

Creating a Trauma Informed Military Friendly Campus



Program Highlights

- ◆ A: This program identifies the core and unique issues and concerns military veterans and military affiliated students encounter in their transition to college and university campuses.
- ◆ B: This program provides an evidence informed model for addressing the unique and challenging issues posed by the influx of significant numbers of student veterans to your campus.
- ◆ C: Significant aspects of human experience "trauma", and its impact on the human capacity for learning.
- ◆ D: Significant reasons for college campuses to become trauma informed and military friendly are identified.

The Presentation will also. . .

- ◆ Explore the traumatic events and predictable human responses that staff and faculty need to understand.
- ◆ Recognize diverse populations of military veterans.
- ◆ Identify reasonable supports for Colleges and Universities to provide military veterans and all other students with a trauma history.
- ◆ Share successful strategies or evidence informed interventions and supports used by "trauma informed" institutions.
- ◆ Identify specific "triggers" that potentially exacerbate traumatic stress responses.

The Workshop Goals

- ◆ Identify the unique issues and concerns that military veterans face when transitioning from military unit to college campus.
- ◆ Make the connection between military friendly & trauma informed concepts & the reasons both are essential to enhancing learning at post secondary educational institutions.
- ◆ Provide a thorough understanding of the complex nature of trauma and human reactions to trauma.



You may be permanently changed by a traumatizing experience, but you do not have to be permanently "damaged".

Roger P. Buck, Ph.D.

Highlight A:

- ◆ Identifies the core and unique issues and concerns military veterans and military affiliated students encounter in their transition to college and university campuses.

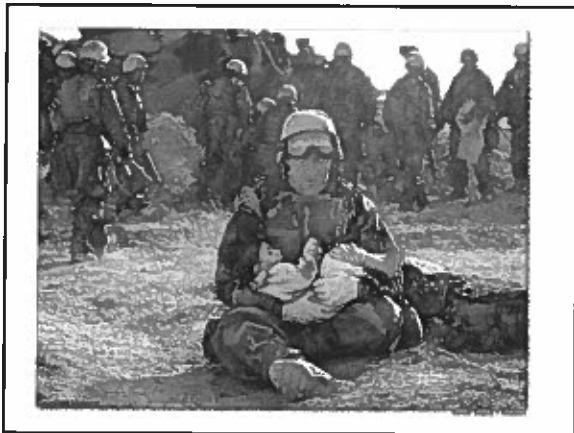
Cultural Change

Transition from strong sense of community and belonging to a unit - to isolation and "individual" pursuits.

Differences in the age of the veteran student and the "traditional" student.

Significant differences in worldly experience and exposure to traumatic events.

Diverse goals of the military and of colleges and universities.



Cultural Change (Cont'd)

- ◆ Rapid transition of combat and deployed veterans into post secondary schools may coincide with the onset of stress reaction symptoms.
- ◆ Stigma and other unintentional barriers on college campuses may discourage combat veterans from seeking supports and services.
- ◆ Recognizing the unique issues that exist for female veterans who have been deployed to a war zone.

Cultural Change (Cont'd)

- ◆ Readjustment and reintegration process places veterans in a significantly different physical environment.
- ◆ Recognizing there are different populations of veterans and military affiliated students on campus is essential to creating a culture of support.
- ◆ Injured combat veterans are adjusting to not only a new environment but also new capabilities and restrictions.



Institutional Barriers on College and University Campuses

- ◆ Veteran educational benefits must be requested through a certifying college or university.
 - Lack of administrative support for the significant influx of veterans & other military affiliated students
 - Benefits and eligibility for a number of various programs are complicated, insufficiently advertised and difficult to explain/understand

Institutional Barriers on College & University Campuses (Cont'd)

- ◆ Timeliness of application submission and tracking is essential but due to significant application processing backlog at the VA, benefits are delayed.
- ◆ Many veterans are unable to pay costs of education up front resulting in late fees.

Institutional Barriers on College & University Campuses (Cont'd)

- ◆ Benefits for veterans are set up on a monthly after the fact basis - Colleges require payment for fees, tuition and books early in the term or up front before benefits are received.
- ◆ Incoming freshman students are often delayed in enrolling into classes until right before the term - many classes are already filled.

