

VETERANS SUPPORT SERVICES AND PROGRAMS IN  
WISCONSIN'S PUBLIC COLLEGES AND UNIVERSITIES

by

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## CHAPTER I

### INTRODUCTION

#### **Problem Statement**

Today, driven by the poor economy and a variety of military and veteran education benefits, including the new GI Bill benefits (Chapter 33) and the Montgomery GI Bill (Chapter 30), more returning veterans are choosing to go to college or university. The Department of Veterans Affairs reports that the number of veterans utilizing education benefits nationwide between 2001 and 2011 has increased from 420,651 to 800,369. In addition, in Wisconsin alone the Department of Veterans Affairs Geographic Distribution of Expenditures (GDX) ("Veterans data," 2012) reveals that between 2001 and 2011 the total education expenditures in WI have soared from \$22.5 million \$134.23 million respectively.

In addition to the increased enrollment some veterans are matriculating with potentially serious transition or combat related issues. According to the 2008 study *Invisible Wounds of War; Psychological and Cognitive Injuries, Their consequences, and Services to Assist Recovery*, 14 percent of returning war veterans suffer from post traumatic stress disorder (PTSD). Equally as devastating another 14 percent veterans suffer from major depression and 19 percent reported a traumatic brain injury (Tanielian & Jaycox, 2008).

In addition Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), substance abuse issues, or symptoms of depression and isolation may result in poor academic performance, behavioral issues, or in severe cases suicidal ideation, attempts, or acts. As more and more veterans return to school with complex transition issues, how are colleges and universities adapting to meet the needs of the nation's newest veterans?

Colleges and Universities across the country where veterans are authorized to utilize their education benefits are mandated to provide a staff member whose responsibility is to certify a student's enrollment to the Department of Veterans affairs. In many cases, colleges and universities are going beyond this federally mandated requirement by offering veterans enhanced services to assist them through their transition from the military to academic life (Cook & Kim, 2009).

### **Purpose of Study**

The purpose of the study is threefold: (1) to examine the strategic orientation of Wisconsin's public colleges and universities regarding veteran services, (2) to identify what issues have been identified for veterans, as well as institutions across the state, (3) to determine existing strengths, weaknesses, or gaps in services within Wisconsin's system. Specifically, this study will answer the following research questions:

- What are the institutional characteristics and strategic orientations regarding veteran services and programs of public colleges and universities in Wisconsin?
- What are veteran student's and institution's priority issues?
- What veteran student support and academic services are currently available on each public campus?
- What is the academic and physical infrastructure, supporting veterans services on each public campus?
- What are the practice-related characteristics of veterans representatives?
- Are there differences between public colleges and universities when it comes to the current status, priority issues and campus strategic orientation regarding services and programs for veterans?

### **Importance of the Study**

As institutions face “the largest influx of veteran students since WWII” (McBain, Kim, Cook, Snead, 2012) colleges and universities are beefing up their veteran services. Several national studies by the American Council on Education



have expertly framed the national status of veteran services and validated the critical role of veterans' education benefits and presence of veteran student services on campus. However, Wisconsin-specific data on campus programs and services that aid veterans in their college transition are lacking. Previous research also might be incomplete due to differences between the generations of veterans. This study will help campus leaders understand better the current state of programs and services for student veterans, recognize factors that appear to influence the level of services, and identify areas to improve service offerings. By focusing on Wisconsin and providing recommendations for improving veteran services, this study contributes to the small but growing field of literature.

## CHAPTER II

### REVIEW OF LITURATURE

#### **A Brief History of Veteran Benefits: Colonial America to WWII**

Before adult development, veteran reintegration, and institutional responses to student veterans are examined, it is helpful to understand the rich history of veteran benefits in America.

One of the first examples of veterans benefits in the United States dates back to 1636 with the Plymouth Colony, and their provision to “maintain for life any soldier maimed in the colony’s service” (Altschuler & Blumin, 2009, p.13). The intent of this provision was to ensure that any soldier injured while serving the colony would maintain a certain quality of life. The theme of providing for wounded or disabled soldiers will be constant throughout the existence of veteran benefits, however many other programs, such as bonuses, pensions, loans, grants, and education benefits will dominate the debate.

On Aug 26<sup>th</sup>1776, the Continental Congress enacted the nation’s first pension act. This act promised half pay for enlisted men and officers who were disabled by service to the nation, and who were unable to “earn a living”. By September of 1776, the Continental Congress, in order to increase recruitment and retention of soldiers, passed legislation that provided enlisted men and officers who served the duration of the conflict land grants. These land grants

consisted of parcels between 100 and 1100 acres depending on the service member's rank ("National Archives and Records Service," 1974).

The initial intent of both the disability pension and land grants was to increase recruitment and retention of service members. According to Altschuler and Blumin (2009), however, the benefits provided to veterans, widows, and orphans evolved as society's values changed. As the intent for benefits shifted from recruiting and retention to rewarding veterans for their service, the benefits became more generous. By 1780 widows and orphans of soldiers killed in service became eligible for pensions, and by March 18, 1818, all veterans of the Revolutionary War were granted service pensions regardless of disabilities. This generosity was enabled by a "Romanticism" of the revolution, generational changes in attitudes regarding veterans and standing armies, as well as a growing treasury (Altschuler & Blumin, 2009, p.15).

In tracing the history of veterans' compensation benefits, Altschuler and Blumin (2009) further narrate that by the 1830's the American economy was growing. The treasury was experiencing an annual surplus, and the question was raised of what to do with the surplus funds. Competing ideas regarding the need for tariffs brought veterans benefits to the foreground. While southern export-focused states viewed a budget surplus as tariffs were no longer necessary, northern manufacturing-focused states viewed tariffs as vital for their survival.

Motivated by other than a genuine desire to reward veterans, a bill expanding veterans pensions was drafted and passed through Congress against the wishes of many Southern policy makers. The result of the expanded benefits essentially removed the question of how to deal with the budget surplus by allocating surplus funds to veteran benefits. With the bill passed and the surplus funds accounted for, the tariffs protecting northern industries remained in effect (Altschuler & Blumin 2009).

It was the spring of 1865 when Abraham Lincoln, in his second inaugural speech, said “To care for him who has born the battle, and for his widow and orphans” (Marten, 2010). General Sherman’s army had completed its destructive march to the sea, General Grant was relentlessly pursuing Confederate General Lee through Virginia, and more than 600,000 soldiers had been killed in action. It was under this national experience and the growth in influence of veteran’s organizations like the Grand Army of the Republic (GAR) that the nation’s veterans’ benefits changed forever (Marten, 2010).

The Congressional Act of 1890 expanded veteran pensions to provide a pension to “any disabled man who had received an honorable discharge after serving at least ninety days” (Marten, 2010, p.1408). In essence, a disability need not have been incurred in service to the nation. The Civil War era pension would become an old age veteran pension available only to veterans of the North. From 1891 forward Civil War veteran’s pensions would become one of “the most divisive political issues of the 1880s and 1890s” as concerns of fraud,

cronyism, and political patronage plagued the administration of the program (Marten, 2010, p. 1407).

As the growth and expense of the Civil War era pensions weighed on the public and on policy makers, the clouds of war began to cast their shadows over Europe. With the realization that the nation would be drawn into the European conflict, policy makers set to work creating an alternative plan for veteran's benefits (Atschuler & Blumin, 2009). The 1917 War Insurance Act was a response to the Civil War pension system drafted with progressive era ideals. Atschuler and Blumin (2009) explain that with an increased ambition and an eye on the cost the War Act expanded benefits by creating two new "self-liquidating" programs. Along with the typical disability compensation that was available to prior veterans, WWI soldiers also became eligible for monthly allotments and a voluntary life and disability insurance benefit at a substantially reduced rate. The monthly allotments were designed to end at separation from service, while the insurance benefit was intended to be carried into post-service life.

In addition to the War Insurance Act, WWI veterans were also eligible for government backed loans for the purchase of family sized farms through the National Soldier Resettlement Act, as well an "adjusted service compensation" or bonus of \$60 (Atschuler & Blumin, 2009). The "bonus bill" authorized a bonus of up to \$625 depending on the length and type of service. This bonus, however, was not payable until 1945 or the death of the service member. The delayed

nature of payments and the economic slowdown lead to the “Bonus Army” marches and encampments of 1933 in Washington DC. (Chiodo, 2010)

Still another benefit program, that was discussed in the post WWI period, was one that would “subsidize veterans’ attendance at approved programs of vocation and training” (Altschuler & Blumin 2009, p. 27). This program, pushed by the growing influence of the American Legion, was unable to gain much support, and fell out of favor as the debate on bonuses took precedence.

Throughout their early existence veterans’ benefits were intended for those injured or maimed in action, they were used to make up for lost wages and opportunities, and they served to increase recruitment and retention of service members. Veterans’ benefits also served political means, such as protecting tariffs or the more corrupt ends of political patronage. However, with the massive economic collapse during the Great Depression, spending on veterans’ benefits, as with most federal spending, was greatly diminished.

Much has been written about the GI Bill of Rights, formally known as the Serviceman’s Readjustment Act of 1944, and how it shaped America. According to Mettler (2005a, p. 345), the bill “...remains in the public consciousness as one of the most significant social policies ever enacted in the United States”. Underlying the creation of the 1944 GI Bill of Rights were the questions of what to do with the demobilizing mass of soldiers, and how to transition the economy from a war time footing into a peace time status. While Suzzan Mettler points out that many argue that the GI Bill was passed with the “explicit purpose of

expanding the middle class and increasing access to advanced education...”, they fail to consider the political realities of the time (Bennett, 1996).

With high unemployment, President Roosevelt began planning for the eventual cessation of hostilities and the reintegration of the nation’s many soldiers. His initial plan was much narrower than the bill that would ultimately be signed into law. However, employment and training remained a centerpiece (Bennett, 1996).

The Conference on Post-War Readjustments of Civilian and Military Personnel (PMC) was a subgroup of the National Resources Planning Board (NRPB), a government agency tasked with long range planning to protect the nation’s resources. While the NRPB had a broad focus of national interests, the PMC had a much more narrow scope, the demobilization of the post war military (Bennett, 1996). The NRPB and PMC set to work drafting policies that would include housing, unemployment, and education benefits for veterans. While there was public support for much of NRPB’s programs and policies, the press and Congress were less than supportive.

