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Accommodating Student Veterans with Traumatic Brain Injury and Post-traumatic Stress Disorder: Tips for Campus Faculty and Staff

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The Big Picture

Service members and veterans transitioning from deployment to higher education bring with them a degree of maturity, experience with leadership, familiarity with diversity, and a mission-focused orientation that exceed those of nearly all of their peers (Dalton, 2010; DiRamio, Ackerman, & Mitchell, 2008). They may be expected to emerge as campus leaders; to enrich any class focused on history, politics, or public policy; and to serve as an engine for innovation on their campuses (Branker, 2009). However, many veterans acquired these assets at great personal expense, including battlefield injuries (Barnhart, 2011).

Cognitive injuries are among the most prevalent of these battlefield injuries for today's returning service members (Kato, 2010; Shea, 2010). By some estimates, individuals who serve in Iraq and Afghanistan have as much as a 40 percent chance of acquiring such an injury by the time they have completed their service (Kato, 2010; Milliken, Auchterlonie, & Hoge, 2007; Tanielian, 2008; Radford, 2009; Shea, 2010). Predominant among these cognitive injuries are traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Consequently, to allow and encourage this transitioning population to realize the greatest gain from post-secondary education, campus faculty

and staff must recognize the potential learning challenges associated with these invisible injuries and make adjustments or implement accommodations to help ensure their students' academic success (Church, 2009; Madaus, Miller, & Vance 2009).

To support faculty and staff who seek a better understanding of TBI and PTSD, this guide focuses on functional limitations commonly associated with these conditions and provides forms of classroom accommodations and modifications, also known as academic adjustments, responsive to these limitations. However, this information should not be divorced from the bigger picture, that individuals with combat-related TBI and PTSD will see themselves *not* as individuals with disabilities, but as veterans and service members (Church, 2009; Madaus, Miller & Vance, 2009). Campuses that are already well-prepared to serve veterans and service members in general will have far less need to specifically adapt to persons with cognitive impairments than campuses that have developed few

veteran-specific programs or resources (Grossman, 2009).

Traumatic Brain Injury and Post-traumatic Stress Disorder Defined

While TBI and PTSD are not veteran-specific injuries, the current conflicts overseas have pushed these two invisible injuries into the spotlight. Therefore, it is important to gain a basic understanding of each.

Traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the functioning of the brain. A common cause of TBI is the ignition of an improvised explosive device (IED) that emits shrapnel, forcing the head of an individual suddenly against another object such as the roof of a jeep, or simply emits a barometric wave of energy. Even when the service member is not in direct contact with the device, an IED explosion may cause serious cerebral injuries. Conversely, not all blows or jolts to the head result in TBI. The severity of such an injury may range from very mild (a brief change

Examples of veteran-centric programming:

- On-campus vets' center or a one-stop veterans' service center.
- A new student orientation program designed specifically for student veterans.
- A campus that is accessible to individuals with mobility impairments.
- An intramural program for persons with disabilities.
- Flexible enrollment and exit procedures.
- Credit for academic work accomplished while in the military.
- Close communication among disabled student administrators, counseling services, and veteran services officers.
- Drug abuse and suicide prevention programs.
- A campus-wide interdepartmental committee on veteran services.
- A president or chancellor who supports and welcomes veterans.

in mental status or consciousness), to severe (an extended period of unconsciousness or amnesia after the injury). TBI can result in short- or long-term problems, although most people with TBI are eventually able to function independently.

TBI is an umbrella term that spans a wide continuum of symptoms and severity. In fact, the large majority (80 percent) of combat head injuries sustained in Operation Iraqi Freedom and Operation Enduring Freedom are mild concussions as opposed to severe, debilitating TBI. For people with brain injuries, the most rapid recovery occurs in the first six months after the injury, and in milder cases, patients will often be back to normal within three months.

Post-traumatic stress disorder (PTSD) is a psychological health injury that can develop in response to exposure to an extreme traumatic event. These traumatic events may include military combat, violent personal assaults (e.g., rape, mugging, robbery), terrorist attacks, natural or man-made disasters, or serious accidents. The trauma can be directly experienced or witnessed in another person, and involves actual

or threatened death, serious injury, or threat to one's physical integrity. The person's response to the event is one of intense fear or helplessness, and manifests itself with substantial hormonal and chemical changes in the brain. For some individuals, these hormonal and chemical changes abate promptly; for others, they persist.