Institutional Barriers on College & University Campuses (Cont'd)

- ◆ Student veterans may be called to active duty during a term. Many student veterans report wide disparity in options between professors, programs and schools in handling of withdrawals and incompletes.
- ◆ Student veterans often have to navigate multiple college departments to utilize the range of benefits and resources available - they are referred from department to department and often simply give up.

Giving up is not an option



Institutional Barriers on College and University Campuses (Cont'd)

- ◆ Veteran specific information is often spread through many different sources and therefore not easy to find.
- ◆ Delays in finding veteran specific information often results in significant penalty to the veteran and often sabotages or reduces their benefits.

Highlight B:

- ◆ Provide colleges and universities a comprehensive, evidence informed model for addressing the unique and challenging issues and concerns posed by the influx of significant numbers of military veterans, family members and military affiliated students to their campuses.

Administrators

- ◆ Recognize in all aspects of the campus environment there are barriers that exist for veterans to achieve their educational goals.
- ◆ Recognize that many veterans are permanently changed by traumatic events and the symptoms related to these experiences potentially sabotage/hinder the learning process including environmental triggers that exacerbate/cause symptom development and/or increases intensity of existing symptoms.

Administrators (Cont'd)

- ◆ Recognize that sabotage of readjustment and reintegration for traumatized individuals (military and civilian) often include unique environmental stressors/triggers.
- ◆ There are significant numbers of female veterans returning to college campuses with unique issues related to combat and general military service.
- ◆ This war has fewer casualties than in previous wars due to advanced medical evacuation techniques, body armor and other aspects of modern warfare, which means there are more survivors with disabilities returning to colleges.



Administrators (Cont'd)

- ◆ Recognize the difference between regular military units and reserve and national guard units that are deployed for combat missions.
- ◆ Recognize the need for special consideration and support for military affiliated and combat veterans due to bureaucratic limitations of all the service providing organizations.
- ◆ Understand the major adjustment and cultural issues that arise for veterans as well as their families.
- ◆ **FOCUS ON THE STRENGTHS AND RESILIENCY DEMONSTRATED BY TRAUMA VICTIMS.**

Begin Your "Military Friendly" Campus Development with the following Administrator Action Items

- Ask the veterans - through a brief survey ask what veterans on your campus feel they need and want in order to make their transition more effective/efficient.
- Provide special supports during registration periods to ensure rapid enrollment in appropriate classes.
- Develop a veteran task force or committee dedicated to development of a military friendly campus.
- Support the development of a peer support organization such as the Student Veterans of America (local chapter)
- <http://www.studentveterans.org/>
- Host veteran recognition and welcoming activities.



Listing of Administrator Action Items (Cont'd)

- ◆ Develop specific policies and procedures to notify all parts of the institution in the event a veteran is deployed.
- ◆ Ensure the institution is consistent in the handling of course credit, financial aid, GI bill and other programs the veteran may be involved in.
- ◆ Create and present "veteran awareness and sensitivity" training for all faculty and staff, to include importance of being "trauma informed".
- ◆ Create a veteran resource center and devote office space with full time staff support.

Listing of Administrator Action Items (Cont'd)

- ◆ Enlist the support of all levels of leadership in the institution as well as lobby state government.
- ◆ Register and become recognized as a military friendly campus by becoming an SOC (Service Member Opportunity College) certified college or university.
- ◆ Adopt the ACE recommendations for credit for military training and experience (www.acenet.edu).
- ◆ Consider developing a foundation account to assist student veterans with tuition, books, fees and household emergencies.

Listing of Administrator Action Items (Cont'd)

- ◆ Coordinate with and support statewide efforts by the Governor and College Board of Regents.
- ◆ Presidential and senior leadership support is needed to develop military friendly and trauma informed campus and should include the following individuals: **Planning task force members** Vice President for Academic Affairs, Vice President for Student Affairs, Directors of Counseling and Psychological Services, Admissions, Financial Aid, Career Services, Student Life, Residence Halls, Information Technology, Human Resources, Affirmative Action, Faculty and Marketing & Business, veterans (both student and faculty/staff veterans).

Faculty

- ◆ Become aware of the cultural diversity that will exist between traditional students and military (especially combat experienced) veterans and military affiliated individuals.
- ◆ Military veterans are permanently changed by their experiences and especially those with combat experience.
- ◆ Military veterans with combat experience will have predictable Physical, Cognitive, Emotional, Behavioral and Spiritual (PCEBS) symptoms that might be triggered by college environmental cues.



