

of providing it…but, in my opinion…just the classroom setting itself makes a huge

difference." Dr. Ed added "I think that we should make every accommodation possible."

Finally, Dr. Allen offered this thought.

Well, providing classroom accommodations is a matter of course at the

school, as it should be. It's uh…in the bureaucracy itself, special offices;

it's in the regulations, it's in the federal laws, the schools laws, you know,

um…that we accommodate people with all kinds of challenges; physical,

emotional, and cognitive challenges. And, so you know…this is something

we must do.

Theme 2: Faculty awareness. Faculty members incur a need to understand

complex needs facing student-veterans in order that they may develop helpful academic

interventions. Therefore, interview question four focuses on the knowledge levels of

faculty participants regarding student-veterans PTSD or TBI issues in the community

college setting. Faculty respondents were asked *What level of awareness, if any, do you*

feel you currently possess regarding the concerns of transitioning student-veterans with

the disabilities of PTSD/TBI?

Three out of five faculty participants responded that they feel that they currently

possess any degree of awareness of transitioning student-veterans PTSD or TBI concerns.

Two faculty members felt that they didn't have enough experience relative to that topic.

Succinctly, Dr. Charm stated "Directly…I don't have any experience…or I haven't heard

from any students." Conversely, Dr. Ed proclaimed "I think myself being prior

military…I believe they gravitate towards me…the students…and often times…they are

willing to share any concerns." Dr. David declared "I think that I have a unique

awareness of students with disabilities because I also have Parkinson's, so I am up to

their challenges…I can see their challenges and concerns that they may have." Finally,

Dr. Betty provided her perspective.

I would actually say that I have a higher than normal level of

awareness…because I do a lot of work with domestic violence; I'm on the

board for the Center for Family and Sexual Violence…and so…I do know

about PTSD in a realm other than the military. Um…so…I'm aware of it.

Interview question five was *From your perspective, do you feel that faculty at this*

institution possess adequate awareness regarding the concerns of transitioning student-

veterans with PTSD or TBI? Why or why not?

Dr. Allen replied, "I would say that most of them do not…unless they are married

to someone with PTSD or TBI, or if they are in their immediate household." Dr. Charm

responded with "I don't have first-hand information. I guess…none of them

have…including me." Dr. David stated, "I don't think so. "We have never even discussed

it in any of our meetings or faculty development at the beginning of each semester. It has

never really been pointed out as a concern." Dr. Ed offered his response with a

suggestion "Our college does a great job providing training to our faculty and staff…but,

I believe we could always use more . . . more awareness . . . more training. Possibly . . . it

should be considered mandatory training."

Dr. Betty concluded with her opinion.

> Um…I do think that faculty are aware. I think that faculty are very
>
> conscious not to bring it up. Um, because, you know…we can't. We have
>
> federal laws. We are not supposed to discuss grades, health,
>
> wellness…any of those things. But, I do think that there's probably a good
>
> number of faculty members who are aware of it, and a good number of
>
> faculty members who are concerned.

Theme 3: Resources. For this theme, resources refer to the people and things that are readily available to serve as a source of assistance regarding accommodations for the student-veteran participants at their community college. Interview questions eight and nine focus on faculty perceptions of the resources, or lack thereof, at their community college. The first interview question for the faculty related to resources was *What are some methods, if any, that the DRC uses to inform faculty of the resources available to assist transitioning student-veterans with PTSD or TBI?*

Faculty participants varied on their perspectives and responses regarding this particular topic. When asked about the methods the DRC uses to inform faculty of resources, Dr. Ed stated "Mainly…it's through the faculty development workshops and trainings. Again…the issue with that is that it's not mandatory." Dr. David said, "I am not aware of any tools that they have…because I have never been notified that if this person has PTSD or TBI…what tools they have to help them. Maybe that's something that should be done."

Dr. Charm declared:

> They [The DRC] don't inform us about their resources…but they always
> say if you see any student with any kind of problems…make a
> connection and let us know and we will take it from there. They are
> always helpful in that sense…in that when there is a problem they
> address it…but in which way and how? We have no idea!

Dr. Betty said the following:

> Um…they [The DRC] have a website…anything you receive about a
> student in your class is given to you in a hard copy. So, they do give you
> directions. They tell you what to do. They tell you what you can and
> cannot say. They do talk to you about confidentiality. Um, they also
> periodically do training during faculty development week. They will
> advertise faculty development sessions periodically.

Dr. Allen provided a detailed response.

> Well, we get a handout [from the DRC], which is preprinted, with very
> specific instructions on which accommodations may be levied. These
> forms tell us that these students have the right to have extended time on
> their exams, or on their assessments, or any other accommodations they
> may need. Oh! And there is also a web address or something that tells
> them how to contact us; and so we are invited to visit the website and to
> avail ourselves of the knowledge of other services that are there. And we
> are encouraged to come by and talk with the counselors at the DRC to
> discuss each student individually. They really do care!

Given the collective responses to this question, only two of the respondents provided a
completely positive assessment of the methods the DRC uses to inform faculty of
resources available to assist transitioning student-veterans at the community college.

Question nine served as the second interview question for the faculty participants
related to resources. Similar to question eight, the respondents offered diverse replies to

the question *What resources, if any, are available in your Texas community college to assist you as faculty to accommodate transitioning student-veterans with the disabilities of PTSD or TBI?* Dr. David rendered a brief response. "I am not aware of any resources that are available. If the DRC has addressed this…then I might have missed it." Dr. Ed also provided a succinct reply. "I know the college…has…veteran's representatives. Also, there is the DRC."

Dr. Allen stated "Well, there's the DRC, certainly. There's the library, also. Self-awareness is power. There are my office hours…and uh…I feel that I'm very helpful to them."

Dr. Betty declared:

> I almost want to say none. There can be if you seek them out. You can go
>
> and talk to someone at the DRC if you wanted to go ask a question
>
> specific to a certain student. You know…without mentioning a name.
>
> Even if you do ask those questions and you try to educate
>
> yourself…again…your hands are tied. You can't say anything…you can't
>
> do anything.

Dr. Charm provided her perspective.

> In the classroom…I have not seen anything. We may be told that a note
>
> taker will be present for a student, but no detailed information is provided
>
> by the DRC. If we know the problem, we can address it properly. This
>
> privacy business…I don't like it because it hurts so many people who

deserve better. If a student wants to open up to the instructor, then they

should be allowed to do so despite the Privacy Act.

As with the previous interview question, the faculty respondents provided diverse

perspectives of the available resources at the community college to assist them in

accommodating transitioning student-veterans with the disabilities of PTSD or TBI.

     Theme 4: Services improvement. Interview questions ten and eleven served as

the concluding interview questions for the faculty related to service offerings and desired

improvements of the DRC and of the community college in general. Question eleven

allowed for general suggestions and input. However, for question ten, faculty participants

were asked *From your perspective, what more, if anything, could the college do for*

transitioning student-veterans with PTSD or TBI to improve their educational

experience?

     Despite varying perspectives from the faculty respondents, each readily offered

suggestions for the community college to make improvements for transitioning student-

veterans with PTSD or TBI. In response, Dr. David stated, "I think…by educating the

faculty…to the fact the student does have this condition, would help out a lot." Dr. Ed

responded with "Well, I think…just like setting up the green room…informing

veterans…letting them know…you are important"

Dr. Charm made a recommendation.

     First of all, I think faculty should be informed of any military veterans that

     have such problems. Maybe confidentiality forms should be signed by the

     faculty in that case. If the student is ready to open up to the instructor…it

should be allowed…one on one, and on an individual case basis…instead

of a mass policy. Some students feel comfortable opening up to one

faculty member, but not another.

Dr. Betty made the following assertion.

Unless you can get a health clinic…unless you can get paid

counselors…paid social workers to work in the community college, which

we don't have…I mean you would see it at the university. We don't have

it here at community college…and I think that's probably the biggest thing

that student-veterans with PTSD are going to need. And we just simply

don't provide that. You can go and talk to a counselor at the

DRC…but…is that enough? I would say probably not.

Dr. Allen concluded with his recommendation.

I think that they should actually hire an additional counselor at each

campus for students with emotional challenges, not just military or

veterans, but students with emotional challenges such as PTSD or TBI,

and others; someone with special training in those fields. If they are

able to do that…then they've accomplished the mission of providing

accommodations within the letter of the law, and in the spirit of the

law.

For question ten, faculty participants were provided the opportunity to have their

thoughts and suggestions captured regarding proposed improvements for transitioning

student-veterans educational experience. Interesting recommendations were offered by

the faculty participants. Additionally, the collective responses to this interview question

should also serve as an indicator that not all faculty are fully aware of all resources that

are available at the at the community college to assist transitioning student-veterans with

PTSD or TBI.

      As with the student-veteran respondents, I wanted to provide the faculty

participants the opportunity to ask a question that they may have or that I failed to ask.

For the final interview question, I asked faculty participants *What question or questions,*

if any, do you think I should have asked you but did not? Largely, there were no

additional questions; however, Dr. David offered an opinion.

      I would add…why are we not made aware of this? Here we

      are…obviously in a military community…why don't I know about this?

      Now, of course…a lot of that has to do with me…how come I haven't

      asked the right questions. But…I think the DRC should be a little more

      proactive in addressing this issue.

      Based upon the collective responses from the interviews, I obtained an overall

sense from the faculty participants that there is a consensus of feeling somewhat limited

in their abilities to provide accommodations in the community college classroom for

transitioning student-veterans bearing the cognitive disabilities of PTSD and/or TBI.

However, each faculty participant expressed a desire to aid student-veterans with their

often-difficult transition from the military to postsecondary education. A brief synopsis of

the interview data, including the four faculty *themes, the corresponding 4Ss categories,*

and selected response examples are displayed in Table 4 below.

Table 4

Identified Themes, 4Ss Factors, and Selected Theme Responses Examples

Faculty theme	4Ss factors	Faculty response examples (relative to student-veterans' *situation, self, support*, and *strategies)*
Accommodations	Support Strategies Situation Self	• We lack training. • They are not trained in that; they are trained in their disciplines. • I wanted to do something to create adequate accommodations. • The only accommodations that are made at a community college are note taking. • I don't know who has PTSD.I have no idea. • I don't have any personal experience of providing it. • I'm not sure if I ever had a student with PTSD or TBI. • It has never been brought to my attention. • I think that we should make every accommodation possible. • I think that we have to be very understanding of their needs.
Faculty awareness	Support Strategies Situation Self	• I'm not sure if you have empathy or not. • I do know about PTSD in a realm other than military. • I don't have any experience. • I don't have first hand information. None of them have. • I'm not aware of any tools that they have. • We have never even discussed it. • More awareness, more training. • More exposure.
Resources	Support Strategies Situation	• If they need a note taker, they have a note taker that is assigned. • We are encouraged to come by and talk with the counselors at the DRC. • I almost want to say none. • You can go talk to someone at the DRC. • In the classroom, I have not seen anything. • No detailed information is provided by the DRC. • I'm not aware of any resources that are available. • If the DRC addressed this, then I might have missed it. • You are not really oriented to all the equipment.
Services improvements		• They should hire an additional counselor at each campus for students with emotional challenges. • Someone with special training in those fields. • PTSD is a very lonely, personal journey. • I think the faculty should be informed of any military veterans that have such problems. • Our veterans should be a priority over everything else. • I think, by educating the faculty. • Why are we not made aware of this? • I think the DRC should be a little more proactive in addressing this issue. • Setting up the green room. • Informing veterans.

DRC Responses

As the findings from the analysis of the interview data are grouped by the three categories of participants, the final findings presented include interview data from the DRC participants. The table below (Table 5) reflects demographic data relevant to each of the participants' backgrounds and counseling experience. As with the faculty, each of the DRC participants provided insightful information during the interview process.

Table 5

Demographics of DRC participants

Participant	Educational counseling experience	Prior military experience	Educational/counseling discipline	Prior training on working with student-veterans?
"Ms. Amy"	17 years	None	Masters in Educ/Counseling and Guidance	Yes-annual conferences
"Ms. Brenda"	8 years	None	Masters in Mental Health Counseling	Yes-workshops
"Ms. Carol"	14 years	None	LPC, and Masters in Counseling	Yes-workshops/webinars

After the faculty interviews, I interviewed the DRC participants in order to elicit answers to RQ3 listed below.

RQ 3: What are the perspectives of DRC personnel in providing adequate

classroom accommodations for transitioning student-veterans with PTSD or TBI

at a Texas community college?

Each of the three DRC respondents who participated in this study stated that they have provided accommodations through the DRC at the community college for student-veterans with PTSD or TBI. All three DRC respondents articulated the significance of having accommodations being available on campus for student-veterans with PTSD or

TBI. Each the DRC respondents that participated in this study acknowledged that student-veterans and faculty having knowledge of available accommodations is vital on their community college campus.

All three of the DRC participants stated that they make ongoing efforts to inform student-veterans and faculty of the resources available at the community college for those students with the cognitive disabilities of PTSD or TBI. As I stated earlier, all three sets of interview protocol questions were designed to elicit responses focused on classroom accommodations and DRC staff and faculty awareness. Again, a thorough analysis of the DRC participants transcribed interviews allowed me to identify the themes that responded to the study's research questions.

As a result, the DRC interviews did not reveal any new themes. However, I was able to use five of the six previously established themes for the transcribed DRC interviews. I used the same straightforward Microsoft Word grid of rows and columns (a table) to insert the identified themes and each DRC participant's pseudonym. I again used this format to copy and paste short, identified words or expressions from each DRC respondent's transcribed interview. The words and phrases contained in the coding table formed the five qualitative themes as illustrated below. The themes identified were: *Accommodations, Faculty Awareness, Resources, Frequency, and Services Improvements.*

Theme 1: Accommodations. As previously noted, it is vital that community colleges make accommodations available for their transitioning student-veterans. Accordingly, I asked the DRC participants the following question from the interview

protocol: *From your perspective, what concerns, if any, does the DRC have in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI?*

As previously noted, in educational settings, accommodations typically include diverse forms of institutional support, assistance, allowances, modifications, adapted facilities, additional time, or other special considerations in view of students' cognitive or physical disabilities. The DRC respondents offered insightful responses to this question. Ms. Amy detailed her response.

> One of my concerns…is that they [student-veterans] may not request our accommodations early enough...so that we can provide them on a timely basis. Another concern that I have…is that sometimes…our students think that because they have a disability, whether is PTSD or a TBI…that they don't have to comply with the full requirements of the course. And that's something that is sometimes difficult to dispel.

Ms. Brenda answered the question in this manner.

> My biggest concern regarding adequate classroom accommodations would be the inability to be completely open regarding the information. I mean for an instructor to not be able to provide it to them in writing. Another concern that I have, and maybe it is just related to this issue, is the fact that we incorporate the Early College students into our classrooms, and sometimes there is a big difference in age and maturity, and the students can really trigger a veterans' anxiety and PTSD with their immaturity.

Ms. Carol also offered a detailed reply.

> TBI and PTSD shows up in so many different ways. They show up for
> every person very differently. So…we can't say that there is a blanket
> accommodation for PTSD and TBI veterans. My concern is…are we
> really providing the best accommodations and services for transitioning
> veterans? The way PTSD and TBI needs are…they are different from one
> veteran to the next.

The second accommodations-based question from the interview protocol for the
DRC participants was *What perspectives, if any, have transitioning student-veterans with
PTSD or TBI expressed regarding receiving classroom accommodations?* Ms. Brenda
responded with her viewpoint.

> I think it depends on the level or severity of their TBI. I feel that with
> PTSD and TBI, it's not so much the level of their diagnosis, but it's the
> resources that they have. They are often not ready to disclose to us,
> because they just met us a month or two months ago; so we are still not
> in that circle of trust, you know?

Ms. Amy detailed her experiences.

> Our VA students, most of the time, have numerous doctors' appointments!
> So…flexible attendance…its' an accommodation that is frequently
> requested. The instructor might be willing to let you be absent more times
> than he allows the rest of the class, but they [student-veterans] are still

responsible for the material that was taught on those days, including the

notes. And yes, sometimes that's difficult for them to grasp.

Ms. Carol offered her perspective.

The freshly new students…coming from the military to college…a lot of

the time…they think that everything is going to be taken care of. They

think that everything will proceed smoothly. Not all of the time! There are

so many variables that we need to take into account, you know. Maybe

service providers are not consistent…or maybe note takers are not

showing up, or different things that could happen during the

semester…and then we don't see them…at least I don't see them to come

back and say, 'Hey, this isn't working out for me…what else can we do or

try to help me out in the class?'

All three DRC participants expressed a desire and willingness to accommodate

student-veterans with regards to their cognitive disabilities. The collective responses

suggest that DRC staff understand that accommodations for student-veterans with PTSD

or TBI are required and efforts are made to provide accommodations to the extent

available. However, while the DRC respondents expressed a desire to provide classroom

accommodations, all three noted that, similar to the faculty, they were not able to provide

improved or additional accommodations; these factors again imply that the need for

improved accommodations and awareness of existing accommodations may exist at this

study site.