Some people living with PTSD repeatedly re-experience their ordeal in the form of flashback episodes, intrusive recollections of the event, and nightmares. A stress reaction may be provoked when individuals are exposed to events or situations that remind them of the traumatic event. Avoidance of those triggering cues is a very significant feature of PTSD.

PTSD symptoms usually emerge within a few months of the traumatic event; however, symptoms may appear many months or even years later. Because it is normal for most people to experience some symptoms following a traumatic event, PTSD diagnoses are based on the intensity and duration of these symptoms. PTSD is treatable—and for many, symptoms will resolve completely, while for others, symptoms may

Some of the cognitive difficulties associated with TBI and PTSD, which may affect academic performance, include:

- Attention and concentration difficulty.
- Information processing challenges.
- Learning and memory deficits.
- Sluggish abstract reasoning.
- Slowed executive functions (problem solving, planning, insight/awareness, sequencing).

Other challenges often associated with difficulty in classroom performance may include the effect of additional stressors (home, work, unit, etc.), sleep disturbance, difficulty with time management, and panic attacks.

persist for many years. In recent studies, service dogs have been found to be beneficial in helping alleviate many of the worst effects of PTSD in veterans.

Adjusting and Accommodating on Campus

For all that colleges and universities have already learned about accommodating individuals with TBI and PTSD, a confounding reality must also be recognized—few medical conditions express themselves as individually and uniquely as TBI and PTSD. The brain consists of many localized functions. Consequently, each injury may affect different sets of functions and similarly, no two traumatic events are the same (Smith-Osborne, 2009). One veteran may experience “survivors guilt” (Caplan, 2004) while another may have a learned perception that any abandoned vehicle is likely to contain explosives (Global Security, 2004).

Moreover, stressors may exist that exacerbate symptoms at certain times, but not at others. Both TBI and PTSD are commonly associated with depression and suicidal ideation (Huang, 2010). Other factors that may worsen symptoms include: academic stressors, health concerns and interpersonal issues such as dissolution of personal and marital relationships, sleep deprivation, alcohol and drug abuse, notice of redeployment, separation from battlefield and unit colleagues, and death of such a colleague (Kato, 2010). Institutions must recognize that many student veterans are facing other life-adjustments, as well as entry into higher education, such as reintegration into the social and family lives they held before their active-duty assignments (Knox et al., 2010). However, other factors may have a

restorative effect, such as social support particularly by other veterans and service members, professional treatment, balanced participation in recreational or pleasurable activities, and good health habits (Larsen, Highfill, & Booth, 2008).

Not all student veterans with TBI or PTSD will require adjustments or accommodations to succeed in a college atmosphere, and others may require only a few modifications to the learning environment (Shea, 2010; Smith-Osborne, 2006). Though such determinations are made on a case-by-case basis, many, likely most, veterans and service members with TBI or PTSD qualify as an “individual with a disability” under two federal disability antidiscrimination laws applicable to colleges and universities: the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973 (Grossman, 2009; Shackelford, 2009). As a civil right, these individuals are entitled to attend a campus with programs and facilities accessible to individuals with disabilities as well as a wide range of academic adjustments and auxiliary aids (accommodations), as long as such accommodations do not fundamentally alter the academic program in question (Grossman, 2009; Shackelford, 2009). The U.S. Department of Education Office for Civil Rights and the Civil Rights Division of the U.S. Department of Justice enforce these rights.

Unfortunately, veterans and service members with disabilities are less likely than most students to access the accommodations they are entitled to for a host of reasons, reducing their chance of persisting to graduation and placing a burden on faculty to address problems on an ad hoc basis (Madaus, 2009).

Institutions, faculty, and staff need to be affirmative and outspoken in making sure that veterans and service members with disabilities are aware of their rights under these two laws and understand the legitimacy of claiming those rights (Madaus, Miller, & Vance, 2009; Shackelford, 2009, Burnett & Segoria, 2009). Stovepipe bureaucratic thinking among the various entities responsible for individuals with disabilities and individuals responsible for veterans and service members must be discouraged and

remedied (Grossman, 2009; Burnett & Segoria, 2009).