Faculty

- ◆ Recognize that you will have a higher influx of both male and female veterans with traumatic stress histories.
- ◆ Be prepared to assist veterans who may have disabilities due to their military combat experiences. . . Traumatic Brain Injury, PTSD.
- ◆ Understand that many veterans will have physical and emotional conditions/limitations that are recognized by the American's With Disabilities Act as inhibiting their learning ability.

Faculty

- ◆ Recognize there are major financial issues and bureaucratic delays in receiving deserved benefits which cause stress and concern which impacts many veterans.
- ◆ Understand there are significant readjustment issues for many veterans not just into college but also reuniting with family and society in general.
- ◆ Understand that integrating into more than one environment often exacerbates PCEBS symptoms due to higher levels of stress.

Listing of Faculty Action Items

- ◆ Some veterans will not feel comfortable publicizing their veteran status especially if they are in a classroom where military and political topics are being debated. It is essential that you create a classroom environment of acceptance and understanding.
- ◆ **Honor and respect** the differing viewpoints and strong emotional commitment to a position or belief by some veterans on certain topics. This intensity is often due to the experience of extreme emotion during intense experiences.

Listing of Faculty Action Items (Cont'd)

- ◆ Be flexible with attendance and classroom assignments (as possible), since veterans often have appointments with Veteran Affairs. These appointments are often impossible to reschedule or cause for long delays in receiving benefits and other services.
- ◆ Be aware that you may have veterans who are still in reserve or national guard units and may be deployed or required to do other military training. Be flexible and consistent in your handling of these veterans/soldiers.



Listing of Faculty Action Items (Cont'd)

- ◆ Recognize and actively support the military dependents in your classroom who are struggling during times of spouse deployment.
- ◆ Learn the various symptoms that occur with all trauma victims and be aware of the senses data that may trigger significant increases in intensity of those symptoms.
- ◆ Know your veteran support resources on your campus and how to make referrals for various support needs such as financial programs, psychological counseling and peer support organizations.

Institutional Services to Provide

◆ **Task Force determines specific services but the following services should be considered the minimum:**

- Orientation program specific to veterans and military affiliated students.
- One Stop "Center of Excellence"
- Veterans Advisory Council
- Prevention program
- Veterans volunteer program
- Develop "online" and print resources
- <http://www.umflint.edu>

Institutional Services to Provide (Cont'd)

- Establish Partnerships with Service Organizations: American Legion, AmVets, OEF/OIF Program Mangers, VA Medical centers, VA Regional Offices and State Veterans Service Office, VFW etc.
- Educational programming and sensitivity training for all Administrators, faculty and staff.
- Evaluate Organizational Success

Highlight C:

- ◆ Focuses on a significant aspect of human experience "trauma", and its impact on the human capacity for learning.

What is Trauma?

What is the impact and/or the consequences of traumatic experiences



Sixteen things we know about trauma

- ◆ 1. People with childhood trauma history are at higher risk of health problems as an adult.
- ◆ 2. People with childhood trauma often are doing increased risk behaviors such as smoking, excessive alcohol consumption/abuse.
- ◆ 3. Many people in our society have significant trauma histories, most of which are not revealed.
- ◆ 4. Domestic violence, childhood abuse, alcoholic parents and neglectful parents often cause traumatic responses in children and adolescents.

Sixteen things we know about trauma (Cont'd)

- ◆ 5. Suicide rate among trauma victims is higher than the national average.
- ◆ 6. Combat veterans of today's conflicts have a higher rate of suicide than warriors from any other time in U.S. History.
- ◆ 7. National Guard and Reserve units have a suicide rate that is higher than regular active duty forces.
- ◆ 8. Military personnel with multiple tours of duty in a combat zone are higher risk for severe post traumatic stress symptoms.

Sixteen things we know about trauma (cont'd)

- ◆ 9. Trauma victims often do not seek professional help or support for several reasons.
- ◆ 10. Many military men and women do not seek professional help due to fear of loss of career.
- ◆ 11. The public, college administrators and some behavioral health professionals are uninformed of the lifelong impact of trauma.
- ◆ 12. Some trauma victims become perpetrators.
- ◆ 13. Divorce rates and failed relationships are higher among traumatized individuals.

