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# Student Service Members/Veterans on Campus: Challenges for Reintegration

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Many returning OIF/OEF/OND Veterans are seeking higher education in an effort to develop a meaningful career and financial stability. Evidence suggests that student service members/veterans (SSM/Vs) are experiencing less academic success than other students. The purpose of this review is to identify the unique challenges of SSM/Vs and evaluate current campus efforts to facilitate their retention and academic performance. With a focus on SSM/Vs attending colleges and universities, we obtained 57 peer-reviewed and 73 gray literature records published between 2001 and 2015. The current SSM/V literature contains an abundance of gray literature, and the empirical research tends to be limited by cross-sectional design and small sample sizes. SSM/Vs encounter significant personal and environmental challenges when transitioning from the military to college campuses. A variety of services have been developed to address the needs of the SSM/V population, but the efficacy of these services remains largely unknown. In conclusion, there is a clear need to provide education to faculty, students, and staff regarding the experiences of SSM/Vs. Efforts to enhance screening for, availability of, and SSM/V engagement in mental health services would also be beneficial, as would improved availability of and SSM/V access to academic support. All future programs designed to address the unique challenges of SSM/Vs in the academic environment should also be systematically implemented and evaluated.

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**R**ecent military operations in Iraq (Operation Iraqi Freedom, OIF; Operation New Dawn, OND) and Afghanistan (Operation Enduring Freedom, OEF) represent the most sustained ground combat operations since the Vietnam era. As over 2.5 million OIF/OEF/OND veterans return home, many are

attending college using benefits provided by the U.S. government. The post-9/11 GI Bill is an educational program offered through the Department of Veterans Affairs (VA) that provides support for tuition, books, and housing to encourage student service members/veterans (SSM/Vs) to pursue higher education (Sander, 2012). As of February 2013, over 877,000 SSM/Vs had used the post-9/11 GI Bill to enroll in college courses at over 6,000 institutions (Sander, 2013). As college graduates tend to gain more consistent employment, earn more money, be more active citizens, and lead healthier lifestyles than those who do not attend college (Baum, Ma, & Payea, 2013), college retention and graduation can be important elements of successful adjustment to civilian life for SSM/Vs (Armstrong, Best, & Domenici, 2013).

The largest study on SSM/V retention and performance in higher education to date examined 898,895 veterans over a span of 10 years (Million Records Project; Cate, 2014) and found that, although SSM/Vs earn postsecondary degrees (from vocational to doctorate) at rates similar to other students (51.7%), it takes them

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longer to do so. This slower completion rate is particularly troubling because the GI bill only covers up to four years of education, which may not provide enough time for SSM/Vs to obtain a degree. Also, because higher education institutions receive tuition and fees directly under the GI Bill, SSM/Vs may be particularly susceptible to exploitation by for-profit institutions (Riegel, 2013).

Increased awareness of SSM/V attrition rates has been accompanied by greater understanding of the factors that affect SSM/V enrollment, retention, and academic performance in the college setting. A recent review (Barry, Whiteman, & Wadsworth, 2014) of 13 peer-reviewed studies on SSM/Vs found higher rates of health risk behaviors (e.g., substance use) and psychological symptoms (e.g., PTSD) among SSM/Vs relative to peers without military experience, as well as difficulties in adjusting to campus life and interacting with faculty and students. The authors highlighted the lack of research conducted with SSM/Vs as well as the large number of non-peer-reviewed documents addressing the issues faced by this population. As there has been over a fourfold increase in the literature on SSM/Vs over the past 5 years, the current review aims to identify the unique challenges that SSM/Vs face in the higher education setting. We conclude with recommendations for facilitating the successful integration of SSM/Vs on campus.

## Method

### Search Strategy and Selection of Studies

PRISMA criteria (Moher, Liberati, Tetzlaff, Altman, & the PRISMA Group, 2009) were applied to review published documents that examined the experiences of OEF/OIF/OND veterans and/or the challenges they face as they transition from the military to college. Searches were conducted via PsycINFO, PubMed, CINAHL, Google Scholar, and ERIC using combinations of terms [(military OR veteran OR deployment OR service member OR GI Bill) AND (postsecondary education OR student OR university OR college OR higher education)]. Searches were confined to “Title” and “Abstract” fields for all databases except Google Scholar.

