Welcoming, Transitioning, and Serving Wounded Warriors

California Community College System
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Three Collaborative Perspectives

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Caveat

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Presentation Outline

• Paul Grossman, J.D.
  – Introduction to Veterans and Wounded Warriors
    • Census
    • Assets
    • Challenges
  – Postsecondary Responsibilities under Disability Law
  – Familiarizing veterans with their rights
Presentation Outline

• Dr. David Joseph
  – Understanding the “signature wounds”: PTSD and TBI
  – Collaborating with the VA and using VA documentation at DSS
  – Classroom modifications that work for wounded warriors
  – Money advantages and limits to the New GI Bill and the Montgomery .....
Five Global Insights

- Education can be a powerfully healing and validating experience for individuals with disabilities, including wounded warriors
- “Business as usual” will not be sufficient to welcome and sustain veterans and wounded warriors
- As individuals with disabilities, wounded warriors are entitled to some important civil rights protections; albeit, one they may be very reluctant to use
- Veterans and wounded warriors can have a transformative impact on higher education
- Welcoming and sustaining wounded warriors is essential to each of the professions to which they aspire
Presentation Outline

• Paul Grossman, J.D. - Setting the stage: Assets, Challenges, and Civil Rights
• Dr. David Joseph – Veterans in the Classroom
• Mary Lee Vance, Ph.D. - A Campus-Wide Approach to Welcoming and Sustaining Veterans including Universal Design
An Enduring Bipartisan Responsibility

Republican:
“[L]et us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle....”

President Abraham Lincoln
Second Inaugural Address, March 4, 1865

Democrat:
“We have a sacred trust with those who wear the uniform of the United States of America. It’s a commitment that begins at enlistment, and it must never end.”

President Barack Obama
“Modernization of the VA”
April 9, 2009
Census
Since October, 2001, approximately 2,050,000 U.S. troops have been deployed to Iraq and Afghanistan (respectively, OIF, OEF, OND)

- Nearly 7,000 American troops have been killed in combat Iraq and Afghanistan during the past decade
- More than 52,000 have been wounded in combat. GWAT Casualty Summary Oct. 2014
- *These numbers do not include non-combat deaths and injuries which are considerable.*
Census

• Over 550,000 post-9/11 era veterans have received benefits and enrolled in more than 8,500 public, private colleges, or proprietary schools (Sander 2012)
• Nearly 100,000 of these individuals attend college in California; half of them in the Community College System (Skinner)
• Approximately 40% of these veterans are “wounded warriors,” individuals with disabilities and this percentage may be conservative (Grossman 2012)
Assets and Challenges
Assets
Veterans Bring Tremendous Assets

• Academic achievement
  – Met more rigorous “admissions” standards than required to get into a CCC
  – Highly trained
    – In 2009, 92.5% of recruits were at least high school graduates.
    – Nearly two-in-ten (17.9%) are college graduates or have an advanced degree.
    – Masters and Ph.D. degrees are required for advancement.
  • More than eight-in-ten officers are college graduates compared to 30 percent of the same aged population (Pew)
Assets

• Place a high value on education
  • 75% say educational benefits was an important reason they joined, while only 25% joined because it was a job opportunity. (Pew)
• Unequaled leadership training
  – Experienced in leading a diverse group of individuals in the midst of change, even in the midst of chaos
• A continuing commitment to public service
Assets

• Intellectual diversity for the classroom
  – An adult sense of purpose and mission
  – Unequaled degree of moral exposure
  – An eyewitness perspective to history and foreign policy

• A recruitment source for ethnic and economic diversity without offending the US Constitution

• Money
Challenges
Key Challenges

• Culture shock
  – From unit orientation to “every person for him/herself”
  – Greatly reduced sense of purpose or mission
  – Return to immediate family responsibilities
• A need to hide, deny, or postpone weaknesses including disabilities
• Disability
  – Newly acquired
  – Shock and or denial
  – No experience with or knowledge of their considerable civil rights or their potential positive CR identity
Basic Challenges to Our Campuses