Theme 2: Faculty Awareness

As noted, faculty members expressed a need to understand complex issues facing student-veterans in order to develop helpful academic interventions. Therefore, interview questions four and five focus on the knowledge levels of faculty participants regarding student-veterans PTSD or TBI issues in the community college setting. For question five, DRC respondents were asked

From your perspective, do you feel that faculty at this institution possess adequate awareness regarding the concerns of transitioning student-veterans with PTSD and TBI? Why or why not?

Two of the three DRC participants responded that they feel that the faculty currently have some degree of awareness of transitioning student-veterans PTSD or TBI concerns. Two DRC members felt that there were two different groups and levels of understanding regarding faculty and awareness. Ms. Brenda stated explained her perspective.

> Yes and no. Yes, I do feel that a good amount of our instructors do
> understand transitioning veterans, and they really have that empathy to
> help them. There are a good amount that feel it's my way, and no other
> way, or you are not going to pass my class. I have to say that the
> younger instructors are more adequate and prepared to provide the
> services, and more willing to provide the services than our older faculty,
> who I think, are more set in their ways on how to do things.

Ms. Amy offered her thoughts.

> I don't know…that we provide the right training…to tell you the truth! I
> feel they are very receptive to the needs of students…and of VA students
> with disabilities. When we submit our letters of
> accommodations…informing them of the accommodations that are to be
> provided…I have not had one instructor…that has balked and said 'No, I
> won't do it,' or 'It's unreasonable.' So I think the faculty is very
> perceptive to the needs of student-veterans.

Ms. Carol explained her thoughts in detail.

> There are two kinds of faculty…the ones that are veterans themselves and
> have been in the military, and they understand all the needs of
> transitioning veterans relative to college. Then there are the ones with no
> military experience and no clue about how to work with veterans. So,
> um…in this department, the DRC provides faculty development training
> every fall and spring semester about different disabilities. I know that we
> have done PTSD, TBI, and we have done all sorts of training for faculty.
> Usually…the popularity of those workshops is not there. The faculty
> members that are interested are usually ex-military and veterans
> themselves. So I don't think that there is enough curiosity to know how to
> work with students with PTSD or TBI. A lot of the time…it could be a
> little bit of our fault as well, since we always say that you have to treat all
> students the same, regardless of disability.

Interview question five was *From your perspective, do you feel that faculty at this institution possess adequate knowledge regarding the accommodations required for successful academic outcomes for transitioning student-veterans with PTSD and TBI? Why or why not?*

Ms. Amy gave her reply.

> I think that they [the faculty] do. I think that they do have adequate knowledge. Instructors feel comfortable coming to see us and sometimes asking us when they are in doubt. They will ask, 'Is it okay if I do this?'

Ms. Carol responded "Our college does a great job providing training to our faculty and staff…but, I believe we could always use more….more awareness…more training. Possibly…it should be considered mandatory training." Ms. Brenda concluded with, "No. I don't think they have the knowledge of what adequate accommodations are for transitioning student-veterans. When we meet with the students, there is a conversation between the veteran and the counselor."

Theme 3: Resources

For this theme, resources refer to the people and things that are readily available to serve as a source of assistance regarding accommodations for the student-veteran participants at their community college. Interview Questions 1, 6, 7 and 9 focus on DRC perceptions of the resources at their community college. The first interview question for the DRC respondents related to resources was *What types of resources, if any, are provided for transitioning student-veterans with the disabilities of PTSD and/or TBI?*

As previously noted, in educational settings, accommodations typically include diverse forms of institutional support, assistance, allowances, modifications, adapted facilities, additional time, or other special considerations in view of students' cognitive or physical disabilities. The DRC respondents offered insightful responses to this question. Ms. Brenda explained the rules.

> We cannot impose any services…unless they [the students] request them. We recently opened a military veteran's center at one of the campuses. We are hoping that eventually, it will be run by veterans only…so that it will be easier for them to communicate.

Ms. Carol detailed her reply.

> Other than here, the college has a veterans' center for student-veterans. They have resources just for veterans and all of their disabilities, not just PTSD and TBI. We have community service to provide resources to the veterans when they may require them, or deemed necessary for them to know. We also provide information with regards to the VA, because a lot of them have concerns about their Pell Grants or scholarships when they are starting to study here.

Ms. Amy offered a thorough response.

> Depending on the individuals' disability and the type of documentation that they bring, then, we discuss with the student what has become difficult for them after their injury with PTSD. We ask if they are having issues with short-term memory loss, is it difficult for them to concentrate,

is it difficult for them to sit in the classroom? So it's a pretty long

interview trying to extract what affects their ability to learn, or to stay in

the classroom. So once we extract that information, then, its' easier to

come up with the resources. We always offer our offices as safe havens.

They can always come to our offices to request assistance. They can talk

to us about anything. I am there for them. The campus reps, the

counselors, they are really good about identifying those individuals that

may be in distress. They can always get me on the phone if I am not here

and I can speak with them. When there are academic problems, the DRC

offers one-on-one tutoring.

Question 6, the second interview question for the DRC respondents related to

resources was *What are some methods, if any, that the DRC uses to inform transitioning*

student-veterans with PTSD or TBI of the resources available to assist them at the

college? Ms. Amy said "During new student orientation, we mention that we provide

services to all individuals with disabilities. Once they come to us, we do the intake

interview. That's where we lay out all of the services available to them."

Ms. Brenda provided insight as well.

When it comes to our department, we have a statement for when

students are getting registered, when you are being admitted, and when

the instructors pass out their syllabi, there is a statement in there as well

about the resources that we offer here.

Ms. Carol explained a process.

There is a statement in the syllabi, in every class, to tell what services are available at the DRC. When anyone at the college sees a veteran, or any student with a disability, they inform them that there is such a place here. Now, with the new veteran's center there are referrals if they go there first and they feel that they need extra assistance or accommodations…then, they will send them over here. I think that the website also mentions our department and that it's not specific to veterans, but for everybody.

Question 7, the third interview question for the DRC participants related to resources was *What are some methods, if any, that the DRC uses to inform faculty of the resources available to assist transitioning student-veterans with PTSD and TBI?* The DRC participants' responses were insightful. For example, Ms. Carol shared a brief response of "We have workshops…consultations…and the discipline meetings." Similarly, Ms. Brenda stated, "We do have workshops that we give during faculty development. Also, we have an open-door policy; they can always come in and ask us questions."

Ms. Amy provided more clarity.

We have made presentations during faculty development. If any individual from any campus feels that their faculty needs to be better informed about accommodating student-veterans, we will present during discipline meetings. Word of mouth. We will tell one instructor and another instructor will come over and ask us.

Question 9, the final interview question for the student-veterans related to

resources was *From your perspective, what, if anything, offered at the disability resource*

center has been of greatest benefit for transitioning student-veterans with PTSD or TBI?

As with the student-veteran respondents, I observed one of the more impassioned

responses by the DRC participants to this interview question. Ms. Brenda stated the

following:

> I would say Note taking. Note taking and the ability to have a place
>
> where they can come in to be themselves. Sometimes I tell the
>
> students…'If you are about to have a breakdown…come in here. If you
>
> don't want to talk, that's fine we don't need to talk…just come in here
>
> and sit down.'

Ms Amy added a detailed explanation.

> I think…the fact that we don't see as many students at general
>
> counseling…and that we can sit down and visit with this individual
>
> student…for as long as he needs. I can give that student an appointment
>
> for an hour or whatever they need…and I'm going to be able to identify
>
> what your needs are. I will be able to provide enough time for them to ask
>
> questions. I think that's the greatest benefit; that we are not bound by
>
> time! Then, we can identify, with plenty of time, those services that would
>
> best serve their needs, time wise; transportation, daycare, whatever they
>
> may have to deal with. But, I think the greatest benefit is that we are able

to spend more time with them. And the fact when accommodations don't

work…we can always revise them.

Ms. Carol added an equally detailed reply.

If they [student-veterans] come to us and say that they get hypervigilant, that

they get a lot of anxiety, that they can't stay in the class for a long time…one

of the services that we offer is that we can send an e-mail to all of their

instructors saying that sometimes they will have a need to leave the

classroom. So I will request relaxed or flexible attendance for them and for

their participation in the class. So that seems to help put the student at ease

that they will not be penalized for leaving the class, or for not going to class.

The other benefit that I think that we provide to the students is the one-on-one

tutoring sessions. With TBI, you know, and the condition, going over material

so that they can memorize concepts helps a lot for the student. For TBIs…one

of the accommodations is to allow for notes when they are testing so they can

have clues on tests and so forth.

As with the previous interview question, the DRC respondents provided detailed

perspectives of the available resources at the community college to assist them in

accommodating transitioning student-veterans with the disabilities of PTSD or TBI.

Theme 4: Frequency

The DRC is intended to serve as an on-campus resource for student-veterans.

Question 8 served as the sole interview question for the DRC participants related to

student-veterans utilization of the DRC. Participants were asked *How frequently, if at all,*

would you say transitioning student-veterans use the disability resource center at the

college to assist them with PTSD or TBI related concerns?

This question provided a degree of insight into the student-veterans usage of the DRC as a resource. Ms. Amy explained her thoughts.

> I truly believe that once they have self-disclosed their disability, that we do a pretty good job of keeping our students coming back to request the services. But I'm going to say that once they latch onto the services, they don't stop coming back. They continue coming back and requesting the accommodations.

Last, Ms. Brenda rendered her response.

> I don't know how to answer that, because I don't even know how many students are registered to the college. But I do know that I have a lot, and I know that our VA office usually sends them to us. For personal counseling, our PTSD students are probably the ones that more use the personal counseling. TBI…is more about the resources and things available to them.

The DRC respondents were unable to provide specific numbers regarding how many student-veterans or their frequency of usage of the DRC. However, the collective responses indicated that many referrals are made to the DRC on behalf of student-veterans. The responses to this interview question may potentially serve as a point of focus relative to efforts to promote and clarify available services that are offered through the DRC.

Theme 5: Services Improvement

Interview Questions 10 and 11 served as the concluding interview questions for the DRC respondents related to available accommodations at the DRC and of the community college in general. Question 11 allowed for general suggestions and input. However, for Question 10, DRC participants were asked *From your perspective, what more, if anything, could the college do for transitioning student-veterans with PTSD or TBI to improve their educational experience?*

The DRC participants provided fairly unified perspectives. Each respondent readily offered suggestions for the community college to make improvements for transitioning student-veterans with PTSD or TBI.

In response, Ms. Amy made her assertion.

Half of the students don't know what's going on. I think that maybe the college could set up a web page…you know, a web page just for student-veterans where anybody can access the resources presently being offered. We don't print catalogues anymore. Everything is online…and no student is going to go through that catalogue online page by page…I can tell you that! So if it were just summarized on a link on our website that would be nice.

Ms. Carol offered her recommendation.

I think…more training…and more information for all. The college does have mandatory training on sexual harassment…I think that mandatory training for all incoming and tenured faculty…so that they know how to

approach and how to work with transitioning student veterans would be very beneficial to the college. Why not have something like that with so many military students and veterans attending?

Ms. Brenda made this statement.

Having a place of their own for the veterans to go and be with other veterans and socialize and stuff like that…but…also making it in a way that is welcoming. Sometimes…it's just because they have a hard time relating with the other student population. I mean…the worries that a college student might have might be different concerns from a person transitioning from the military with PTSD or TBI. So…finding that connection, that group, that might help to feel that they are part of that community college, not just a student at the community college…but part of the community college.

Question 10 allowed DRC participants the opportunity to have their thoughts and suggestions captured regarding proposed accommodations improvements for transitioning student-veterans educational experience. Interesting recommendations were offered by the DRC participants. The responses to this interview question reflect that not all students and faculty are fully aware of all accommodations that are available at the community college to assist transitioning student-veterans with PTSD or TBI.

As with the student-veteran and the faculty respondents, I wanted to provide the DRC participants the opportunity to ask a question that they may have that I failed to ask.

Therefore, for Question 11 I asked DRC participants *What question or questions, if any,*

do you think I should have asked you but did not?

Ms. Carol detailed her response.

> I think that more of the personal counseling to specialize in PTSD and
>
> military personnel. I think that specialized training in that could be very
>
> beneficial for transitioning veterans. Maybe have specific counselors that
>
> deal with them; maybe even [have] someone in uniform that is a veteran
>
> because that holds more credibility for the student-veterans.

Finally, Ms. Brenda offered her thoughts.

> I think as two-year institution, if we had more like housing and a mental
>
> health facility for them…not only for them…but also for the rest of the
>
> students…it would be very beneficial, especially with PTSD, depression,
>
> and anxiety. So we need a facility within our campuses that can take care
>
> of that. So if a person is having a break down, they can feel safe to go
>
> there.

In summary, after the DRC participants described their individual perspectives as

disability services providers, it was apparent that each participant held a desire to provide

classroom accommodations for student-veterans with PTSD or TBI. Each DRC

participant expressed a desire to aid student-veterans in successfully transitioning from

the military to postsecondary education. A brief synopsis of the interview data, including

the five DRC *themes, the corresponding 4Ss categories, and selected response examples*

are displayed in Table 6 below.

Table 6

DRC Themes, 4Ss Factors, and Selected Response Examples

DRC theme	4Ss factors	DRC response examples (relative to student-veterans' *situation, self, support*, and *strategies)*
Accommodations	Support Strategies Situation Self	• They may not request accommodations early enough. • Flexible attendance, its' an accommodation that is frequently requested. • We are still not in that circle of trust. • They are often not ready to disclose to us. • Students can really trigger veterans' anxiety and PTSD with their immaturity. • My concern is; are we really providing the best accommodations and services for transitioning veterans? • PTSD and TBI shows up in so many different ways.
Faculty awareness	Support Strategies Self	• I don't know that we provide the right training. • Instructors feel comfortable coming to see us. • I do feel that a good amount of our instructors do understand transitioning veterans. • Sometimes, not trying to stereotype, they take a step back until the student approaches them. • Usually, the popularity of those workshops is not there. • I don't think they have the knowledge of what adequate accommodations are for transitioning student-veterans.
Resources	Support Strategies Situation	• We ask if they are having issues with short-term memory loss, is it difficult for them to concentrate? • We offer our offices as safe havens. • We cannot impose any services, unless they request them. • It's not only about how accessible it is, but, it's also the stigma that comes with it. • I think that the website mentions our department, and it's not specific to veterans, but for everybody. • I will request relaxed or flexible attendance for them.
Frequency	Support Strategies Self	• Once they have disclosed a disability, we do a pretty good job of keeping our students coming back. • They keep coming back and requesting the accommodations. • Our PTSD students are probably the ones that use more personal counseling. • I do know that I have a lot, and I know our VA office usually sends them to us. • Most that come in are either PTSD or TBI, or both. • It's the anxiety and depression and all of that that comes with PTSD. Memory loss, all that comes with TBIs.
Services improvements	Support Strategies Situation	• Maybe the college could set up a web page. • We don't print catalogues anymore. • Having a place of their own for the veterans to go and be with other veterans and socialize. • Different concerns from a person transitioning from the military with PTSD or TBI. • More training and more information for all. • I think mandatory training for all incoming and tenured faculty.

Discrepant Data

Discrepant cases are contradictory or unusual data within a given study, data that do not support the findings. However, discrepant cases are not considered negative or unusable data as they also serve to add credibility to research studies (Creswell, 2012). I developed six themes during the coding process, which served as the six themes for this study. Regarding the student-veteran participants, I originally anticipated discrepant cases due to their either positive or negative individual experiences since being enrolled at the community college. However, I did not find discrepant data among the student-veterans, faculty or DRC responses.

Credibility and Dependability

In order to assure credibility in this study, I conducted individual interviews with each of the three participant groups: student-veterans, faculty, and DRC staff. As outlined below, I took measures to ensure that each participant interview was correctly captured and accurately transcribed as recommended by Lodico et al., 2010. To begin, in an effort to increase credibility, I employed member checks. Soon after each individual interview, I e-mailed each study participant a verbatim transcription of his or her recorded interview for the member checking process. I provided instructions for reviewing the transcription and for making revisions if I had misrepresented any responses. Upon concluding the member check process, all 13 study participants approved their individual transcriptions after confirming the written content was accurate. I obtained multiple and diverse perspectives as a result of utilizing the three distinct participant groups for this study, which resulted in triangulation, as recommended by Lodico et al., 2010. Finally, as

advocated by Lodico et al., 2010, while incorporating accuracy, credibility, and triangulation into the study, I also established and incorporated dependability through my use of a digital voice recorder to capture and preserve verbatim responses during each participant's individual semi structured interviews.

Discussion of the Findings

Study participant contributions. The findings of this case study uncovered data related to the research problem overall and to the study's three research questions. Participants openly shared personal details relative to their experiences as transitioning student-veterans, as faculty members instructing student veterans, or as DRC counselors who provide services to transitioning student-veterans. Such personal details included the daily experiences and resulting perspectives of the individual study participants from each of these three groups.

During the data collection process, participants provided significant details regarding the effects of PTSD/TBI, accommodations at the community college, faculty awareness, available resources at the community college, the frequency of utilization of the DRC, and desired accommodations improvements at the community college. Almost all of the study participants found positives to report regarding existing services and classroom accommodations for student-veterans with PTSD or TBI. Only one study participant, a student-veteran, failed to provide any positive feedback whatsoever.