**Inclusion/exclusion criteria.** The review included both peer-reviewed and “gray” literature. Peer-reviewed literature was defined as quantitative and qualitative articles published in peer-reviewed journals (including special editions). Gray literature included non-peer-reviewed articles including book chapters, theses/dissertations, conference proceedings, organizational reports, and commentaries (Alberani, De Castro Pietrangeli, & Mazza, 1990). Reports published between 2001 (the start of OEF) and August, 2015 were eligible for inclusion. Ancestry (i.e., obtaining documents that are cited in an eligible or relevant manuscript) and descendancy approaches (i.e., obtaining documents that cite an eligible or relevant manuscript) were also employed. Studies were excluded if they were not available in the English language.

### Search Results

The online database search identified 16,514 articles, and the descendancy search identified an additional 10 articles. After removing duplicates, 14,048 unique articles were identified. When a

manuscript provided the same data as a previous conference proceeding, we included the published manuscript in the review. After screening, 189 articles ( $n = 87$  peer-reviewed and  $n = 102$  gray literature) underwent full-text review to determine eligibility. We omitted manuscripts that did not address the transition to higher education ( $n = 25$ ) or that focused on non-SSM/Vs ( $n = 27$ ), non-OEF/OIF/OND SSM/Vs ( $n = 3$ ), military schools ( $n = 2$ ), employment ( $n = 1$ ), and naturalistic change ( $n = 1$ ). Of the 130 articles that met all eligibility criteria, 57 were peer-reviewed manuscripts and 73 were gray literature publications (see online supplemental materials for detailed descriptions for each publication).

### Unique Characteristics of Student Service Members/Veterans

Although the number of SSM/Vs varies widely from campus to campus, recent national surveys indicate that the majority of SSM/Vs are male (73%–79%) and Caucasian (60%), with lower prevalence of African American (18%), Hispanic (13%), and Asian (3%) racial and ethnic backgrounds (Cate, 2014; Walton-Radford, 2009). SSM/Vs tend to be older than typical college students, with only 20% between 17 and 23 years in age. They are also more likely than traditional students to be married (47%), have children (47%), or be single parents (15%; Walton-Radford, 2009). Most SSM/Vs enroll in public 2-year institutions (43%), followed by public 4-year institutions (21%), private nonprofit 4-year institutions (13%), and private for-profit universities (12%; Walton-Radford, Wun, & Weko, 2009). Enrolled SSM/Vs complete a wide range of terminal degrees, including bachelors (48%), associate (29%), masters (16%), and doctoral (2%) degrees (Cate, 2014). Overall, SSM/Vs are more likely to major in engineering, applied sciences, and social sciences than in the arts or communications (Durdella & Kim, 2012).

**Social connection and identity.** SSM/Vs often report difficulty connecting socially with traditional students, who are less likely to have firmly established vocational, social, and family roles. Beyond the perception that traditional students are just “kids” (Smith-Osborne, 2012), the military has been a way of life for SSM/Vs, and the less structured role as student may not be as familiar (Hopkins, Hermann, Wilson, Allen, & Malley, 2010). Difficult social connections may be due in part to unpleasant or intrusive interactions with civilian peers, who may convey little knowledge or concern about the current conflicts overseas, ask inappropriate questions (e.g., if s/he had killed someone while deployed), or express a lack of military appreciation (e.g., lack of observance of Veterans Day). Indeed, civilian students have significant misperceptions about OIF/OEF/OND and U.S. foreign policy (Dunwoody, Plane, Trescher, & Rice, 2014) and as a result it may be uncomfortable or unappealing to integrate into the typical student lifestyle.

These issues appear to lead to a form of identity challenge for some SSM/Vs, who may perceive themselves as at a different stage in their lives than the typical student and may prefer to spend time with other veterans (e.g., DiRamio, Ackerman, & Garza Mitchell, 2008; Ellison, Mueller, Smelson, et al., 2012; McBain, Kim, Cook, & Snead, 2012). SSM/Vs may downplay their role as veterans when interacting with non-veteran members of the cam-

pus community (Jones, 2015). In doing so, they experience the push and pull of two identities—one as a veteran with unique experiences and a skill set different than that of the traditional student, the other as a student trying to integrate and adapt in the college (Darcy & Powers, 2013; McCaslin, Leach, Herbst, & Armstrong, 2013; Messina, 2015; Ureno, 2015). This struggle between wanting to be accepted (and recognized) as a veteran versus wanting to assimilate and develop an identity as a “typical” college student may be an important issue for veterans and college communities to address.