In 1943 President Roosevelt created Armed Forces Committee on Postwar Educational Opportunities for Service Personnel, also known as the Osborn Committee (Bennett, 1996). The Osborn Committee had a more specific mandate than the PMC, and served directly under the military. This committee would propose one year of education at any level for veterans who have served more than six months. However, only a limited number of veterans with

exceptional potential and ability were allowed continuing their education benefits past one year (Bennett, 1996).

Much like the Grand Army of the Republic and the Civil War pension issue, the American Legion began to muster its political power (Bennett, 1996). In an attempt to ensure that WWII veterans were treated better than WWI veterans, the American Legion took up education benefits, as well as unemployment and housing benefits, at their annual convention in 1943 (Bennett, 1996). However, the American Legions draft legislation differed slightly from the final GI Bill in that it provided four years of education benefits to those veterans whose education was interrupted by the war (Bennett, 1996).

Throughout the debate on the final form of education benefits for veterans, there was a sentiment of preventing veterans benefits to be used for broader social reform (Altschuler & Blumin 2009). Conservatives also did not want to concentrate more power into government agencies. However, the American Legion, which more often than not, sided with limited government and free trade, “pushed consistently for the most generous and inclusive version of policy permissible” (Bennett, 1996). Its proposal made its way through Congress, though political disagreement was abundant. For example, unemployment benefits paid to able bodied service members remained highly contested, and fears that federal dollars would undermine an educational institution’s autonomy lead to a highly disputed debate (Bennett, 1996). In addition, an amendment to the bill proposed by Senator Ernest McFarland on Jan 28<sup>th</sup>, 1944, opened the



education benefits of the G.I. Bill to virtually all veterans by eliminating the “education interruption” stipulation, and making the benefits available to any service member who served for at least six months and who received a better than dishonorable discharge regardless of prior college attendance (Bennett, 1996).

The American Legion’s G.I. Bill, with McFarland’s amendment, passed through committees and Congress, though it required a dramatic 11<sup>th</sup> hour deadlock breaking vote by Congressman John Gibson. The Servicemen’s Readjustment Act of 1944 (P.L. 78-346, 58 Stat. 284m), known informally as the G.I. Bill, was signed into law by President Roosevelt and provided a range of benefits for returning World War II veterans (commonly referred to as G.I.s). Specifically the 1944 Servicemen’s Readjustment Act provided veterans with up to \$500 in tuition, books, and fees as well as monthly living stipend for higher education or vocational training. The bill also included provisions for federally guaranteed home, business, and farm loans. In addition to education and loan programs, the 1944 Servicemen’s Readjustment Act also provided up to 52 weeks of unemployment benefits valued at \$20 a week (Department of Veterans Affairs, n.d.).

The effect of the GI Bill though not instantly visible was profound. Levine and Levine (2011) state that before WWII about 160,000 students were attending college. By 1950 that number had grown to approximately 500,000. In all, roughly 2.2 million veterans attended college and 5.6 million attended vocational

programs (Levine & Levine, 2011). Focusing on education alone it has been estimated that 40% of the veterans who went to college on the G.I. Bill would not have gone without the G.I. Bill. In fact, some estimates place the economic impact of college educated veterans at \$35.6 billion in increased growth. In addition, between 1945 and 1960, disposable income more than doubled in the United States (Levine & Levine, 2011).

Since World War Two, veterans education benefits have gone through many changes. By the Korean War the Veterans Readjustment act of 1952 reduced the length of benefits for future veterans from 48 months to 36 months. Further, these benefits were reduced to subsistence payments only, no longer covering tuition and fees. According to the Department of Veterans Affairs, the effect of this change meant the G.I. Bill would no longer completely cover the cost of the veterans' education ("History in Brief").

In 1966 the government partially restored the G.I. Bill education benefits. Veterans of the Vietnam Era who served more than 180 days on active duty were eligible for one and a half months of education benefits for each month in service ("History in Brief"). With the end of the conscripted service and the creation of an all volunteer force, education benefits were restructured. The Post-Vietnam Veterans Education Assistance Program (VEAP) (Chapter 32) ("History in Brief") was available for those who first entered active duty between January 1, 1977 and June 30, 1985 and elected to make contributions from their military pay to participate in this education benefit program. Participants' contributions were

matched on a \$2 for \$1 basis by the Government. This benefit was used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. However, this benefit was not widely used and did not increase recruitment or retention. In fact, it was found that the education levels of recruits also declined (Department of Veterans Affairs, n.d).

In 1984, a bill sponsored by Democratic Congressman Gillespie V. Montgomery expanded the G.I. Bill. The Montgomery GI Bill (MGIB) (Chapter 30) (U.S. House of Representatives, 2012) replaced the VEAP for those who served after July 1, 1985. This was an entirely voluntary program in which participants could choose to forfeit \$100 per month from their first year of pay. In return, eligible veterans received a tuition allowance and a monthly stipend for up to 36 months of eligible training or education. (Department of Veterans Affairs, 2012) No other major changes in the G.I. Bill education benefits structure would occur until 2008 (Department of Veterans Affairs, 2012).

The Post-9/11 Veterans Educational Assistance Act of 2008 is Title V of the Supplemental Appropriations Act of 2008, Pub. L. 110-252, H.R. 2642, was signed into law by George Bush on June 30, 2008. The act amended Part III of Title 38, United States Code to include a new Chapter 33, which expands the educational benefits for military veterans who have served since September 11, 2001 (U.S. House of Representatives, 2012).

The law is an effort to pay for veterans' college expenses to a similar extent that the original G.I. Bill did after World War II. The main provisions of the

act include funding 100% of a public four-year undergraduate education to a veteran who has served three years on active duty since September 11, 2001. The act also provides the ability for the veteran to transfer benefits to a spouse or children after serving (or agreeing to serve) ten years.

The new GI Bill has also created some confusion for veterans, military personnel and college campus veterans coordinators. According to the American Legion website, veterans must decide whether to use their current education benefits under the Montgomery GI Bill (Chapter 30) or switch to the new Post-9/11 GI Bill (Chapter 33) ("Title 38," 2012) . Once they switch from Chapter 30 to 33, they must adhere with that decision; it is irreversible. For veterans attending community colleges in certain states, the Montgomery GI Bill (Chapter 30) is considered a better option, since it pays a student \$1,300 to \$1,471 per month. But for veterans attending most universities and some community colleges, the new GI bill is the preferred option, since it pays full tuition at state schools, provides a cost-of-living stipend and \$1,000 for books. For qualifying veterans, monthly living allowances are based, state by state, on Base Allowance for Housing for the rank of E-5 with dependents.

Throughout the existence of veteran benefits in the United States, there has been a shift from providing veterans with pensions and bonuses to providing veterans with benefits that will help them reintegrate into society.

In the past 100 years, there has also been a shift in the perception towards veterans. Before WWI, President Wilson "insisted that those who had

gone to war had merely performed a duty incumbent upon their citizenship” (Altschuler & Blumin, 2009, p. 26). By 2009, in a speech at George Mason University regarding the Post- 9/11 GI Bill, President Barack Obama stated, “we owe a debt to all who serve” and “we do this not just to meet our moral obligation” (Obama, 2009). This shift from viewing veterans as simply fulfilling a national duty, to providing them with extensive benefits as a “moral obligation” had led to benefits that both provide veterans with necessities, such as health care and home loan programs, and assist them in becoming productive citizens through retraining and education benefits.

### **Adult Development and Transition Theories**

Veterans, like any adult, face transitions throughout their life. These transitions and the adaptations to them work to shape the adult learner. To better serve adults in transition, administrators in higher education must understand the stages of adult development, the types of transitions, the context in which the transition exists, and the transition’s impact on an adult learner.

According to Nancy Schlossberg (1984), there are three central theories on adult development age and stage, life events and transition, and individual timing and variability. The first theory, known as age and stage, emphasizes the “sequential nature” of the adult life cycle. This theory groups developmental stages based on age and the expected or normative transitions that a person would likely encounter within specific age brackets. “The seasons of the year are

the central metaphor” (Schlossberg, 1984, p. 7) for the age and stage theory of development.

Within the age and stage theory, several scholars propose slightly different ideas. The theory consists of six separate phases of adult development including early adult transition/ leaving the family, entering the adult world, the age 30 transition, settling down, the midlife transition, and middle adulthood. As people age, they pass through each of these phases, and are faced with different tasks or challenges (Schlossberg, 1984). For instance, a newly minted high school graduate will either face the transition to college life or entry level employment, while the thirty something new parent will begin to settle down buying a house, and settling into a career.

Within the age and stage theory, Erickson (as cited by Schlossberg, 1984) proposes an age and stage structure with eight phases. Erickson’s research shows that adults may progress through each stage of development at their own pace. Some adults may also get caught up in a specific stage of development, and never progress to the next.

William Perry (as cited by Schlossberg, 1984) envisions a three phase development model where an adult progresses from the simple to the more complex. Perry’s three phases are basic duality where the world is seen through a basic black and white perspective. In the relativism phase, an adult begins to recognize that knowledge and values depend on context. The final phase,

commitment, is more abstract, but requires a personal commitment or self-affirmation (Schlossberg, 1984).

Though there are minor differences in age and stage theories, the “progression” theme remains the same. That is, an adult progresses or fails to progress through various life phases. These phases, and how an adult adapts to them, shape their world view.

The life events and transition theory suggests that it is less important to consider one’s age than one’s experience or life events. That is, researchers found that groups of people facing similar life events share more in common than some that is simply the same age. For example, a new parent will face many of same stresses and transitions at age 20, as would a new parent at age 30. Thus the 20 year old parent’s outlook on life will be more similar to the 30 year old parent than another 20 year old who happens to be single.

Within the life events theory, much like the age and stage theory, there are different ideas on the exact structure. Rosenthal (as cited by Schlossberg, 1984), proposes a “four stages of life” approach. This approach called “life-span development approach” or “life events frameworks” is an attempt to describe adult development without using chronological terms. In response to age and stage theorists, these researches refrain from casting development as “unidirectional, hierarchical, sequenced in time, cumulative, and irreversible” (Schlosssberg, 1984, p. 11).

The final primary development theory is known as individual timing and variability. This theory emphasizes that as our responsibilities grow, our lives “grow different.” This theory also differentiates three time lines: historical time, life time, and socially defined time (Scholssberg, 1984). The implication of the three different times is that historical events influence generations, life time events influence individuals, and society’s expectations influence perceptions.