Six defined themes emerged during the data analysis process, centering on the individual participants' experiences and resulting perspectives. The study's findings supported my preliminary assumption of an existing gap relative to staff and faculty at

the community college understanding and accommodating their transitioning student-veterans with PTSD and/or TBI. My initial assumption resulted in three research questions, which sought to yield corresponding answers from each of the three participant groups.

During the study, I noted similarities and differences between the three participant groups regarding their perceptions of accommodations. Commonalities I noted among the three groups included the desire to make the classroom environment as accommodating as possible, the desire to overcome a perceived lack of accommodations specifically for student-veterans with PTSD or TBI, and the inability and frustration to openly discuss/address specific disabilities. I noted the disparities of each group's perspectives regarding available accommodations, which ranged from mixed, positive, and negative responses from the student-veteran and faculty participants to primarily positive responses from the DRC respondents.

Potential constraints. I noted the participants' responses regarding constraints. Some student-veteran respondents expressed that their concerns were going unnoticed regarding desiring additional test-taking time, additional time to travel from one classroom to the next, and the worry that some faculty did not either understand or display empathy for their individual situations and desired accommodations. Also, some student-veteran respondents articulated that they felt uninformed of available accommodations at the study site.

I noted that some faculty respondents expressed a feeling of helplessness regarding the inability to inquire about student disabilities and their desire to provide

better accommodations for the student-veterans with PTSD or TBI. Additionally, some faculty participants responded that communication lapses from the DRC existed regarding being informed of available accommodations for student-veterans with PTSD or TBI. In addition, some faculty members expressed concerns regarding a lack of training regarding accommodating student-veterans.

I noted that the DRC participants mostly reported that adequate accommodations were currently available to the student-veterans; however, they also noted reluctance on behalf of some of the student-veterans to make use of the accommodations. I further noted that the DRC respondents indicated that the DRC proactively offers training and diverse methods of notification to the faculty regarding accommodations for the student-veterans despite claims to the contrary by some faculty members. Additionally, I noted that the DRC respondents all expressed a desire to have licensed professionals available on campus to provide on-site professional mental health counseling or intervention whenever required.

Study revelations. The results of studying these three groups separately then merging the data revealed to me that the three groups view and approach the same situation through diverse lenses. With minor exceptions, each group is essentially making use of the current resources and accommodations available to them. During the study, I observed that the student-veterans essentially take whatever measures they need to in order to succeed with or without available accommodations.

I noted that the faculty largely articulated feelings of frustration regarding their inability to provide additional accommodations for the student-veterans. Additionally, the

DRC participants exhibited a sense of empathy and resourcefulness to provide accommodations within the regulations that guide them. I also obtained a sense of determination and the desire to persist and succeed on behalf of the student-veteran respondents despite any obstacles or lack of desired accommodations. Overall, while I noted an existence of some gaps in communication at the community college, I also found a concerted effort on behalf the DRC and faculty participants to provide accommodations for the student-veteran population.

Findings from the study offer insight into existing gaps relative to staff and faculty at the community college and their understanding of and providing accommodations for transitioning student-veterans with PTSD and/or TBI. Furthermore, as noted earlier, the findings also provided additional insight indicating that student-veterans at the community college often benefit from the staff and faculty members that have prior military experience as well. Often, transitioning student-veterans incur additional life challenges while attempting to reintegrate into civilian culture and postsecondary education simultaneously.

Often, during the transition process, student-veterans are faced with high divorce rates, significant physical injuries, cognitive disabilities such as PTSD or TBI, and the feeling of having more life experiences and a better worldview than their civilian peers (Tinoco, 2015). Schlossberg (2008) identified and categorized four resources or deficits of an individual's transitions, or the 4-Ss, consisting of the situation, self, supports, and strategies. Therefore, Schlossberg's (2008) 4-S model served as a useful framework that effectively integrates diverse resources, individuals, and organizations

that may positively influence an individual student-veterans' situation, self, supports, and strategies. Based on the previously listed factors, staff and faculty, more especially counseling staff, then incur a need to remain cognizant that student-veterans' transitions to postsecondary education are typically more complex and more intensive than traditional student's transitions. Relative to the aspirations of Schlossberg's (2008) defined 4-S model, postsecondary staff and faculty may potentially aid student-veterans' in successfully making the academic transition (situation) by assisting with assessing and improving student-veterans' academic skills and abilities wherever possible (self); by utilizing all available resources and capital (support); and by aiding in evaluating and implementing individual coping skills with student-veterans whenever possible (strategies). Finally, as a caution, even when Schlossberg's 4-Ss model is used, it will not necessarily guarantee a student-veteran a successful or smooth transition as it may be exactly what the student-veteran needed to aid in becoming more self-sufficient with the transition and reintegration process.

As noted by Minkler et al. (2012), for social change or inclusion in policymaking within institutions or organizations, evidence from research should be recognized as being of value, realistic, readily accessible, and practical for decision users. This research study aimed to facilitate such inclusion and social change. A result of this case study research is the recommendation of an initial and recurring presentation during the college's annual fall and spring staff and faculty training sessions which will focus on accommodating transitioning student-veterans with PTSD or TBI. The study site does not currently require the staff and faculty to participate in PTSD or TBI training relative to its

student-veteran population. However, continuing availability and exposure to training and information for all staff and faculty at the study site may result in increased staff and faculty awareness, in addition to improved accommodations and support services for the student-veteran population at the community college.

Section 3: The Project

Introduction

In this qualitative project study, I examined the perceptions of student-veterans with PTSD or TBI, faculty, and the DRC staff regarding classroom accommodations for student-veterans at a community college located in the southwest United States. Based on this research, I was able to gain insight into the existing perceptions of the three diverse groups. The findings of the study indicated a need for PD training regarding classroom accommodations for student-veterans transitioning to the community college environment. Suggestions offered included that a majority of the student-veteran participants expressed a desire for improved accommodations. The faculty participants largely suggested feeling somewhat limited in their abilities to provide accommodations in the community college classroom for transitioning student-veterans bearing the cognitive disabilities of PTSD or TBI. Finally, The DRC participants collectively suggested that as disability services providers, they consistently strive to provide classroom accommodations for student-veterans with PTSD or TBI. Overall, these findings suggest that the need for improved accommodations or improved awareness of existing accommodations may exist at this study site.

Section 3 contains a comprehensive report of the project derived from the findings of this qualitative case study which focused on transitioning student-veterans with PTSD or TBI receiving classroom accommodations in their community college. This section also includes the project rationale, description, goals, literature review, evaluation plans, and implications for local and national positive social change. The selected genre of this

study's project, a PD training of the findings for the community college's staff and faculty, is located in Appendix A. The purpose of the PD training is to provide the study site with an overview and awareness of the existing perceptions of three diverse groups: student-veterans with PTSD or TBI, faculty, and the DRC staff, which may lead to improved classroom accommodations and transition support services for the student-veteran population at the community college.

Rationale

I considered diverse project genres to effectively present the findings of this qualitative case study. Gargani and Miller (2016) posited that educational programs require ongoing evaluations to assess their efficacy and to determine whether they are yielding desired outcomes. In addition, Cellante and Donne (2013) offered that researchers should perform evaluations to assess aspects of institutions that may require support, improvement, or modifications. However, this qualitative case study was not an attempt to evaluate an existing program. The purpose of this study was to explore the perspectives of three groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI: (a) student-veterans with PTSD or TBI, (b) the faculty, and (c) the disability counselors. The study findings revealed a need for PD regarding classroom accommodations for student-veterans during their transition to the community college environment. In view of this information, a program evaluation/evaluation report was not considered the appropriate genre for this project study.

The second genre I considered for this project study was a policy recommendation with detail/position paper, commonly referred to as a white paper. The purpose of a white paper is to support a particular position as being the best direction to take or that a specific solution is better for a given problem or situation (Purdue, 2017). A white paper entails a comprehensive accounting of needs and recommendations to meet the needs of an organization or institution (Weatherwax, 2017). However, this qualitative case study was not focused on a policy recommendation/position paper. On the contrary, the purpose of this study was to explore the perspectives of the three identified groups at a Texas community college regarding classroom accommodations for student-veterans with PTSD or TBI. The findings indicated that faculty participants lacked PD regarding classroom accommodations for student-veterans with PTSD or TBI. The findings may lead to an improved understanding of classroom accommodations and transition services for the student-veteran population at the community college.

The final genre that I considered for this study was PD. As stated by Elliott, Rhoades, Jackson, and Mandernach (2015), "Faced with budget cuts and shrinking support for PD, it is imperative that institutions invest their limited resources in the faculty development initiatives that will produce the greatest gains" (p. 161). The data from the study findings illustrated that faculty participants held diverse levels of awareness regarding classroom accommodations for student-veterans with PTSD or TBI. In addition, the findings illustrated that faculty participants were dependent upon their own knowledge or experiences because the community college had not incorporated such training into its semiannual staff and faculty development training. Findings from the

study at the community college indicated that staff and faculty participants would benefit from PD focused on classroom accommodations for student-veterans with PTSD or TBI. For that reason, I selected PD for this project study.

I used the research questions listed below to obtain the perspectives of the study participants:

RQ 1: What are the perspectives of student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations as they transition to a Texas community college?

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

RQ 3: What are the perspectives of DRC personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college?

The diverse responses to each of the RQs led me to conclude that a current need exists for PD for the community college staff and faculty. For that reason, the PD training prepared for this project study incorporates data that addresses the current gap in awareness levels of staff and faculty at the study site. Additionally, the project study includes recommendations to address the problem as well as an evaluative process.

Review of the Literature

The literature search associated with the genre that I chose for this study included keywords such as *faculty professional development, training curriculums,* and *faculty*

presentations. For the content of the project, I used the search terms *PTSD, TBI,*

posttraumatic, transitions, accommodations, *postsecondary education* and *veterans*,

including the Boolean operators *and, or,* and *not* to locate articles containing these terms

within the subject heading. Further, I conducted literature searches including the terms

education, faculty, training, challenges, or initiatives within their subject lines. I

conducted a literature search of Walden University's library using the Academic Search

Complete, Education from SAGE, Education Research Complete, ProQuest Central,

PsycINFO, and Science Direct databases, in addition to the Google Scholar database. The

principal goal of this literature review was to provide scholarly justification of why PD

for the community college staff and faculty was the best approach for this study's project.

A secondary goal of this literature review was to support the study's findings, as

presented within the final study.

Professional Development Genre

The PD genre aligns with the framework of Schlossberg's transition theory as

presented by Schlossberg et al. (1995), as the genre provides a connection and foundation

of mutual support for the findings of Schlossberg et al., in that assessing an individual's

assets and liabilities in four areas, termed the *4Ss* (the *situation, self, support*, and

strategies), yields potential methods and options for coping with transitions.

Consequently, PD can be effectively used to present the rationale for the need to increase

awareness levels among staff and faculty regarding classroom accommodations for

student-veterans with PTSD or TBI. Mazzotti, Rowe, Simonsen, Boaz, and VanAvery

(2017) argued that ensuring educators are effectively equipped to serve learners with disabilities is crucial and begins with quality PD.

For this study, I collected data that reflected the existing perceptions of the three diverse groups. Each of the three groups have needs with regard to serving students with disabilities, which further supports PD as the selected option. Therefore, using PD to provide the study site with an overview of the perceptions of the three groups, with the goal of increasing faculty and staff's awareness of classroom accommodations for student-veterans with PTSD or TBI, is a logical approach to accomplishing the goals of this project study. The PD training prepared for this project study incorporates data relative to the current gap in awareness levels of staff and faculty at the study site. Along with the PD project, I present a solution to address the problem, an evaluative process, and scholarly support for the solution through the review of current literature.

Educators in postsecondary institutions face several challenges in understanding classroom accommodations for student-veterans with PTSD or TBI. An available method of assisting a large group of educators and administrators simultaneously is through PD. PD consists of various activities, including a focus on classroom management, students with special needs, and curriculum design and planning, which are crucial elements to consider (Pehmer, Groschner, & Seidel, 2015). In addition, research has revealed that educators' growth and proficiency are predicated on PD that is focused on their specific needs (Meissel, Parr, & Timperley, 2016). Such growth and proficiency is vital as research by Harn, Parisi, and Stoolmiller (2013) found that when educators participate in PD that advocates best practices, it is more probable that educational institutions will be

committed to implementing transition programs that yield improved services and outcomes for students with physical or cognitive disabilities.

Meyer and Murrell (2014) noted that PD sessions typically take place in face-to-face formats, and are usually held in discretionary sessions that permit faculty to self-register based upon their own training participation desires. Such practices typically promote autonomy in educators; however, developing successful methods of training and retaining educators is vital to producing quality education for students in addition to a supportive network for educators (Evers, Van der Heijden, & Kreijns, 2016). Burns and Lawrie (2015) noted that to be successful, educators must be vigilantly recruited and then trained through PD throughout their careers. Evers et al. (2016) found that educators that engage in collaborative PD experiences felt increased job satisfaction and were less inclined to leave the profession. Moreover, Burns and Lawrie found that educators who take part in PD with the goal of improving students' academic success also typically improve their instructional methods. Findings suggested that educators involved in collaborative PD were more cognizant of their educational practices following such training and were better informed of academic strategies that improved the outcomes of learners (Evers et al., 2016). Improved learner outcomes should then reflect positively upon the respective institutions of the educators. Full-time educators at the study site actively participate in collaborative PD; however, the aspect that is currently missing is PD that focuses on the needs of transitioning student-veterans, especially student-veterans with PTSD or TBI. A more inclusive PD that focuses on the needs of

transitioning student-veterans should serve to benefit both the staff and faculty and the student-veteran population at the study site.

As a general practice, the study site currently does not integrate either its online or adjunct faculty into PD trainings. As a result of the exclusions of these two categories of faculty from PD training, adjunct and online faculty at the study site may also lack awareness of accommodations for student-veterans with PTSD or TBI. Accordingly, one consistently challenging topic for educational institutions is inclusion for exclusively online instructors. For faculty who exclusively teach online courses, PD is available in diverse formats, including workshops and online certification courses. However, despite the availability of options, many online educators have not been provided PD relative to pedagogy or instructional design (Ragan & Schroeder, 2014). Tobin, Mandernach, and Taylor (2015) found that unfortunately, numerous exclusively online educators struggle to instruct in the online environment while utilizing the exact approaches that they have employed in face-to-face classes. However, Herman (2013) noted as online education has consistently risen in popularity with learners, there also has been an increasing demand on educational institutions to provide quality online education through improved faculty PD for faculty who exclusively teach online courses. The above findings underscore a need for improved PD training opportunities for exclusively online faculty. Therefore, comprehensive PD at the study site that includes online faculty and centers on the needs of transitioning student-veterans may benefit both faculty and the student-veteran population.

Additionally, Witte and Jansen (2016) asserted that institutional PD should incorporate collaborative, hands-on training which is ongoing and augmented by additional online training when possible. Researchers Girvan, Conneely, and Tangney (2016) added that well-designed PD should allow recurring learning opportunities. Moreover, Korkko, Kyro-Ammala, and Turunen (2016) argued that educators need to be enabled to continuously expand upon their knowledge and proficiency in subject matter content, emerging educational tools, and other vital elements that result in quality education and elevated academic standards. In addition, Brody and Hadar (2015) found that collective institutional experiences often influence faculty responses regarding PD efforts aimed at adapting new practices.

It is common knowledge among educators that PD often presents diverse challenges. Lunenberg, Murray, Smith and Vanderlinde (2017) also found that faculty PD can be a very difficult process, as PD often requires the synchronization of several collaborative entities to conceive, produce and implement meaningful, quality training. Consequently, quality-based PD training holds the potential to result in significant qualitative outcomes, including positive institutional cultures, improved student behaviors, increased educator proficiency, and opportunities for collaborative peer learning (Willemse, Dam, Geijsel, van Wessum & Volman, 2015). Such benefits of quality PD were further supported by Witte and Jansen (2016) when they declared that PD should present opportunities for improving educational institutions, enhancing the quality of educators, and increasing the learning of students. To provide support, Hill, Beisiegel, and Jacob (2013) used evidence-based outcomes to demonstrate that PD is

closely associated with student's academic success. In view of the positive benefits listed above, the PD training that I am proposing holds the potential to aid in increasing staff and faculty awareness of classroom accommodations for student-veterans at the study site, in addition to contributing to improving the institution by increasing academic success for the student-veteran population. The collective findings and related research evidences signify the importance of developing the competencies of educators through PD (Meissel et al., 2016).