**Mental health.** SSM/Vs meet criteria for a range of mental health (MH) diagnoses, including posttraumatic stress disorder (PTSD), anxiety disorders (e.g., generalized anxiety disorder), and depression, but findings within the peer-reviewed and gray literatures are mixed regarding whether these disorders occur at significantly higher rates among SSM/Vs than non-veteran students (e.g., Canfield & Weiss, 2015; Glover-Graf, Miller, & Freeman, 2010; Grossbard et al., 2014; Hopkins et al., 2010; Kanel, 2015; McCaslin et al., 2013; Rudd, Goulding, & Bryan, 2011). That said, these psychological disorders may manifest themselves uniquely in the SSM/V population. For example, SSM/Vs who have been diagnosed with PTSD tend to engage in a significantly greater number of physical fights (Widome, Kehle, et al., 2011), demonstrate more hostility and strain in intimate relationships (Johnson, Graceffo, Hayes, & Locke, 2014), experience more alcohol related problems, and report greater alienation on campus (Elliott, Gonzalez, & Larsen, 2011) relative to SSM/Vs without PTSD. Similarly, increased symptoms of depression, anxiety, anger/aggression, and PTSD are associated with less identification with campus and lower social support among SSM/Vs (Quigley, 2015; Weber, 2012). There is some evidence that anxiety and depressive symptoms are also inversely related to academic persistence among SSM/Vs (Grossbard et al., 2014; Quigley, 2015; Weber, 2012). Not surprisingly, qualitative studies with SSM/Vs have documented the desire for special accommodations in classroom settings to help mitigate the impact of these symptoms (e.g., Ellison, Mueller, Smelson, et al., 2012).

Suicide attempts and ideation are of particular concern among SSM/Vs: Between 7% and 8% reported a past suicide attempt and 14% to 35% reported suicidal thoughts with a plan (Bryan, Bryan, & Clemans, 2015; Ray-Sannerud, Bryan, Perry, & Bryan, 2015; Rudd et al., 2011). Some research has indicated that these rates are significantly higher than those in non-veteran college samples (Rudd et al., 2011), although a recent national survey did not find differences in past-year suicidal ideation, plan, or suicide attempts between SSM/V and traditional students (Pease, Monteith, Hostetter, Forster, & Bahraini, 2015). SSM/Vs with a history of same-gender sexual partners (Ray-Sannerud et al., 2015), victims of military sexual trauma (Rolbiecki, Pelts, & Albright, 2015), women with premilitary sexual abuse, and men who have experienced military sexual trauma (Bryan, Theriault, & Bryan, 2015) may be particularly vulnerable to suicidal ideation.

Substance abuse is also a significant issue among returning OEF/OIF/OND veterans. A recent survey of SSM/Vs revealed higher levels of heavy episodic drinking and alcohol-related risky behaviors (e.g., fighting, riding in car with an intoxicated driver) compared with their civilian peers, even after controlling for differences in gender and age (Widome, Laska, Gulden, Fu, &

Lust, 2011). Both deployment status (Grossbard et al., 2014) and use of alcohol for coping (Whiteman & Barry, 2011) have been linked with problematic drinking in SSM/Vs. Little research has focused on other drug use among SSM/Vs, although one study found that SSM/Vs were less likely than non-veteran peers to use marijuana and more likely to use cigarettes and smokeless tobacco (Widome, Laska, et al., 2011). One area of particular relevance and concern is the diversion/misuse of prescription drugs, given the number of veterans who may be prescribed these medications for psychological and/or physical symptoms (Boynton Health Service, 2012; Glover-Graf et al., 2010).