• Veterans don’t use our communication channels

• Wounded warriors present a new range of disabilities requiring new types of support and accommodation
  – Access
  – Accommodation
  – Support
  – Conduct systems
Disability is a Key Challenge

Only 1 in 28 wounds in battle result in death
Survivors are likely to be more seriously disabled than in the past
A reasonable estimate is that 40% of veterans are individuals with disabilities
Leading Causes of Disability

• Three leading causes of disability
  – Blast and bariotrauma
    • Severe hearing impairment
    • TBI (Shrapnel, concussion, direct injury)
    • Orthopedic injuries
    • Toxic gas exposure
Leading Causes of Disability

– Moral trauma
  • PTSD
  • Self-medication
  • Self-injury, suicide, depression

– Multiple redeployment
  • PTSD
  • Self-medication
  • Self-injury, suicide, depression
Most Prevalent Disabilities

• SIH: Seriously Impaired Hearing is the #1 --- serious Tinnitus is the single most common form of acquired disability

• Sensory impairments in general are #2
  – Deaf/Hard of Hearing
  – Blind/Low Vision
Disability Prevalence
The “Signature Disabilities”

• TBI
  – Rand (2008): 320,000 or 19% vets with TBI
  – DoD (2009): 360,000 or 20% vets with TBI (Military.com, 2009; Church, 2009)
  – National Council on Disability (2009): 11%-20%
Disability Prevalence
“The Signature Disabilities”

• PTS(D)
  – National Council on Disability (2009): 10%-30%
  – Rand Corporation Study (2008)
    • 40% of returning veterans have incurred a "cognitive disability" including PTSD, TBI, and/or depression. (36% according to a 2007 Harvard School of Government report)
  – National Council on Disability (2009)
    • 16% to 49% of returning veterans develop some form of "mental health issue" including depression, generalized anxiety disorder, and substance abuse.
Disability Prevalence

- Specific learning disabilities (3% - 20%)
  (Vance and Miller AHEAD survey)
- Orthopedic, amputation
- Burns and toxic exposure
Applicable Civil Rights Laws
Applicable Civil Rights Laws

• As “individuals with disabilities” they have Civil Rights:
  – State laws
  – Federal laws
    • Section 504 of the Rehabilitation Act of 1973
    • Titles II and III of the American’s with Disabilities Act as amended in 2008

• These laws are not just the responsibility of DSS
Primary Rights Secured by These Two Laws

• Equal treatment/nondiscrimination
  – Does not require registration with DSS
  – Program admission
  – Hostile environment
  – Unnecessary segregation
  – Attend an accessible campus
  – Bring service animals on campus
  – Maybe bring companion and comfort animals on campus
  – Bring wheelchairs, OPMs, EPMD’s on campus
Primary Rights Secured by These Laws

• Academic Adjustments
  – Modification of course load and time to degree requirements
  – Exam modification
  – Course substitution

• Auxiliary aids
  – Interpreters and real time captioners
  – Braille and alternate media
  – Notetakers
  – Adaptive technology
Principles of Reasonable Accommodation

• Reasonable accommodation is not the lawful term
• Reasonable does not mean reasonable in the eyes of the average faculty member or what seems “fair to other students.”
• Reasonable means
  – Necessary to equal participation in the program and to best ensure valid exams
  – Not a fundamental alteration
  – Not an undue burden
  – Not a personal service
  – Not a direct threat to the health and safety of others
Veterans on Campus

Challenges in the Classroom Setting
Mental Health Challenges for Veterans
Disorders in OIF & OEF Veterans

- ~18.5% have PTSD or depression
- ~19.5% a traumatic brain injury
- ~70% have no mental health disorder

Tanielian & Jaycox, 2008
Post Traumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) is an _anxiety disorder_ that can occur following exposure to actual or threatened death, serious injury or sexual violence.
Post Traumatic Stress Disorder (PTSD)

A stress disorder that can occur following a traumatic event.