It is also important to understand the perspective of veterans with disabilities as much as possible, given that the majority of Americans have never been in their situation—and for combat veterans, the physical and mental impact of combat cannot be understood by those who have not been in that situation. Veterans' struggles while returning to civilian and school life are very complex (Honolulu Community College,

To best assist student veterans in integrating into on-campus life, it is imperative that the postsecondary community keeps in mind the following points:

- In most instances, veterans are new to their disabilities, without prior history or knowledge of Individuals with Disabilities Education Act (IDEA)/Section 504 eligibility. Additionally, most will be unaware of their rights as students with disabilities or how to go about receiving academic accommodations (Madaus, 2009).
- Veterans with newly acquired injuries (both seen and unseen) are just developing an understanding of how their disability may affect their learning. For example, an individual may have acquired a learning disability as a result of a TBI and had no previous history of a learning disability prior to the injury. Attending school is a huge adjustment in itself; realizing that learning has become a challenge in ways it never was before will be an even bigger adjustment (Burnett & Segoria, 2009; Church, 2009; Grossman, 2009; Madaus, 2009; Madaus, Miller, & Vance, 2009; Vance & Miller, 2009).
- The psychological process for accepting disability status will take time, especially for those with a military background. At first, veterans may view their disability—and asking for help—as a sign of weakness.
- Many student veterans are facing other adjustments beyond that of initial entry into post-secondary education, such as reintegration into the social and family lives they held before their active duty assignments.
- Veterans are not usually the typical college student. Many are older and, according to the National Council on Disability, 60 percent of those deployed are married and over half have children. TBI and PTSD can significantly impact an individual's personality and ability to cope with day-to-day activities, which puts a tremendous strain on marriage and family life.
- Common disabilities of veterans of the wars in Iraq and Afghanistan include: TBI, PTSD, loss of limb(s), severe burns, deafness, vision difficulties, and learning disabilities.

2010). Understanding the fine distinctions between military and VA disability designations may be an added burden, as would be understanding the nuances of the ADA and Section 504 (Madaus, 2009). Additionally, a true diagnosis of PTSD, and in some cases a mild TBI, can occur after the service member has separated from military service. This means a veteran may be discharged from the military without realizing that she or he may experience a significant learning or memory-related impairment (Church 2009; Yonkman & Bridgeland, 2009).

Creating a Positive and Welcoming Learning Environment

Faculty and staff must get to know a representative from their campus's Disability Services (DS) office. The professionals in the DS office are responsible for reviewing possible accommodation needs of students with disabilities, reviewing and storing medical documentation, and ensuring access to reasonable accommodations. Most institutions recognize that having only one office or individual responsible for the collection of disability documentation is a best practice. As a result, information regarding a student's specific disability diagnosis is not considered a faculty "need to know." Therefore, under this model, faculty only need to know what accommodations have been deemed to be appropriate by the DS office for any particular student.

In the event faculty recognize that a student exhibits signs of PTSD or TBI, they need to consider carefully when and how, if ever, they will bring the topic up with the student. If faculty take into consideration suggestions in this article for how to make their courses more universally accessible to all

students, they may have done all that is needed.

On the other hand, should faculty recognize or suspect a student may benefit from accommodations due to a disability, they should arrange a private meeting with the student to express concern over the student's academic performance, and suggest a referral to DS. It is important that faculty recognize that students cannot be forced to go to DS, nor can they be forced to accept accommodations.

Students believing they may benefit from accommodations, or interested in learning more about the accommodation process, should arrange to meet with a DS staff member. The staff member will then spend some time getting to know the student, review any medical documentation, and then develop an accommodation plan. Included in this intake meeting is a form or process for notifying faculty of required academic accommodations. Once faculty have been notified of any academic accommodation needs for the student, the faculty are obligated to provide reasonable accommodations.

Under this model, Disability Services professionals make the specific decisions related to whether a student is qualified to have a reduced course load, service animals (to help with PTSD stress reduction), access to specialized software, or other accommodations that go beyond the scope of what faculty can reasonably provide to all their students. If there is no centralized person or office charged with overseeing the student accommodation process, faculty and staff need to learn the accommodation process unique to their campus.

Faculty and staff also should become familiar with other campus

or community resources charged with working with student veterans, such as the campus veteran certifying official (generally housed in the Office of the Registrar), campus student veteran center, and other community contacts if available. This information will assist them in providing appropriate referrals.

Understandably, online courses are very popular for veterans who may be transitioning into the world of post-secondary education or are unable or unwilling to sit in a regular classroom. Faculty who teach online courses should review their syllabi and course requirements to check for flexibility related to homework assignment deadlines, timed exams, and general content accessibility. It is highly recommended that online faculty work with technology staff to guarantee universal access to course content. Working with DS staff can help ensure courses more appropriately include academic adjustments that accommodate veterans as well as other students with various disabilities, without compromising the academic integrity of the courses.