**Physical disabilities.** Because of the nature of warfare encountered by OEF/OIF/OND personnel, prevalence estimates of combat-acquired traumatic brain injury (TBI) in OIF/OEF/OND veterans ranges from 12% to 23% (Church, 2009), and SSM/Vs may not be fully aware of their disability until confronted with the demands of the classroom. These often unseen injuries can interfere with the SSM/V's ability to succeed academically by impairing his or her ability to learn and self-regulate. For example, the effects of TBI and/or spinal cord injury may lead to difficulty completing writing, computer, and lab tasks as well as difficulty with prolonged seating and ambulation to and from classes (Hopkins et al., 2010). These physical conditions may also contribute to fatigue, impulse control, and irritability. Moreover, SSM/Vs with these injuries may have social and communication deficits that interfere with their ability to correspond with peers and faculty (Church, 2009).

**Redeployment.** Students who still have active duty, National Guard, or Reserve commitments may experience risk for deployment while enrolled in college (Livingston & Bauman, 2013). This may lead to disruptions in education, loss of course work/credit that was already completed for that semester, and loss of scholarships (Ackerman, DiRamio, & Garza Mitchell, 2009). Following such deployment, reenrollment and reintegration into the academic environment is yet another challenge (Ford, Northrup, & Wiley, 2009; Hopkins et al., 2010; Johnson, 2009; Livingston & Bauman, 2013). Some attempts have been made to address deployment during the academic year, with 82% of institutions refunding tuition for activations and deployments and providing assistance with educational benefits (Cook & Kim, 2009; McBain et al., 2012). However, more persistent, long-term efforts and support will be required to encourage SSM/Vs to complete their degree following a deployment-related interruption.

## Environmental Challenges Encountered by SSM/Vs in Higher Education

Both the peer-review and gray literatures consistently indicate that SSM/Vs find the logistic challenges of the transition from military to college overwhelming (Allen, Armstrong, Saladin, Hamilton, & Conard, 2014; DiRamio et al., 2008; DiRamio, Jarvis, Iverson, Seher, & Anderson, 2015; Griffin & Gilbert, 2015; Messina, 2015; Ureno, 2015). Because a large number of SSM/Vs enlist in the military as emerging adults and spend a number of years in the strict and structured environment of the military, they may be less skilled at navigating available services outside the context of the military setting (see Messina, 2015).

**Enrollment and benefits.** SSM/Vs are often unaware that they are eligible for a number of potentially helpful services, ranging from the Veterans Benefits Administration (VBA) to community programs. Even when SSM/Vs are able to access these services, they often struggle to effectively coordinate and make use of the various programs (Ackerman & DiRamio, 2009). For example, managing education-related finances is often a significant challenge: Although educational benefits cover tuition, various fees are often not included. Furthermore, SSM/Vs often have to pay out of pocket for tuition and other benefits until paperwork is correctly filed and processed, which may take months, placing the SSM/Vs under significant financial distress. Academic credit can also be a complicated issue. Although many SSM/Vs complete academic coursework and applied training during their military service (Cook & Kim, 2009; Steele, Salcedo, & Coley, 2010), some institutions do not award school credit for military training. Some schools also offer amenities such as tuition and financial aid assistance counseling, discounts, and scholarships specifically for veterans and military students (McBain et al., 2012).

Even after SSM/Vs overcome these and other barriers to enrolling in college (e.g., applications, benefit eligibility, admission testing), emerging evidence indicates that retention in school may be a problem. For example, one survey found that 37% of part-time and 16% of full-time SSM/Vs dropped out within 9 months of enrollment (Walton-Radford et al., 2009). Furthermore, despite the high levels of academic engagement characteristic of SSM/Vs (as measured by active participation in class and interaction with faculty in and out of the classroom), veteran status is negatively associated with GPA (Durdella & Kim, 2012). There are several possibilities why this may be the case: SSM/Vs may have more demands on their time and attention, as they are more likely to be married, have children (15% are single parents), and work full-time or part-time; these competing commitments may also impact academic performance and degree completion (e.g., Choy, 2002; Johnson, 2009). As discussed, mental health symptoms and combat-related injuries might interfere with academic achievement. In addition, SSM/Vs are typically older, and hence, some of their basic math, science, writing, and study skills may have eroded (Cunningham, 2012; DiRamio et al., 2008; DiRamio & Jarvis, 2011; Rumann & Hamrick, 2010; Steele et al., 2010).