Sixteen things we know about trauma (Cont'd)

- ◆ 14. There are predictable and normal responses to abnormal events that may appear extreme and self defeating.
- ◆ 15. The whole person is affected by traumatic events.
- ◆ 16. The population exposure model indicates that the closer a person is in proximity to an event the more severe the traumatic response.



Researchers develop an understanding of "trauma" by describing its characteristics - there is no single definition of trauma

- ◆ Judith Herman reported: "trauma overwhelms the ordinary human adaptations to life" . . . "and trauma events generally involve threats to life, or bodily integrity or close personal encounters with violence and death" . . .
- ◆ R. Cohen said that "a traumatic event is an event that severely challenges the long-held cherished beliefs and expectations of the individual exposed to it"
- ◆ C. Monohan stated: "Trauma is an extraordinary frightening event that overwhelms the victim with feelings of terror and helplessness. . . . defenselessness can create memorable emotional pain, confusion, and behavioral disruption."

Potential life-altering traumatic events

- ◆ Some of the various forms of trauma with significant research literature are:
 - man-made disasters, rape, sexual abuse, terrorist activities, domestic violence, natural disasters, physical abuse, torture, cult victimization, social, racial or human injustice and military combat.



What is: "Trauma Informed"

- ◆ All supports and interventions:
 - All **symptoms** exhibited by survivors are directly related to the traumatic event.
 - These **experiences are the cause** of mental health, substance abuse and behavioral adjustment problems.
 - Survivors recover by being aware of the link between the trauma event and the normal predictable responses to abnormal life events. National Center for Trauma Informed Care (www.samhsa.gov/nctic/).

Reaction

A Matrix for Understanding Traumatic Reaction

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Cultural aspects of trauma responses must also be considered



Complex anatomy of traumatic experiences and human responses to those experiences

- ◆ Judith Herman: response to danger is "complex, integrated system of reactions, encompassing both body and mind"
- ◆ Janoff-Bulman's "interactionist perspective": response to trauma is a function of the situation as well as the person.
- ◆ Nancy Webb "interactive components": involved in assessing crisis is the establishment of some sense of meaning. There are three interactive components: Individual factors, Nature of the crisis, and factors in the support system.
- ◆ R. Buck refers to other researchers who indicate that we are actually studying the subjective responses to objective experience. Which will determine the severity and intensity of PCEBS responses.

Nature of the Crisis: Includes the intensity, duration and type of trauma

- | | |
|----------------------------------|-----------------------------------|
| ◆ Single event vs. recurring | ◆ Loss of familiar environment |
| ◆ Solitary vs. shared experience | ◆ Loss of status or body function |
| ◆ Presence of loss factor | ◆ Physical injury/pain |
| ◆ Separation from family members | ◆ Presence of violence |
| ◆ Death of family member | ◆ Element of stigma |
| ◆ Level of exposure to the event | ◆ Presence of life threat |

Vietnam: A different war the same traumatic responses



Factors in the Support System

- ◆ Nuclear family
- ◆ Peers
- ◆ Extended family
- ◆ Local community
- ◆ School
- ◆ Supportive others
- ◆ Friends
- ◆ Non-Supportive others

Supports are a Major Key to Successful Recovery



Individual Factors

- ◆ Age/developmental stage
- ◆ Cognitive Level
- ◆ Moral/Spiritual Beliefs
- ◆ Pre-crisis adjustment
- ◆ Interpretation or Meaning the person assigns to the crisis event
- ◆ Cultural Background
- ◆ Behavioral Health needs/history
- ◆ Physical disability
- ◆ Gender
- ◆ Past experience with traumatizing events

Age – Culture - Gender



Complex PTSD

Complex PTSD

- ◆ PTSD accurately describes the symptoms that result when a person experiences a short-lived trauma.
- ◆ CHRONIC trauma that continues for years will result in more complex symptoms.
- ◆ PTSD diagnosis often does not capture the severe psychological harm that occurs with prolonged and repeated trauma.
- ◆ People who experience chronic trauma can experience potentially permanent changes in their self-concept.
- ◆ A new diagnosis is being suggested.

