

Virginia Commonwealth University
Rehabilitation Research & Training Center

Veterans Education & Transition Supports (VETS) in College

**Program Evaluation
June 2012**

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Executive Summary

Veterans Education and Transition Supports (VETS) in College was a demonstration project designed to assist current and former military service members' with their transition to postsecondary education using a mobile supported education model. Funded by a grant from The Commonwealth Neurotrauma Initiative (CNI) Trust Fund for a three year period (2009-2012), the program served veterans with spinal cord injury (SCI) and/or traumatic brain injury (TBI) at any point in their postsecondary endeavors. Many veterans with service-related injuries who are served by this program have additional conditions, such as post traumatic stress disorder (PTSD), visual, and orthopedic impairment, which can also be a factor for successful transition into postsecondary education.

The model used by VETS in College was originally designed to support individuals with psychiatric or attention-deficit/hyperactivity disorder. The model uses Education Coaches to assist veterans in navigating the process of transitioning to college and meeting the academic demands, with the ultimate goal of earning a degree. Supported education can vary with every implementation since it is based on individual needs and goals. The purpose of this funded project was to determine the impact and effectiveness of a supported education model that is mobile and serves a unique population, veterans with disabilities seeking a postsecondary education. The VETS in College program is currently composed of education coaches and a volunteer advisory committee made up of community-based stakeholders. Research associates from Virginia Commonwealth University's-Rehabilitation Research and Training Center act as education coaches who work in conjunction with community partners to effectively serve veterans. McGuire VA Medical Center collaborates with the project to target veterans with SCI and/or TBI who may need transition or coaching services. Representatives from the VA Medical Center, VCU Disability Support Services staff, veterans' programs, case management and independent living services, and student veterans groups act as an advisory committee to guide the program's direction and highlight possible needs.

This report describes several evaluation activities conducted to determine the impact and effectiveness of a mobile supported education model designed to serve veterans with disabilities. An electronic survey was implemented at two different intervals to gauge veteran participants' level of satisfaction with their supported education program. Stakeholders serving on the project's advisory committee were asked to participate in one-on-one telephone interviews about their feedback concerning the supported education program. In addition, a focus group consisting of the VCU program staff served as a sharing out session from the application of supported education to the population of veterans with disabilities. Common themes were drawn from the responses provided across the various groups involved in the project. Some of the themes that emerged from the results include:

- Veterans with disabilities, especially those with newly acquired disabilities, contend with a multitude of responsibilities including responsibilities to dependents, employment concerns, health issues, and even academic preparedness when pursuing postsecondary education.
 - All those who worked directly with the supported education program unanimously agreed on its utility in the world of veterans' care and rehabilitation; however, the translation of the model from that of transition aged students to the adult population may necessitate more staff training and agency collaboration.
 - Education coaches filled the need for an advocate, reference, and expert for veterans in terms of helping veterans contextualize their disability and how it might affect their enrollment in higher education.
 - There remains a need to keep a mobile supported education model that is flexible, however, as a result of the implementation of the model a dedicated space for initial referrals or as a starting point for veterans is needed. With recovery as the primary concern among veterans contending with multiple health issues, supported education programs will benefit from a cooperative relationship with the VA system.
 - The application of supported education was appropriate to the population in that the program's flexible framework allowed for consistently relevant, person-centered planning which was consistent with the needs of the veterans.
-

Overview of the Program

Veterans Education and Transition Supports (VETS) in College is a demonstration project designed to assist current and former military service members' with their transition to postsecondary education using a mobile supported education model. Funded by a grant from The Commonwealth Neurotrauma Initiative (CNI) Trust Fund, the program serves veterans with spinal cord injury (SCI) and/or traumatic brain injury (TBI) at any point in their postsecondary endeavors. Many veterans with service-related injuries who are served by this program have additional conditions, such as post traumatic stress disorder (PTSD), visual, and orthopedic impairment, which can also be a factor for successful transition into postsecondary education.