As with most perspectives, there are detractors of PD. Dailey-Hebert, Mandernach, Donnelli-Sallee and Norris (2014) found that regrettably, PD training is often scheduled by institutional administrators and policy makers to deal with alleged shortcomings in educational methods. Such training is frequently not associated with tangible classroom situations, and is rarely viewed positively among educators. Unfortunately, at times, such training may be necessary to satisfy rigid municipal, state, or federal mandates. Also, a lack of time is often cited as one of the greatest barriers to participating in faculty development initiatives (Dailey-Hebert et al., 2014). As a result, Mahmoudia and Özkana (2015) argued that numerous educators feel that the degree of participation in PD training is to some extent a reflection of the level of support that educators are allowed to take part in or the type of obstacle they must navigate. As with most professions, time is often a scare and vital resource. Conversely, research has shown that PD methods that place an emphasis on educator self-management practices may be more beneficial and consume fewer resources while simultaneously improving the

efficiency of faculty and staff (Briere, Simonson, Sugai, & Myers, 2015; Oliver, Wehby, & Nelson, 2015).

In addition to time constraints, educators must negotiate a variety of factors in order to participate in ongoing PD. Such factors include, but are not limited to, the age of educators, shortages of personnel, uncooperative supervisors, mind-sets of administrators, accessibility of programs, work demands, family obligations, risky environments, and consumption of educators off-duty time are some of the common obstacles (Fernandez-Manzanal et al., 2015). Additionally, some educators noted unenthusiastic staff motivation, inconsistent staff notification efforts, and monetary concerns (Geldenhuys & Oosthuizen, 2015). The above listed factors present an excellent opportunity for the leadership at the study site to address such issues and concerns. Owen (2014) argued that PD that yields value also requires skilled leadership to be regarded as significant and innovative training. Gemeda et al. (2014) supported Owen's (2014) argument by asserting that resourceful institutional leadership includes the ability to improve local PD, expand educational approaches, contribute to a constructive institutional culture, and increase student success. It seems that these listed aspirations may also be the focus of leadership at the study site as the faculty development coordinator hinted that the community college is looking into implementing workshops that would help instructors understand veterans with PTSD and TBI.

Additionally, another concern is that adjunct faculty members (part-time faculty) are often not provided opportunities to participate in PD. To counter this claim, Dailey-Hebert et al. (2014) found that often adjunct faculty is less inclined to make use of active

learning or student-centered methods during instruction. Further, training formats can also become the primary issue. This is evident as faculty PD typically entails a day of training focused on emerging technology or the proficiency of particular duty, without regard to whether the participants are traditional or online faculty. As noted above, as a general practice, the study site currently does not integrate either its online or adjunct faculty into PD trainings. Again, exclusion of these two categories of faculty may contribute to a lack awareness of accommodations for student-veterans with PTSD or TBI. Therefore, as argued by Dailey-Hebert et al., (2014), educational institutions should explore ways to offer inclusive PD opportunities that are readily accessible to all staff and faculty to further enhance their instructional practices. Effectively sustaining proficiency can also present challenges. Galustyan, Berezhnaya, and Beloshitsky (2017) argued that faculty should endeavor to improve as educators, as it is vital that the educator serve as a principal figure who acknowledges their students' perspectives and fills a crucial role in their education.

In addition, PD should be frequent and perpetual throughout an educator's career. Galustyan et al. (2017) summarized that meaningful faculty PD should correspond to innovative initiatives, capabilities, and opportunities, which may be further regarded as positive change. Further, Doran (2014) recommended that institutions and even faculty themselves should take into consideration collective interests, experience levels and recognized training needs when considering and planning PD, all while synchronizing such views with jurisdictional regulatory requirements for PD.

Maria and García (2016) found that multiple hurdles existed for educators to successfully participate in PD. Such hurdles include the discouragement of PD due to budgetary concerns or limitations, funding burdens placed on educators, salary increase and promotion motivations, effects of nationwide and local policies, lack of availability for collaboration, time commitments, and the utilization of resources are frequent barriers to successful ongoing PD. Unfortunately, in many educational settings, lacking an abundance of time and resources is an ongoing challenge. As a recommendation, the National Implementation Research Network (NIRN) suggested in order to see positive improvements with implementing PD, educators and institutional stakeholders should regularly re-examine data, assess and rank requirements based upon information and situations, create objectives, create strategies to sustain such goals, plan procedures, and assess outcomes (NIRN, 2017).

As evidenced, faculty PD can often be quite challenging to plan, implement and secure adequate resources for. However, it is essential to keep educators informed of the needs of students, special populations, and evolving practices in education. As a result, for this project to be of value, I created a curriculum that demonstrated an understanding of the target audience, was easily understood, was to the point, and was fact-based. The desired audience of this PD are all staff and faculty from the study site, including all key stakeholders. Key stakeholders at the study site include the faculty development coordinator of the Office of Faculty Development, Director of the Academic Support Center, Director of the Center for Students with Disabilities, Director of the Campus Counseling Center, Director of Academic Services, Director of the Office of Student

Success, Director of First-Year Experience, and the Director of the Veterans Resource

Center. PD was the ideal genre to present an overview and awareness of the existing

perceptions of the three diverse groups. Therefore, increasing awareness through PD

training may lead to improved classroom accommodations and transition support services

for the student-veteran population at the study site.

Project Description

Resources and Existing Supports

I will require institutional approval, administrative support from the study site,

and the use of an existing group training space at the study site in order to successfully

initiate and conduct the PD training for this project study. The study site currently

includes an Office of Faculty Development, an academic support center, a comprehensive

library, and several large training rooms with projection screens, speakers, and all

necessary audio visual devices and supports. The current semi-annual staff and faculty

training at the community college requires all staff and faculty to attend round-robin style

trainings during the recurring fall and spring faculty training sessions. Moreover, the

faculty development coordinator hinted that the community college is looking into

implementing workshops that would help instructors understand veterans with PTSD and

TBI.

Potential Barriers and Solutions

An identified potential barrier is the current round-robin faculty development

training format for staff and faculty members at the study site. While 100% participation

in the PD would be beneficial to all, the fall and spring staff and faculty development

trainings are conducted in round-robin sign-up sessions. This means that all staff and faculty are required to attend; however, they are free to choose the sessions they will attend. In view of this autonomy, some individuals may not feel that they need or have time for a particular training. Therefore, fewer staff and faculty might gain an improved understanding of classroom accommodations and transition services for the student-veterans with PTSD or TBI population at the community college. However, the combination of the expressed need for increased awareness on this topic during interviews with the staff and faculty participants and the enthusiastic response to this issue from the faculty development coordinator, should serve to increase the desire and volume of participation in the PD. In addition, if offered as an option, I will willingly conduct the PD as a stand-alone training at any time throughout the academic year. As the presenter of this training, I have the flexibility to modify the presentation and the proposed training schedule to any format or time constraints that would meet the needs of the study site.

Table 7

Overview of the Research Conducted at the Study Site

Accommodating your student-veterans with PTSD and/or TBI			
<u>Problem</u>	<u>Methods</u>	<u>Recommendations</u>	<u>Evaluation</u>

• Research indicates that many postsecondary institutions nationwide are experiencing a significant enrollment increase in combat veterans with the cognitive disabilities of PTSD or TBI.
 	
• Researchers argue that as a result, the need for improved awareness and non-alienating classroom environments has become widespread.
 	
Background
 	
PTSD is an anxiety disorder that typically occurs following the experience or witnessing of a traumatic or life-threatening event such as combat, disasters, terrorism, serious accidents, or a physical or sexual assault.
 	
• TBIs often include cognitive deficits in memory, attention, and concentration. There are often symptoms of physical or somatic complaints of fatigue, disordered sleep, dizziness, and headaches. In addition, TBI sufferers typically have complaints of irritability, anxiety, and depression.
	• Current research demonstrates that many staff and faculty members nationwide need to better understand how to best serve student-veterans.
	
	• A comprehensive review of data revealed common adjustment issues that many wounded warriors typically encounter in higher education settings.
	
	• The data provides an increased understanding of the common challenges that returning combat veterans typically encounter in college environments.
	
	Participants:
	
	➢ The research location for this study was a TX community college
	
	➢ Collaborative participants for this study were recruited from three sources with the following criteria:
	
	  • Currently enrolled active duty
	    service members or veterans
	    diagnosed with PTSD or TBI
	
	  • Faculty members who currently
	    or have recently had student-
	    veterans in their classes
	
	  • Members of the DRC staff
	
	Interviews:
	
	➢ Individual, face-to-face, audio-recorded
	    interviews with each of the 3 categories
	    of participants; which averaged
	    approximately 60 minutes in duration.
		Professional development training
		
		Which focuses on:
		
		Classroom accommodations for student-veterans with PTSD or TBI
		
		➢ Improved faculty understanding of accommodations for their student-veteran population
		
		Improved awareness which may result in staff and faculty positively acting upon their newfound awareness.
		
		Increased efforts to better understand how to best serve student-veterans through their transition, and how to provide classroom accommodations for student-veterans with PTSD or TBI
		
		➢ Increased student-veteran satisfaction levels, academic grades, and retention rates.
		
		• This professional development may also:
		
		Increase faculty involvement in student veterans learning environment concerns.
		
		Increase staff and faculty awareness of classroom accommodations for student-veterans with PTSD or TBI, which may also serve to improve retention of student-veterans at the study site.
			➢ Coordination with the faculty development coordinator of the Office of Faculty Development to review the details of the proposed PD
			
			➢ All staff and faculty participants receive a pre-training survey to assess their current knowledge of accommodations at the study site for student-veterans with PTSD or TBI.
			
			➢ Key stakeholders will be informed of any participant feedback or recommended modifications before making any changes to the future content or format of the professional development.
			
			➢ Consulting with key stakeholders prior to making any changes to the future PD curriculum will allow the opportunity for counter-perspectives and input that may not have been taken into consideration during initial recommendations

Implementation

I plan to conduct this PD as soon as possible. All training and workshop proposals are due two months prior to the beginning of the fall or spring staff and faculty development sessions. In view of this timeline, I will submit my proposed staff and faculty PD training two months prior to the next session. I will need to coordinate with the faculty development coordinator of the Office of Faculty Development in order to detail my proposed training plan and to identify and discuss all required training support, in addition to designating the actual training location within the study site.

Project Evaluation Plan

The primary goal of this PD is to provide the study site with an overview and awareness of the current perceptions of three diverse groups, which may lead to improved classroom accommodations for the student-veteran population at the community college. I will use a formative evaluation to begin the evaluative process. To begin, I will coordinate with the faculty development coordinator of the Office of Faculty Development to review the details of the proposed PD. Additionally, at the beginning of the PD, I will provide all staff and faculty participants a pre-training survey in an effort to assess their current knowledge of accommodations at the study site for student-veterans with PTSD or TBI. Further, I will inform key stakeholders of any feedback or recommended modifications that I receive before making any changes to the future content or format of the PD. Consulting with key stakeholders prior to making any changes to the future PD curriculum will allow the opportunity for counter-perspectives

and input that may not have been taken into consideration during initial recommendations.

After conducting the PD training at the study site, I will use summative evaluations to assess whether awareness of classroom accommodations for student-veterans with PTSD or TBI have increased at the study site. The success of the PD will, in larger part, depend on the willingness of individual staff and faculty at the study site to increase their awareness of accommodations for student-veterans with PTSD or TBI. Without meaningful staff and faculty participation in the training, awareness levels will likely not increase soon. I will consider the PD successful if the summative evaluations reflect an increase in awareness levels regarding accommodations for student-veterans with PTSD or TBI.

Project Implications

Local Implications

As stated earlier, the local problem addressed through this study showed that current research demonstrated that many staff and faculty members nationwide have a need to better understand how to best serve student-veterans through their transition (Parks et al., 2015; Schiavone & Gentry, 2014). As noted, at the local level, evidence of this problem was confirmed by the leadership and administrators of one Texas community college. After conducting a PD at the local community college on providing classroom accommodations for student-veterans with PTSD or TBI, I anticipate an increase in faculty having an improved understanding of accommodations for their student-veteran population. In addition, an improved awareness may result in staff and

faculty positively acting upon their newfound awareness. Moreover, efforts to better understand how to best serve student-veterans through their transition, and how to provide classroom accommodations for student-veterans with PTSD or TBI may serve to potentially improve student-veteran satisfaction levels, academic grades, and retention rates. This PD may also increase faculty involvement in student-veterans learning environment concerns. Further, increasing staff and faculty awareness of classroom accommodations for student-veterans with PTSD or TBI may also serve to improve retention of student-veterans at the study site. Finally, this study will contribute to local positive social change by improved staff and faculty understanding of how to best serve transitioning student-veterans, more especially, by an increased understanding of classroom accommodations for student-veterans with PTSD or TBI at the local community college.

Far-Reaching Implications

A review of the literature for this project study presented information which supported the need to increase awareness of classroom accommodations for student-veterans with PTSD or TBI. As an outcome of this study, social change may occur at my own educational institution, Walden University, through both the focus and the increase in the body of knowledge on this topic. Consequently, increased staff and faculty awareness levels may aid in improved accommodations for student-veterans at the institution. As an additional outcome of this study, social change at the study site may include a similar transferable approach for better understanding classroom accommodations for student-veterans with PTSD or TBI. As a result of the findings of

this study, and equipped with an improved awareness, all staff and faculty may be better

enabled to act upon such awareness accordingly. In addition, an increase in the number of

student-veterans who are better accommodated may serve to motivate reluctant or

existing student-veterans to either begin or continue their educational pursuits. This study

may contribute to positive social change on a larger scale both by modeling improved

staff and faculty understanding of how to best serve transitioning student-veterans and

through an increased understanding of classroom accommodations for student-veterans

with PTSD or TBI.

Section 4: Reflections and Conclusions

Introduction

Section 4 contains a description of the strengths and limitations of the approach to the problem in this study. I also include discussion of optional approaches to address the gap in accommodations for student-veterans with PTSD or TBI. Additionally, I present recommendations for alternative approaches to the problem, along with my personal reflections as a project developer and a scholar. Finally, I provide reflections on the significance of the study, implications, and potential directions for future research.

Project Strengths and Limitations

The preparedness of educators is connected to the success of their students; however educators often enter or continue in the profession unprepared. As a result, educational institutions are more frequently relying upon PD training to address this situation (Bayar, 2014). Accordingly, the project deliverable derived from this study was a PD training (see Appendix A). The project has numerous strengths, including the format, detailed evidence, and easily understandable recommendations. PD training is supported by Evers et al.'s (2016) argument that PD is necessary in order to improve the knowledge base of novice educators while also increasing the proficiency of veteran educators. The desired participants of this PD training are key stakeholders at the study site, including all faculty, the faculty development coordinator of the Office of Faculty Development, director of the Academic Support Center, director of the Center for Students with Disabilities, director of the Campus Counseling Center, director of

Academic Services, director of the Office of Student Success, director of First-Year

Experience, and the director of the Veterans Resource Center.

Trust and Horrocks (2017) noted that well-designed face-to-face and practical PD

offers opportunities for educators to develop more effectively and improve their

educational practice along with the support of fellow colleagues. Therefore, strengths of

the project include the straightforward PD training format, which includes a discussion of

the findings of the study. Importantly, the training incorporates quotes directly from the

study participants. Displayed quotes and descriptive data connected to the

recommendation of understanding accommodations for student-veterans with PTSD or

TBI should aid in increasing stakeholders' understanding of the study's findings. The PD

training prepared for this project study incorporated data relative to the current gap in

awareness levels of staff and faculty at the study site. A significant strength of the project

was that in addition to the PD training, I presented a solution to address the problem, an

evaluative process, and scholarly support for the solution through the review of current

literature.

I will require institutional approval and administrative support, including the use

of a group training space at the study site in order to successfully initiate and conduct the

PD at the study site. The study site includes an Office of Faculty Development, an

Academic Support Center, a comprehensive library, and several large training rooms with

projection screens, speakers, and all necessary audio visual devices and supports. An

important strength of the study is that I was informed that the faculty development

coordinator was eager to integrate training that would aid instructors at the study site in understanding and accommodating veterans with PTSD and TBI.

An additional strength of the project is its understandable recommendation based upon the study's finding. The stated goal of the project of increasing awareness and understanding of accommodations for student-veterans with PTSD or TBI are relatable and easy to comprehend. Finally, the PD format allows stakeholders to ask any questions throughout and after the training. Having questions or concerns answered instantly during training can be advantageous and facilitate stakeholders' understanding of the topic.

Killion (2013) posited that PD typically places emphasis on the learning process and experience instead of the value of the learning, the outcomes, and the subsequent realization of enduring educational practices. In view of Killion's assertion, as with the majority of proposals and recommendations, limitations exist. All of the participants at the study site were current staff, faculty, and student-veterans. However, additional perspectives and data obtained from former staff, faculty, and student-veterans who are no longer at the institution may have strengthened the study. Data from former staff, faculty, and student-veterans may have offered additional perspectives, thus shedding light on earlier awareness and understanding of accommodations for student-veterans with PTSD or TBI at the study site.

Participant recruitment methods also created a limitation in the study. E-mailed study invitations only generated interest in respondents who checked their e-mail during the 2-week response window. Telephone recruitment could have increased the amount of

student-veteran and faculty participants. However, due to time constraints, it was not feasible to attempt to telephone potential participants for the study.

Limitations of the PD training could include stakeholders who are not familiar with student-veterans' challenges and may potentially be more concerned about accommodations for students with physical disabilities, not just student-veterans with PTSD or TBI. Additionally, some stakeholders may be anti-military and have a general disregard for student-veterans' issues. As a result, they might opt out of the training and therefore miss an opportunity to become better informed of student-veterans' challenges and available accommodations.

