

Supporting the Education Goals of Post-9/11 Veterans with Self-Reported PTSD Symptoms: A Needs Assessment

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RESEARCH HIGHLIGHTS:

- Supporting the education goals of veterans with post-traumatic stress disorder (PTSD) requires both an understanding of their individual needs and life experiences. In this study, 29 post-9/11 veterans with self-reported PTSD were divided into two cohorts, those under the age of thirty, and those 30 and over, and asked about their educational backgrounds, experiences and needs.
- The younger veterans participating in this study indicated that they need social integration opportunities different from those of Vietnam veterans and veterans over the age of 30. Younger veterans wanted more structured support for education planning and adaptation to civilian life skills.
- While older veterans were more likely to have a clear occupational goal, all veterans desired assistance coordinating Department of Veterans Affairs (VA) clinical care and supported education opportunities. Both age groups also indicated that PTSD symptoms posed additional challenges in the classroom and pointed out the need for additional support for those with PTSD.

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ABSTRACT:

“Purpose: The influx of young adult veterans with mental health challenges from recent wars combined with newly expanded veteran education benefits has highlighted the need for a supported education service within the Veterans Administration. However, it is unknown how such a service should be designed to best respond to these needs. This study undertook a qualitative needs assessment for education supports among veterans with post-9/11 service with self-reported PTSD symptoms.

Methods: Focus groups were held with 31 veterans, 54% of whom were under age 30. Transcripts were analyzed and interpreted using a thematic approach and a Participatory Action Research team.

Results: Findings indicate a need for age relevant services that assist with: education planning and access, counseling for the G.I. Bill, accommodations for PTSD symptoms, community and family re-integration, and outreach and support.

Conclusions and Implications for Practice: The veterans recommended that supported education be integrated with the delivery of mental health services, that services have varied intensity, and there be linkages between colleges and the Veterans Health Administration.”

Implications

FOR PRACTICE

All veterans with self-reported PTSD in this study indicated a desire to have their VA educational services connected to their clinical services. Veterans also discussed the potential benefits of bringing representatives from higher education into VA facilities and hospitals to assist with educational planning and teach basic time management or study skills during any needed recovery periods. An integrated team approach would help veterans with PTSD to identify and tailor needed educational accommodations, including smaller class sizes, evening or online classes, extended time limits, recorded class lectures, alternatives settings for exams and peer support. Socialization and peer support offered to veterans should be segmented by age groups, as support for older veterans may not be appropriate for younger veterans or fall within their areas of interest. Younger veterans may have transitioned directly from high school to the military and may need assistance with financial skills or life skills which older veterans have already developed. Educational administrators should work to ensure that both educational and health services are customized to meet the individual needs and circumstances of student veterans. While older veterans may be able to find and use resources independently, younger veterans may need more structured support, including direct assistance with college applications, financial aid forms and course planning.

FOR POLICY

Policy makers at the VA and institutions of higher education should work together to assist in the transition of veterans with PTSD to student life. Policies ensuring that veterans will have access to peer mentors in their age group can provide natural social opportunities and support from veterans who have successfully transitioned from active duty to civilian life. Policy makers may need to focus on funding direct educational support for student veterans, as well as their access to trained clinicians who can recognize various stages of post-traumatic growth and readiness. Some veterans may benefit from small group experiences while others may need personalized attention; therefore, integrated teams of on-campus professionals are the best option for both identifying and addressing the individual needs of student veterans.

FOR FUTURE RESEARCH

The majority of veterans in this study were white males, who preferred age-relevant opportunities for socialization (such as sporting events). Future research should include more diverse focus groups of veterans with self-reported PTSD, which will expand findings on opportunities and preferences for socialization and educational supports. While this study identified differences between the needs of veterans by age group, there may be other variables affecting activity choices and peer assignments. It is important that support planning for education, life skills and socialization be individualized to provide a best-fit for the needs of veterans with PTSD. Applied research evaluating educational accommodations can be especially valuable to student veterans, in terms of improving their on-campus experiences. Future researchers should also evaluate current university and college interventions to establish their effectiveness in creating a positive educational and social environment for veterans.

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