The VETS in College program is currently composed of education coaches and a volunteer advisory committee made up of community-based stakeholders. Research associates from Virginia Commonwealth University's-Rehabilitation Research and Training Center act as education coaches who work in conjunction with community partners to effectively serve veterans. McGuire VA Medical Center collaborates with the project to target veterans with SCI and/or TBI who may need transition or coaching services. Representatives from the VA Medical Center, VCU Disability Support Services staff, veterans' programs, case management and independent living services, and student veterans groups act as an advisory committee to guide the program's direction and highlight possible needs. Although the program receives most of its referrals through the VA Medical Center's SCI and Polytrauma units, veterans are also referred by the Virginia Wounded Warrior Program, postsecondary Disability Support Services Offices, and the VA Department of Rehabilitative Services. Veterans who are enrolled or would like to enroll in college are referred to the program.

Description of Target Population

Even without the complexities of an acquired disability, student veterans find difficulty in the shift from a highly structured environment of the military to the flexible configuration of a college campus without the rigid organizational or command structure (Ackerman, DiRamio, & Mitchell, 2009). Veterans returning to classroom after serving in a warzone in either Iraq or Afghanistan battle the complexities of postsecondary education in addition to any acquired physical disabilities as well as cognitive challenges such as memory, concentration, and communication difficulties (Branker, 2009). Therefore, education coaches attempt to structure the postsecondary process for veterans whose educational pursuits may be confounded by an acquired disability. An experienced mentor familiar with the challenges of nontraditional students and students with disabilities can assist student veterans with factual information, tacit knowledge, or personal encouragement in order to facilitate student development and empowerment (Branker, 2009). Program staff members aim to establish a

supported education model specific to this population so other postsecondary institutions might replicate the program and improve on its results.

The VETS in College program operates under the assumption that veterans who have sustained SCI, TBI, and/or PTSD and other conditions need education coaching to navigate the postsecondary process. A multidisciplinary team can counsel veterans to achieve and maintain success in the postsecondary educational pursuit. Another programmatic assumption lies in the combat veterans' lack of preparation for college or a new career with the onset of a SCI, TBI, and/or PTSD.

Theoretical Underpinnings

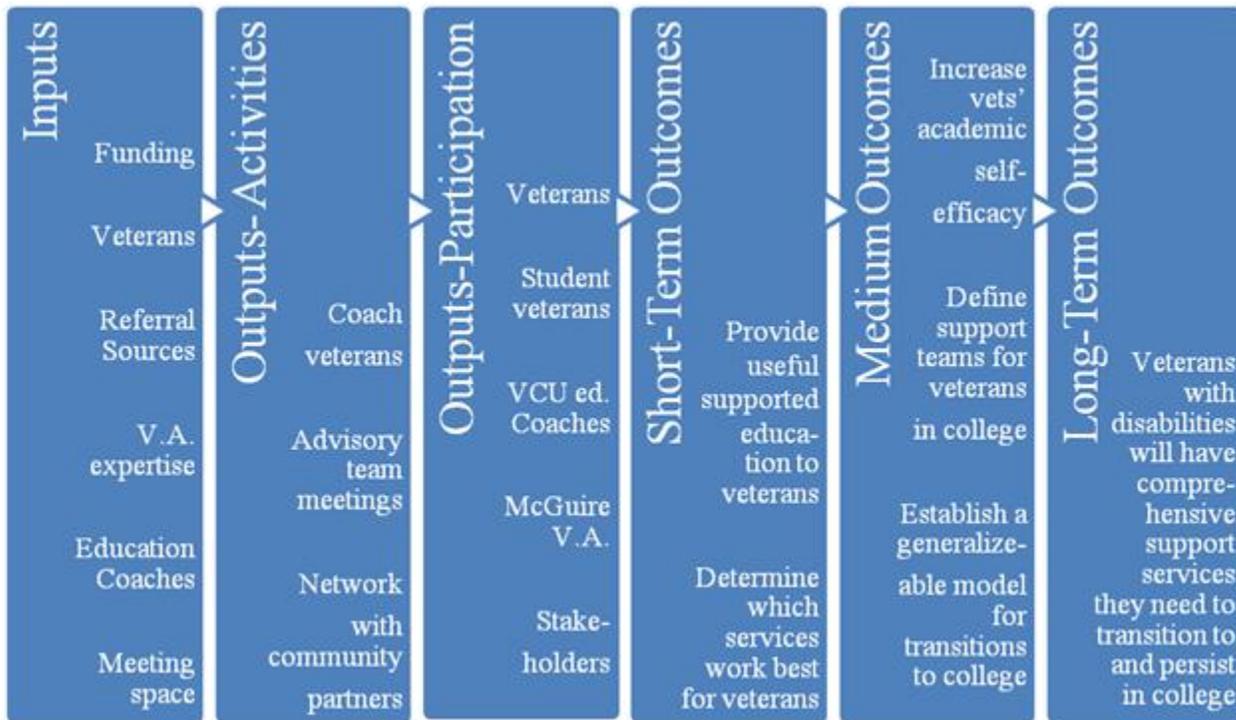
Navigating higher education with a disability poses several barriers to students who need additional support during the process. With limited resources and personnel, many colleges face the challenge of having to serve a diverse set of needs posed by students with disabilities (Getzel & McManus, 2005). The ways in which colleges implement support services can vary by institution ranging from minimal to intensive, and the familiarity with those services among students and even personnel can also vary within the college system (Getzel & McManus, 2005).