Recommendations for Alternative Approaches

This PD was designed to increase awareness and understanding of accommodations for student-veterans with PTSD or TBI. An alternative approach to presenting my findings might include the development of a position paper which could be disseminated effortlessly to a broader audience at the study site. A position paper could easily be e-mailed to all staff, faculty, and students at the site if the leadership desired to do so. However, a written position paper would not provide an opportunity for an audience to have their individual questions and concerns answered immediately, such as is possible during PD training.

The findings of the study demonstrated that some of the faculty and the student-veterans are not fully aware of accommodations for student-veterans with PTSD or TBI at the study site. Instead of proposing a PD training designed to increase awareness and understanding of accommodations for student-veterans with PTSD or TBI at the study

site, an alternative approach might be to present a policy recommendation that includes the recommendation of having all staff and faculty at the study site complete one mandatory continuous education unit credit per academic or calendar school year relative to student-veterans with PTSD or TBI. This annual requirement would serve to inform newer staff and faculty and refresh existing staff and faculty on the topic. If the level of staff and faculty awareness increased, fewer student-veterans would express displeasure or feel that staff and faculty were unaware of accommodations. In addition, student-veterans themselves would likely become more aware of accommodations as better trained staff and faculty would be able to direct them to or inform them of all available accommodations at the study site.

Scholarship, Project Development, and Leadership and Change

Scholarship

Throughout the course of the writing and revision process of this in-depth study, I found myself challenged on many levels. I initially desired to conduct a qualitative case study that simply focused on the challenges that student-veterans typically encounter in postsecondary education. However, as I progressed through the writing process, gained a better focus, and developed as a researcher and scholar, I felt the need to narrow the focus of the problem and also incorporate Walden's theme of positive social change. After making that adjustment in my focus, I was able to identify the three primary groups that would benefit from the study, consisting of student-veterans, faculty, and the DRC staff. Additionally, incorporating the positive social change aspect further strengthened my study. The entire doctoral journey was extremely challenging, insightful, and

introspective, as I learned even more about my own inner strength and personal resolve. I can honestly state that I feel that I may have initially entered the process somewhat unprepared for the rigor and the time commitment involved; however, I now possess a much greater appreciation for all scholars, and for what it takes to successfully complete a doctoral journey. Moreover, while conducting the two literature reviews for the study, I gained an even greater appreciation for all scholar-practitioners as I quickly realized the time and rigor involved to become an academic scholar. It rapidly became apparent to me that conducting research creates an immersion in and knowledge of notable scholars within a subject area. Finally, the body of research that I have reviewed on the topic of providing classroom accommodations for student-veterans with PTSD or TBI has positively impacted me and has prepared me for the next level of my professional career as a scholar-practitioner.

Project Development

As a VRC, I often hear student-veterans with PTSD or TBI criticize the lack of classroom accommodations at their respective postsecondary institutions. However, I never took the opportunity to explore exactly which institutions offered classroom accommodations for the student-veterans and which ones did not. This study provided me with the opportunity to actually discover which classroom accommodations are available at the local institution that served as the study site. In addition, I gained insight into how student-veterans, faculty, and the DRC staff often differ in their perspectives about the dissemination of information regarding available resources at the study site. In view of both the revealing findings of the study and my goal to improve the perspectives of staff

and faculty at the study site, PD emerged as the most logical genre to present the findings of the study.

The PD training both informs staff and faculty of transition challenges that student-veterans typically face and provides recommendations for increasing awareness of accommodations for student-veterans with PTSD or TBI. With regard to conducting the PD training to the staff and faculty, I am excited to be able to positively contribute to the institution and to veterans beyond simply being a counselor. I am enthusiastically looking forward to the PD training, the interaction and questions, and the opportunity to serve as an agent of positive social change. The positive social change that I envision as a result of the findings and recommendations for this study include improved accommodations for student-veterans, increased awareness of student-veteran transition challenges, and improved dissemination of information regarding available resources at the study site. On a broader scale, it is my hope that the recommendations included within the PD training will be transferable to other postsecondary institutions as well.

As with all training, I plan to provide PD that is engaging for all stakeholders, especially those that may not be familiar with military related terms or topics. Based upon the feedback during staff and faculty interviews, I believe that the staff and faculty at the study site actually seem eager for such worthwhile training. Likewise, I feel that it is noteworthy, admirable, and extremely important that that staff and faculty desire such training.

Leadership and Change

As a retired military veteran and a current VRC, I maintain a great responsibility to serve as a leader and a change agent. As a result of undertaking this study, I have learned to appreciate that any academic argument, perspective, or initiative can be inspired and supported by research and data. As a professional who is called upon to present briefings, training, and public outreach, I have learned the importance of researching all relevant information beforehand and of being well-prepared with thorough, referenced, statistical data from reliable sources, and not simply unfounded information. In addition, it is my plan and desire to teach counseling and psychology related courses at the master's and doctoral levels. I now feel that the rigor of this process and all that I have learned during it have adequately prepared me with the operational base and functional knowledge to not only teach but also inspire positive social change in my future students.

<center>**Reflections on the Importance of the Work**</center>

When I began this doctoral journey, I was recently retired after 21 years of military service, and I was three years into my second career as a VRC. I had applied for and was selected to teach an in-person course for a college with a military campus on base. When I first began teaching this course, I was amazed at how attentive and eager the soldiers were to learn. I valued witnessing the excitement when soldiers suddenly grasped a subject during the learning process. While that was very rewarding, even more rewarding were the occasions when I would see former students, and they would describe how I had influenced them as an educator and a role model. I taught the young soldiers

on post for seven years; however, my desire eventually transformed into wanting to teach a more mature audience. I remembered how during the pursuit of my masters' degree, the doctoral level instructors were always very knowledgeable, engaging, and authoritative as a result of their subject matter expertise. I thoroughly enjoyed when the class would engage in a perspective-driven discourse, facilitated by the instructor.

I grew up in an impoverished and run-down inner city environment, and I always remained cognizant of the power of education and the positive influence that an educator can have upon his or her learners. I also was the first to earn a college degree in my family, which created a desire to serve as a role model for others. As a result, I decided to pursue a doctorate degree in education, which would allow me to return to teaching, but at the master's and doctoral levels. In the process of pursuing this degree, I have grown immensely as a person and as a scholar.

As a VRC, I readily spend each day assisting veterans with realizing their educational goals. Now, I will serve as an even more influential role model and motivator. I am looking forward to returning to the educational environment as an educator, both online and in-person. However, now I will be much more knowledgeable as an informed doctoral level scholar, not just as an instructor. The academic knowledge that I have gained during this doctoral program has revealed to me what it takes to become a scholar and how important it is to feel empathy with my students during their academic pursuits. The culmination of this doctoral study process is not simply the academic completion, but putting into actual practice what I have learned. This is evidenced through the completion of the accompanying study project in Appendix A. The

PD training serves as an avenue for me to positively contribute to change, which in turn may lead to improved classroom accommodations and transition support services for the student-veteran population at the study site.

Student-veterans with PTSD or TBI, the challenges that they face, and staff and faculty's frequent lack of understanding of how to provide accommodations for this category of learners are not subjects of original research. However, in light of the recent conflicts in the Middle East, especially in Iraq and Afghanistan, and the ongoing War on Terrorism, over the past decade, the above mentioned topics have gradually increased as a focus of scholarly research. As with all military conflicts in recent history, the popularity of these topics is likely to continue to receive attention from scholars and researchers. Although the topic now is receiving more attention than when the conflicts in Iraq and Afghanistan began in the early 2000s, the overall lack of qualitative studies on the topic supports the need for more current research. The attention generated by this topic, including the existing body of research, has already begun to compel some postsecondary institutions nationwide to either initiate or consider additional or improved accommodations for student-veteran populations. As a veteran and a VRC for service members and veterans, I find it rewarding to observe this subject gaining much-needed attention as a more frequent research topic. Moreover, as noted earlier, this topic is important for positive social change for improved accommodations for student-veterans, increased awareness of student-veteran transition challenges, and improved dissemination of information regarding available resources at the study site. In addition, through increased staff and faculty awareness, improved classroom accommodations, and

identification of important transition support services, student-veterans may be better enabled to successfully transition into educational settings and their post military lives.

Implications, Applications, and Directions for Future Research

Staff, faculty, and fellow students often inadvertently create stressful or potentially alienating classroom environments or situations for student-veterans (Alschuler & Yarab, 2016). Nationwide, many staff and faculty members need to better understand how to best serve student-veterans who have transitioned from combat to classroom environments. The findings of this qualitative study may aid in increasing awareness of accommodations for student-veterans with PTSD or TBI at the study site. As increasing awareness through reporting the findings of the study is the goal of the PD training (see Appendix A), the study site may benefit from timely implementation of the recommendations from the study. If the recommendations are put into practice, an increase in staff and faculty awareness levels at the study site should progressively occur. Moreover, as a result, student-veterans with PTSD or TBI at the study site should also experience an increase in being informed of and receiving classroom accommodations.

It is vital that future research focused on methods to increase accommodations for student-veterans with PTSD or TBI continues. If more researchers report findings that support the need for increased awareness of accommodations for student-veterans with PTSD or TBI, then other postsecondary institutions may choose to implement similar training. However, initiating such training will require that respective institutions identify and use a subject matter expert to provide such training to its staff and faculty.

Conclusion

In the concluding section of this research study, I included a reflection of the study's findings, a description of my personal growth as a scholar, practitioner, and now a project developer. Accordingly, I developed a project which recommended PD training for staff and faculty at the study site. The PD training offers the opportunity to address the gap in accommodations for student-veterans with PTSD or TBI at the study site. As highlighted by the findings of this study, an opportunity exists for postsecondary staff and faculty on a national scale to increase their awareness regarding how to best serve student-veterans transitioning from the military to college classrooms. Optimistically, the findings of this study may aid in increasing awareness of classroom accommodations for student-veterans with PTSD or TBI, not only at the study site, but also on a broader scale. Finally, even small or incremental increases in staff and faculty awareness hold the potential to positively result in student-veterans with PTSD or TBI nationwide receiving improved classroom accommodations.

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Appendix A: The Project

Accommodating Your Student Veterans with PTSD and TBI:

Staff and Faculty Training

Professional Development Training Plan

2018

Introduction

This PD training is designed to aid staff and faculty in acquiring or improving the awareness needed to understand and provide classroom accommodations for student-veterans with PTSD/TBI. The training plan is based on analysis of the data and subsequent recommendations. Further, this training holds the potential to guide future PD for staff and faculty focused on improving classroom accommodations and transition support services for their student-veteran population.

Purpose

The purpose of this PD training is to provide the study site with an overview and awareness of the existing perceptions of three diverse groups: student-veterans with PTSD or TBI, faculty, and the DRC staff. This PD training may lead to improved classroom accommodations and transition support services for the student-veteran population at the community college. Peer-reviewed research, connected studies, related websites, best-practices, and current nationwide initiatives will guide this PD training with the goal of benefiting all stakeholders. Cellante and Donne (2013) recommended that researchers should perform evaluations to assess aspects of institutions that may require support, improvement, or modifications. Accordingly, this training incorporates data and resources which may be used at any time for developing or increasing staff and faculty awareness. The training was designed in accordance with the triangulated interview data, which included the study participants' feedback expressing a need for improved awareness of classroom accommodations for student-veterans with PTSD/TBI.

Intended Audience

The intended audience for this PD training includes all staff and faculty at the study site. However, the training will be particularly impactful for staff and faculty with responsibility for delivering academic instruction, counseling, or advisement to student-veterans with PTSD/TBI. This training holds significance as staff and faculty, student-veterans, and the institution collectively stand to benefit from the improved awareness and understanding of classroom accommodations and transition support services for this population of learners.

Proposed topics	Proposed activities	Resources	Timeline
Day 1 Introduction and overview of PTSD/TBI	An introduction and overview of the cognitive disabilities of PTSD/TBI will be conducted, including, a pre-training survey on current staff and faculty knowledge of PTSD/TBI; PTSD/TBI Challenges in Postsecondary Settings; and Accommodating Your Student-Veterans Active Learning Activity-1(ALA-1) will be conducted. A participant Q&A session will follow each topic. Finally, a summary of the training will be conducted followed by the completion of the daily training evaluation form.	Campus classroom or training room Laptop Digital projector White board Copier PPT slides with accompanying handouts	During the next possible staff and faculty develop-ment training week 8 hours
Day 2 Overview of Findings from the Study	An overview of the study will be conducted in addition to an overview of the findings from the student-veteran interviews. Active Learning Activity-2 (ALA-2) will be conducted. A participant Q&A session will follow each topic. Finally, a summary of the training will be conducted followed by the completion of the daily training evaluation form.	Campus classroom or training room Laptop Digital projector White board Copier PPT slides with accompanying handouts	During the next possible staff and faculty develop-ment training week 8 hours
Day 3 Recommendations From the Study for the Institution	A review of the faculty and DRC staff interviews and recommendations from the study for the institution will be conducted using the themes and findings from the study. Training will also include a concluding survey regarding the post-training PTSD/TBI knowledge of the staff and faculty. Active Learning Activity-3 (ALA-3) will be conducted. An audience Q&A session will follow each topic. Finally, a summary of the training will be conducted followed by the completion of the daily training evaluation form.	Campus classroom or training room Laptop Digital projector White board Copier PPT slides with accompanying handouts	During the next possible staff and faculty develop-ment training week 8 hours

Figure 1

Professional development training timeline.

Accommodating Your Student

Veterans with PTSD and TBI:

Staff and Faculty

Training

Professional Development

DAY 1

Accommodating your student-veterans with PTSD and TBI
Staff and faculty training

Professional development training plan

Day 1 Topic-Introduction and Overview of PTSD/TBI

Presenter: Virgil Adkins

Training Time: 8 hours

Objectives/Desired outcomes

By the conclusion of today's training, participants will be able to

- Recognize common signs and manifestations of PTSD/TBI

- Recognize PTSD/TBI challenges in postsecondary settings

- Discuss accommodations for student-veterans with PTSD/TBI

Training materials and resources

- ❖ Campus classroom or training room

- ❖ Laptop computer

- ❖ Digital projector

- ❖ White board

- ❖ PPT presentation and accompanying handouts

- ❖ Copier

Accommodating your student-veterans with PTSD and TBI
Staff and faculty training attendance sign-in sheet-Day 1

Presenter: Virgil Adkins	Training date:
Topic: An introduction and overview of the cognitive disabilities of PTSD/TBI.	
Training hours: 8 From: 8:00am To: 4:00pm	Building number: Room number:

	Last name	First name	Title/Position	Department	Signature
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Figure 2 Staff and faculty training sign-in sheet (Day 1).

Accommodating your student veterans with PTSD and TBI Pre-training survey handout
Overview: The purpose of this pre-training survey is to aid in identifying future professional development that may be beneficial to staff and faculty in improving awareness of accommodations for student-veterans with PTSD/TBI. Please complete the questions below and return this survey to the presenter. Thank you for your invaluable participation and feedback!
1. On scale of 1-10 (1 low-10 high), how would you rate your current overall knowledge or understanding of classroom accommodations that are available at your institution for student-veterans with PTSD/TBI? (Please <u>circle</u> your response)   1   2   3   4   5   6   7   8   9   10
2. How would you rate your current knowledge of the following accommodations? (Please <u>circle</u> your response) *Note takers*: 1   2   3   4   5   6   7   8   9   10 *Extended time on tests/exams*: 1   2   3   4   5   6   7   8   9   10 *Extended time for arrival to classes*: 1   2   3   4   5   6   7   8   9   10 *One-on-one tutoring/advising*: 1   2   3   4   5   6   7   8   9   10 *Campus Military Resource Center*: 1   2   3   4   5   6   7   8   9   10 *Disability Resource Center Counseling:* 1   2   3   4   5   6   7   8   9   10 *Relaxed or flexible attendance*: 1   2   3   4   5   6   7   8   9   10
3. Have you ever encountered situations or challenges related to providing classroom accommodations for student-veterans with PTSD/TBI? (Please <u>circle</u> your response)   1. Yes   2. No   3. Unsure/I don't recall
4. If you answered "Yes" to Question 3, do you feel that you were provided with sufficient prior training, information, and resources to effectively handle the situation? (Please <u>circle</u> your response)   1. Yes   2. No   3. Unsure/I don't recall
5. How often do you feel this professional development topic should be presented or available to staff and faculty at this institution? _____

Figure 3 Pre-training survey handout.