- Directly experiencing
- Witnessing in person
- Learning that traumatic event occurred to family or close friend (violent)
- Extreme repeated exposure to details.
Post Traumatic Stress Disorder (PTSD)

Many people with PTSD naturally get better over time. But for some, PTSD is a *chronic* condition that *does not improve* over time.
Reliving (re-experiencing symptoms):
If you have PTSD, you might:

- **Think about trauma** when you don’t want to.
- Have frightening **nightmares** about the trauma (every night).
- Experience **flashbacks** during which you are **re-experiencing** the trauma.
Avoiding
If you have PTSD, you might:

• Avoid situations or people that *remind you* of traumatic events.

• *Avoid talking or thinking about* the trauma.

• *Avoid situations that trigger a fight or flight* alarm response.

• Prefer to spend most of your time alone at home, to avoid being triggered.
Hyperarousal
If you have PTSD, you might:

• Feel **jittery** or **stressed** most of the time.
• Be **constantly alert** and on the lookout for **danger**
• Feel very **uncomfortable with strangers**
• Feel suddenly (VERY) angry or irritable
• Have trouble falling or staying **asleep**
• Find it difficult to **concentrate**
• Be easily startled by unexpected **noises**
PTSD Affects the Brain

Impaired Fight or Flight Response
PTSD is Affects the Brain
Impaired Fight or Flight Response
PTSD Affects the Brain

Impaired Fight or Flight Response
PTSD Affects the Brain
Impaired Fight or Flight Response
Common *Fight or Flight* Triggers

- Someone standing too close
- Strangers
- Feeling cornered, trapped or stuck
- Feeling out of control & overwhelmed
- Reminders or associations (tiger or kitten)
- Disorder – lack of order & chaos
- Being surprised or startled
The Highly Sensitive Smoke Alarm

- Responds when fire is present
- Responds even when no fire is present
- Goes on full power
- Hard to stop once on
What Does Being Triggered Feel Like?

“I go cold, my throat chokes up. I can feel my heart pounding. I hyperventilate a lot. Then I go into rages sometimes. Most of the time, I just freeze like deer in the headlights.”

“A cold chemical feeling in my throat, small pulses of pain in my head, become very agitated. Very snappy if people ask me questions. My spine curls down like a question mark, I grind my teeth, my breathing becomes rapid and my heart pounds…. When people talk to me it’s like jibberish.”
What Does Being Triggered Feel Like?


My full blown mode is all that plus either nonresponsive or physically imposing (hitting, breaking or throwing things). Sometimes I have to struggle to breathe. Like I have been drowning or suffocating. My body will sometimes go numb. Sometimes I black out.

Adapted from: https://www.myptsd.com/c/threads/physical-signs-of-being-triggered.9261/page-2
Common PTSD Triggers

On Campus
PSA – “COMMON AREA”
Half of Us
"Common Area"
RT: 2:15
Director: Sophia Cranshaw
Producer: Jeff Woodton
Writer: Sophia Cranshaw/Andrea Williams
DP: Jon Hokanson
Editor: Gala Verdugo
Audio: Eargoo
5/29/09
Parking
Noises and Distractions
Noises, Distractions, & Group Assignments
Timed Tests or Assignments
Class Assignments

Assignment: Write a paper about a personal experience or a moral dilemma
Crowded Classrooms
Discussions or lectures related to war

Looking back on World War I
Friday lecture series features historian Callahan on World War I
Traumatic Brain Injury

The “signature wound” of the current conflicts
What is Traumatic Brain Injury?