Faculty also may consider including a statement on every course syllabus inviting students with disabilities to meet with them in a confidential environment to review course requirements and discuss academic adjustments or reasonable accommodations. For example:

Students with disabilities are encouraged to contact me to privately discuss any accommodation needs. The University of (X) ensures equal access to instruction through collaboration between students with disabilities, instructors, and Disability Services for Students (DSS). “Reasonable” means the University permits no

fundamental alterations of academic standards or retroactive modifications. For more information, please consult (web site). Should you have a disability, including unseen disabilities such as learning disabilities, psychological health injuries (such as PTSD), or cognitive disabilities (such as brain injuries), that requires reasonable accommodations, please contact the Office of Disability Services.

Again, it is important to remember that faculty should not be involved with the handling of the student’s medical documentation or diagnosis, as this is generally the responsibility of the DS office. However, faculty can certainly take steps to benefit all students, including students with TBI and PTSD. For example, providing all students with online class notes, using assessment criteria other than timed exams, and remaining flexible in terms of classroom participation are all things faculty could provide to all students without regard to documented disability, but that would particularly benefit veterans. As faculty more often use universal strategies to benefit all their students, those students who are reluctant to identify as having a disability will be less academically at risk.

Finally, when meeting with a student veteran who may be experiencing academic performance concerns, it may be useful to consider a few questions. Has the student discussed the need for possible accommodations? If so, it would be useful to meet with the student privately to evaluate the effectiveness of the accommodations in the classroom setting. If further accommodations are required, particularly efforts that go beyond the scope of what one would normally provide for any other student,

then the student veteran may need to be referred to Disability Services for additional accommodations. The other question to consider would be whether the student has connected with the local VA, DVA, or other military department able to provide TBI or PTSD support for veterans. If not, faculty could provide the contact information.

Improving the Teaching/Learning Environment

With advanced planning, faculty can ensure that all students (student veterans, non-native English speakers, nontraditional students, and students unwilling to self-identify or self-advocate) have access to a range of academic adjustments.

Advanced planning to incorporate universal design for learning (UD) into the curriculum makes good teaching

Concentration/Memory Tips

- Permit in-class use of laptop computers for note taking.
- Be willing to wear FM microphones or be open to use of any other improved listening technology.
- Provide handouts in a timely manner so that those needing to convert documents to an electronic format have time to do so.
- Ensure that required texts are available in an accessible electronic format.
- Plan ahead to ensure all audio clips, videos, and movies are captioned, as many veterans have experienced hearing loss. They can also benefit from captioning to keep them on track.
- Utilize electronic platforms to store lecture notes, so that students may access the information through alternative electronic formats, as needed.
- Permit the in-class use of tape recorders or other audio recording devices as memory aids.

Test-taking Tips

- Eliminate timed tests in favor of other assessment methods that do not penalize students who require extra time, low-distraction testing accommodations, or attendance flexibility, regardless of whether a disability has been identified.
- Administer tests on the computer.
- Allow students to be able to use an index card with faculty-approved notes or build memory joggers into the exams (if exams are necessary).
- Allow students to use index cards, blank paper, or a ruler to help keep their place on exams.

Tips for Alleviating Panic Attacks/Stress

- Allow students the ability to take a short break (5–10 minutes) during class sessions or testing environments when stressful situations arise.
- Permit flexibility in class session attendance schedules, as long as absences do not conflict with the core requirements of the class.

sense. Furthermore, usage of UD recognizes that building flexibility into the course syllabus and course expectations up front may mean more effective learning opportunities for all students. In the long run, using UD may also lessen stress for students who require accommodations, but don't necessarily identify such a need until the semester is underway. Preparing for flexibility ultimately can lead to improved retention and student success.

The box below lists some possible ways, not at all comprehensive, that faculty can build a curriculum to improve the learning opportunities for all students, especially those with PTSD and TBI. None of the academic adjustments identified here should lead to reduced academic performance expectations, nor do they necessarily require Disability Services authorization if made available to all students and planned well in advance.

What Else Can Be Done?

No matter what political views faculty and staff members have, they should honor a student veteran's service and respect the student's privacy. Faculty must recognize that student veterans provide a unique opportunity that may (positively) challenge how they teach and assess. This recognition of the need to provide more flexible ways to teach and assess student learning benefits not only student veterans, but also any other students who may appreciate having the same flexibility extended to them. In doing so, institutions may experience improved retention and graduation rates. And, more importantly, faculty and staff will have helped the student veterans achieve their mission to earn a degree.

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