To better understand adult students, administrators must consider the historical context in which the student has lived, their personal experiences, as well as what social norms and expectations the student faces. For example today’s college students have lived a large portion of their lives in the post- 9/11 world. Many of them have never flown before airport security was such an issue. These students are influenced by the historical times they live, and differ from previous or future students. In addition to the historical time, some of these students have served in the military in Iraq or Afghanistan while many have not. The life experiences of serving in a war zone are going to have profound impact on each student. In addition, many of the veteran students are older than their peers on campus. These veteran students are out of sync with the traditional roles society expects.

Each theory of development adds value to understanding the veteran experience when returning to school. Our returning veterans are in different life stages, have different experiences, and fit into different historical, life, and societal times. While understanding these development theories is helpful in



addressing veteran's needs alone, they are incomplete. Administrators must also understand the transition itself to effectively help veterans integrate into the academic world.

Nancy Schlossberg states that there are four essential types of transitions: anticipated, unanticipated, chronic, and nonevent (1984). Anticipated transitions are the transitions that each person faces throughout their life as they move through their life cycle. They include graduations, marriage, the birth of a child, working, etc. These events have a high probability of occurring for any adult, and are considered "normative" (Schlossberg, 1984).

Unanticipated transitions on the other hand are not the results of the typical life cycle, and occur without warning. They often include "crisis, eruptive circumstances, and other unexpected occurrences" (as cited by Schlossberg, 1984, p. 45). Typical events that fit in this category may include: illness, loss of a job or career, divorce, etc.

Chronic hassles are slightly different than anticipated and unanticipated transitions in that they occur for an extended period of time rather than a specific event. These chronic transitions manifest in chronic health concerns, such as weight or the health conditions of family members, the stress of home maintenance, and crime.

Finally, nonevent transitions are characterized by the failure of an expected event to occur (Schlossberg, 1984). Events such as the failure to have children, the failure to work in a chosen field, or a promotion that never happened

are nonevents that have an impact on a person's perception of who they are and the world around them.

While there are different forms of transition there are also different phases that an adult must navigate throughout the transition process. These phases mark the progression from "total preoccupation with the transition to integration of the transition into his or her life" (Schlossberg, 1984).

Much like the age and stage theory of development, the phases of assimilation theories are a continuum of events. As cited by Schlossenberg (1984), Lipman- Blumen, Moos & Tsu propose slightly different concepts of transition phases such as an "acute phase" and a "reorganization" phase or a four stage process including disorganization, acting out, searching, and adaptation. Regardless of the variations in transition phase theories the underlying theme of each is that of the transition from uncertainty to stabilization.

Adult development and transition are important concepts for higher education administrators to understand when working with any new college student. Regardless of their age, the transition to college poses many issues that a new student must overcome. However, in terms of nontraditional students, these issues may be different or magnified by the fact that returning to college is a diversion from the cultural norm.

## **Nontraditional Students**

To better understand veterans in higher education it is first useful to recognize the fact that veterans are a subsection of the adult nontraditional student population.

Traditional students are typically defined as an 18 to 22 year old full or part time college student (Giancola, Munz & Trares, 2008). Thus anyone outside of that age bracket is considered a nontraditional student. In light of what is known regarding adult development, however, less emphasis is being placed on age. In fact, research is beginning to define nontraditional students as a group with other characteristics such as financial independence, gainful employment, and having dependents (Scott & Lewis, 2012). For this study, it is beneficial to merge both definitions, as veterans are generally older than their traditional peers, have more experience outside the class room, and in any instances, have much more responsibilities, such as a family, job, or home.

Regardless of veteran status, nontraditional students have unique perspectives, learning styles, and needs in comparison to their traditional peers. In a review of literature on nontraditional learning styles, Scott and Lewis identify five underlying assumptions relating to nontraditional students (2012). These assumptions are associated with the adult learners' maturity level and self-awareness (Self-concept), their ability to relate life experience to course material

(experience), their ability to assimilate new knowledge into their identity (readiness), their ability to apply new information to past or possible situations (orientation), and their shift from extrinsic to intrinsic learning motivations (motivation) (Scott & Lewis, 2012).

These assumptions drive not only the nontraditional learner's perceptions, but the perceptions of faculty and traditional students as well. In many cases the relationship between nontraditional student and faculty member is perceived as positive (Scott & Lewis, 2012). On the flip side, relationships between traditional and nontraditional student is more distant, with nontraditional students being less likely to engage their traditional peers in the classroom (Scott & Lewis, 2012).

To meet the academic needs and perceptions related to nontraditional students, curriculum and support services should be considered. These curricular considerations according to Doll (as cited by Scott and Lewis, 2012) must include the nontraditional student's experience and ability to apply information to different situations as well as the student's ability to communicate with peers and faculty. Curriculum should be developed that provides a venue for the opportunity to learn from past consequences of action and future implications (Scott & Lewis, 2012).

In addition to curriculum considerations, research has emphasized the importance of support networks for nontraditional students. Often these interactions are provided through campus centers, clubs, or communal organizations (Scott & Lewis, 2012). These formal and informal mentoring

services provide nontraditional students with a means to explore which services will “academically, socially, physically, and emotionally” assist them throughout their academic career (Scott & Lewis, 2012).

This brief exploration of nontraditional students serves to build a foundation for the veteran experience. While veterans share many characteristics with their non veteran nontraditional peers, there are many subtle and not so subtle differences that must be considered when building a strong veteran support program on campus. The following pages will address the veteran experience in more detail.

### **Veteran Reintegration**

Throughout the history of warfare it has been widely understood that combat exacts a heavy toll on combatants. Aside from the obvious physical strains and wounds service members must endure, veterans also face potential psychological, emotional, and reintegration concerns, such as PTSD, unemployment and family related issues.

The invisible wounds of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) have become an important issue of the Post 9/11 era. Post Traumatic Stress Disorder is a condition that follows a traumatic event. These events are often associated with terror, hopelessness, and near death experiences with symptoms including re-experiencing the event, heightened sense alert, and avoiding situations that may remind one of the events (Barnard-

Brak, Bagby, Jones & Sulak, 2011). Studies have placed the prevalence of PTSD in returning Iraq and Afghanistan veterans around 14% (Herman, Shiner, Friedman, 2012) and as high as 21% (Capehart & Bass, 2012).

In terms of cognitive processes in veterans with PTSD, the most common complaints were “attention and concentration difficulties, slowed processing speeds, and memory problems” (Gordon, Fitzpatrick & Hilsabeck, 2011, p. 338). These complaints were similar to complaints of veterans diagnosed with TBI with the addition of difficult multitasking and diminished cognitive endurance. Additionally, in severe cases of TBI, evidence of cognitive, emotional, motor, and sensory deficits was strong (Brenner, Ladley-O’Brien, Harwood, Filley, Kelly, Homaifar & Adler, 2009).

Though what is understood as Traumatic Brain Injury is growing, it has been reported that blast injuries, which often lead to TBI, accounted for 80% of all combat casualties (Capehart & Bass, 2012). In addition, 30% of all combat injuries in Iraq and Afghanistan were head and neck wounds compared to 16% for Vietnam Veterans and 21% for WWII veterans (Capehart & Bass, 2012). This rise in blast, head, and neck injuries was a direct result of the employment of improvised explosive devices (IED’s), such as road side bombs and suicide vets. These devices injured soldiers through blast waves, blunt trauma, and penetrating wounds.

In addition, TBI and PTSD have a high rate of co-morbidity. Research indicates that 43% of all veterans who had been diagnosed with TBI were also

diagnosed with PTSD (Gordon et al, 2011). Because PTSD and TBI have nearly identical cognitive effects, as well as symptoms of fatigue, irritability, headaches, and insomnia, it becomes difficult for clinicians, as well as administrators to distinguish which syndrome is more disabling. New research is beginning to show promising evidence that co-morbidity of PTSD, TBI or mTBI (mild TBI) does not increase the cognitive effects.

Mental and physical health conditions are often the root cause or amplifier to a host of other social reintegration concerns. Research links less income, unemployment, and debt with disabilities, such as PTSD and TBI (Eldogen, Johnson, Wagner, Newton, & Beckham, 2012). Veterans transitioning from the military face retraining for the civilian job market, inexperience with financial skills, predatory lenders targeting military installations, and a lack of savings (Eldogen et al., 2012).

The impact of financial stress on the reintegration of veterans is profound. Veterans face a higher risk of homelessness, criminal arrest, and difficulty finding retraining opportunities (Eldogen et al., 2012). In addition male veterans with combat experience face a higher risk of suicide than their non-veteran peers (Rudd, Goulding & Craig, 2011).

A 2011 national study of suicidality in student veterans found “surprisingly high” severity of mental health symptoms including PTSD, depression, and anxiety. Twenty- Three point seven of respondents reported severe depression while 45.6% exceeded the PCL (PTSD Check List) score for PTSD diagnosis

(Rudd et al, 2011). Particularly troubling, the study found that 20% respondents reported suicidal thoughts with a plan, 10.4 % thought about suicide often, 7.7% reported a previous suicide act, and 3.8% reported a suicidal act was likely (Rudd et al, 2011). In contrast, 6% of non- veteran students reported “seriously considering” suicide, while 1.3% attempted suicide (Rudd et al, 2011).

In addition to the previously mentioned reintegration issues, veterans may face challenges on the home front as well. A 2012 study examining community reintegration and veterans found that 42% reported problems with “getting along with [a] spouse or partner (Resnik, Bradford, Glynn, Jette, Hernandez, Wills, 2012). In addition, veterans who developed PTSD “experienced disordered perceptions of threat after military service and misinterpreted social situations in an overly hostile manner” (Taft, Kachadourian, Pinto, Suvak, Miller, Knight & Marx, 2012). This disordered perception increases the risk of aggressive or violent behavior. Further, it is hypothesized that PTSD and TBI may also increase the risk for intimate partner violence (IPV) in veterans (Taft et al, 2012).

Many veteran reintegration issues, such as PTSD and the increased risk for IPV lead to involvement in the criminal justice system. Veterans returning from the Vietnam War faced the same reintegration issues that modern day veterans faced with the additional stigma of serving in an unpopular war. These veterans were exposed to high level of trauma, as well as poor access to care and high unemployment. These conditions resulted in high crime rates among



the veteran population. In fact, by 1986 20% of all state prisoners were veterans (Cartwright, 2011).