Complex PTSD Cont'd

- ◆ Examples of long term traumas
 - Concentration camps
 - Prisoner of war camps
 - Prostitution brothels
 - Long-term domestic violence
 - Long-term, severe physical abuse
 - Child sexual abuse
 - Repeated tours of duty in an active war zone



Complex PTSD Cont'd

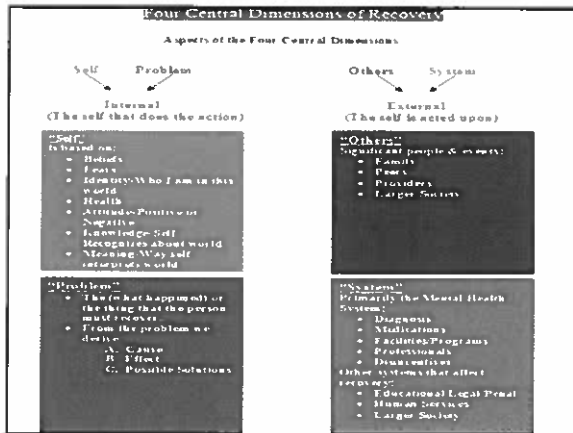
- ◆ Difficulties experienced by those who have history of chronic trauma.
 - Avoid talking and thinking about trauma experience due to overwhelming nature.
 - Alcohol and substance abuse to avoid and to numb feelings .
 - Self mutilation and other forms of self harm.
 - Social Isolation.
 - Suicide.

Complex PTSD (Cont'd)

- ◆ Additional issues
 - Person repeatedly abused is often mistaken as someone who has a "weak character".
 - Survivors of chronic trauma are misdiagnosed as having Borderline, Dependent, or Masochistic personality disorder.
 - Survivors who are faulted for the symptoms they experience as a result of victimization are unjustly blamed.
 - A new diagnosis may prevent clinicians, the public and those who suffer from trauma from mistakenly blaming survivors for their symptoms.

Highlight D:

Establishes the link between the human experience of trauma and the importance of institutional awareness and development of a "trauma informed" campus in order to enhance learning.



- Seven things people with traumatic experiences seek to recover**
- ◆ 1. Sense of personal competency
 - ◆ 2. Personal autonomy (understand self and how to relate to the world).
 - ◆ 3. Understand personal impact of the objective experience and their subjective responses.
 - ◆ 4. Intimacy and trusting enough to be vulnerable and flexible in relationship with significant others.

- Seven things recovered (Cont'd)**
- ◆ 5. Trust self and one's capacity for building trusting relationships with peers, co-workers and society in general.
 - ◆ 6. Develop an understanding about the trauma and the subjective interpretation they make about the meaning the experience has had on their sense of connection to the outside world.

- Seven things recovered (Cont'd)**
- ◆ 7. Personal identity, personality and self image as they are impacted by traumatic events.

- Traumatic Experiences may cause Significant Psychological Distress that sabotages learning**
- ◆ Possible psychological reactions/diagnosis: Post Traumatic Stress Disorder, Anxiety Disorders, Depressive Symptoms, Personality Disorders, Attention Deficit, Substance Abuse, and in children a variety of behavioral problems.
 - ◆ If left untreated, these symptoms and other difficulties may become chronic with potentially severe adverse effects.

- Trauma Symptoms Impact Learning Ability**
- ◆ The listing of symptoms that follow will have a major impact on individual's ability to learn.
 - ◆ As you review these symptoms keep in mind how they might impact an individual and their ability to participate in the classroom and other learning environments.

Symptoms

All Symptoms are on a continuum of severity that will determine the level of ability of the trauma victim to learn

Possible Physical Symptoms (P)

- ◆ Agitation/aggression/anger outbursts
- ◆ Hyper-arousal
- ◆ Fatigue
- ◆ Exhaustion
- ◆ Gastrointestinal distress
- ◆ Headaches
- ◆ Deterioration in previous health condition

Possible Cognitive Symptoms (C)

- ◆ Intrusive thoughts
- ◆ Recurring dreams or nightmares
- ◆ Memory and concentration difficulties
- ◆ Questioning spiritual beliefs
- ◆ Confusion/fear of intense emotions
- ◆ Disorientation/impaired attention
- ◆ Preoccupation

Possible Emotional Symptoms (E)

- ◆ Anxiety
- ◆ Irritability, anger
- ◆ Sadness, depression
- ◆ Numbness or disconnectedness
- ◆ Hopelessness and despair
- ◆ Survivor guilt and self doubt
- ◆ Unpredictable mood swings

Emotions in extreme experiences



Possible Behavioral Symptoms (B)

- ◆ Sleep problems
- ◆ Crying very easily
- ◆ Hyper-vigilance or easily startled
- ◆ Avoidance of reminders
- ◆ Increased family conflicts
- ◆ Isolation and withdrawal
- ◆ Substance abuse or self medication
- ◆ Self mutilation/suicidal gestures suicide

Possible Spiritual Symptoms (S)

- ◆ Questioning of Good and Evil.
- ◆ Radical shift in world view.
- ◆ Inability to understand why bad things happen to good people.
- ◆ Revenge fantasies.
- ◆ Feelings of shame and guilt.
- ◆ Make sense out of senselessness.