The model used by VETS in College was originally designed to support individuals with psychiatric or attention-deficit/hyperactivity disorder. Getzel and McManus (2005) identify the supported education model as a customizable program composed of five parts:

1. Linking with community resources
2. Recruiting students
3. Developing an academic and career plan
4. Implementing the academic and career plan
5. Evaluating program effectiveness

Supported education can vary with every implementation since it is based on individual needs and goals. It can also vary within the realm it is employed. When compared to the campus-based model Getzel & McManus (2005) cite, a mobile-model of supported education applies the same concepts and theories, but the services can theoretically transfer from institution to institution rather than being implemented from a centralized disability support services office. Although program staff and administrators must proactively network with other community resources and use those networks to recruit students whenever possible, the students' own participation drives the model during the development and implementation of the plan.

VETS in College Logic Model



Assumptions: Veterans with disabilities need alternative education coaching to successfully enroll and persist in college because they exit the military without all skills necessary for academia. Members of the academic, rehabilitation, and military community can complement each other to effectively serve veterans with SCI and/or TBI.

External Factors: Some rehabilitation and postsecondary training programs exist for veterans within the V.A. system. The multiple stakeholders have varying priorities and motives in providing these services. Education coaches must work within the parameters of the V.A. and higher education environment.

Implementation Summary

Intervention Activities

After receiving referrals from community partners such as the VA Medical Center, program staff or education coaches contact the veteran via a mailed brochure and letter and then a follow-up phone call. If the veteran expresses an interest in participating, education coaches schedule an appointment to meet with the veteran at a site chosen by or convenient for the veteran. This has included libraries,

the veteran's home, the veteran's hospital room, or a meeting area or office at the VA Medical Center. There is no dedicated VETS in College meeting space for veterans and their education coaches to ensure that the location is the most convenient for the veteran.

After an intake process which includes collecting demographic, academic, and social information about the veteran through a unique Academic Career Needs Assessment, program staff tailor education plans to the veterans' short and long-term goals. Education coaches offer steps, resources, and information and, in some cases, bring additional experts from the community who may be of additional help to the veteran as they pursue postsecondary education. This relationship develops regardless of enrollment status. Veterans can either be enrolled in college when they are referred to the program, or they can be leaving the hospital after a traumatic injury. After goals are established, education coaches work with veterans to identify their best course of action based on their needs. Education coaches meet with veterans as frequently as needed in order to work toward meeting goals.