While the number of incarcerated Vietnam Veterans has decreased over time, it is still the case that veterans, at 10%, are still a substantial portion of the inmate population. Additionally, veterans are more likely to be convicted of a violent crime than their non-veteran peers (Cartwright, 2011).

While veterans are at a higher risk for violent crimes than their civilian peers, the rates for alcohol or drug related convictions are also on the rise. Due largely in part to self-medicating practices, the rates of drunk driving, reckless driving, and disorderly conduct among veterans has increased from 1.73 per 1000 to 5.71 per 1,000 (Cartwright, 2011).

Veterans face potentially serious issues relating to their post military transition. With the enhanced benefits of the Post 9/11 GI Bill and the weak economy many veterans will turn to college to increase their training, education, and employment prospects (Rudd & Goulding, 2011). Many will matriculate in public and private colleges with physical and emotional strains, financial stress, relationship problems, substance abuse issues, higher risks of suicidality, and adult transition issues.

### **Institutional Responses**

According to Elizabeth O'Herrin (2011), student veterans have expressed unique needs compared to traditional undergraduates. Her article *Enhancing*

*Veteran Success in Higher Education* provides several recommendations to create a “veteran friendly” school, including establishing specific points of contact, creating working groups, improving campus climates through veteran groups and programming, streamlining certain policies, and ensuring veterans receive proper orientation to campus.

A 2006 needs assessment and focus group conducted at St. Cloud University in Minnesota determined that veteran “friendly schools” fostered an environment in which “veterans, military members, and their families felt welcome” (Lokken, Pfeffer, McAuley & Strong, 2009). Further, the study found that university veteran resource centers should exist to inform veterans about benefits and services; refer students to appropriate services; have enough space for veterans to engage and interact with others that share similar experience; and provide support for military family members (Lokken et al, 2009).

Another survey research, conducted by Lokken et al. (2009) in 2007 at St. Cloud University, focused on veteran/ military student population’s perceptions of the quality of veterans’ services. Of the 380 surveyed, 57% responded to the survey, which asked students to rate the quality of veteran services. Lokken et al. (2009) found that students were least satisfied with financial aid with a 10% satisfaction rate. The highest satisfaction rate was given to admissions with a 26% satisfaction rate.

When asked which programs or services, veterans would like to see improved, 57% responded that veterans needed better financial guidance and

resources, while another 45% requested a larger, more comprehensive veteran resource center. However, when asked if veterans had visited the veteran resource center, 58% stated they had not.

Finally, the study revealed a “strong support from leadership and administration, as well as sufficient resources, such as space, financial resources, and equipment had to be available to assist in the veteran’s transition to the university (Lokken et al., 2009).

At Western Michigan University, concerned staff who routinely worked with veterans, alerted administration to the “complexities and seriousness” of veteran related issues (Moon & Schma, 2011). The university administration responded by requesting a study to analyze the situation and make recommendations.

Similar to previous research findings, the results of this study showed a need for increased services, and financial services rated at the top of the list for needed improvement. The university employed a full-time position solely responsible for processing and overseeing veteran benefits, a responsibility typically assigned to a staff member with other duties (Moon & Schma, 2011). Further the study reemphasized the importance of the veteran student organization, stating that “...providing ways for veterans to connect with each other inside and outside the classroom is important...” (Moon & Schma, 2011)

A 2011 Association for the Study of Higher Education report examined the peer influence of veterans as they return to school. The report states that

“Identity and affiliation contribute to a significant extent toward their social footprint and psychological well-being” (DiRamio & Jarvis, 2011, p. 29). The report closes stating, “Finding a niche on a large campus through peer connections, returning adult programs, and learning communities designed for veterans can provide the support and structure necessary to assist in this transition.” (DiRamio & Jarvis, 2011, p. 32)

A 2009 study examined the prevalence of veteran services across the country. The study reviewed survey data from 732 public and private, as well as non-profit and profit institutions. It was found that 57% of responding institutions had specific programming for veterans. Further, 74% of public 4 -year institutions included recruiting veterans in their strategic plan. In addition between 57.1% and 68.1% of each subgroup (2 year public, 4 year public, 4 year private) stated they planned to establish new programs and policies, specifically for veterans.

In the study, *Completing the Mission: A Pilot Study of Veteran Student's Progress Toward Degree Attainment in the Post 9/11 Era*, the authors found that “certain academic support and student involvement in the school community do improve retention” (Lang & Powers, 2011). Further, the random sampling of veteran students at seven public institutions from around the country found that veteran students had, on average, higher GPA's and retention rates than their traditional student peers (Lang & Powers, 2011).

The research studies' evidence shows that the veteran population both requires and benefits from additional support encourages colleges and universities around the country to respond. On Jan 11<sup>th</sup> 2012 the Texas A&M University System released their best practices for veteran friendly campuses (Texas A&M University System Veteran Support Office, 2011). These best practices include: providing veteran resource centers, creating top down support, instituting comprehensive data tracking, creating an active and engaging veteran climate, instituting early enrollment, providing health and counseling services, and assisting with transition.

Cook and Kim's 2009 *From Soldier to Student: Easing the Transition of Service Members on Campus* is a comprehensive institutional research report on veteran's services in the nation's colleges and universities (DiRamiro & Jarvis, 2011). This study was sent to 2,647 campus presidents. The study found that 57% of the 732 survey respondents reported having services specifically designed for veterans, while 59% reported that providing veteran support services was part of their institution's long term strategic plan (Cook & Kim, 2009). The services identified by Cook and Kim included: providing staff and faculty professional development, establishing a veteran center on campus, establishing a veterans department, increasing staff, increasing programming, increasing budgeting, providing specific training for PTSD and TBI, and exploring additional funding resources (state and federal grants) (Cook & Kim, 2009).

Cook and Kim found that 4-year public institutions reported having specific veteran services more often (74%) than 2-year public institutions (66%). Additionally, Cook and Kim (2009) found that institutions with higher veteran enrolments were more likely to provide services than institutions with smaller veteran enrolments.

In 2012 Cook and Kim's study was revisited in *Soldier to Student: Easing the Transition of Service Members on Campus II* (McBain et al., 2012). The study found that of the 690 respondents, 62% were now providing veteran specific services, while 71% were including veteran services in their strategic plans. The most common services, aside from processing VA benefits, were providing financial aid counseling and veteran specific special events (McBain, Kim, Cook, & Sneed, 2012). Other services included employment services, career planning services, and academic services.

In terms of services and programs on campus, McBain, Kim, Cook and Sneed (2012) found an increase (71% in 2012 compared to 49% in 2009) in institutions that provided specific veteran's office or department (McBain et al., 2012). Additionally, of the institutions that reported having a specific veteran's office or department, 91% reported increasing their veteran's services and programs. Institutions with specific veteran's offices have also increased the number of sponsored student veterans' organizations (55% in 2009 to 71% in 2012). Equally important was the peer- to- peer support system. This often includes either a peer mentoring program or a peer support network. However,

*Soldier to Student II* found that only 16% of institutions provided such support systems (McBain et al, 2012).

Literature provides a wealth of insight into adult transition and nontraditional students, as well as veteran reintegration and institutional responses to veteran issues on campus. The research provides a framework for building veteran supportive institutions including creating veteran departments, a veteran supportive climate on campus, establishing peer networks, and creating veteran supportive policies such as financial aid and priority registration for veterans. That being said it is important to examine the state of Wisconsin's public colleges and universities, as it relates to veteran programs and services.

## **CHAPTER III**

### **METHODOLOGY**

#### **Research Design**

This study examines veteran's services and programs within the public colleges and universities in Wisconsin through a cross-sectional survey method. This method provides a comprehensive picture of services and programs, strategic orientation, and institutional characteristics at each institution allowing for cross tabulation analysis. In addition, time constraints and financial considerations precluded a lengthy and more expensive longitudinal research method.

#### **Population**

Previous research has indicated that because of the specific nature of the questions regarding institutional services and programs for military service members and veterans researchers should seek out staff members who are most qualified to provide answers (Cook & Kim, 2009). As such this research targeted Veteran Certifying Officials on each campus. The Veteran Certifying Official is the campus employee on each of the 42 public colleges and universities in Wisconsin charged with certifying enrollment and processing both state and federal benefits for every veteran student. As such they are the staff member on campus with the most interaction with veteran students. Quite often



they are the access point for other campus services as well. In addition, as more and more campuses create Veteran Resource Centers (McBain et al, 2012), the role of the veteran certifying official is sure to expand.

The University of Wisconsin System is home to 13 four-year universities, as well as 13 two-year colleges. In addition the Wisconsin Technical College System is comprised of 16 technical colleges across the state for a total of 42 public institutions of higher education.

Each of these institutions is certified by the State Approving Agency (Wisconsin Department of Veterans Affairs) authorizing the use of federal veteran education benefits by veterans in pursuit of training or a degree. Thus each institution is required by law to provide a certifying official. However, not all certifying officials are created equal. In fact, many have additional duties outside of veteran issues, some may work part-time, while others may be a full-time dedicated veteran representative.

### **Data Collection Procedures**

This research protocol was reviewed and approved by the University of Wisconsin Oshkosh's Institutional Review Board. During the summer of 2012, Veteran Certifying Officials (VCO's) at Wisconsin's public colleges and universities were invited to participate in an anonymous self-administered online survey.

Contact information for potential participants was collected through the State of Wisconsin Department of Veterans Affairs and crosschecked for completeness and accuracy through the federal Department of Veterans Affairs database. An electronic pre-notice invitation was sent over the email to each VCO. A week after the initial contact, the instrument was sent over the email together with a cover letter including language, indicating the purpose of the study, that participation was voluntary, anonymous, and confidential, and providing instructions for survey completion. Participants were invited to respond to a series of 22 quantitative items with several options for qualitative responses. The cover letter accompanying the survey served as the informed consent document. A total of three reminder/thank-you messages were sent over a two month period. Data was collected and stored, through UWO Qualtrics Online Survey Software.

### **Instruments and Measures**

This study uses a pre-established instrument developed by Cook and Kim's 2009 American Council on Education (ACE). The survey instrument was designed to identify the issues veterans face on campus, the services and programs provided to veterans, and the strategic orientation regarding veteran's services and programs on each campus. Permission to use the instrument was obtained from the authors of the instrument.