Accommodating your student-veterans with PTSD and TBI
Staff and faculty training

Handout A: Introduction and overview of PTSD/TBI

Day 1 – Introduction and overview of PTSD/TBI

8:00-8:15---Participant sign-in sheet completion (approx 15 mins)

8:15-8:30---*Presenter introduction and discussion of the importance of the training* (approx 15 mins)

8:30-8:45---*Participant introductions (*Participants individually stand and state their name, discipline, years teaching, etc. (approx 15 mins)

8:45-9:00---*Pre-training survey*–Staff and faculty current PTSD/TBI knowledge check (To assess participants' existing knowledge of PTSD and TBI) (approx 15 mins)

9:00-9:30---Introduce and play video "Veterans with PTSD and TBI" by MI Healthy Mind (Available on YouTube. Dated 02/10/2016, 28:30 running time)

https://binged.it/2uUZDwb

9:30-9:45---15 min restroom/refreshment break

9:45-11:30---*PPT Slides 1-10*: Overview of PTSD and TBI with talking points and attendee input/feedback on each slide (approx 1hour and 45 mins)

11:30-12:00---Audience Q&A for the presenter regarding the slides and the video (approx 30 mins)

12:00-1:00---Lunch Break (1hour)

1:00-2:00---Active Learning Activity 1 (ALA-1) PTSD and TBI Perspectives Group Dialogue

Participants will break into small groups of 3-4 and discuss their new or updated knowledge of PTSD and TBI. Participants will reflect on and share recent student incidents or behaviors in their classrooms that may now be identified as being related to PTSD or TBI challenges. Additionally, participants will discuss within their small groups how they would handle the discussed situations differently in hindsight. Participants will

also receive feedback from the other 2-3 group members regarding their respective choices (approx 1 hour).

2:00-3:00---Small groups will select one particularly compelling case to report and assign a spokesperson to present their PTSD/TBI situations with unnamed students who have recently exhibited PTSD/ TBI behaviors, how they would handle the situation in hindsight, and beneficial input that they obtained from their group members. Members of other groups will comment on and provide additional input and suggestions regarding presented scenarios (approx 1 hour).

300-3:10---10 min restroom/refreshment break
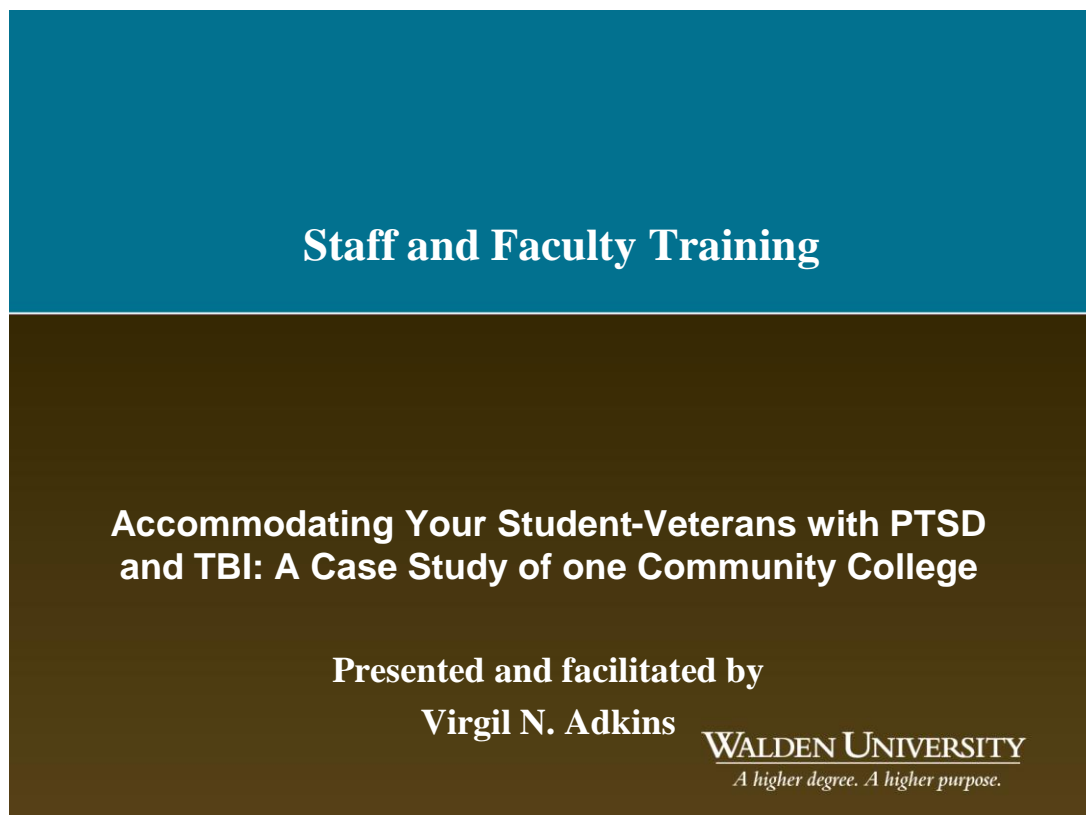
3:15-3:35--- Participant Q&A for the presenter regarding the groups' scenarios (approx 20 mins)

3:35-3:45---Summary (approx 10 mins)

3:45-3:55---Day 1 Training evaluation form (approx 10 mins)

3:55-4:00---Closing remarks for the day (approx 5 mins)

Introduction and overview of PTSD/TBI---PPT slides (1-10)

Figure 4 Introduction and overview of PTSD/TBI (Slides1-10).

Introduction: Accommodating Your Student-Veterans with PTSD and TBI

➢ Introduction and background of presenter (approx 5 mins)

➢ Ice breaker: Self-introduction of attendees (stand individually and state their name, department, years at study site, etc.) (time as required to complete based on the amount of attendees, but an estimated 20 mins)

➢ Introduction of why this professional development is essential and will be beneficial to the attendees. (approx 5 mins)

2

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Background (cont)

➢ Staff, faculty, and fellow students often inadvertently create stressful or potentially alienating classroom environments or situations for combat veteran students (Alschuler & Yarab; 2016 Branker, 2009). Nationwide, many staff and faculty members need to better understand how to best serve student-veterans

➢ Anderson, 2013; Green & Van Dusen, 2012; Brewer, 2016 suggest that possessing the insight to identify common causes of discomfort and upsetting behaviors and actions will proactively reduce classroom distractions for student-veterans

4

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Problem Statement

> Many postsecondary institutions nationwide are experiencing a significant enrollment increase in combat veterans with the cognitive disabilities of Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) (Cloos, 2015; Hayden & Buzzetta, 2014)

> Researchers (Miles, 2014; O'Herrin, 2011; Robertson, Miles, and Mallen, 2014) argue that as a result, the need for improved awareness and non-alienating classroom environments has become widespread

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Problem (cont)

> Trauma, whether physical, emotional, or cognitive are inherent realities and by-products of combat and military deployments (Novaco et al., 2012; Russell, S. S., 2013)

> Friedman (2013) found that PTSD dates back as a diagnosis nearly one hundred years. During such time, PTSD has been given several different names; however, the cognitive manifestations, effects, and limitations imposed on those who are affected by the disorder remain the same (Elliott, 2015; ptsd.va.gov, 2016)

> Due to the extreme nature of military deployments and combat operations, military service members have a significantly higher chance of acquiring PTSD (Jones, 2017; Kulkarnia, Portera, & Raucha, 2012; Myers, VanMeenen, & Servatius, 2012)

> As a result, many veterans of the wars in Iraq and Afghanistan will be faced with long-term physical, mental, and cognitive deficits and challenges (Buchanan et al., 2011; Novaco et al., 2012; Russell, S. S., 2013)

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Problem (cont)

- ➢ Thousands of local "wounded warriors" (physically and/or mentally injured service members) have recently returned from military service, often having served in several combat

- ➢ In an effort to secure suitable and gainful employment, many of these veterans will either begin or resume their postsecondary educational pursuits (Aikins, Golub, and Bennett, 2015; Ford & Vignare, 2015)

- ➢ Diverse physical injuries aside, a significant reintegration obstacle for many of these veterans includes the often invisible cognitive disability of Post Traumatic Stress Disorder (PTSD), and less frequently, Traumatic Brain Injury (TBI)

7

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Problem (cont)

PTSD

- ➢ PTSD is an anxiety disorder that typically occurs following the experience or witnessing of a traumatic or life-threatening event such as combat, disasters, terrorism, serious accidents, or a physical or sexual assault (ptsd.va.gov, 2016;Sinski, 2012)

- ➢ Most survivors of traumatic events return to normal over time. However, some stress reactions do not ease or disappear, and may even worsen over time. These individuals often develop PTSD (Elliott, 2015; ptsd.va.gov, 2016)

8

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Problem (cont)

TBI

➢ TBI symptoms typically occur immediately following a brain injury, such as those caused by a concussive blast from an Improvised Explosive Device (IED), a Rocket Propelled Grenade (RPG), or a vehicle explosion (Polytrauma.va.gov, 2016; Taghva, Silvetz, Ring, Keun-Young, Murphy, Liu & Jin, 2015)

➢ TBIs often include cognitive deficits in memory, attention, and concentration. There are often symptoms of physical or somatic complaints of fatigue, disordered sleep, dizziness, and headaches. In addition, TBI sufferers typically have complaints of irritability, anxiety, and depression (Polytrauma.va.gov, 2016; Taghva, et al., 2015)

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Problem (cont)

Stressors

➢ Kulkarnia, M., Portera, K., and Raucha, S. (2012) observed that as a result of the harsh situations and experiences involved in combat deployments, numerous combat veterans suffer from extreme sources of stress. Some of these stressors include the constant threat that they may be maimed or killed or that their friends and/or innocent civilians may also be maimed or killed

➢ The costs of combat deployments reach even farther. For example, many veterans of combat deployments pay with deterioration of marriages, personal health, family and community relationships, employment and academics, all while often bearing the cognitive disabilities of PTSD or TBI (Jones, 2017; Kulkarnia, Portera, & Raucha, 2012)

➢ Here then is an identified gap in both educational practices and staff and faculty professional development to address the issue. Colleges and universities need to provide appropriate accommodations for combat veterans suffering from PTSD or TBI in the same way that accommodations for physical disabilities are provided

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Day 1 Professional development training evaluation form (Handout)

Presenter: <u>Virgil Adkins</u>   Topic: <u>Introduction and Overview of PTSD/TBI</u>   Date: _____

   Your assistance is requested! Please complete and return this form to the presenter at the conclusion of this professional development session. Completion of this evaluation of the training will provide important feedback regarding the value and effectiveness of the training and directions for future professional development training. Thank you for your participation!

Post training Survey	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
The training content was informative and well organized					
Instructional objectives were clearly defined					
Training materials were Relevant					
All concepts and terms were explained effectively					
The presenter was effective/ knowledgeable					
I will be able to use this information					
The presenter adequately answered all questions					
The presenter was prepared/ organized					
The quality of the training was high					

Training strengths: _____

Improvement recommendations: _____

Additional comments: _____

Figure 5 Day 1 Professional development training survey handout.

Accommodating Your Student

Veterans with PTSD and TBI:

Staff and Faculty

Training

Professional Development

DAY 2

Accommodating your student-veterans with PTSD and TBI

Staff and faculty training

Professional development training plan

Day 2 Topic - Overview of Findings from the Study

Presenter: Virgil Adkins

Training Time: 8 hours

Objectives/Desired outcomes

By the conclusion of today's training, participants will:

- Be knowledgeable of findings from Student-Veteran Interviews

- Be knowledgeable of findings from Faculty Interviews

- Be knowledgeable of findings from DRC Staff Interviews

Training Materials & Resources

- ❖ Campus classroom or training room

- ❖ Laptop computer

- ❖ Digital projector

- ❖ White board

- ❖ PPT presentation and accompanying handouts

- ❖ Copier

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Accommodating your student veterans with PTSD and TBI

Staff and faculty training attendance sign-in sheet-Day 2

Presenter: Virgil Adkins

Topic: An overview of the study in addition to an overview of the findings from the student-veteran interviews.

Training date:

Training hours**:** 8

From: 8:00am   To: 4:00pm

Building number:
Room number:

Figure 6 Staff and faculty training sign-in sheet (Day 2).

8:00-8:15--- Participant sign-in sheet completion (approx 15 mins)

8:15-10:00---***Study Overview Slide (poster)***: Overview of the research study conducted at the site along with talking points and participant input/feedback on each slide (approx 1 hour and 45 mins).

10:00-10:15---15 min restroom/refreshment break

10:15-10:30--- Participant Q&A for the presenter regarding the research findings at the site

10:30-12:00--- ***Handout 1***: Review and Discussion of the Findings from the Student-Veteran Interviews (approx 1-1/2 hours)

12:00-1:00---Lunch Break (1 hour)

1:00-2:00---Active Learning Activity 2 (ALA-2) Findings from the Student-Veteran Interviews

Participants will break into small groups of 3-4 and discuss the Findings from the Student-Veteran Interviews. Participants will reflect on recent student incidents or behaviors in their classrooms that may be identified as being related to PTSD or TBI challenges. In addition, participants will discuss within their small group, how they would handle the discussed situations differently in hindsight. Participants will also receive feedback from the other 2-3 group members regarding their respective choice.

2:00-3:00---Small groups will select one particularly compelling case to report and assign a spokesperson to present their PTSD/TBI situations with unnamed students who have recently exhibited PTSD/ TBI behaviors, how they would handle the situation in hindsight, and beneficial input that they obtained from their group members. Members of other groups will comment on and provide additional input and suggestions regarding presented scenarios (approx 1 hour).

300-3:10---10 min restroom/refreshment break

3:15-3:30--- Participant Q&A for the presenter regarding the groups' scenarios (approx 15 mins)

3:30-3:45---Summary (approx 15 mins)

3:45-3:55---Day 2 evaluation form (approx 10 mins)

3:55-4:00---Closing remarks for the day (approx 5 mins)

Table 7

Overview of the Research Conducted at the Study Site

Accommodating your student-veterans with PTSD/TBI			
Problem	Methods	Recommendations	Evaluation
• Research indicates that many postsecondary institutions nationwide are experiencing a significant enrollment increase in combat veterans with the cognitive disabilities of PTSD or TBI. • Researchers argue that as a result, the need for improved awareness and non-alienating classroom environments has become widespread. Background • PTSD is an anxiety disorder that typically occurs following the experience or witnessing of a traumatic or life-threatening event such as combat, disasters, terrorism, serious accidents, or a physical or sexual assault. • TBIs often include cognitive deficits in memory, attention, and concentration. There are often symptoms of physical or somatic complaints of fatigue, disordered sleep, dizziness, and headaches. In addition, TBI sufferers typically have complaints of irritability, anxiety, and depression.	• Current research demonstrates that many staff and faculty members nationwide need to better understand how to best serve student-veterans. • A comprehensive review of data revealed common adjustment issues that many wounded warriors typically encounter in higher education settings. • The data provides an increased understanding of the common challenges that returning combat veterans typically encounter in college environments. *Participants:* ➢ The research location for this study was a TX community college ➢ Collaborative participants for this study were recruited from three sources with the following criteria: 　• Currently enrolled active duty service members or veterans diagnosed with PTSD or TBI 　• Faculty members who currently or have recently had student-veterans in their classes 　• Members of the DRC staff *Interviews:* ➢ Individual, face-to-face, audio-recorded interviews with each of the 3 categories of participants; which averaged approximately 60 minutes in duration.	*Professional development training* Which focuses on: 　Classroom accommodations for student-veterans with PTSD or TBI ➢ Improved faculty understanding of accommodations for their student-veteran population 　Improved awareness which may result in staff and faculty positively acting upon their newfound awareness. 　Increased efforts to better understand how to best serve student-veterans through their transition, and how to provide classroom accommodations for student-veterans with PTSD or TBI ➢ Increased student-veteran satisfaction levels, academic grades, and retention rates. • This professional development may also: 　Increase faculty involvement in student veterans learning environment concerns. 　Increase staff and faculty awareness of classroom accommodations for student-veterans with PTSD or TBI, which may also serve to improve retention of student-veterans at the study site.	➢ Coordination with the faculty development coordinator of the Office of Faculty Development to review the details of the proposed PD ➢ All staff and faculty participants receive a pre-training survey to assess their current knowledge of accommodations at the study site for student-veterans with PTSD or TBI. ➢ Key stakeholders will be informed of any participant feedback or recommended modifications before making any changes to the future content or format of the professional development. ➢ Consulting with key stakeholders prior to making any changes to the future PD curriculum will allow the opportunity for counter-perspectives and input that may not have been taken into consideration during initial recommendations

Handout 1

<u>Review and Discussion of the Findings from the Student-Veteran Interviews</u>

After the interviews, I obtained an overall sense from the student-veteran
participants that there is an awareness of some but not all of the accommodations
available in their community college classroom for transitioning student-veterans with
the cognitive disabilities of PTSD or TBI. However, each student-veteran expressed the
desire to succeed in their transition from the military to postsecondary education. A brief
synopsis of the interview data, including the 6 student-veteran *themes, the
corresponding 4Ss categories, and selected response examples* are displayed in Table 1
below.