**School environment.** SSM/Vs often experience difficulty adapting to a civilian world after the hierarchical environment of the military, sometimes reflected in an unwillingness to ask for assistance and difficulty managing time and responsibilities. SSM/Vs frequently report experiencing difficulties in the transition from a military style of technical learning and hierarchical organizational structure to a university learning environment that is less structured and more informal (Messina, 2015). Specifically, the military often uses a standardized, stepwise, and “hands-on” approach to teaching a skill, which is different from the more autonomous approach typically used on college campuses. Furthermore, different departments and individual professors often vary in their approaches to grading, teaching, and class requirements, whereas instruction and evaluation in the military tends to be more consistent across settings. Perhaps for these reasons, SSM/Vs have reported that they view the campus environment as more chaotic, confusing, and less ordered than the military envi-

ronment (Durdella & Kim, 2012). Adapting to this environment may result in struggles and drop-outs among SSM/Vs.

## Recommendations for SSM/V Services

The needs of SSM/Vs range from financial assistance to disability services to psychological interventions. Programs (proposed or implemented) that are designed to retain and integrate SSM/Vs in the academic setting include establishing Offices of Veterans and Military Services (Abel, Bright, & Cooper, 2013) and/or student veterans organization (Hawthorne, Bauman, & Ewing Ross, 2013). Other approaches include designated space for SSM/Vs to socialize (e.g., vet lounges), providing counselors and personnel with expertise in assisting SSM/Vs, and establishing SSM/V groups and learning communities. Programs have also been developed by counseling centers dedicated to SSM/Vs and their families (e.g., Danish & Antonides, 2009), and those that work with SSM/Vs have been trained to be sensitive to their experiences and unique needs (Sorrells, Wills, Reagins-Lilly, Cate, & Moe, 2015). These efforts suggest specific strategies regarding academic, health, and campus services.

**Provide faculty, staff, and students with education on SSM/Vs' experiences.** Trainings for the campus community were commonly recommended in both the peer-reviewed (46% of studies) and gray (49%) literatures, and it is recommended that thoughtful consideration be given to the content and delivery of these efforts. Although universities and programs have begun such trainings, some researchers are concerned that these trainings focus too much on SSM/V issues such as TBI or PTSD and may create a SSM/V stereotype that impedes rather than facilitates understanding and connection (Canfield & Weiss, 2015; Glover-Graf et al., 2010; Hart & Thompson, 2013; Hawthorne et al., 2013; Messina, 2015). Fortunately, excellent resources are available to enhance understanding of SSM/Vs, such as the VA Campus Toolkit (<http://www.mentalhealth.va.gov/StudentVeteran>) and the Vet Success Program ([www.vetsuccess.gov/vetsuccess](http://www.vetsuccess.gov/vetsuccess)). Some evidence suggests that virtual training, in which users role-play difficult situations with virtual SSM/Vs, increases users' military cultural competence and self-efficacy to manage classroom discussions, talk with SSM/Vs about their service, and make appropriate referrals (Cate & Albright, 2015). In addition, there are several current efforts to enhance online mentoring and advising for SSM/Vs, although these efforts have yet to be formally evaluated (see Abel et al., 2013; Cass & Hammond, 2015). Initiation of a Veterans Advisory Council (composed of key faculty and staff from the veterans service office, admissions, the campus counseling center, multicultural or diversity offices, the athletics department, career services, the graduate college, legal services, and campus veteran organization) may also facilitate integration of services for SSM/Vs.

**Increase engagement with health and wellness services.** There is a clear need for continued efforts to engage SSM/Vs in health services and treatment. In most communities there is a variety of health services available for SSM/Vs. For example, honorably discharged veterans with a history of combat service are eligible for cost-free health care from the Veterans Health Administration (VHA) for five years post discharge, re-

ardless of the role their military service may have played in the development of the physical or psychological condition. Faculty and staff are strongly encouraged to become aware of the health services available to SSM/Vs on campus and to communicate these opportunities to SSM/Vs when appropriate. Such an appropriate instance may be when medical (e.g., TBI; Church, 2009) or psychological (e.g., PTSD; Bernard-Brak, Bagby, Jones, & Sulak, 2011) symptoms may be hindering student success.