The online survey tool consisted of 22 questions (see Appendix B). Items 1 through 7 were quantitative questions related to institution characteristics. Items 6 through 8 were quantitative questions regarding veteran services with an opportunity for qualitative “other” responses. Questions 8 through 10 were qualitative items regarding the institutional climate. Questions 11 through 15 were qualitative items addressing the specific support services offered at each institution. Questions 16 and 17 were qualitative items addressing the administrative infrastructure at each institution. Finally, questions 18 through 22 were quantitative formats focusing on practice related items.

### **Data Analytic Methods**

This study utilized descriptive statistics analysis to create a comprehensive picture of current veteran programs and services within Wisconsin’s public colleges and universities using SPSS statistical software.

In addition, a cross-tabulation analysis was conducted to determine if differences existed between the type of institution (2-year college and 4-year university) and programs and services, priority issues, strategic orientation, and institutional characteristics. A statistically significant relationship between the dependent variables (programs and services, priority issues, strategic orientation, and institutional characteristics) and the independent variables (the type of institution) would be evidenced by Pearson’s chi-squared coefficient ( $\chi^2$ ) and the

probability value ( $p < .05$ ) (Berman & XiaoHu, 2012). To strengthen the interpretation of the chi-squared value, the Cramér's  $V$  coefficient was used in addition. The Cramér's  $V$  coefficient can range from 0 (no association) to 1 (a perfect association) (Cramer, 1999).

## CHAPTER IV

### RESULTS

#### **Institutional characteristics and strategic orientation**

Forty-two Veteran Certifying Officials were invited to complete the online survey instrument. Of the 42 respondents, 21 (50%) surveys were returned; eight either refused to participate or were incomplete, which left 13 (31%) completed surveys available for analysis.

Of the 13 respondents to the population of colleges and universities, 38.5% identified themselves as 2-year institutions, while 61.5% identified themselves as 4-year universities. More than half of all responding institutions (61.5%) offered associate, bachelors, and master's degrees, while a few offered a doctoral degree (38.5%). Total student enrolment of the survey population had a mean of 14,878 (SD= 15,321) with a high of 50,000 and a low of 800. The mean veteran enrollment of the survey population was 418.3 (SD= 354.4) with a high of 1,200 and a low of 40. Accounting for institution type the mean veteran enrollment for two-year colleges was 223.33 (SD = 343.5) while the mean veteran enrollment at four-year universities was 477.57 (SD= 348.5). However, the average number of veteran students compared to the non-veteran population was relatively similar at both 2-year and 4-year institutions (3.31% and 3.62% respectively).

Respondents were asked a series of questions regarding their institution's strategic orientation. Sixty-nine percent of respondents answered that veteran services and programs were included in their institution's strategic plans, 7.7% respondents stated that veteran programs and services were not included in the strategic plan, and 23% of respondents did not know if veteran programs and services were included in their institution's strategic plans.

Institutions were also asked to identify issues that their institutions were considering to address in the next five years. Fifty-four percent of respondents identified that they were considering pursuing additional federal funding sources and 69.2% identified pursuing grants. While a majority of institutions stated that they were seeking more funding only 30.8% of respondents stated they were planning on increasing their budget for over the next five years. Additionally, less than half of respondents planned on increasing staff (46.2%) or increasing the number of veteran services and programs (46.2%).

### **Priority Issues**

Priority issues are issues that colleges and universities have identified as important to or affecting veteran students. These issues consist of two categories including student issues (e.g., financial aid, health care, social acculturation,) and institutional issues (e.g., campus accessibility, funding, sufficient staffing). The most important issues facing veterans as identified by

VCO's were: degree retention (76.9%), staff sensitivity (76.0%), adequate funding (76.9%), and social acculturation (61.5%),

### **Veteran Student Support and Academic Services**

As evidenced by Cook and Kim (2009) colleges and universities across the country are offering a variety of services designed to assist veterans through the transition from the military to academic life. Wisconsin's public colleges and universities were no different. In Wisconsin, 100% of campuses reported providing education benefit counseling. Other popular veteran services included social events and veteran orientations (76.9%), veteran's lounge (69.2%) academic advising (66.7%), and veteran employment/ work study (61.5%). Less common services provided for veterans include career planning (46.2%) and tutoring (38.5%).

### **Physical Infrastructure and Practice-Related Characteristics**

Each college and University has some discretion as to which department administers veteran benefits or serves as the primary point of contact for veteran services. The most common offices that administered benefits were the office of the registrar (46%) and financial aid (31%). Similarly the registrars office (38%) and student affairs (31%) were the most common first point of contact.

In addition the vast majority of institutions (92%) employ a full-time staff member to certify veteran's enrollment. On average, these certifying officials are

spending twenty hours (SD= 10) per week processing benefits, ten hours (SD= 7) a week on non benefit related veteran issues, and nine hours (SD= 13) on non veteran related job duties.

### **Comparison of Institutions: Pearson's Chi-squared Test**

Wisconsin's public colleges and universities are providing a variety of programs and services for veterans. In fact, 100% of respondents offered at least some level of service for veterans.

A comparison of among 2-year colleges and 4-year universities allows determining whether they perceive differently the following issues: which programs each institution currently has, which programs each institution is likely to have in the next five years, and which issues have been identified by the institution as a priority for veterans and the institution

Four-year universities were more likely to identify veteran orientations as a current program than 2-year colleges (80% vs. 20%). This relationship was statistically significant  $\chi^2(1, N = 13) = 6.24; p < .01$ . The Cramér's  $V$  coefficient was .62, which indicated a strong relationship. These veteran specific orientations have been defined as a best practice by the Texas A & M University System ("Best Practices", 2012). Veteran orientations provide the student veteran with the opportunity to learn about campus services, resources, and their expectation as a student.



Also, compared to 2-year colleges, 4-year universities were less likely to identify campus accessibility as an area of concern (80% vs. 20%). These differences were statistically significant  $\chi^2(1, N = 13) = 6.24; p < .01$ . The Cramér's  $V$  coefficient was .69, which indicated a very strong relationship. There may be several factors that highlight campus accessibility for two-year institutions; however more research needs to be conducted.

## **CHAPTER V**

### **DISCUSSION**

#### **Introduction**

The previous chapters discussed the historical evolution of veteran benefits, the adult development theories, nontraditional student issues, and veteran reintegration concerns. In addition, the current status of services and programs for veterans in Wisconsin's public colleges and universities was examined.

Current literature has identified the importance of supportive services for veterans entering higher education. Additionally, literature has identified that with supportive services veterans will achieve their academic goals often with higher grade point averages and retention than their non veteran cohorts (Lang & Powers, 2011, p.11).

#### **Key Findings**

This study found few statistically significant relationships between the type of institution and veteran services and programs provided by Wisconsin's public institutions. On the whole 4-year institutions are more likely to provide veteran specific orientations. More research is required to determine why this relationship exists. Additionally, 4-year institutions are less likely to view campus accessibility as an issue than their 2-year counter parts. Again, more research is

required, but the commuter nature of 2-year colleges may highlight the need for access compared to the residential nature of 4-year universities.

While few statistically significant relationships were found small variations in the responses do exist. Additional analysis was conducted to determine if institutional infrastructure was related to veteran services and programs. However, this analysis yielded similar results, with no statistically significant relationships between the location of veteran services (financial aid, registrar, etc...) and the variables tested.

Another key finding was that while 69% of institutions responded that veterans programs and services were a part of their institution's strategic plan nearly a quarter (23%) of respondents stated they did not know. Further analysis revealed no statistically significant relationship between the type of institution, the administrative infrastructure of veteran services and the strategic planning variables. However, this may indicate an opportunity for better communication between top administrators and the VCO.

*From Soldier to Student II: Assessing Campus Programs for Veterans and Service Members* (McBain, Kim, Cook & Snead, 2012) serves as a base from which to gauge Wisconsin's public institutions as compared the national picture. This study will compare the strategic orientation, priority issues, and current services and programs of Wisconsin's public colleges and universities to the national sample provided by McBain, Kim, Cook and Snead (2012).

In terms of budgets and services Wisconsin's strategic orientation is remarkably similar to the national sample. When asked if institutions were seeking additional federal funding streams in the next five years 53.8% of Wisconsin institutions answered yes compared to 51.9% nationally. Additionally 30.8% of Wisconsin institutions plan on increasing their budget for veteran services, while nationally 27% of institutions project an increase. Wisconsin's institutions also had similar response rates when it came to increasing the number of veteran services and programs (Wisconsin = 46.2%, national = 43%).

There are however, several areas within the strategic orientation where Wisconsin's public institutions vary considerably from the national sample. These areas included increasing staff for veteran services (Wisconsin = 46.2%, national = 29%), establishing a veterans department (Wisconsin = 30.8%, national = 13.4%), and establishing a veteran center on campus (Wisconsin = 38.5%, national = 17%).

Priority issues facing veterans yielded less variation than the strategic orientation questions. The three top issues facing veterans as identified by both surveys are degree retention (Wisconsin = 76.9%, national = 73.1%), financial aid (Wisconsin = 53.8%, national = 81.6%), and social acculturation (Wisconsin = 61.5%, national = 33.1%). It is interesting to note the differences between Wisconsin's perception of financial aid and social acculturation and those of the national sample. It is possible that Wisconsin's state veteran benefits relieve some of the financial burden on students. However, more research would need

to be conducted to prove those differences. Additionally, Wisconsin's high priority on social acculturation may indicate regional variation. However, more research would need to be conducted.

In terms of issues facing institutions, Wisconsin's colleges and universities identified several different priorities than McBain et al's (2012) national sample. These issues included staff and faculty sensitivity to veterans issues (Wisconsin = 76.9%, national = 44.4%), locating funding sources (Wisconsin = 76.9%, national = 42.1%), having sufficient staff for veteran's services and programs (Wisconsin = 53.8%, national = 28.1%) and having qualified staff trained to address service members needs (Wisconsin = 53.8%, national = 32.4%). These variations are substantial and warrant future investigation.

Data shows that more of Wisconsin's public colleges and universities were providing veteran services than the national sample. This was evident in each current program and service variable except for the financial aid/ tuition support variable (Wisconsin = 46.2%, national = 57.2%).

Other variables where Wisconsin's public colleges and Universities did well were social events (Wisconsin = 76.9%, national = 35.4%), VA education benefits counseling (Wisconsin = 100%, national = 81.6%), having a veteran lounge (Wisconsin = 69.2%, national = 12%), employment assistance (Wisconsin = 61.5%, national = 48.9%), and transition assistance (Wisconsin = 30.8%, national = 22.1%).