Table 1

Identified themes, 4Ss categories, and selected theme responses examples

Student-veteran theme	4Ss categories	Student-veteran response examples (Relative to *situation, self, support,* and *strategies)*
Effects and affects	Self Situation Strategies	• It's really stressful. • It's easier to sit by the door to get out of the room as fast as possible. • It's frustrating. • I have flashbacks while I'm in class. • It's been a struggle. • Anxiety, a lot of anxiety! • I take my anxiety medicine before I come to class. • I start feeling very uncomfortable. • My anxiety kicked in, because I didn't know what to expect. • My TBI started kicking in. • I couldn't remember anything, no matter how much I studied.
Accommodations	Support Situation Strategies	• Give disability students more time on the tests. • The instructor said that's all she can do. • I can't say that I'm at any disadvantage. • We are too crammed up in there. • Note takers are essential! • They have competent tutors. • The DRC has a program that creates an advantage for students.

Student-veteran theme	4Ss categories	Student-veteran response examples (relative to *situation, self, support, and strategies)*
Faculty awareness	Support Strategies Situation Self	• I tell them that I am a disability student. • I tell them the challenges that I have. • I wouldn't want to scare the faculty. • I'm almost afraid to say anything. • I don't try to make it known. • I try not to let anybody know that I was military. • I think most of the professors here are not educated to deal with it. • They lack the experience.
Resources	Support Strategies Situation Self	• Just the disability center; also the testing center. • Resources could be better. • It's harder for us to comprehend the information. • I don't think that there are any, as far as I know of. • The VA registration office, I suppose that's a resource. • They are actually pretty good; the note takers. • I don't make use of the DRC. • I was uninformed of any resources. • I think they need to let people know what is available and show them the location. • Our disability office has competent counselors.
Frequency	Support Strategies Situation Self	• I go there for my class note taker for every class. • I use the tutoring center. • I go to the DRC, but not for PTSD or TBI. • It's only for students with physical disabilities. • They don't have PTSD or TBI counseling. • I'm not familiar with the DRC. • I have never been to the DRC. • If I knew exactly what they had, I would use it. • I mainly use the DRC for tutoring.
Services improvements	Support Strategies Situation Self	• Having an assigned person would work. • No continuity' having to constantly explain. • I think that would be a good place to put your professionals for PTSD and TBI. • I think they should just let the students know which programs they have. • We just need to be informed. • The civilians don't understand what veterans go through. • I think their list for tutors should be expanded.

Presenter: <u>Virgil Adkins</u> Topic**:** <u>Overview of Findings from the Study</u> Date: _____					
Your assistance is requested! Please complete and return this form to the presenter at the conclusion of this professional development session. Completion of this evaluation of the training will provide important feedback regarding the value and effectiveness of the training and directions for future professional development training. Thank you for your participation!					
Post training survey	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
The training content was informative and well organized					
Instructional objectives were clearly defined					
Training materials were relevant					
All concepts and terms were explained effectively					
The presenter was effective/ knowledgeable					
I will be able to use this information					
The presenter adequately answered all questions					
The presenter was prepared/ organized					
The quality of the training was high					

Training strengths: _____

Improvement recommendations: _____

Additional comments: _____

Figure 7 Day 2 Professional development training survey handout.

Accommodating Your Student

Veterans with PTSD and TBI:

Staff and Faculty

Professional Development

DAY 3

Accommodating your student-veterans with PTSD and TBI

Staff and Faculty Training

Professional development training plan

Day 3 Topic:

Faculty and DRC interviews and Recommendations from the Study for the Institution

Presenter: Virgil Adkins

Training time: 8 hours

Objectives/Desired outcomes

By the conclusion of today's training, participants will:

- Be knowledgeable of findings from Faculty Interviews

- Be knowledgeable of findings from DRC Staff Interviews

- Be knowledgeable of Recommendations from the Study for the Institution

Training Materials & Resources

- ❖ Campus classroom or training room

- ❖ Laptop computer

- ❖ Digital projector

- ❖ White board

- ❖ PPT presentation and accompanying handouts

- ❖ Copier

	Accommodating your student-veterans with PTSD and TBI Staff and faculty training attendance sign-in sheet-Day 3				
Presenter: Virgil Adkins Topic: A review of the faculty and DRC interviews and recommendations from the study for the institution.			Training date:		
Training hours: 8 From: 8:00am To: 4:00pm			Building number: Room number:		
	Last name	First name	Title/Position	Department	Signature
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Figure 8 Staff and faculty training sign-in sheet (Day 3).

Accommodating your student-veterans with PTSD and TBI Staff and faculty training

Handout 1- Recommendations from the Study for the Institution

Day 3 –Recommendations from the Study for the Institution

8:00-8:15---Participant sign-in sheet completion (approx 15 mins)

8:15-9:15---**Handout 2**: Review and discussion of the Findings from the Faculty Interviews conducted at the site along with talking points and participant input/feedback on each slide (approx 1 hour)

9:15-10:15---**Handout 3**: Review and discussion of the Findings from the DRC Staff Interviews conducted at the site along with talking points and participant input/feedback on each slide (approx 1 hour)

10:15-10:30---15 min restroom/refreshment break

10:15-11:00--- Participant Q&A for the presenter regarding the Faculty and DRC Staff Interviews at the study site (approx 45 mins)

11:00-12:00---**Handout 4**: Review and discussion of Recommendations from the Study for the Institution (approx 1 hour)

12:00-1:00---Lunch Break (1 hour)

1:00-2:00---Active Learning Activity 3 (ALA-3) Findings from the Faculty and DRC Staff Interviews and Recommendations from the Study for the Institution

Participants will break into small groups of 3-4 and discuss the findings from the Faculty and DRC Staff Interviews. Participants will reflect on the study's findings from the faculty and DRC Staff interviews, in addition to the Recommendations from the Study for the Institution. Participants will discuss within their small group, their newfound insights, thoughts, and some of their actions going forward based upon their newly acquired knowledge of the subject and situation. Participants will also receive feedback from the other 2-3 group members regarding their respective choice.

2:00-3:00--- Small groups will select one newfound insight to report and assign a spokesperson to present the insight and one planned action going forward based upon their newly acquired knowledge of the subject and situation, including beneficial input that they obtained from their group members. Members of other groups will comment on

and provide additional input and suggestions regarding presented scenarios (approx 1 hour).

300-3:10---10 min restroom/refreshment break

3:15-3:30--- Participant Q&A for the presenter regarding the groups' scenarios (approx 15 mins)

3:30-3:45---Summary (approx 15 mins)

3:45-3:55---Day 3 Evaluation Form and Post-Training Survey (approx 10 mins)

3:55-4:00---Professional development closing remarks (approx 5 mins)

Handout 2

<u>Review and Discussion of the Findings from the Faculty Interviews</u>

Based upon the collective responses from the interviews, I obtained an overall sense from the faculty participants that there is a consensus of feeling somewhat limited in their abilities to provide accommodations in the community college classroom for transitioning student-veterans bearing the cognitive disabilities of PTSD and/or TBI. However, each faculty participant expressed a desire to aid student-veterans with their often-difficult transition from the military to postsecondary education. A brief synopsis of the interview data, including the 4 faculty *themes, the corresponding 4Ss categories, and selected response examples* are displayed in Table 2 below.

Table 2

Identified Themes, 4Ss Factors, and Selected Theme Responses Examples

Faculty theme	4Ss factors	Faculty response examples (relative to student-veterans' *situation, self, support*, and *strategies)*
Accommodations	Support Strategies Situation Self	• We lack training. • They are not trained in that; they are trained in their disciplines. • I wanted to do something to create adequate accommodations. • The only accommodations that are made at a community college are note taking. • I don't know who has PTSD.I have no idea. • I don't have any personal experience of providing it. • I'm not sure if I ever had a student with PTSD or TBI. • It has never been brought to my attention. • I think that we should make every accommodation possible. • I think that we have to be very understanding of their needs.
Faculty awareness	Support Strategies Situation Self	• I'm not sure if you have empathy or not. • I do know about PTSD in a realm other than military. • I don't have any experience. • I don't have first hand information. None of them have. • I'm not aware of any tools that they have. • We have never even discussed it. • More awareness, more training. • More exposure.

Faculty theme	4Ss factors	Faculty response examples (relative to student-veterans' *situation, self, support*, and *strategies)*
Resources	Support Strategies Situation	• If they need a note taker, they have a note taker that is assigned. • We are encouraged to come by and talk with the counselors at the DRC. • I almost want to say none. • You can go talk to someone at the DRC. • In the classroom, I have not seen anything. • No detailed information is provided by the DRC. • I'm not aware of any resources that are available. • If the DRC addressed this, then I might have missed it. • You are not really oriented to all the equipment.
Services improvements	Support Strategies Situation	• They should hire an additional counselor at each campus for students with emotional challenges. • Someone with special training in those fields. • PTSD is a very lonely, personal journey. • I think the faculty should be informed of any military veterans that have such problems. • Our veterans should be a priority over everything else. • I think, by educating the faculty. • Why are we not made aware of this? • I think the DRC should be a little more proactive in addressing this issue. • Setting up the green room. • Informing veterans.

(*table continues*)

Handout 3

Review and Discussion of the Findings from the DRC Staff Interviews

In summary, after the DRC participants described their individual perspectives as disability services providers, it was apparent that each participant held a desire to provide classroom accommodations for student-veterans with PTSD or TBI. Each DRC participant expressed a desire to aid student-veterans in successfully transitioning from the military to postsecondary education. A brief synopsis of the interview data, including the 5 DRC *themes, the corresponding 4Ss categories, and selected response examples* are displayed in Table 3 below.

Table 3

DRC Themes, 4Ss Factors, and Selected Response Examples

DRC theme	4Ss factors	DRC response examples (relative to student-veterans' *situation, self, support*, and *strategies)*
Accommodations	Support Strategies Situation Self	• They may not request accommodations early enough. • Flexible attendance, its' an accommodation that is frequently requested. • We are still not in that circle of trust. • They are often not ready to disclose to us. • Students can really trigger veterans' anxiety and PTSD with their immaturity. • My concern is; are we really providing the best accommodations and services for transitioning veterans? • PTSD and TBI shows up in so many different ways.
Faculty awareness	Support Strategies Self	I don't know that we provide the right training. • Instructors feel comfortable coming to see us. • I do feel that a good amount of our instructors do understand transitioning veterans. • Sometimes, not trying to stereotype, they take a step back until the student approaches them. • Usually, the popularity of those workshops is not there. • I don't think they have the knowledge of what adequate accommodations are for transitioning student-veterans.
Resources	Support Strategies Situation	• We ask if they are having issues with short-term memory loss, is it difficult for them to concentrate? • We offer our offices as safe havens. • We cannot impose any services, unless they request them. • It's not only about how accessible it is, but, it's also the stigma that comes with it. • I think that the website mentions our department, and it's not specific to veterans, but for everybody. • I will request relaxed or flexible attendance for them.
Frequency	Support Strategies Self	Once they have disclosed a disability, we do a pretty good job of keeping our students coming back. • They keep coming back and requesting the accommodations. • Our PTSD students are probably the ones that use more personal counseling. • I do know that I have a lot, and I know our VA office usually sends them to us. • Most that come in are either PTSD or TBI, or both. • It's the anxiety and depression and all of that that comes with PTSD. Memory loss, all that comes with TBIs.
Services improvements	Support Strategies Situation	• Maybe the college could set up a web page. • We don't print catalogues anymore. • Having a place of their own for the veterans to go and be with other veterans and socialize. • Different concerns from a person transitioning from the military with PTSD or TBI. • More training and more information for all. • I think mandatory training for all incoming and tenured faculty.

Handout 4

<u>Review and Discussion of Recommendations from the Study for the Institution</u>

Discussion of the Findings

　　Study participant contributions. The findings of this case study provided answers related to the research problem overall and to the study's three research questions. Participants openly shared personal details relative to their experiences as transitioning student-veterans, as faculty members instructing student veterans, or as DRC counselors who provide services to transitioning student-veterans. Such personal details included the daily experiences and resulting perspectives of the individual study participants from each of these three groups.

　　During the data collection process, participants provided significant details regarding the affects of PTSD/TBI, accommodations at the community college, faculty awareness, available resources at the community college, the frequency of utilization of the DRC, and desired accommodations improvements at the community college. Almost all of the study participants found positives to report regarding existing services and classroom accommodations for student-veterans with PTSD or TBI. Only one study participant, a student-veteran, failed to provide any positive feedback whatsoever.

　　Six defined themes emerged during the data analysis process, centering on the individual participants' experiences and resulting perspectives. The study's findings supported my preliminary assumption of an existing gap relative to staff and faculty at the community college understanding and accommodating their transitioning student-veterans with PTSD and/or TBI. My initial assumption resulted in three research

questions, which sought to yield corresponding answers from each of the three participant groups.

During the study, I noted similarities and differences between the three participant groups regarding their perceptions of accommodations. Commonalities I noted among the three groups included the desire to make the classroom environment as accommodating as possible, the desire to overcome a perceived lack of accommodations specifically for student-veterans with PTSD or TBI, and the inability and frustration to openly discuss/address specific disabilities. I noted the disparities of each group's perspectives regarding available accommodations, which ranged from mixed, positive, and negative responses from the student-veteran and faculty participants to primarily positive responses from the DRC respondents.

Potential constraints. I noted the participants' responses regarding constraints. Some student-veteran respondents expressed that their concerns were going unnoticed regarding their needing additional test-taking time, additional time to travel from one classroom to the next, and increased faculty understanding and/or empathy for their individual situations and desired accommodations. Also, some student-veteran respondents articulated that they felt uninformed of available accommodations at the study site.

I noted that some faculty respondents expressed a feeling of helplessness regarding the inability to inquire about student disabilities and their desire to provide better accommodations for the student-veterans with PTSD or TBI. Additionally, some faculty participants responded that communication lapses from the DRC existed

regarding being informed of available accommodations for student-veterans with PTSD or TBI. In addition, some faculty members expressed concerns regarding a lack of training regarding accommodating student-veterans.

I noted that the DRC participants mostly reported that adequate accommodations were currently available to the student-veterans; however, they also noted reluctance on behalf of some of the student-veterans to make use of the accommodations. I further noted that the DRC respondents indicated that the DRC proactively offers training and diverse methods of notification to the faculty regarding accommodations for the student-veterans despite claims to the contrary by some faculty members. Additionally, I noted that the DRC respondents all expressed a desire to have licensed professionals available on campus to provide on-site professional mental health counseling or intervention whenever required.

Study revelations. The results of studying these three groups separately then merging the data revealed to me that the three groups view and approach the same situation through diverse lenses. With minor exceptions, each group is essentially making use of the current resources and accommodations available to them. During the study, I observed that the student-veterans essentially take whatever measures they need to in order to succeed with or without available accommodations.

I noted that the faculty largely articulated feelings of frustration regarding their inability to provide additional accommodations for the student veterans. Additionally, the DRC participants exhibited a sense of empathy and resourcefulness to provide accommodations within the regulations that guide them. I also obtained a sense of

determination and the desire to persist and succeed on behalf of the student-veteran respondents despite any obstacles or lack of desired accommodations. Overall, while I noted an existence of some gaps in communication at the community college, I also found a concerted effort on behalf the DRC and faculty participants to provide accommodations for the student-veteran population.

Findings from the study offer insight into existing gaps relative to staff and faculty at the community college and their understanding of and providing accommodations for transitioning student-veterans with PTSD and/or TBI. Furthermore, as noted earlier, the findings also provided additional insight indicating that student-veterans at the community college often benefit from the staff and faculty members that have prior military experience as well. Often, transitioning student-veterans incur additional life challenges while attempting to reintegrate into civilian culture and postsecondary education simultaneously.

Often, during the transition process, student-veterans are faced with high divorce rates, significant physical injuries, cognitive disabilities such as PTSD or TBI, and the feeling of having more life experiences and a better worldview than their civilian peers (Tinoco, 2015). Schlossberg (2008) identified and categorized four resources or deficits of an individual's transitions, or the 4-Ss, consisting of the situation, self, supports, and strategies. Therefore, Schlossberg's (2008) 4-S model served as a useful framework that effectively integrates diverse resources, individuals, and organizations that may positively influence an individual student-veterans' situation, self, supports, and strategies. Based on the previously listed factors, staff and faculty, more especially

counseling staff, then incur a need to remain cognizant that student-veterans' transitions to postsecondary education are typically more complex and more intensive than traditional student's transitions. Relative to the aspirations of Schlossberg's (2008) defined 4-S model, postsecondary staff and faculty may potentially aid student-veterans' in successfully making the academic transition (situation) by assisting with assessing and improving student-veterans' academic skills and abilities wherever possible (self); by utilizing all available resources and capital (support); and by aiding in evaluating and implementing individual coping skills with student-veterans whenever possible (strategies). Finally, as a caution, even when Schlossberg's 4-Ss model is used, it will not necessarily guarantee a student-veteran a successful or smooth transition as it may be exactly what the student-veteran needed to aid in becoming more self-sufficient with the transition and reintegration process.

As noted by Minkler et al. (2012), for social change or inclusion in policymaking within institutions or organizations, evidence from research should be recognized as being of value, realistic, readily accessible, and practical for decision users. This research study aimed to facilitate such inclusion and social change. A result of this case study research is the recommendation of an initial and recurring presentation during the college's annual fall and spring staff and faculty training sessions which will focus on accommodating transitioning student-veterans with PTSD or TBI. The study site does not currently require the staff and faculty to participate in PTSD or TBI training relative to its student-veteran population. However, continuing availability and exposure to training and information for all staff and faculty at the study site may result in increased staff and

faculty awareness, in addition to improved accommodations and support services for the

student-veteran population at the community college.