The events of each meeting are structured as needed for the veteran. Education coaches have the option of adding more structure to each meeting by using a meeting notes form which can be used to outline tasks for the veteran and the education coach. Family members and other community partners whose relationships might support the veteran's educational goals are encouraged to and can attend the meetings. The program tracks veterans from the moment they agree to participate in the program until they informally withdraw either due to prolonged inactivity and no communication or formal withdrawal from receiving services. The program is person-centered; therefore the veteran determines the length of services and supports needed. The rate of contact or the type of the intervention varies with each case.

In addition to the one-on-one education coaching with veterans, program administrators also hold quarterly advisory committee meetings. The program's advisory committee consists of representatives from:

- ▼ HHMVAMC
 - ▼ Resources for Independent Living
 - ▼ Paralyzed Veterans of America
 - ▼ Department of Rehabilitative Services
 - ▼ Postsecondary DSS Offices
 - ▼ Virginia Wounded Warrior Program
 - ▼ A student veteran with a SCI
 - ▼ A student veteran with a TBI
-

Each meeting was prescheduled, took place at a conference room at the McGuire VA Medical Center, and was facilitated by the VETS in College program coordinator.

Implications for Research & Practice

The implementation of this program evaluation required IRB approval from both VCU and the VA Medical Center in order to conduct interviews or solicit survey responses from veterans enrolled in the program and other key stakeholders. Permission was granted from both IRBs in early 2012 to begin data collection. The evaluator worked in concert with program personnel to revise and/or construct appropriate data collection tools to gather the relevant data. Although this required some additional effort on the part of program personnel, the exploration of program impact as they relate to stated goals may add value to the program. Although this evaluation is aimed at the goals and impact of the program, the logic model takes into account the processes which precipitate outcomes.

Findings

Fidelity and amount ranged across cases because of the nature of supported education. Veterans pursued services with the program on an as needed basis meaning they accessed or contacted education coaches whenever they felt the need for some guidance or support in the academic planning process. Some veterans met with education coaches on a weekly basis while others checked in as little as once or twice per semester according to program staff.

Student veterans tended to schedule meetings with an education coach after identifying a tangible academic need. Using the academic career needs progress notes, education coaches documented their efforts to check in with participants via phone or email; however, these efforts seldom produced contact or updates from student veterans. As per the supported education model, the veteran typically controlled the supported education plan and meetings. This did lead to disruption of services in a number of cases. Student veterans tended to cancel meetings due to doctor's appointments, disability-related fatigue, and other reasons for which they were unwilling to disclose. Direct time with veterans averaged about one hour per meeting. Direct time primarily consisted of phone conferences or face-to-face meetings with the veteran on a variety of topics. Indirect time averaged about 30 minutes per active veteran; these activities primarily consisted of researching educational programs, financial aid eligibility, and applicable support services for which the veteran may qualify.

Case Studies

Inactive Veteran

Simon's neurologist at the VA Medical Center referred him to the VETS in College program after he had expressed interest in going back to school to complete a Bachelor's degree in Fine Arts. Education coaches met with Simon the day before his scheduled discharge to counsel him on the educational opportunities he might pursue with the help of supported education. Simon had significant processing delays and was undergoing intensive speech and occupational therapy immediately after his discharge. His PTSD symptoms also necessitated medication which caused drowsiness and slowed his reaction times. Still, Simon intended on returning to school to complete the Bachelor's degree he had started prior to dropping out and enlisting in the military. He had the professional and life goal of becoming a graphic artist so he wanted to complete his degree in digital art or graphic design.

Education coaches met with Simon once at his home but mainly at the VA Medical Center around his already scheduled medical appointments. Since he expressed some confusion about the type of educational program he wanted to pursue, education coaches independently researched programs in and around the area. Education coaches also suggested Simon take an online learning readiness assessment since he expressed interest in an educational program which would allow him to maintain his outpatient recovery through his medical appointments.