**Limitations**

The greatest limitation to this study was the size of the survey population. There are 42 certifying officials in Wisconsin, and while a 31% response rate is typically viewed as a good response rate, a total of 13 complete surveys are too small to yield meaningful and accurate responses. Second, the results were collected from a single state; therefore, generalizations to other regions should be made with caution. Third, the study may be limited by the possibility of response bias because of suboptimal response rate. Fourth, responses were obtained from VCOs. Administrators may perceive differently institutional priorities and issues related to veteran students. Future research needs to establish if this is the case. Fifth, given this study's methodological limitations, direct comparisons of current findings with previous research should be interpreted with caution.

## CONCLUSION

This study set out to identify the institutional characteristics regarding veteran services and programs as well as each institutions strategic orientation in Wisconsin. Further, the study sought to identify if there were any significant differences between the type of institution, the provision of services, and their strategic orientation. While this study found few statistically significant relationships between variables it is encouraging to note that 69% of public institutions consider veteran programs and services in their strategic planning.

Additionally, when compared to a national sample Wisconsin's public colleges and universities are well situated to provide effective veteran's services and programs now and in the future. As indicated by the variations in priority issues future research should be conducted considering regional values and the provision of veteran's programs and services. This research may also want to consider variations in state benefits as they relate to issues facing veterans.

Future studies of veteran services and programs may seek to increase their population by conducting regional case studies rather than state specific case studies. That is to say a study consisting of the entire Upper Great Lakes (IL,MN,MI,WI, etc...) region may yield more statistically significant results. However, as stated above many states offer different benefits to veterans and data may be skewed by these variations. Additionally longitudinal studies

examining the trends and efficacy of veteran services will be helpful in determining the appropriate level of services.



## **Appendix A**

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**Appendix A: LISTS OF TABLES**

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**Tables 1: Descriptive Statistics: Frequencies  
Frequency Tables**

**Table 1.1: INSTITUTION**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2-year college	5	38.5	38.5	38.5
	4 year-college	8	61.5	61.5	100.0
	Total	13	100.0	100.0	

**Table 1.2: Associates**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	61.5	61.5	61.5
	No	5	38.5	38.5	100.0
	Total	13	100.0	100.0	

**Table 1.3: Bachelors**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	61.5	61.5	61.5
	No	5	38.5	38.5	100.0
	Total	13	100.0	100.0	

**Table 1.4: Masters**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	61.5	61.5	61.5
	No	5	38.5	38.5	100.0
	Total	13	100.0	100.0	

**Table 1.5: Doctorate**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	15.4	15.4	15.4
	No	11	84.6	84.6	100.0
	Total	13	100.0	100.0	

**Table 1.6: Vet Services/ Programs in Strategic Plan**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	69.2	69.2	69.2
	No	1	7.7	7.7	76.9
	Don't Know	3	23.1	23.1	100.0
	Total	13	100.0	100.0	

**Table 1.7: Finding Funding Source**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	53.8	53.8	53.8
	No	6	46.2	46.2	100.0
	Total	13	100.0	100.0	

**Table 1.8 Find Grant**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	69.2	69.2	69.2
	No	4	30.8	30.8	100.0
Total		13	100.0	100.0	

**Table 1.9: Increase Counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	76.9	76.9	76.9
	No	3	23.1	23.1	100.0
Total		13	100.0	100.0	

**Table 1.10: Increase Budget**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	30.8	30.8	30.8
	No	9	69.2	69.2	100.0
Total		13	100.0	100.0	

**Table 1.11: Increase Number of Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	46.2	46.2	46.2
	No	7	53.8	53.8	100.0
Total		13	100.0	100.0	

**Table 1.12: Increase Staff**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	46.2	46.2	46.2
	No	7	53.8	53.8	100.0
	Total	13	100.0	100.0	

**Table 1.13: Decrease Number of Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	7.7	7.7	7.7
	No	12	92.3	92.3	100.0
	Total	13	100.0	100.0	

**Table 1.14: Establish Veterans Dept**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	30.8	30.8	30.8
	No	9	69.2	69.2	100.0
	Total	13	100.0	100.0	

**Table 1.15: Establish Center**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	38.5	38.5	38.5
	No	8	61.5	61.5	100.0
	Total	13	100.0	100.0	

**Table 1.16: Increase Professional Development**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	61.5	61.5	61.5
	No	5	38.5	38.5	100.0
	Total	13	100.0	100.0	

**Tables 1.17: Financial Aid**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	53.8	53.8	53.8
	No	6	46.2	46.2	100.0
	Total	13	100.0	100.0	

**Table 1.18: Retention**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	76.9	76.9	76.9
	No	3	23.1	23.1	100.0
	Total	13	100.0	100.0	

**Table 1.19: Health Care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	53.8	53.8	53.8
	No	6	46.2	46.2	100.0
	Total	13	100.0	100.0	

**Table 1.20: Social Acculturation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	61.5	61.5	61.5
	No	5	38.5	38.5	100.0
Total		13	100.0	100.0	



## Tables 2: Descriptive Statistics: Cross-Tabulations

### Table 2.1 Institution and Financial Aid

#### Tables 2.1.1 Financial Aid Crosstab

		FA		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within FA	42.9%	33.3%	38.5%
	Count	4	4	8
	4-year % within INST	50.0%	50.0%	100.0%
	% within FA	57.1%	66.7%	61.5%
Total	Count	7	6	13
	% within INST	53.8%	46.2%	100.0%
	% within FA	100.0%	100.0%	100.0%

#### Table 2.1.2 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.124 <sup>a</sup>	1	.725		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.124	1	.724		
Fisher's Exact Test				1.000	.587
Linear-by-Linear Association	.114	1	.735		
N of Valid Cases	13				

#### Table 2.1.3: Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.098	.725
	Cramer's V	.098	.725
N of Valid Cases		13	

## Tables 2.2: Institution and Retention

**Table 2.2.1: Crosstab**

		DR		Total
		Yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within DR	40.0%	33.3%	38.5%
	Count	6	2	8
	4-year % within INST	75.0%	25.0%	100.0%
	% within DR	60.0%	66.7%	61.5%
Total	Count	10	3	13
	% within INST	76.9%	23.1%	100.0%
	% within DR	100.0%	100.0%	100.0%

**Table 2.2.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.043 <sup>a</sup>	1	.835	1.000	.685
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.044	1	.834		
Fisher's Exact Test					
Linear-by-Linear Association	.040	1	.841		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.2.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.058	.835
	Cramer's V	.058	.835
N of Valid Cases		13	

**Table 2.3: Institution and Health Care****Table 2.3.1: Crosstab**

		HC		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within HC	42.9%	33.3%	38.5%
	Count	4	4	8
	4-year % within INST	50.0%	50.0%	100.0%
	% within HC	57.1%	66.7%	61.5%
Total	Count	7	6	13
	% within INST	53.8%	46.2%	100.0%
	% within HC	100.0%	100.0%	100.0%

**Table 2.3.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.124 <sup>a</sup>	1	.725		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.124	1	.724		
Fisher's Exact Test				1.000	.587
Linear-by-Linear Association	.114	1	.735		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 2.31.

b. Computed only for a 2x2 table

**Table 2.3.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.098	.725
	Cramer's V	.098	.725
N of Valid Cases		13	

**Table 2.4: Institution and Social Acculturation****Table 2.4.1: Crosstab**

		SA		Total
		Yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within SA	50.0%	20.0%	38.5%
	Count	4	4	8
	4-year % within INST	50.0%	50.0%	100.0%
	% within SA	50.0%	80.0%	61.5%
Total	Count	8	5	13
	% within INST	61.5%	38.5%	100.0%
	% within SA	100.0%	100.0%	100.0%

**Table 2.4.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.170 <sup>a</sup>	1	.279		
Continuity Correction <sup>b</sup>	.246	1	.620		
Likelihood Ratio	1.229	1	.268		
Fisher's Exact Test				.565	.315
Linear-by-Linear Association	1.080	1	.299		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 1.92.

b. Computed only for a 2x2 table

**Table 2.4.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.300	.279
	Cramer's V	.300	.279
N of Valid Cases		13	

**Table 2.5: Institution and Campus Accessibility****Table 2.5.1: Crosstab**

		CampA		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within CampA	100.0%	20.0%	38.5%
	Count	0	8	8
	4-year % within INST	0.0%	100.0%	100.0%
	% within CampA	0.0%	80.0%	61.5%
Total	Count	3	10	13
	% within INST	23.1%	76.9%	100.0%
	% within CampA	100.0%	100.0%	100.0%

**Table 2.5.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.240 <sup>a</sup>	1	.012		
Continuity Correction <sup>b</sup>	3.318	1	.069		
Likelihood Ratio	7.315	1	.007		
Fisher's Exact Test				.035	.035
Linear-by-Linear Association	5.760	1	.016		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.5.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.693	.012
	Cramer's V	.693	.012
N of Valid Cases		13	

**Table 2.6: Institution and Withdrawals****Table 2.6.1: Crosstab**

		Wthd		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within Wthd	60.0%	25.0%	38.5%
	Count	2	6	8
	4-year % within INST	25.0%	75.0%	100.0%
	% within Wthd	40.0%	75.0%	61.5%
Total	Count	5	8	13
	% within INST	38.5%	61.5%	100.0%
	% within Wthd	100.0%	100.0%	100.0%

**Table 2.6.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.592 <sup>a</sup>	1	.207		
Continuity Correction <sup>b</sup>	.457	1	.499		
Likelihood Ratio	1.596	1	.207		
Fisher's Exact Test				.293	.249
Linear-by-Linear Association	1.470	1	.225		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 1.92.

b. Computed only for a 2x2 table

**Table 2.6.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.350	.207
	Cramer's V	.350	.207
N of Valid Cases		13	

**Table 2.7: Institution and Staff Sensitivity****Table 2.7.1: Crosstab**

		StafSens		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within StafSens	30.0%	66.7%	38.5%
	Count	7	1	8
	4-year % within INST	87.5%	12.5%	100.0%
	% within StafSens	70.0%	33.3%	61.5%
Total	Count	10	3	13
	% within INST	76.9%	23.1%	100.0%
	% within StafSens	100.0%	100.0%	100.0%