Any traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force where, immediately following the event there exists:

1. Any period of loss of or a decreased level of consciousness;
2. Any loss of memory for events immediately before or after the injury
3. Any alteration in mental state at the time of the injury (e.g., confusion, disorientation, slowed thinking)
4. Neurological deficits (e.g., weakness, balance disturbance, praxis, paresis/plegia, change in vision, other sensory alterations, aphasia.)
5. Intracranial lesion.
Typical Symptoms of TBI

- **Cognition** (thinking, memory, and reasoning)
- **Sensory processing** (sight, hearing, touch, taste, and smell)
- **Communication** (expression and understanding)
- **Behavior or mental health** (impulsivity, anxiety, depression, personality changes, aggression, acting out, and social inappropriateness)
Video

• Video: In their boots Fractured Minds
Common Symptoms – mTBI & PTSD

**Cognitive Problems**
- Memory
- Concentration & attention
- Learning Difficulties
- Following complicated directions
- Language problems
- Impulse control
- Slowed or cloudy thinking

**Affective / Behavioral Problems**
- Frustration or irritability
- Depression
- Anxiety
- Reduced tolerance for stress
- Sleep problems
- Numbing out or flipping out
- Inflexibility
- Feeling guilty
- Denial of problems
- Social appropriateness

**Somatic Complaints**
- Headache
- Fatigue
- Poor balance
- Dizziness
- Changes in vision, hearing, or touch
- Sexual problems
mTBI

What you *might not* see:
Barriers to Care

1. Stigma -- identity still rooted in being fully able to function in ways they could previously.

2. Lack of knowledge about their conditions – that it even qualifies as a disability. Lack of knowledge about rights.

3. Difficult coordination with VA
You will learn to walk with honor.

You will gain the wisdom to command with decisive resolve.

You will take your place among the most elite warriors on earth.

If you have what it takes to make it.

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THE FEW. THE PROUD.

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Barriers to Care: Stigma

• Veterans are heavily incentivized to be capable.
• Remind veteran of “the mission” of getting a degree. That this is their earned right!
• Remind veteran that they were part of large team in the military, and they are part of a large team here. Everyone contributes to meet the mission. No one goes to war alone.
The Assessment Process (working with VA)

• Ensure that correct assessment measures are being used.
  – If staff does not have training in specific measures, refer elsewhere, such as VA.

• Attempt to speak directly to VA care provider.

• If a veteran shows documentation that he or she is service-connected for a condition, assume that rigorous testing has been done.

• Assume that veteran does not know what accommodations will be helpful.
Often Useful Accommodations

• Reduce noise & distractions in class (don’t make the veteran do it)

• Allow vet to sit where most comfortable (consider reserved seating for veteran)

• Consider alternative assignments in case of triggers

• Have notes, lectures, syllabus, available online

• Allow for some flexibility in schedule, particularly for VA appointments (not always possible to document)
Often Useful Accommodations

• Consider the necessity of surprise tests or pop quizzes

• Make it possible to opt out of group work

• Consider any lecture, reading or discussion related to the wars in Iraq and Afghanistan very carefully. Choose words wisely and thoughtfully.

• Ask if veteran would benefit from regularly scheduled office hours.
Often Useful Strategies

• Make warm handoffs or make warm connections (with VA)

• **Proactively** suggest possible solutions – it’s unlikely the veteran will know (or feel comfortable) to ask.

• Consider assigning a veteran mentor (if vet is open to idea)

• Don’t be discouraged if veteran doesn’t want DSPS right away. Check-in later to see if vet is more open.
What It Takes- A Campus-Wide Approach

Mary Lee Vance, Ph.D.
What it Takes

– The Entire Campus
– Faculty/Advisor Trainings
– Educating Wounded Warriors
– Campus and Community Collaboration
– Disability Models
– Universal Design
Key Points – What it Takes

• Not business as usual—no turfs, no silos
• Knowledgeable faculty and advisors
• The entire campus as a collaborative institution
• Collaboration with off campus institutions
• Universal Design (UD) in the Curriculum
Wounded warriors have earned the right to use campus educational benefits
Required: a welcoming campus with respect from the top (administration)
Disclaimer:
I am not Tammy Duckworth
What Will It Take?