Simon did not initiate any of the 8 meetings he had with education coaches; however, these meetings were directed by Simon and his needs. Once a viable and desirable graphic design program had been identified, Simon was able to meet one on one with a representative from the Virginia Department of Veterans Services so she could counsel him on his use of his remaining GI Bill and the transfer of benefits from Montgomery GI to the Post 9/11 GI Bill. Due to a series of court dates from the settlement of his divorce, Simon requested that all meetings with his education coach cease until the conclusion of his divorce proceedings which had taken an emotional, financial, and logistical toll. His education coaches attempted to make contact with him via email, phone, and through the VA Medical Center personnel who had referred him. Unfortunately, Simon's postsecondary goals had taken an indefinite back seat to the many other medical and personal priorities for which he was responsible.

Active Veteran (distance-learner)

Greg was enrolled in an online degree program at a private, not-for-profit university when he was referred to the VETS in College program. While serving in the Navy, Greg experienced a very serious motorcycle accident which left him paralyzed from the waist down. It took Greg 10 months before he

was able to leave the hospital and another 6 months before he had adjusted enough to his new wheelchair to consider going back to school. Having been inspired by his own therapist at the VA Medical Center, Greg enrolled in an online business degree program so he could start his own gym which would target people with disabilities.

His rehabilitation counselor referred Greg to the VETS in College program so he could gain assistance getting formal accommodations for an online program and more study strategies. Greg would be increasing his course load from taking only two classes at a time to three to four classes at a time. Greg's GI Bill benefits would expire well before he was able to finish his bachelor's degree if Greg continued on his part-time schedule. Greg's education coach suggested he consider taking only one additional class the next semester since he had never juggled so many responsibilities at once. Although Greg was single, he remained actively involved in the community and in the organization, Paralyzed Veterans of America. His education coach also suggested alternate funding sources like scholarships since Greg would inevitably exhaust his GI Bill benefits.

Greg used assistive technology to navigate his online courses and complete his assignments. He routinely used speech-to-text software in order to type assignments given the pain and limitations he experienced using his arms and hands. Despite his mastery of the mechanized wheel chair, Greg chose an online program mostly out of the convenience it afforded to his rigorous therapy schedule. The supported education program was able to loan him an iPad which he used with a stylus mainly to serve as a second screen to store reading content while he was typing a post for his online class. Greg credits his socialization with other veterans with disabilities as giving him the much needed social interaction and motivation to persist in his program. In high school, Greg struggled with math subjects. In his degree program, Greg barely passed the required math course with a grade of "D". He was unaware that the Post 9/11 GI Bill provides an allowance for a tutor if the student demonstrates academic difficulty.

Even before meeting with education coaches, Greg accessed rehabilitation services at the VA Medical Center. He exhibited considerable amounts of self-direction and advocacy prior to establishing his relationship with the program. In addition, some time had passed between his accident with subsequent hospitalization and his enrollment in postsecondary education. It is unclear how or if supported education might have helped accelerate his enrollment or transition post-injury if introduced earlier, during, or immediately preceding in-patient or out-patient treatment. Greg was able to maintain his GPA while enrolled in the supported education program despite the increased class load.

Active Veteran (campus)

Jenny knew of the supported education program through networking opportunities with the Virginia Department of Veterans Services. She had volunteered there in order to gain experience that would help her get into a competitive graduate program upon completion of her Bachelor's degree. In 2009, Jenny's vehicle hit a roadside bomb; everyone in the vehicle survived, but the vehicle was rocked hard enough to cause serious injury to two individuals, and Jenny was knocked unconscious. Although she had been treated for a TBI and PTSD leading to a medical discharge, Jenny did not begin participation in VETS in College until her grades began to suffer. She had completed her first two semesters with a 2.8 GPA which was not quite the competitive showing she was hoping to gain for her graduate school application. After hearing from other veterans also with diagnosed TBI and PTSD, she self-referred to the VETS in College program.

Immediately, her education coaches encouraged her to seek academic accommodations based on her neuropsychological evaluation which had suggested difficulty concentrating for extended periods of time and comprehending oral delivery of information. Jenny admitted to having two distinct impressions about academic accommodations: 1) Accommodations mostly applied to those with visible disabilities, and 2) accommodations in the classroom would draw attention to her academic difficulties. After consulting with a representative from the DSS office and her education coaches, Jenny agreed to disclose her TBI and request accommodations.