**Table 2.7.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.311 <sup>a</sup>	1	.252	.510	.315
Continuity Correction <sup>b</sup>	.219	1	.640		
Likelihood Ratio	1.287	1	.257		
Fisher's Exact Test					
Linear-by-Linear Association	1.210	1	.271		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.7.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.318	.252
	Cramer's V	.318	.252
N of Valid Cases		13	

**Table 2.8: Institution and Funding****Table 2.8.1: Crosstab**

		Fund		Total
		Yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within Fund	40.0%	33.3%	38.5%
	Count	6	2	8
	4-year % within INST	75.0%	25.0%	100.0%
	% within Fund	60.0%	66.7%	61.5%
Total	Count	10	3	13
	% within INST	76.9%	23.1%	100.0%
	% within Fund	100.0%	100.0%	100.0%

**Table 2.8.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.043 <sup>a</sup>	1	.835	1.000	.685
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.044	1	.834		
Fisher's Exact Test					
Linear-by-Linear Association	.040	1	.841		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.8.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.058	.835
	Cramer's V	.058	.835
N of Valid Cases		13	



**Table 2.9: Institution and Sufficient Staff****Table 2.9.1: Crosstab**

		SufStaf		Total
		Yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within SufStaf	57.1%	16.7%	38.5%
	Count	3	5	8
	4-year % within INST	37.5%	62.5%	100.0%
	% within SufStaf	42.9%	83.3%	61.5%
Total	Count	7	6	13
	% within INST	53.8%	46.2%	100.0%
	% within SufStaf	100.0%	100.0%	100.0%

**Table 2.9.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.236 <sup>a</sup>	1	.135		
Continuity Correction <sup>b</sup>	.853	1	.356		
Likelihood Ratio	2.356	1	.125		
Fisher's Exact Test				.266	.179
Linear-by-Linear Association	2.064	1	.151		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 2.31.

b. Computed only for a 2x2 table

**Table 2.9.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.415	.135
	Cramer's V	.415	.135
N of Valid Cases		13	

**Table 2.10: Institution and Qualified Staff****Table 2.10.1: Crosstab**

		QalStaf		Total
		Yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within QalStaf	57.1%	16.7%	38.5%
	Count	3	5	8
	4-year % within INST	37.5%	62.5%	100.0%
	% within QalStaf	42.9%	83.3%	61.5%
Total	Count	7	6	13
	% within INST	53.8%	46.2%	100.0%
	% within QalStaf	100.0%	100.0%	100.0%

**Table 2.10.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.236 <sup>a</sup>	1	.135		
Continuity Correction <sup>b</sup>	.853	1	.356		
Likelihood Ratio	2.356	1	.125		
Fisher's Exact Test				.266	.179
Linear-by-Linear Association	2.064	1	.151		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 2.31.

b. Computed only for a 2x2 table

**Table 2.10.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.415	.135
	Cramer's V	.415	.135
N of Valid Cases		13	

**Table 2.11: Institution and Cost****Table 2.11.1: Crosstab**

		Cost		Total
		Yes	No	
INST	Count	1	4	5
	2-year % within INST	20.0%	80.0%	100.0%
	% within Cost	50.0%	36.4%	38.5%
	Count	1	7	8
	4-year % within INST	12.5%	87.5%	100.0%
	% within Cost	50.0%	63.6%	61.5%
Total	Count	2	11	13
	% within INST	15.4%	84.6%	100.0%
	% within Cost	100.0%	100.0%	100.0%

**Table 2.11.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.133 <sup>a</sup>	1	.715	1.000	.641
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.130	1	.718		
Fisher's Exact Test					
Linear-by-Linear Association	.123	1	.726		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .77.

b. Computed only for a 2x2 table

**Table 2.11.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.101	.715
	Cramer's V	.101	.715
N of Valid Cases		13	

**Table 2.12: Institution and Pressure to Enroll****Table 2.12.1: Crosstab**

		EnrIPres		Total
		Yes	No	
INST	Count	0	5	5
	2-year % within INST	0.0%	100.0%	100.0%
	% within EnrIPres	0.0%	41.7%	38.5%
	Count	1	7	8
	4-year % within INST	12.5%	87.5%	100.0%
	% within EnrIPres	100.0%	58.3%	61.5%
Total	Count	1	12	13
	% within INST	7.7%	92.3%	100.0%
	% within EnrIPres	100.0%	100.0%	100.0%

**Table 2.12.1: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.677 <sup>a</sup>	1	.411	1.000	.615
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	1.023	1	.312		
Fisher's Exact Test					
Linear-by-Linear Association	.625	1	.429		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .38.

b. Computed only for a 2x2 table

**Table 2.12.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.228	.411
	Cramer's V	.228	.411
N of Valid Cases		13	

**Table 2.13: Institution and Academic Advising****Table 2.13.1: Crosstab**

		AA		Total
		Yes	No	
INST	Count	3	2	5
	2-year % within INST	60.0%	40.0%	100.0%
	% within AA	33.3%	50.0%	38.5%
	Count	6	2	8
	4-year % within INST	75.0%	25.0%	100.0%
	% within AA	66.7%	50.0%	61.5%
Total	Count	9	4	13
	% within INST	69.2%	30.8%	100.0%
	% within AA	100.0%	100.0%	100.0%

**Table 2.13.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.325 <sup>a</sup>	1	.569		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.321	1	.571		
Fisher's Exact Test				1.000	.510
Linear-by-Linear Association	.300	1	.584		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.54.

b. Computed only for a 2x2 table

**Table 2.13.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.158	.569
	Cramer's V	.158	.569
N of Valid Cases		13	

**Table 14: Institution and Tutoring****Table 2.14.1: Crosstab**

		Tut		Total
		Yes	No	
INST	Count	1	4	5
	2-year % within INST	20.0%	80.0%	100.0%
	% within Tut	20.0%	50.0%	38.5%
	Count	4	4	8
	4-year % within INST	50.0%	50.0%	100.0%
	% within Tut	80.0%	50.0%	61.5%
Total	Count	5	8	13
	% within INST	38.5%	61.5%	100.0%
	% within Tut	100.0%	100.0%	100.0%

**Table 2.14.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.170 <sup>a</sup>	1	.279		
Continuity Correction <sup>b</sup>	.246	1	.620		
Likelihood Ratio	1.229	1	.268		
Fisher's Exact Test				.565	.315
Linear-by-Linear Association	1.080	1	.299		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 1.92.

b. Computed only for a 2x2 table

**Table 2.14.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.300	.279
	Cramer's V	.300	.279
N of Valid Cases		13	

**Table 2.15: Institution and Social Events****Table 2.15.1: Crosstab**

		Soc		Total
		yes	No	
INST	Count	4	1	5
	2-year % within INST	80.0%	20.0%	100.0%
	% within Soc	40.0%	33.3%	38.5%
	Count	6	2	8
	4-year % within INST	75.0%	25.0%	100.0%
	% within Soc	60.0%	66.7%	61.5%
Total	Count	10	3	13
	% within INST	76.9%	23.1%	100.0%
	% within Soc	100.0%	100.0%	100.0%

**Table 2.15.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.043 <sup>a</sup>	1	.835		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.044	1	.834		
Fisher's Exact Test				1.000	.685
Linear-by-Linear Association	.040	1	.841		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.15.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.058	.835
	Cramer's V	.058	.835
N of Valid Cases		13	

**Table 2.16: Institution and Career Planning****Table 2.16.1: Crosstab**

		CP		Total
		Yes	No	
INST	Count	1	4	5
	2-year % within INST	20.0%	80.0%	100.0%
	% within CP	16.7%	57.1%	38.5%
	Count	5	3	8
	4-year % within INST	62.5%	37.5%	100.0%
	% within CP	83.3%	42.9%	61.5%
Total	Count	6	7	13
	% within INST	46.2%	53.8%	100.0%
	% within CP	100.0%	100.0%	100.0%

**Table 2.16.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.236 <sup>a</sup>	1	.135		
Continuity Correction <sup>b</sup>	.853	1	.356		
Likelihood Ratio	2.356	1	.125		
Fisher's Exact Test				.266	.179
Linear-by-Linear Association	2.064	1	.151		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 2.31.

b. Computed only for a 2x2 table

**Table 2.16.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.415	.135
	Cramer's V	.415	.135
N of Valid Cases		13	



**Table 2.17: Institution and Employment/ Work Study****Table 2.17.1: Crosstab**

		EA		Total
		Yes	No	
INST	Count	2	3	5
	2-year % within INST	40.0%	60.0%	100.0%
	% within EA	25.0%	60.0%	38.5%
	Count	6	2	8
	4-year % within INST	75.0%	25.0%	100.0%
	% within EA	75.0%	40.0%	61.5%
Total	Count	8	5	13
	% within INST	61.5%	38.5%	100.0%
	% within EA	100.0%	100.0%	100.0%

**Table 2.17.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.592 <sup>a</sup>	1	.207		
Continuity Correction <sup>b</sup>	.457	1	.499		
Likelihood Ratio	1.596	1	.207		
Fisher's Exact Test				.293	.249
Linear-by-Linear Association	1.470	1	.225		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 1.92.

b. Computed only for a 2x2 table

**Table 2.17.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.350	.207
	Cramer's V	.350	.207
N of Valid Cases		13	

**Table 2.18: Institution and Financial Aid/ Tuition Assistance****Table 2.18.1: Crosstab**

		FA1		Total
		Yes	No	
INST	Count	2	3	5
	2-year % within INST	40.0%	60.0%	100.0%
	% within FA1	33.3%	42.9%	38.5%
	Count	4	4	8
	4-year % within INST	50.0%	50.0%	100.0%
	% within FA1	66.7%	57.1%	61.5%
Total	Count	6	7	13
	% within INST	46.2%	53.8%	100.0%
	% within FA1	100.0%	100.0%	100.0%

**Table 2.18.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.124 <sup>a</sup>	1	.725		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.124	1	.724		
Fisher's Exact Test				1.000	.587
Linear-by-Linear Association	.114	1	.735		
N of Valid Cases	13				

a. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 2.31.

b. Computed only for a 2x2 table

**Table 2.18.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.098	.725
	Cramer's V	.098	.725
N of Valid Cases		13	

**Table 2.19: Institution and Transition Assistance****Table 2.19.1: Crosstab**

		TA		Total
		Yes	No	
INST	Count	1	4	5
	2-year % within INST	20.0%	80.0%	100.0%
	% within TA	25.0%	44.4%	38.5%
	Count	3	5	8
	4-year % within INST	37.5%	62.5%	100.0%
	% within TA	75.0%	55.6%	61.5%
Total	Count	4	9	13
	% within INST	30.8%	69.2%	100.0%
	% within TA	100.0%	100.0%	100.0%

**Table 2.19.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.442 <sup>a</sup>	1	.506		
Continuity Correction <sup>b</sup>	.002	1	.962		
Likelihood Ratio	.459	1	.498		
Fisher's Exact Test				1.000	.490
Linear-by-Linear Association	.408	1	.523		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.54.

b. Computed only for a 2x2 table

**Table 2.19.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.184	.506
	Cramer's V	.184	.506
N of Valid Cases		13	

**Table 2.20: Institution and Benefit Counseling****Table 2.20.1: Crosstab**

		VAEDU	Total
		1.00	
INST	Count	5	5
	2-year % within INST	100.0%	100.0%
	% within VAEDU	38.5%	38.5%
	Count	8	8
	4-year % within INST	100.0%	100.0%
	% within VAEDU	61.5%	61.5%
Total	Count	13	13
	% within INST	100.0%	100.0%
	% within VAEDU	100.0%	100.0%

**Table 2.20.2: Chi-Square Tests**

	Value
Pearson Chi-Square	. <sup>a</sup>
N of Valid Cases	13

a. No statistics are computed because VAEDU is a constant.