- An accessible campus: new and existing facilities
- Readily available mental health services
- A strong discipline system
- A feedback and complaint system for veterans
In-Service for Faculty and Administrators

- What distinguishes Wounded Warriors from other students (even other students with disabilities)
- Veterans panels are the best in-service tool for any audience!
- Plans and actions well-calculated to address what makes them unique. **Suggested** actions include:
  - Faculty In-servicing about the signature wounds and disabilities of OIF/OEF by veterans and experts
  - In-servicing of Academic Advisors by veterans and experts
  - From the faculty, a “campus mentor, ally, representative, facilitator, flack-catcher” assigned to each veteran
Campus-Wide Committee

• More suggested “best practice” actions:
  – A campus-wide interdisciplinary committee to address the needs of veterans, service members, and wounded warriors including: DSS/DR, VSO, faculty, academic advising, counseling, student health, academic deans, curriculum development, campus security, and alcohol abuse programs, housing, physical education, athletic and entertainment events services, recreation and intramural sports, on-line learning, technology acquisition, adaptive technology, campus transit, and grounds/facilities maintenance student discipline, drug
Policy and Service Reviews

• Removal of academic program access barriers
• Transfer and granting of credit for military learning (number one issue for veterans)
• Adding, dropping, and withdrawing from classes
• Acquiring and bringing on campus personal attendants
• Discipline code, penalties, and procedures including threat to others, disruption, drug and alcohol abuse and threat to self.
• Drug and alcohol abuse
• Suicide prevention
• Use and control of service and companion animals
Veteran-centric Programs

- NSO’s run by and for veterans/service members/wounded warriors
- A point of contact for all types of veterans and service members, as a “portal”
- “Veteran/service member/wounded warrior only” transition and other classes on campus and online
More Veteran-Centric Recommendations

• Late registration and late drop privileges for veterans/service members/wounded warriors
• Campus events honoring veterans
• Athletic/strength training activities for veterans, service members and wounded warriors
• Housing programs that allow veterans/service members/wounded warriors to pair up as roommates/floor mates and contain vet-centric counselors
• Appoint, train, empower, publish notice of an individual with the authority to promptly remove program and facility access barriers
A Safe Space =
A Veterans Center!

- Places where service members and veterans, including wounded warriors can congregate and support one another:
  - Network with their peers
  - Advocate for better policies and practices on campus
  - Engage in social interaction instead of isolation
  - Emerge as campus leaders “an incubator for leadership”
  - Create and implement their own programs
What Else May It Take?

Off-campus outreach by a campus team

• Local VA medical center/polytrauma center
• Local military base transition programs, training officers and family assistance centers
• Veterans’ Assistance Centers
• Mental health services
• Drug and alcohol abuse services
• Suicide prevention programs
• Local Vocational Rehabilitation Office
• U.S. Department of Labor’s Transition Assistance Program (TAP) vendor, such as an employment development agency
• Governors’ programs
How Do We Get Wounded Warriors to Exercise their Disability Rights?
Adjustments or Accommodations?

• Academic Adjustments

Faculty have the ability to determine what they teach, how they teach and how they assess without compromising academic integrity. What they do within their classroom, that is fair to all students, as laid out in their syllabus, is their prerogative.

• Academic Accommodations

Best practices have determined that there be a central office/person to collect and assess documentation for the purposes of determining reasonable accommodations. Accommodations range from classroom adjustments, to whether or not a skunk qualifies as a therapy animal.
Adjustments (Faculty)

• Have syllabus, and list of required texts as well as any audio clips, finalized by registration
• Plan ahead to insure all audio clips, videos and movies are captioned (many veterans have lost hearing functions, as may have older students)
• Eliminate timed tests in favor of other assessment methods that do not penalize students requiring extra time/lower distraction testing accommodations and/or attendance flexibility
• Describe in advance audio or other media, so students can opt to leave the classroom if it might trigger PTSD symptoms
• Make adjustments available for all students (no documentation)
Accommodations: Making DSS WW Friendly

- Change name: access services
- Change location, next to VRC, in VRC
- Common personnel DRC/VRC
- Modify documentation requirements to recognize realities of VA documentation
  - New definition of disability
  - New documentation guidance under Title III applicable to Title II
  - AHEAD guidelines
- Consequences of these changes
  - More granting of interim accommodations
  - More reliance of self-report
  - Direct collaboration with the VA
DSS and WW Collaboration