With the help of extended time on tests and a note taker as formal accommodations, Jenny was able to take an extra course toward completing her degree faster and raising her GPA. Her education coach loaned her a live-scribe pen which also helped her to access the audio lecture again as she studied her hand-written notes as well as the note takers'. Because the live scribe pen, complete notes, and extended time on tests allowed Jenny to absorb the information more thoroughly, her grades on tests and assignments began to reflect the increased learning.

Specific Evaluation Activities

Feedback Surveys

An electronic survey was administered to student veterans at two different intervals. After the first six months of providing services to active participants, a Likert-like telephone survey was administered to measure students' level of satisfaction with their supported education program. For the 2011 and 2012 administration, response rate was 60 and 55% respectively. The survey feedback for both years was overwhelming positive in response to student satisfaction. The lowest showing occurred among being

able to demonstrate or achieve an academic goal. Given the shorter time frame of the pilot program, this evaluation may not be able to record achievements which happened after this survey administration though veterans have been working in concert with their education coaches toward those goals. Feedback on the effectiveness of the model and the professionalism of the education coaches remained consistent for both years. While most respondents chose to skip the open-ended items, four of those who did answer indicated that the program should increase their advertising at the VA Medical Center so that veterans do not have to rely on word of mouth from those staff members who happen to be informed about the resource.

VETS in College: Participant Feedback Survey

Question	2011 Agreement	2012 Agreement	Average Agreement
1. I am pleased with the assistance and services I receive from VETS in College.	100% , n=12	100%, n=11	100%
2. The individualized services provided through VETS in College match my lifestyle and needs.	83%, n=12	80%, n=10	81.5%
3. VETS in College has helped reduce any concerns I had about going to college.	91%, n=11	92%, n=12	91.5%
4. The program was able to provide or refer me to the proper resources and assistance I needed to reach my educational goals.	83%, n=12	100%, n=12	91.5%
5. I was able to achieve at least one short-term academic goal with the assistance of my education coach.	75%, n=12	83%, n=10	79%
6. My education coach provided an adequate amount of contact time to help me reach my educational goals.	90%, n=10	100%, n=12	95%
7. My education coach provided me with useful information and resources.	83%, n=12	92%, n=11	87.5%
8. VETS in College should remain an ongoing program option for all Wounded Warriors.	91%, n=11	92%, n=11	91.5%
9. I would recommend VETS in College to veterans interested in college.	83%, n=12	100%, n=12	91.5%

Stakeholder Interviews

One-on-one phone interviews were conducted with five stakeholders who served on the advisory committee. These individuals were purposefully sampled based on their regular attendance to advisory meetings or the amount of referrals they made to the program. Five prompts revealed common themes throughout the interviews. There was unanimous agreement among the interviewees that supported education was a very useful program for veterans suffering from a life-altering disability like a traumatic brain injury. According to respondents, supported education gave veterans customized support services that could not be replicated in any existing office on campus:

Often times, they need more support provided (than what can be provided) through the actual schools like the college or the department for students with disabilities.

-Respondent 1

The education coaches drilled down to what were the veterans' specific needs or barriers and the additional support and tools needed. I referred a veteran with horrible short term memory so it was great to have someone sit down with him and remind him of what he already knew. He had the tools, but he just needed that extra support. Students can go and get accommodations for general things like ADHD or LD, but he needed something very specific to overcome what was holding him back.

-Respondent 2

Another respondent cited the additional structure provided by supported education model for student veterans with disabilities. The education coaches used their intimate knowledge of academia and their access to veterans with disabilities to provide a niche, yet essential service in the eyes of most of the stakeholders. According to one stakeholder within the VA system, *"multiple entities work on either one side or the other to help the veteran but very few act as liaisons, and I think that's a big need."* Veterans also benefitted from the education coaches' sensitivity to disability and the ways it manifests itself in the higher education pursuit. *"(These veterans) can go and get accommodations for general things like ADHD or LD, but (they might) need something very specific to overcome what's holding them back,"* said another respondent. Veterans may need the additional input of a third party like an education coach in order to work on a more personal level to develop the strategies and supports necessary to be successful in college despite a disability as serious as a TBI or SCI.