Who is most likely to develop PTSD

- ◆ Those who experience the following
 - Greater stressor magnitude and **intensity** (multiple military tours of duty, repeated domestic violence, abuse, repeated crime victim etc.)
 - Greater unpredictability
 - Greater uncontrollability
 - Sexual victimization
 - Real or perceived responsibility for crisis
 - Betrayal

Who is most likely to develop PTSD

- ◆ Those with the following characteristics
 - Prior vulnerability factors
 - Early age of onset
 - Lack of functional supports
 - Concurrent stressful life events
 - Social environment that produces shame, guilt, stigmatization, or self-hatred



Grief and Bereavement

- ◆ Grief is the process we go through in adjusting to the loss of a close relationship
- ◆ Grief is therefore an inevitable companion to love and attachment
- ◆ Endocrine function can become entrained by cues from another person - therefore when a person's companion dies there is a period of physiological adjustment
- ◆ Loss of a loved one results in feelings of loneliness, sadness and vulnerability
- ◆ Death of a loved one evokes a realization of one's own mortality and often causes fear of death

Grief and Bereavement (Cont'd)

- ◆ Survivor guilt often exists
 - Guilt due to fact they are still living
 - Guilt for not saving the person
 - Guilt for not making the dying process easier for the person that died

Grief and Bereavement Cont'd

- ◆ Complications of bereavement
 - Prolonged grief or traumatic grief
 - Onset or recurrence of Major Depressive disorder
 - Onset or recurrence of Panic Attacks
 - Increased vulnerability to PTSD
 - Alcohol and other substance abuse
 - Poor nutrition, low levels of exercise
 - Suicidal ideation
 - Onset or worsening of health problems



Anniversaries

- ◆ Symptoms of anniversary reactions include:
 - Re-experiencing symptoms of PTSD
 - ◆ Reactivate feelings, physiological responses and thoughts that occurred at the time of the event
 - Avoidance symptoms as in PTSD
 - ◆ Avoid situations, places, or people that are connected to the event
 - Arousal symptoms as in PTSD
 - ◆ Nervous and on edge, unable to sleep or concentrate, increased irritability, and are more on guard

Memorials, Ceremonies and Rituals

- ◆ Ritual can be defined as an expressive, symbolic act that creates a special time and space in which the participants experience themselves as a unique group
- ◆ Rituals may be performed repetitively or once, public or private
- ◆ Rituals may be sacred or secular, traditional or created
- ◆ A created ritual may be appropriate for a specific individual or set of circumstances
 - For example: At the Oklahoma City Bombing during the ceremony all participants were given roses – there was a spontaneous act where many rescue workers threw their roses into the pit in honor of those killed on the site.



This presentation has raised your awareness that:

- ◆ Nearly all human beings experience trauma at some significant level.
- ◆ Early Childhood & Adolescent trauma impact development and interferes with learning ability.
- ◆ Early Adult Trauma has major impact on personal development and world view.
- ◆ Trauma response/symptoms are potentially disruptive to learning.

Administrators, faculty and staff should be cognizant of trauma symptoms and “triggers”:

- To sensitize and prepare them to make the culture of the campus more military friendly and trauma informed.
- Reduce the environmental barriers to academic success.
- Improve the educational success of all traumatized students by reducing triggers in the environment.

In Summary

To Become Trauma Informed and Military Friendly

Institutional Action Steps

- ◆ Determine if your institution is committed to being “trauma informed”?
- ◆ Identify your target population.
- ◆ Identify what your target population wants and what they believe they need.
- ◆ Assess your ability to provide what your target population wants.

Institutional Action Steps (Cont’d)

- ◆ Identify the plan, steps, milestones and outcomes you expect.
- ◆ Develop your timeline as part of your plan.
- ◆ Recognize the potential factors that might sabotage your plan.
- ◆ Ensure that your supports and services include the following specific focus.