Professional development training evaluation form (Handout)					
Presenter: <u>Virgil Adkins</u> Topic: Recommendations from the study for the institution Date: _____					
Your assistance is requested! Please complete and return this form to the presenter at the conclusion of this professional development session. Completion of this evaluation of the training will provide important feedback regarding the value and effectiveness of the training and directions for future professional development training. Thank you for your participation!					
Post training survey	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
The training content was informative and well- organized					
Instructional objectives were clearly defined					
Training materials were relevant					
All concepts and terms were explained effectively					
The presenter was effective/ knowledgeable					
I will be able to use this information					
The presenter adequately answered all questions					
The presenter was prepared/ organized					
The quality of the training was high					

Training strengths: _____

Improvement recommendations: _____

Additional comments: _____

Figure 9 Professional development training evaluation handout.

Accommodating your student-veterans with PTSD and TBI
Related websites and resources
• Americans with Disabilities Amendment Act of 2008. http://www.ada.gov/
• Department of Veterans Affairs. http://www.va.gov.
• Military.Com. http://www.military.com/deployment
• National Center for PTSD - http://www.ptsd.va.gov/professional/pages/traumatic-brain-injury-ptsd.asp
• National Institute of Mental Health - https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorderptsd/index.shtml
• va.gov
• vba.va.gov

Figure 10 Related websites and resources.

Best practices can be found at:
• Accommodating-Student-Veterans-with-Traumatic-Brain-Injury-and-Post-Traumatic-Stress-Disorder.pdf-http://www.acenet.edu/news-room/Documents/
• Military Past and Present on campus; *mppoc.org*.www.website.com
• *trsp.berkeley.edu/veterans.htm* and
• *studentaffairs.arizona.edu/vets/*.
• Schlossberg, N. K., Waters, E. B., and Goodman, J. (1995). Counseling adults in transition (2nd ed.). New York: Springer.

Figure 11 Best practices.

Accommodating your student-veterans with PTSD and TBI - Post-training survey handout

Overview: The purpose of this _post-training_ survey is to aid in gauging the effectiveness of the professional development provided to staff and faculty with the goal of improving awareness of accommodations for student-veterans with PTSD/TBI. Please complete the questions below and return this survey to the presenter. Thank you for your invaluable participation and feedback!

1. _On scale of 1-10 (1 low-10 high), how would you rate your post-training knowledge or understanding of classroom accommodations that are available at your institution(for student-veterans with PTSD/TBI?_

(Please circle your response): 1   2   3   4   5   6   7   8   9   10

2. _How would you rate your post-training knowledge of the following accommodation? (Please circle your choice)_

Note takers: 1   2   3   4   5   6   7   8   9   10

Extended time on tests/exams: 1   2   3   4   5   6   7   8   9   10

Extended time for arrival to classes: 1   2   3   4   5   6   7   8   9   10

One-on-one tutoring/advising: 1   2   3   4   5   6   7   8   9   10

Campus Military Resource Center: 1   2   3   4   5   6   7   8   9   10

Disability Resource Center Counseling: 1   2   3   4   5   6   7   8   9   10

Relaxed or flexible attendance: 1   2   3   4   5   6   7   8   9   10

3. _Have you ever encountered situations or challenges related to providing classroom accommodations for student-veterans with PTSD or TBI?_

(Please circle your response)   1. Yes   2. No   3. Unsure/I don't recall

4. _If you answered "No" to Question 3, do you NOW feel that you have been provided?_
   with sufficient training, information, and resources to effectively handle such situations?

   (Please circle your response)   1. Yes   2. No   3. Possibly/Unsure

5. _Having completed this training, now how often do you feel this professional development topic should be presented to staff and faculty at this institution?(Write-in)_
   _____

Figure 12 Post-training assessment handout.

Appendix B: Research Study Participation Invitation

You are invited to take part in a research study of transitioning student-veterans diagnosed with PTSD and/or TBI who are attending college. This letter helps you to understand this study before deciding whether to take part. The study is titled *"Wounded Warriors and Their Transition to the Community College Classroom."* My name is Virgil Adkins, a doctoral student at Walden University, and I am the researcher who is conducting this study.

Overview

The purpose of this study is to explore the perspectives of three groups at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI: (1) student-veterans with PTSD or TBI, (2) the faculty, and (3) the disability counselors. If you agree to be in this study, you will be asked to do the following:

- Participate in an individual face-to-face interview. The interview will last approximately 60 minutes.

- Participate in *member checks*. A process in which the participant reviews his or her transcribed verbal responses to ensure clarity, accuracy, and proper transcription by the researcher. Individual member check sessions typically last approximately 60 minutes.

Nature of the Study:

Participation in this study is voluntary. However, not everyone who expresses interest in participating will be included in the study. I am employed as VA Vocational

Rehabilitation Counselor (VRC) who assists disabled veterans with acquiring education or training to enable them to obtain suitable employment. However, my role as a VRC is completely separate from this study. As a part of the inclusion criteria, participants may not have received services from me at anytime. The benefits of the study may potentially include a better understanding of your own perspectives while in the educational setting and potential actions that you, other transitioning student-veterans, the staff and faculty, and your college's leadership can do to improve the experiences and relationships between the institution, staff and faculty, and their student-veterans. You will receive a $25.00 Wal-Mart gift card as a thank you for your participation. If you would like to participate in this study, or if you have questions, you may contact me via e-mail. Thank you for your consideration.

Best regards,

Virgil N. Adkins

Virgil N. Adkins

It is respectfully requested that each participant provide his/her complete name and a telephone number in their e-mail reply for contact purposes. Your name and telephone number will be safeguarded. Thank you.

Appendix C: Interview Protocol (Student-Veterans)

Project: Wounded Warriors and Their Transition to the Community College Classroom

Date of Interview:

Interview Location:

Time of Interview:

Interviewer's Name:

Interviewee's Name:

Introductory Information from the Researcher

Thank you very much for volunteering to participate in this study and in today's interview. My name is Virgil Adkins and I am currently a doctoral student at Walden University. I am conducting research entitled *"Wounded Warriors and Their Transition to the Community College Classroom."* The goal of this interview is to acquire information regarding your perspectives as a transitioning student-veteran with the disability of PTSD or TBI in receiving classroom accommodations at this community college. Your participation and interview responses are vital to the study, and will be used to better understand your perspectives while in your educational setting and the impact of those perspectives.

Today's interview will last approximately 60 minutes. In an effort to ensure the accuracy of the information that you provide to me during the interview, I will audio record the interview while also writing field notes on the interview form. If at any moment during the interview you want to discontinue the process, please do not hesitate to inform me right away. There will be no negative repercussions if you decide not to

continue with the interview. All of your responses will be completely confidential. Also, to protect your privacy as a participant in this study, I will not use your actual name in the written study; instead I will use a code name for you. The completed study and any related data will not include information that will allow others to either know of or learn your true identity. All data collected during this interview will be maintained in a password protected file on a secured computer I alone can access.

Research Questions

RQ 1: What are the perspectives of transitioning student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations at a Texas community college?

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

RQ 3: What are the perspectives of disability resource center (DRC) personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college?

Demographic Questions

To begin, I will ask you a few questions about yourself.

1. Are you originally from this area?

2. Do you plan on residing in this area long-term?

3. In addition to being a student-veteran, are you currently employed?

4. What is your educational background?

Next, I will ask you a few questions about your military service.

1. Which branch of the military did you serve in?

2. How long did you serve in the military?

3. What was your Military Occupational Specialty?

4. What rank did you hold at separation from the military?

5. How many combat deployments did you serve on?

Interview Questions

1. How, if at all, does PTSD or TBI affect you as a transitioning student-veteran while you are in class? (RQ 1)

2. If your PTSD or TBI affects you while you are in class, what actions do you typically take in an effort to minimize the effects? (RQ 1)

3. What perspectives do you as a transitioning student-veteran with PTSD or TBI have in receiving classroom accommodations in your community college? (RQ1)

4. What, if any, are some methods you use to make staff or faculty members aware of your PTSD or TBI? (RQ1 , RQ 2, RQ 3)

5. What resources, if any, are available in your community college to assist you as a transitioning student-veteran with PTSD or TBI? (RQ 1)

6. What perspectives do you have regarding the resources available at the college to assist you as a transitioning student-veteran with PTSD or TBI? (RQ 1)

7. What are some methods you use to make staff and faculty aware of concerns you have, if any, regarding the resources available to assist you as a transitioning student-veteran with PTSD or TBI? (RQ 1, RQ 2)

8. From your perspective, what, if anything, could the college do for you and other transitioning student-veterans with PTSD or TBI to enhance your educational experience? (RQ 1)

9. How frequently, if at all, do you make use of the disability resource center at the college in order to assist you with PTSD or TBI related concerns? (RQ 1)

10. From your perspective, what, if anything, could be done to improve services at the disability resources center for transitioning student-veterans with PTSD or TBI? (RQ 1, RQ 3)

11. What question or questions, if any, do you think I should have asked you but did not? (RQ 1, RQ 2, and RQ 3)

We have completed the prepared questions. Thank you very much for your responses and for your invaluable time. Are there any additional questions, comments, or afterthoughts that you would like to add or contribute to the study?

Appendix D: Interview Protocol (Faculty)

Project: Wounded Warriors and Their Transition to the Community College Classroom

Date of Interview:

Interview Location:

Time of Interview:

Interviewer's Name:

Interviewee's Name:

Introductory Information from the Researcher

Thank you very much for volunteering to participate in this study and in today's interview. My name is Virgil Adkins and I am currently a doctoral student at Walden University. I am conducting research entitled *"Wounded Warriors and Their Transition to the Community College Classroom."* The goal of this interview is to acquire information about your perspectives as a faculty member regarding classroom accommodations that transitioning student-veterans with PTSD or TBI in this community college may require. Your participation and interview responses are vital to the study and will be used to better understand your perspectives while in your educational setting and the impact of those perspectives.

Today's interview will last approximately 60 minutes. In an effort to ensure the accuracy of the information that you provide to me during the interview, I will audio record the interview while also writing field notes on the interview form. If at any moment during the interview you want to discontinue the process, please do not hesitate to inform me right away. There will be no negative repercussions if you decide not to

continue with the interview. All of your responses will be completely confidential. Also, to protect your privacy as a participant in this study, I will not use your actual name in the written study; instead I will use a code name for you. The completed study and any related data will not include information that will allow others to either know of or learn your true identity. All data collected during this interview will be maintained in a password protected file on a secured computer I alone can access.

Research Questions

RQ 1: What are the perspectives of transitioning student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations at a Texas community college?

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

RQ 3: What are the perspectives of disability resource center (DRC) personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college?

Demographic Questions

To begin, I will ask you a few questions about yourself.

1. What is your educational background?

2. How long have you been an educator?

3. Have you ever served in the military?

4. Have you had any special training for working with student-veterans?

Next, I will ask you a few questions about your academic service.

1. How long have you served as a faculty member with this institution?

2. Do you teach full-time or part-time?

3. What is your area of instruction?

4. Do you teach at more than one campus?

5. Have you ever taught any college classes on a military base?

Interview Questions

1. What perspectives do you as a faculty member have in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI? (RQ 2)

2. What perspectives, if any, have you heard other faculty express in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI? (RQ 2)

3. What perspectives, if any, have you heard transitioning student-veterans with PTSD or TBI express regarding receiving classroom accommodations? (RQ 1, RQ 2)

4. What level of awareness, if any, do you feel you currently possess regarding the concerns of transitioning student-veterans with the disabilities of PTSD or TBI? (RQ 2)

5. From your perspective, do you feel that faculty at this institution possess adequate awareness regarding the concerns of transitioning student-veterans with PTSD or TBI? Why or why not? (RQ 2)

6. From your perspective, do you feel that faculty at this institution possess adequate knowledge regarding the accommodations required for successful academic outcomes for transitioning student-veterans with PTSD and TBI? Why or why not? (RQ 2)

7. What perspectives do you as a faculty member have in providing classroom accommodations for transitioning student-veterans with the disabilities of PTSD or TBI (RQ 2)

8. What are some methods, if any, that the DRC uses to inform faculty of the resources available to assist transitioning student-veterans with PTSD or TBI? (RQ 2, RQ 3)

9. What resources, if any, are available in your Texas community college to assist you as faculty to accommodate transitioning student-veterans with the disabilities of PTSD or TBI? (RQ 1)

10. From your perspective, what more, if anything, could the college do for transitioning student-veterans with PTSD or TBI to improve their educational experience? (RQ 2)

11. What question or questions, if any, do you think I should have asked you but did not? (RQ 1, RQ 2, and RQ 3)

We have completed the prepared questions. Thank you very much for your responses and for your invaluable time. Are there any additional questions, comments, or afterthoughts that you would like to add or contribute to the study?

Appendix E: Interview Protocol (DRC)

Project: Wounded Warriors and Their Transition to the Community College Classroom

Date of Interview:

Interview Location:

Time of Interview:

Interviewer's Name:

Interviewee's Name:

Introductory Information from the Researcher

Thank you very much for volunteering to participate in this study and in today's interview. My name is Virgil Adkins and I am currently a doctoral student at Walden University. I am conducting research entitled *"Wounded Warriors and Their Transition to the Community College Classroom."* The goal of this interview is to acquire information regarding the perspectives disability resource center (DRC) personnel have in providing classroom accommodations for transitioning student-veterans with PTSD or TBI who attend this community college. Your participation and interview responses are vital to the study and will be used to better understand your perspectives while in your educational setting and the impact of those perspectives.

Today's interview will last approximately 60 minutes. In an effort to ensure the accuracy of the information that you provide to me during the interview, I will audio record the interview while also writing field notes on the interview form. If at any moment during the interview you want to discontinue the process, please do not hesitate to inform me right away. There will be no negative repercussions if you decide not to

continue with the interview. All of your responses will be completely confidential. Also, to protect your privacy as a participant in this study, I will not use your actual name in the written study; instead I will use a code name for you.

The completed study and any related data will not include information that will allow others to either know of or learn your true identity. All data collected during this interview will be maintained in a password protected file on a secured computer I alone can access.

Research Questions

RQ 1: What are the perspectives of transitioning student-veterans with the disabilities of PTSD or TBI regarding classroom accommodations at a Texas community college?

RQ 2: What are the perspectives of faculty at a Texas community college regarding classroom accommodations for transitioning student-veterans with PTSD or TBI?

RQ 3: What are the perspectives of disability resource center (DRC) personnel in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI at a Texas community college?

Demographic Questions

To begin, I will ask you a few questions about yourself.

1. What is your educational background?

2. How long have you been a disability services provider?

3. Have you ever served in the military?

4. Have you had any special training for working with student-veterans?

Next, I will ask you a few questions as a disability services provider.

1. How long have you served as a DRC staff member with this institution?

2. Do you serve at the DRC full time or part time?

3. Do you have a specialized disability service area as a DRC staff member?

4. Do you provide disability services at one campus or from a centralized office?

5. Does the DRC provide any services that students may not be aware of?

Interview Questions

1. What types of resources, if any, are provided for transitioning student-veterans with the disabilities of PTSD and/or TBI? (RQ 3)

2. From your perspective, what concerns, if any, does the DRC have in providing adequate classroom accommodations for transitioning student-veterans with PTSD or TBI? (RQ 3)

3. What perspectives, if any, have transitioning student-veterans with PTSD or TBI expressed regarding receiving classroom accommodations? (RQ 1)

4. From your perspective, do you feel that faculty at this institution possess adequate awareness regarding the concerns of transitioning student-veterans with PTSD and TBI? Why or why not? (RQ 2, RQ 3)

5. From your perspective, do you feel that faculty at this institution possess adequate knowledge regarding the accommodations required for successful academic outcomes for transitioning student-veterans with PTSD and TBI? Why or why not? (RQ 2)

6. What are some methods, if any, that the DRC uses to inform transitioning student-veterans with PTSD or TBI of the resources available to assist them at the college? (RQ 1, RQ 3)

7. What are some methods, if any, that the DRC uses to inform faculty of the resources available to assist transitioning student-veterans with PTSD and TBI? (RQ 2, RQ 3)

8. How frequently, if at all, would you say transitioning student-veterans use the disability resource center at the college to assist them with PTSD or TBI related concerns? (RQ 1, RQ 2)

9. From your perspective, what, if anything, offered at the disability resource center has been of greatest benefit for transitioning student-veterans with PTSD or TBI? (RQ 1, RQ 3)

10. From your perspective, what more, if anything, could the college do for transitioning student-veterans with PTSD or TBI to improve their educational experience? (RQ 1, RQ 3)

11. What question or questions, if any, do you think I should have asked you but did not? (RQ 1, RQ 2, and RQ 3)

We have completed the prepared questions. Thank you very much for your responses and for your invaluable time. Are there any additional questions, comments, or afterthoughts that you would like to add or contribute to the study?

Appendix F: Protecting Human Research Participants Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Virgil Adkins** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 09/03/2012

Certification Number: 977574