As effective as the supported education was perceived to be by the stakeholders, veterans, and education coaches, stakeholders identified some of the key issues which created obstacles in the program's implementation. Four out of five of the stakeholders actively identified the minimal visibility due to a lack of dedicated office space for the program among the chief obstacles of implementation.

Veterans could not readily visit program offices in the hospital after immediately being referred. There was a delay between agreeing to be referred to the program and entering the intake process of VETS in College. Without a dedicated office or representative within the V.A. establishment, it also weakened the opportunity for many veterans to self-refer as indicated by the stakeholders. Regardless of the lack of exposure at the hospital, the program competed with several other pressing priorities among this population.

When you work with people with significant disabilities, things change only in time. Medical issues will be primary (to college). Housing will be primary (to college). Supported education needs to be extended so they can get the support they need when they're ready.

-Respondent 3

Another stakeholder echoed the reality of the timeline not only in limited timeframe of the implementation of the program but also the social readiness of the veterans. In addition to wrestling with a constrained timeline, the challenges of newly acquired disability, and the lack of logistical resources, the education coaches still made many efforts to update stakeholders on the progress of the program. Respondents noted a quarterly newsletter and advisory team meetings as key activities which kept them engaged with program activities; one respondent suggested a personalized monthly update to each referral source so referral sources might alter their referral activities or provide more support once a referral is made.

Focus Group

A focus group consisting of the VCU program staff served as a sharing out session from the application of supported education to the population of veterans with disabilities. Program staff members also served as education coaches in order to modify the campus-based supported education model into a mobile one. Personnel reflected on their time spent serving veterans on campuses, out in the community, and within the VA Medical Center.

Reflecting on their time with veterans, the group identified several factors which differed from the supported education model typically applied to transition-aged students. One of those factors was the difficulty in maintaining consistent contact with veterans who were often in a transition period either moving from in-patient to out-patient status or seeking employment and other living situations in different regional areas. Education coaches also contended with the highly engrained culture of veterans. The VA system was a highly complex institution, and student veterans tended to trust those with actual military experience more often than those coming purely from the civilian or academic sector.

While education coaches saw many of the same supports needed by veterans as those in the transition-aged population, veterans did need more guidance on more disability-specific services available to them such as classroom accommodations and assistive technology. This finding highlights the implications of a recently acquired disability on veterans attempting to redefine their personal and professional goals in the civilian world. Given their considerable life experience and adult responsibilities, veterans also tended to differ in terms of their increased maturity and well-defined goals. Assistive technology remained the most commonly used support service veterans accessed through the program whether through a loan or training on a device. Livescribe pens and iPads were popular tools for assistance in the classroom.

Education coaches agreed that the VA Medical Center served as an invaluable resource for accessing the population and translating medical and psychological conditions to academic needs; however, the lack of a physical presence at the site limited the program's ability to reach veterans. Many of the scheduled meetings with veterans who were seen on an outpatient basis occurred only when the veteran already had a medical appointment scheduled. The veterans who were in-patient tended to have a larger emotional and physical toll in terms of learning to accept their condition and setting new goals after discharge. In addition to the differences exhibited by veterans who had varying amounts of time to adjust to their disability or injury, veterans also differed depending on their phase in the academic process. When veterans who were already enrolled in postsecondary education were referred to the program, they tended to use services on a much more limited, short-term, or as-needed basis than veterans who were not yet enrolled. Those veterans tended to exhibit less direction or conviction in the choice to return to college noted one education coach.