It may be important to consider the provider's experience working with military populations when making treatment referrals. Students enrolled in college have access to treatment at student counseling centers and hospitals as well as through private providers; however, these providers may lack specific expertise in treating veterans (Canfield & Weiss, 2015). To address the need for these services, campuses are providing either (a) on-campus counseling services for SSM/Vs and their families or (b) assistance in finding appropriate services (Cook & Kim, 2009; Danish & Antonides, 2009). Institutions with larger SSM/V populations are more likely to train staff on working with military issues (see Wurster, Rinaldi, Woods, & Liu, 2013). Approximately 84% of campuses provide assistance for PTSD, 55% provide assistance with physical disabilities, and 35% assist with brain injuries (McBain et al., 2012). Some programs have also implemented SSM/V-specific counseling groups to help with the transition to the academic setting (Selber, Chavkin, & Biggs, 2015) or with stress and sleep difficulties (Wisner et al., 2015). However, only 7% of SSM/Vs who obtained mental health treatment in the last year received treatment at campus counseling or health centers (Boynton Health Service, 2012). Thus, data suggest that many SSM/Vs choose not to use the free or low-cost counseling services typically available on college campuses (DiRamio et al., 2015; Johnson et al., 2014; Kanel, 2015; Steele et al., 2010). As an alternative, there have been promising efforts to bridge VHA and campus services (VITAL; Sorrells et al., 2015) or even implement a VHA clinic on campus that may facilitate treatment engagement in SSM/Vs (McCaslin et al., 2013). However, detailed evaluation of these efforts have yet to be done.

We encourage campus faculty and staff to eliminate as many barriers to mental health treatment among SSM/Vs as possible. Active duty service members who have returned from deployment commonly report concerns about the stigma associated with treatment (e.g., being perceived as weak, which may harm their future careers), uncertainty about where or how to get help, frustration with the difficulty of scheduling an appointment, and inadequate transportation to or time for treatment (Kim, Thomas, Wilk, Castro, & Hoge, 2010). SSM/Vs have demonstrated that they value education and the opportunities that a college degree can deliver. Thus, it may be fruitful to engage SSM/Vs collaboratively to explore ways their MH and/or physical symptoms are creating a barrier to academic success, and, importantly, to elicit intrinsic (e.g., military experience, training, personal characteristics such as perseverance and commitment) and extrinsic (e.g., school, community, and Veterans Affairs Medical Center (VAMC) programs; family and social support) resources that can assist them in achieving their goals. This collaborative approach, focusing on personal resilience rather than deficits (e.g., Callahan & Marks, 2009), might increase motivation to engage in services and obtain treatment.

Faculty and staff might be best able to facilitate this process if they are made aware of the unique barriers to SSM/V education success, the personal strengths many of these students possess, and the resources available in the campus and larger community. That said, we acknowledge that it may be a considerable challenge for faculty and staff to venture into a conversation addressing engagement in services for psychological or medical issues, even if they think they know what to say or have an understanding of the services that could address the difficulties a veteran might reveal. Currently, the majority of faculty/staff may not necessarily have knowledge, interest, or time to ask about SSM/V-specific issues, which is understandable given the unique needs of their other advisees. Furthermore, faculty and staff also run the risk of the SSM/V not giving much credence to a civilian providing the suggestion. Innovative ways to enhance the awareness of how integrated and successful SSM/Vs can add to the campus environment may enhance the motivation of faculty and staff to learn about SSM/Vs on campus.

For mental health providers, brief interventions that address alcohol and other substance use (marijuana, prescription drug misuse) in the broader context of academic and career goal pursuit may be especially helpful for veterans (Murphy et al., 2012; Yurasek, Dennhardt, & Murphy, 2015). Brief interventions have been effective in addressing alcohol use in veterans (McDevitt-Murphy et al., 2014) and in general student populations with mental health symptoms such as depression (Murphy et al., 2012) and PTSD (Monahan et al., 2013). Brief interventions delivered by phone, which have been shown to increase treatment engagement in returning veterans (Seal et al., 2012), may also enhance engagement in MH treatment and improve outcomes for SSM/Vs with MH symptoms. Furthermore, although SSM/Vs may use the VHA or other providers for long-term or specialized care, SSM/Vs may be more willing to engage in on-campus services that are geared toward students (e.g., a campus-based psychiatrist or counselor who will be sensitive to integrating their treatment and/or medications with their college demands). However, the efficacy of these approaches have yet to be formally evaluated.