**Table 2.20.3: Symmetric Measures**

		Value
Nominal by Nominal	Phi	. <sup>a</sup>
N of Valid Cases		13

a. No statistics are computed because VAEDU is a constant.

**Table 2.21: Institution and Veteran lounge****Table 2.21.1: Crosstab**

		VetLng		Total
		Yes	No	
INST	Count	2	3	5
	2-year % within INST	40.0%	60.0%	100.0%
	% within VetLng	22.2%	75.0%	38.5%
	Count	7	1	8
	4-year % within INST	87.5%	12.5%	100.0%
	% within VetLng	77.8%	25.0%	61.5%
Total	Count	9	4	13
	% within INST	69.2%	30.8%	100.0%
	% within VetLng	100.0%	100.0%	100.0%

**Table 2.21.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.259 <sup>a</sup>	1	.071		
Continuity Correction <sup>b</sup>	1.411	1	.235		
Likelihood Ratio	3.290	1	.070		
Fisher's Exact Test				.217	.119
Linear-by-Linear Association	3.008	1	.083		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.54.

b. Computed only for a 2x2 table

**Table 2.21.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.501	.071
	Cramer's V	.501	.071
N of Valid Cases		13	

**Table 22: Institution and Veteran Orientation****Table 2.22.1: Crosstab**

		VOR		Total
		Yes	No	
INST	Count	2	3	5
	2-year % within INST	40.0%	60.0%	100.0%
	% within VOR	20.0%	100.0%	38.5%
	Count	8	0	8
	4-year % within INST	100.0%	0.0%	100.0%
	% within VOR	80.0%	0.0%	61.5%
Total	Count	10	3	13
	% within INST	76.9%	23.1%	100.0%
	% within VOR	100.0%	100.0%	100.0%

**Table 2.22.2: Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.240 <sup>a</sup>	1	.012		
Continuity Correction <sup>b</sup>	3.318	1	.069		
Likelihood Ratio	7.315	1	.007		
Fisher's Exact Test				.035	.035
Linear-by-Linear Association	5.760	1	.016		
N of Valid Cases	13				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is 1.15.

b. Computed only for a 2x2 table

**Table 2.22.3: Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.693	.012
	Cramer's V	.693	.012
N of Valid Cases		13	

### Tables 3: Means and Standard Deviations

**Table 3.1: Institutional and Practice Related Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
TEnrl	13	800.00	50000.00	14874.0000	15321.08005
Venrl	13	40.00	1200.00	418.3077	354.41228
Procben	13	1.00	30.00	20.1538	10.08998
Vetlss	13	2.00	25.00	11.4615	7.13694
NonVet	13	.00	40.00	9.2308	12.94961
WrkStud	13	.00	6.00	1.3846	1.98068
Valid N (listwise)	13				

**Table 3.2: Practice Related Descriptive Statistics**

Time Spent	N	Minimum	Maximum	Mean	Std. Deviation
Procben	13	1.00	30.00	20.1538	10.08998
Vetlss	13	2.00	25.00	11.4615	7.13694
NonVet	13	.00	40.00	9.2308	12.94961
Valid N (listwise)	13				

**Appendix B**

## Survey Tool



## Appendix B: SURVEY TOOL

### Veterans Services and Programs in Wisconsin's Public Colleges and Universities

#### Institutional Characteristics and Strategic Orientation

1. What is the type and scope of your institution?
  - a. 2-Yr College    b. 4-Yr College    c. 4-Yr University
  
2. What is the total enrolment of students at your institution? \_\_\_\_\_
  
3. Please provide estimated institutional enrollment of veteran students \_\_\_\_\_
  
4. What degrees do you offer (select all that apply)?
 

a. Associate	c. Master
b. Bachelor	d. Doctoral
  
5. Are programs/services for veterans part of your institution's long-term strategic plan?
  - a. Yes                      b. No                      c. Don't know
  
6. Which of the following is your institution considering in the next five years? Please circle all that apply.
  - a. Explore state or federal sources to fund campus programs.
  - b. Write grant proposals to fund campus programs.
  - c. Train counseling staff to assist students with PTSD, brain injuries, and other health issues related to combat duty.
  - d. Increase budget for veteran services and programs.
  - e. Increase number of veteran services and programs.
  - f. Increase staff for veteran programs and services.
  - g. Decrease staff for veteran programs and services.
  - h. Establish department for veterans programs.
  - i. Establish center for veterans and their families.
  - j. Provide professional development for faculty/staff regarding the transitional needs of veterans.
  - k. None of the above.
  - l. Other (please specify below)
  
7. Does your institution currently have services and programs specifically designed for

veterans?

- a. Yes   b. No

**If No, this will end your participation in the study. Thank you!**

***Institutional Climate: Priority of Veterans Student Services/Programs***

8. What issues related to veteran students have been identified by your institution as priorities? Please select the top three under each heading.

***Student issues***

- a. Financial aid
- b. Degree retention/completion
- c. Health care (PTSD, TBI, etc.)
- d. Social acculturation
- e. No issues related to veteran students
- f. Other (please specify):

***Institutional issues***

- a. Campus accessibility
- b. Course withdrawals as a result of military deployment or mobilization
- c. Faculty/staff sensitivity to issues related to this population
- d. Locating funding sources for added campus programs and services
- e. Sufficient staffing for veteran services and programs.
- f. Qualified staff trained to address veterans' needs.
- g. Security needs for campus war protests.
- h. Montgomery GI Bill does not adequately cover college tuition and living expenses?
- i. Pressure to enroll veterans who do not meet entrance requirements.
- j. No issues related to veteran students.
- k. Other (please specify):

9. Since September 11, 2001, has your institution increased its emphasis on services and programs specifically for veterans?

- a. Yes                      b. No                      c. Don't know

10. What campus services or programmatic changes demonstrate this increased emphasis?

Please select all that apply.

- a. Appointed committee to develop a campus response action plan.

- b. Established new programs or services for veterans.
- c. Established marketing and outreach strategies to attract veterans.
- d. Increased staff in existing programs and services for veterans.
- e. Increased counseling services and/or off-campus referral procedures to address their needs.
- f. Other (please specify):

### *Academic Support Services*

11. Please indicate which of the following services and/or programs specifically for veteran students exist at your institution. Please select all that apply.
- a. Academic Advising
  - b. Academic support/tutoring
  - c. Campus social and/or cultural events
  - d. Career planning/career services
  - e. Employment assistance (VA work study, student work study, on-campus employment, off-campus job placement)
  - f. Financial aid/tuition assistance counseling
  - g. Transition assistance (housing, personal counseling, social adjustment referrals)
  - h. VA education benefits counseling
  - i. Veteran student lounge or designated gathering space
  - j. Orientation (i.e., campus orientation sections specifically for adult learner populations or veterans)
  - k. None of the above
  - l. Other (please specify below):
12. Does your campus offer any alternative curriculum delivery formats? Please select all that apply.
- a. Online education
  - b. Evening/night classes
  - c. Weekend courses
  - d. Accelerated courses (i.e., 6-8 week course completion time)
  - e. None of the above
  - f. Other (please specify below):
13. Does your institution offer professional development training for faculty and administrators regarding transitional needs of veterans?
- a. Yes b. No c. Don't Know

### *Student Support Services*

14. . Does your institution have any of the following? Please select all that apply.
- Staff specifically trained to assist veteran students' transition/orientation to college
  - A staff member, such a licensed counselor or psychologist, trained to address needs of veterans with disabilities
  - Part time or full-time veterans representative/coordinator
  - Counselor/specialist qualified to support/assist student with brain injuries.
  - Support groups or mentoring programs for veteran students
  - Support groups specifically for dependents of deceased veterans
  - Student organization for veterans
  - Other (please specify):\_\_\_\_\_
15. Does your campus provide counseling to assist students who are combat veterans with the following issues? Please specify all that apply.
- Post-traumatic stress disorder
  - Depression
  - Social adjustment
  - Stress/anxiety management
  - All of the above
  - None of the above

***Administrative/Physical Infrastructure***

16. Which office is the primary point of contact for enrolled students to receive information about institutional services and programs for veterans?
- Academic affairs
  - Admissions office
  - Counseling office
  - Registrar's office
  - Student affairs/student services
  - No primary point of contact
  - Other (please specify below)
17. Which campus unit(s) administers veterans' educational benefits counseling?
- Admissions
  - Bursar
  - Business office
  - Financial Aid
  - Registrar
  - Student affairs/student services
  - None of the above

h. Other (please specify below)

***Veterans Officials Practice-Related Characteristics***

18. Are you employed...?
  - a. part time
  - b. full time
19. In a typical 40 hour week, approximately how many hours on average, do you spend processing veterans benefits? \_\_\_\_\_
20. Approximately how many hours a week do you spend working on non-benefit related veterans issues (e.g., academic, family, behavioral issues)? \_\_\_\_\_
21. Approximately how many hours a week do you spend on non-veteran related duties?  
\_\_\_\_\_
22. How many VA work-study students do you employ? \_\_\_\_\_

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