• Identify WW and share that information with DSS
• Have vets using DSS in-service other vets at the vet center on their rights
• Recast the services as ways to improve grades and performance rather than as accommodations (even the strong can do better)
• Push assistive technology accommodations first and put adaptive tech. in the veterans center
• Pizza, pizza, pizza
Educating the Vet

• Adoption of a civil rights identity
  – Rights are what you fought for
  – Returning veterans have historical been rights leaders
  – It is noble, just, and fair that you exercise these rights
  – You can carry the torch for other vets and other individuals with disabilities
  – Becoming a disability rights leader is a new noble and rewarding mission and form of public service
Teaching and Learning Expectations

◆ Student Learning Preferences
  - Audio
  - Haptic/kinetic
  - Visual

• Teaching Preferences
  – Audio (lecture)
  – Visual (power point)
  – Haptic (in labs)
Disability Models: Social Constructs

- Moral
  - Pity
  - Horror
- Medical
- Social/Civil Rights
- Universal Design
Moral Model: Punishment, Horror and Guilt by Association
Also Moral Model: Pity
(Ben Mattlin, former MD Poster Child and current Jerry’s Orphan)
Medical Model: Patient Rehabilitation/Therapy
Social Model: Civil Rights
7 UD Principles

◆ Equitable Use
◆ Flexibility
◆ Simple and Intuitive
◆ Perceptible Information
◆ Tolerance for Error
◆ Low Physical Effort
◆ Size and Space

Areas Affected in HE
◆ Curricular (teaching and advising) *
◆ Technological
◆ Physical

* Focus for this presentation
Example – Equitable Use
The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.
Advantage of UD (AHEAD)

UD challenges us to think beyond mere legal compliance by promoting new ways of viewing disability and access (Go Beyond ADA)
Application of Universal Design in the Classroom

• Not “one size fits all” instruction.

• Identify essential components of a lecture or presentation:
  – What do I want my students to know?
  – What do I want my students to be able to do?
  – What lasting impact do I want to have?

• Present information without compromising essential components:
  – What challenges to inclusion might my presentation style create?
  – How can I plan my presentation to provide meaningful access to all members of my audience and minimize the need for individual accommodation?
Universal Design in Advising/Teaching

• Asynchronous advising/teaching may be helpful for a student who has a psychological or health disability.
• Advisor/faculty offices should be physically accessible for students in a wheelchair or with a visual impairment; free of clutter and easy to navigate.
• Self-advocacy skills can be encouraged, especially tips for working with faculty.
• Advisement is Teaching (Outside the Classroom)
Sample Inclusive Statement

It is my policy and practice to create, as much as possible, an inclusive learning environment that promotes universal access. If there are aspects of the instruction or design of this process that result in barriers to your inclusion, please notify me as soon as possible. You are also welcome to contact the Disability Services or e-mail for disability accommodation questions, and encouraged to view the DSS website http://life.umt.edu/dss/
UD in the Curriculum

• Captioned videos/clips
• Note taking Assistance (post PP’s etc.)
• Take-home tests (not timed)
• Flexibility for individual or group projects
• Syllabus with simple layout and minimal jargon
• Visual tools like power point
• Opportunity for feedback on drafts before final paper/project submission
• Attendance leniency
Universal Design

◆ Everyone benefits from a more universally accessible and accommodating information process
◆ In particular:
  - students with disabilities
  - non-native English speakers
  - 1st gen
  - technologically challenged
  - veterans/wounded warriors
Laughter = Good Medicine
Sample UD Law School Class
Paul Grossman

• Syllabus is released a month in advance
• All PowerPoints are released in advance of each class
• Textbook in multiple formats
• All classes are recorded
• Presenters with disabilities
• Two choices of exam
  – In class essay with a word, but not a time, limit
    • All student may bring in two sheets of paper with anything written on it they wish—the paper must be turned in with the exam
  – A research project