**Improve availability and access to academic support services.** One consistent recommendation in the peer reviewed (42%) and gray (62%) literatures was the need for SSM/V-only services. SSM/Vs need access to support services to facilitate their adjustment to college and foster connections with other students and faculty at their institution. At the most basic level, research suggests that the majority of civilian and SSM/V students derive benefit from the use of a "degree map," or a plan of study in which the list of courses they need or plan to take is outlined at the beginning of their education. Large classrooms and other contextual factors, such as timed test-taking and group assignments, may pose challenges for SSM/Vs suffering from medical and/or psychological issues. As such, it is recommended that college campuses implement academic (e.g., specialized tutoring, SSM/V study groups) and library (e.g., orientation) services as well as veteran benefits and certifications that specifically address these barriers to campus engagement among SSM/Vs. Approximately 60% of SSM/Vs utilize such veteran-specific programs when they are available (Lang & Powers, 2011), and SSM/Vs who utilized more campus programs and services in general (not specific to veterans) endorsed greater intentions to maintain enroll-

ment (Weber, 2012). The 2007 founding of the Student Veterans of America (SVA), a national organization, may also increase the availability of support services across U.S. college campuses (Summerlot, Green, & Parker, 2009). Currently, the SVA has suggested services such as single-credit orientation classes, intramural sports teams for SSM/Vs, and assigning individual mentors to each SSM/V. Given the multiple family and life demands and the presence of debilitating injuries that many SSM/Vs face, universities could also consider implementing and evaluating in-person counseling and advising services with regular follow-up contacts (perhaps via phone, Skype, email, or text).

**Systematically implement and evaluate SSM/V programs and services.** Perhaps the most troubling theme to emerge from the peer-reviewed and gray literatures is the absence of systematic implementation and evaluation of any programs designed to help the SSM/V population. Many of the qualitative interviews conducted with SSM/Vs revealed a desire for veteran-only classes, veteran online courses, lounges, orientations, and other programs. For example, learning communities, composed of groups of students sharing thematically linked experiences inside and outside the classroom (Smith, 1993), have been proposed as a way to keep SSM/Vs together by incorporating a curriculum that has been adapted for their needs (Minnis, Bondi, & Rumann, 2013). These programs are designed primarily as an adjunct to classes, rather than an integrated SSM/V curriculum. However, few of these recommendations have been implemented, and none have been empirically evaluated. Therefore, it remains unclear whether such segregation would result in better academic outcomes. From their experiences teaching SSM/Vs, Hart and Thompson (2013) discussed veteran-only, veteran-focused, and veteran-friendly writing courses, acknowledging mixed reports on the success of these courses. Any benefits were equally matched with drawbacks, such as the isolation of SSM/Vs rather than their immersion into the larger campus community. In addition, veteran-only writing courses appeared to be difficult to sustain because of low enrollment rates. Similarly, the proposal of online courses specific to veterans might reinforce social withdrawal that can be characteristic of those suffering from PTSD and/or depression. As a result, these veterans may be deprived of personally connecting and identifying with other SSM/Vs on campus, which has been consistently described as beneficial by SSM/Vs (e.g., Cunningham, 2012; DiRamio et al., 2008; Osborne, 2014). Therefore, programs that are currently implemented should be systematically evaluated to determine whether they have the intended impact on academic indicators such as GPA and retention as well as the quality of SSM/Vs' educational experiences. Many SSM/Vs may benefit from a graded approach to full integration, with the availability of consistent veteran-only support structures required for the initial transition to campus, followed by increasing integration within campus academic and social milieus.

## Conclusion

The strengths and needs of the SSM/V population have been detailed extensively in the past 14 years, and there have been some programs designed to assist SSM/Vs' adjustment to their academic environment. Unfortunately, there remains a dearth of research examining the effectiveness of these programs, highlighting a clear

need for comprehensive and theoretically based programs to facilitate college success. It is our hope that thoughtful implementation, evaluation, and refinement of current and future efforts will enhance the retention and academic success of the thousands of veterans who decide to seek higher education.

**Keywords:** veteran; higher education; mental health; SSM/V; treatment

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