Supports and Services:

- ◆ Campus culture change – recognizes trauma as public health issue - not just veterans.
- ◆ Goal: Integration/re-integration - into a college culture that is aware, compassionate and caring.
- ◆ Goal: Focus on Strengths and wellness vice pathology (Celebrate individual resiliency).
- ◆ Goal: Focus on Education and training vice diagnosis and treatment (Normal responses to abnormal life events).

Supports and Services (cont’d)

- ◆ Goal: Early action and consistent supports – (Admission to graduation)
- ◆ Goal: Peer supports and resources – (As identified by those who are asking for supports)
- ◆ Goal: Thorough awareness training of all campus personnel (All staff, faculty, students and other support personnel).
- ◆ Goal: Ensure “trauma informed” treatment is available (On campus and collaborative relationship with off campus providers)

Supports and Services (cont'd)

- ◆ Goal: Companion supports and programs for family members (A comprehensive program will include the family members of trauma victims who may also be students).
- ◆ Goal: Recognize individual nature of trauma responses (Not all veterans/others are in need of extensive supports – but treatment availability is essential with “level of care” triage capabilities on campus).
- ◆ Goal: Collaboration with outside treatment resources is essential (For those who need more extensive interventions/supports).



Sample Programs

- ◆ Cleveland State University: SERV Program -
 - Goal: Improve graduation rates by providing a seamless one stop transition
 - ◆ Assist veterans through admission
 - ◆ Assist veterans with VA benefits
 - ◆ “Hands on” first day walk through
 - Admissions, Registrar, Bursar, VA, employers, other veterans

Sample Program

- ◆ University of Michigan-Flint and University of Minnesota:
 - Review their websites. www.umflint.edu
 - One stop student services center.
 - Establishing a “best practice” model of supports including but not limited to.
 - ◆ Extensive website supports
 - ◆ Veterans mentorship program
 - ◆ Veterans community on campus
 - ◆ Veteran led peer support

Your Program

- ◆ Consider:
 - Having “veterans only” classes.
 - Having volunteer faculty who want to teach veteran population.
 - Providing Peer support (veteran) tutors.
 - Identify a veteran specific study area, or gathering place.
 - Augment with temporary faculty who are veterans.
 - Increase “staff” in support positions who are veterans.

State-Wide Collaborative Efforts

- ◆ Ohio Inter-Service Family Assistance Committee:
 - Mission: Support, offer, assist and be a conduit for any Ohio service member and their family in recognition of the sacrifices and struggles associated with a military career.
 - ◆ Free Marriage Enrichment weekends
 - ◆ Free Regional Youth Camps & parenting workshops
 - ◆ ISFAC Resource Book
 - ◆ Ohio CPA free tax preparation for deployed
 - ◆ Web site www.homefront.ohio.gov

Funding Availability

- ◆ Supporting Education for Returning Veterans Act of 2008.
- ◆ American Counsel on Education – Wal-Mart Foundation and Lumina Foundation for Education.

Resource Listing

- ◆ National Center for Post Traumatic Stress Disorder (NCPTSD) (www.ncptsd.va.gov)
- ◆ National Child Traumatic Stress Network (NCTSN) (www.nctsn.org)
- ◆ National Center for Trauma Informed Care (NCTIC) (www.mentalhealth.samhsa.gov/nctic/)
- ◆ Sidran Institute (www.sidran.org)
- ◆ Student Veterans of America (www.studentveterans.org)

Resource Listing (cont'd)

- ◆ The American Academy of Experts in Traumatic Stress, Inc. (www.aeets.org)
- ◆ Center for Disease Control (www.bt.cdc.gov/masstrauma/copingpro.asp)
- ◆ Ohio Department of Mental Health (ODMH) (www.MH.state.oh.us/) (Click on Information Seekers, then Evidence Based Best Practices, then ODMH Behavioral Health Disaster Volunteer Training Curriculum: "Helping People Find Strength Following Disaster" then click on Supporting Materials and References)

Questions and Final Thoughts

- ◆ Closing comments:
 - There is massive information related to Trauma and human responses.
 - "Trauma informed" Colleges and Universities that develop a culture of support for military personnel will experience significantly higher retention rates and higher graduation percentage.
 - There are many other significant issues to consider and this 5 part series addressed many of those issues.



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