Given the huge need for a wide range of services for veterans exiting the military and entering the civilian world, staff recognized the willingness by several community-based organizations to collaborate and offer services whenever appropriate. Programs like the Centers for Independent Living and the Virginia Wounded Warrior Program acted as advocates of the supported education program. For education coaches, accompanying veterans to meetings with higher education personnel such as academic advisors and disability support services helped veterans acclimate to the culture and demands of college. After working with individuals in the VA medical system as well as the veterans themselves, education coaches offered a series of recommendations in order to help veterans better transition into college:

- ▼ Offer in-patient training or a mini-class on the transition process for going to college
 - ▼ Provide alternate formats of information provided in the military transition assistance program classes to meet the various learning styles of veterans
 - ▼ Offer military transcripts counseling by academic advisors prior to veterans' enrollment
-

- ▼ Extend GI Bill benefits for veterans with disabilities since their academic process tends to take longer than the 36 months allotted
- ▼ Increase collaboration among all veterans programs as well as those from the academic community
- ▼ Establish a peer mentoring model to utilize the strong bond that veterans have with one another

Summary

Dialogue within the focus group echoed many of the findings from the sampling of the academic career needs assessment documents, the stakeholder interviews, the participant feedback surveys, and the veterans' case studies. Veterans with disabilities, especially those with newly acquired disabilities, contend with a multitude of responsibilities including responsibilities to dependents, employment concerns, health issues, and even academic preparedness when pursuing postsecondary education. All those who worked directly with the supported education program unanimously agreed on its utility in the world of veterans' care and rehabilitation; however, the translation of the model from that of transition aged students to the adult population may necessitate more staff training and agency collaboration. Education coaches filled the need for an advocate, reference, and expert for veterans in terms of helping veterans contextualize their disability and how it might affect their enrollment in higher education.

Education coaches served as valuable resources to the veterans and veterans' caregivers; however, veterans may also benefit from a more socially supportive component in the model which allows them a peer mentor to engage with and emulate in the higher education setting. Serving veterans with disabilities who already have a wide network of supports available to them through the Virginia Department of Veterans Affairs programs as well as the VA Medical Center necessitates collaboration in order to maximize the resources of community-based agencies. Increased collaboration can include logistical support to include a dedicated office space or VA personnel specifically assigned to provide program support and advice within this complex system. There remains a need to keep a mobile supported education model that is flexible, however, what we have learned through the implementation of the model is that a dedicated space for initial referrals or as a starting point for veterans is needed. With recovery as the primary concern among veterans contending with multiple health issues, supported education programs will benefit from a cooperative relationship with the VA system. In order to help rehabilitating veterans realize their postsecondary goals and transition to the civilian world with a life-altering disability, the VA system needs a supported education type program staffed with knowledgeable experts on higher education and disability.

The program served a largely unique and unmet need in the world of veterans with disabilities. Education coaches appropriately served veterans with SCI and TBI referred by community-based organizations as well as the local VA Medical Center. The application of supported education was appropriate to the population in that the program's flexible framework allowed for consistently relevant, person-centered planning which was consistent with the needs of the veterans.

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APPENDIX A

Key Project Staff

NAME	TITLE
Elizabeth Evans Getzel, M.A.	Principal Investigator and Project Director
Christine Grauer, M.Ed.	Project Coordinator and Education Coach
Yovhane Metcalfe, Ph.D.	Project Evaluator and Education Coach
Lori Briel, M.Ed.	Education Coach
Shannon McManus Jones, M.Ed.	Education Coach

VETS in College Advisory Committee Members

NAME	AGENCY
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Lynn Anderson	McGuire VA Medical Center
Dr. Sherry Ceperich	McGuire VA Medical Center
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Dr. Lance Goetz	McGuire VA Medical Center
Marcia Guardino	Resources for Independent Living
Johnathan Hoggatt	Student veteran
Samantha Loving	McGuire VA Medical Center
Joyce Knight	Virginia Commonwealth University
Erica Lovelace	Department of Rehabilitative Services
Martha Mead	Virginia Wounded Warrior Program
Paul Sander	McGuire VA Medical Center
Cristina Mousel	Paralyzed Veterans of America
Carolyn Turner	Department of Rehabilitative Services
Harry Weinstock	McGuire VA Medical Center
Debby Wilkerson	J. Sargeant Reynolds Community College
Cathy Wilson	Virginia Wounded Warrior Program



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